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CITY AND COUNTY OF NEWCASTLE UPON TYNE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1956



CITY AND COUNTY OF NEWCASTLE UPON TYNE.

VITAL STATISTICS 1957.

The following table gives provisional figures for the period 1st January to 31st August 1957, with comparable figures for the corresponding period of 1956.

	<u>1957</u>	<u>1956</u>
Live Births	2,918	2,947
Deaths	2,152	2,187
Deaths under 1 year	70	77
Tuberculosis (all forms)		
Deaths	25	27
Notifications	231	309
Total Cancer Deaths	424	391
Cancer of Lungs Deaths	91	90

Accordingly, it is estimated that for the complete year 1957:

- (a) Both the Birth Rate and the Death Rate will be slightly lower than in 1956.
- (b) The Infant Mortality Rate which last year was the lowest ever recorded in the City, is likely to be further reduced.
- (c) The incidence of Tuberculosis as judged by the notifications received will have fallen appreciably as compared with 1956, and the death rate from this disease will show a slight fall.
- (d) The cancer death rate will again show an increase.



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HEALTH COMMITTEE.

(As at December, 1956.)

THE LORD MAYOR,

ALDERMAN A. C. CURRY, D.C.L., J.P.

Chairman :

Councillor Mrs. I. McCAMBRIDGE, J.P.

Vice-Chairman :

Councillor D. A. R. MILLIGAN M.B., Ch.B.

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

Ald. Mrs. D. A. Fitzpatrick.

Ald. Mrs. V. H. Grantham.

Ald. J. W. Telford (Sheriff).

Coun. J. F. Ayling.

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

Coun. Mrs. R. A. Dixon.

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

Coun. Mrs. E. E. Owens.

Coun. Mrs. C. C. Scott, J.P.

Coun. T. D. Smith.

Coun. Miss E. B. Temple.

The Sub-Committee as to National Health Service Acts consisted of the above members of the Health Committee together with the following co-opted members :—

*Representing the British Medical Association and
the Local Executive Council :*

H. P. Clark, Esq., M.B., B.S.

Representing Voluntary Associations :

Miss T. Merz, O.B.E., J.P.

STAFF OF PUBLIC HEALTH DEPARTMENT
(as at 31st December, 1956).

Medical and Dental Staff.

Medical Officer of Health and Principal School Medical Officer :

W. S. WALTON, G.M., M.D., B.Hy., D.P.H.
(resigned 30th September, 1956).

R. C. M. PEARSON, M.D., M.R.C.P.(Ed.), D.P.H.
(appointed 1st October, 1956).

Deputy Medical Officer of Health :

G. HAMILTON WHALLEY, M.B., B.S., B.Hy., D.P.H.

Child Welfare Medical Officer :

Shirley M. Livingston, M.B., B.S.

22 General Practitioners attend Clinics on a sessional basis.

Childhood Tuberculosis Medical Officer :

Mary D. Taylor, M.D. (*part-time*).

Senior School Medical Officer (*Education Committee*) :

H. S. K. Sainsbury, M.R.C.S., L.R.C.P.

Principal Dental Officer (*in conjunction with Education Committee*) :

J. C. Brown, L.R.C.P., L.R.C.S., L.D.S.

2 Dental Officers (*sessional*). 1 Anæsthetist (*sessional*).

Chest Physicians (*in conjunction with Regional Hospital Board*) :

G. Hurrell, M.D., D.P.H.

C. Verity, B.Sc., M.D., D.P.H.

4 Clinic Medical Officers.

Advisor in Gynæcology (*in conjunction with the Regional Hospital Board*) :

Linton M. Snaith, M.D., F.R.C.S., F.R.C.O.G.

Advisor in Pædiatrics (*in conjunction with Durham University Department of Child Health*) :

F. J. W. Miller, M.D., M.R.C.P., D.C.H.

Advisor in Mental Health (*in conjunction with Regional Hospital Board*) :

J. P. Child, B.M., M.R.C.P., D.P.M.

Mental Deficiency Medical Officer :

G. E. Stephenson, B.Sc., M.D. (*part-time*).

Nursing and Allied Staffs

Chief Nursing Officer :

Miss E. Stephenson, S.R.N., S.C.M. (*resigned 31st May, 1956*).

Deputy Chief Nursing Officer :

Miss N. Carr, S.R.N., S.C.M.

Health Visitor Tutor, 45 Health Visitors, Orthopædic Nurse,
12 Students, 12 Clerks.

Non-Medical Supervisor of Midwives :

Mrs. E. Walker, S.R.N., S.C.M.

Assistant Supervisor, 1 Tutor, 46 Midwives, 9 Pupils, 3 Clerks.

District Nursing Supervisor :

Miss E. H. Pilcher, S.R.N., Q.N.

Assistant Supervisor, 40 District Nurses, 8 Male Nurses,
4 Orderlies, 1 Clerk.

Domestic Help Organiser :

Miss L. M. Roddham.

Assistant Organiser, 2 Supervisors, 6 Clerks, 401 Domestic
Helps (*full and part-time*).

Day Nurseries :

Superintendent Matron—Mrs. J. Armstrong, S.R.N., S.C.M.

Superintendent Warden—Miss G. M. Hickling, N.V.C., S.N.S.C.

5 Nurseries with Matrons, Nurses, Wardens, etc., 2 Clerks.

Welfare Foods Distribution Supervisor :

Miss D. C. Brown.

8 Assistants (*4 part-time*)

Lady Almoner—Maternity and Child Welfare :

Miss D. M. Peaps, B.A., A.M.I.A. (*resigned 31st December, 1956*)

2 Clerks.

Lady Almoners—Tuberculosis :

Miss E. J. Woll, A.M.I.A.

Miss M. Robson, B.A., A.M.I.A.

4 Clerks (*2 part-time*).*Mental Health Staff.*

Senior Duly Authorised Officers :

W. Graham and T. E. J. R. Mather.

4 Duly Authorised Officers, 1 Mental Health Worker.

2 Occupation Centre Supervisors, 4 Assistant Supervisors.

Ambulance Staff.

Ambulance Officer :

H. M. Roberts.

Assistant Ambulance Officer, 29 Administrative,
Supervisory and Clerical Staff. 86 Driver/Attendants.*Public Health Inspectors—Staff.*

Chief Public Health Inspector :

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

Deputy, 16 Inspectors, 10 Assistant Inspectors, 10 Clerks.

Veterinary Inspectors—Staff.

Veterinary Officer :

H. Thornton, B.V.Sc., M.R.C.V.S., D.V.H.

Senior Meat Inspector, 5 Inspectors, 9 Rodent Operators,
2 Clerks.*General Administration—Staff.*

Chief Clerk :

J. R. Gilhespy.

Deputy, Finance Officer, Public Relations Officer, 12 clerks,
4 Typists.

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

MY LORD MAYOR, LADIES AND GENTLEMEN,

It is my pleasure to present to you my first Annual Report—the eighty-fourth in the series of Annual Reports of the Medical Officer of Health of the City. Although I only took over from Dr. W. S. Walton in October, I feel that I have been sufficiently long in the service to be able to review the present position and perhaps to make some comments.

By next year I hope that my suggestions will be more constructive.

From the statistical angle, it is pleasing to note the continued fall in the infant mortality and tuberculosis death rates, but the lung cancer death rate although not as high as last year still shows a rising trend. Detailed study of the infant mortality rate reveals that there are a number of preventable deaths (for instance, inhalation of stomach contents and suffocation) which could make the infant mortality rate in Newcastle, which used to be much higher than the figure for England and Wales, fall below it, a point which would be of considerable credit to the Child Health Services in the City. On the other hand, the perinatal mortality rate is not falling as rapidly as one would wish and there is a steady increase in the illegitimate birth rate. The tuberculosis death rate when considered in detail, indicates that its height is maintained by deaths amongst older persons who had not the benefit of modern therapy when they first became ill years ago.

The opportunity which General Practitioners have of referring cases to the Mass Miniature Radiography Unit is still the most productive method of finding new cases. The rising percentage of mantoux negative children who require B.C.G. vaccination indicates an improving degree of control of the infector pool of tuberculosis in the community. A number of the current problems of tuberculosis in childhood are discussed fully in the report, and the happy relationship which exists with the Child Health Department at the Royal Victoria Infirmary, has contributed a great deal to the success of this scheme.

A recent publication reveals that the Newcastle region during the years 1952-1954 held the inenviable position of having the highest maternal mortality rate amongst hospital regions in England and Wales. There may be a number of factors which gave rise to this

position, but it is one which merits urgent consideration by all Authorities concerned.

Whilst the figures for the home accident rate are not very accurate and difficult to compare from year to year, there are a substantial number of home accidents which could have been prevented had sufficient thought been put into the home circumstances beforehand. Again, this is a matter to which more consideration will have to be given and in which every household must play its part.

It appears that the provision of services for the care of mothers and children in the City is certainly adequate, but greater use could be made of ante natal clinics if more General Practitioners were willing to bring their patients there and use all the facilities available. With the greater emphasis now to be placed on the education of expectant mothers, it is hoped that General Practitioners will refer mothers booked by them to sessions set aside for educational purposes and taking place quite separate from the routine ante natal clinics.

The happy working relationship between General Practitioners and the staff of the Department lends itself to smooth working and must be a benefit to many citizens and their families.

The demand for day nursery places can easily be met by the number available, and there is still room for some "difficult" children, who would benefit by play therapy in a day nursery under the supervision of a qualified warden. Facilities for this type of "care" could well be expanded.

The increased incidence of scabies towards the end of the year merited a review of the control measures, which when fully operative, prevented further spread of this minor outbreak. As Dr. Macfarlane remarks the increased incidence of gonorrhoea is causing concern, and he also rightly stresses the importance of a complete blood examination of all expectant mothers in every pregnancy.

Little further comment need be made about the incidence of infectious disease but it should be noted that 1956 will go down in history as the year in which vaccination against poliomyelitis was commenced. No untoward reaction took place following the vaccination of 1,087 children.

The generally favourable result of the Ministry of Health survey of the Ambulance Service was to be expected, but it reveals that there is still room for an improved working understanding between the Local

Authorities' Ambulance Services serving the Newcastle hospitals, the primary consideration of which must be the comfort and care of the patients rather than the saving of a small mileage. During the year the new ambulance station at Millers Road was completed and opened.

Shortage of staff in the Almoning Service brought to light the considerable use which is made by General Practitioners of this service, as it forms a focal point in a department scattered throughout several buildings in the centre of the City. This dispersal of staff makes co-ordination within the Department a very difficult undertaking and sometimes brings discredit to a section which hardly merits it.

As the years pass, the responsibility of the Home Help Service remains much the same for all the categories helped, with the exception of those in the aged group. In an endeavour to keep such persons in their own homes where they usually prefer to live, more and more Home Help time is required to support them.

In the Mental Health Service improvements took place at the Psychiatric Unit at the Newcastle General Hospital, which should make the domiciliary service easier to administer and bring all the staff concerned into closer touch with each other. There already exists a close relationship but there are a number of points at which this could still be further improved.

Although the work of the Public Health Inspectors has been limited by staff shortage, running right through the Chief Public Health Inspector's report is a stimulating story of the way these difficulties have been overcome. Although appreciating that Newcastle is a training centre, it will be a pity if much of the hard work put in by the senior staff is to be lost when the newly trained inspectors are attracted away to work with other Authorities at a time when their keenness would be most valuable to the City.

The progress which is being made towards setting up the first smoke control area on Tyneside, is worthy of the City but there is a very long way to go before the incidence of chronic bronchitis in this area shows an appreciable fall. The loss of working time and the incidence of ill health from this one complaint alone is revealed most strikingly in a recent publication by Dr. A. G. Ogilvie and Mr. D. J. Newell, to which the City Health Visiting staff contributed a big share of the information obtained. The present generation should be able to look forward to a smoke control plan in the same way as their forefathers thought in terms of slum clearance.

The falling incidence of bovine tuberculosis in the area is a point of national as well as local interest, but for many other reasons meat inspection must still receive every attention and the quiet efficiency of the Inspectors in the Veterinary Section provides this cover.

In conclusion, I should like to thank Dr. W. S. Walton for the help he gave me in the take over period and also those members of the senior staff in the various sections, who have willingly answered my many enquiries and loyally carried out their duties. It is worth emphasising that all the work recorded by the Public Health Inspectors could not have been carried out without meticulous attention to detail and expert supervision of the less highly trained but none the less keen members of the staff. Credit must accordingly be given to the Chief Public Health Inspector and his staff for the way in which they have continued their work in most difficult circumstances. To all staff in the Department my thanks are due.

It might be thought that there is no other shortage of staff, so let me say that wherever it has arisen and particularly amongst the Health Visitors, there has been an immediate response to keep the service going.

The encouragement I have received from the Chairman and members of the Health Committee has been something more than the welcome which is accorded to all newcomers to Tyneside. I am most grateful.

I am,

My Lord Mayor, Ladies and Gentlemen,

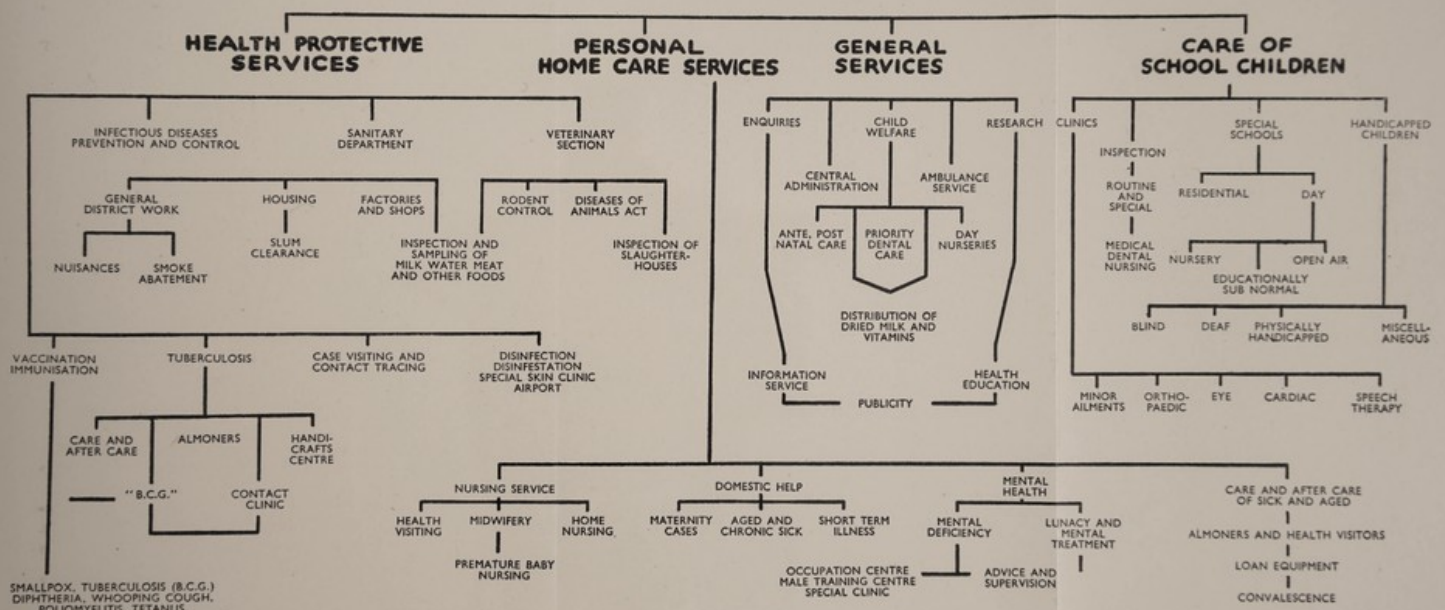
Your obedient Servant,

R. C. M. PEARSON,

Medical Officer of Health.

*Health Department,
Town Hall,
Newcastle upon Tyne, 1.
August, 1957.*

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



CITY AND COUNTY OF NEWCASTLE UPON TYNE

I—GENERAL

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

THE CITY AND COUNTY OF NEWCASTLE UPON TYNE

I-GENERAL

WINDWARD TABLE

SOCIAL CONDITIONS, CLIMATE, &c.

WATER SUPPLY, SEWERAGE, &c.

SUMMARY OF STATISTICS, 1956

Population	277,100		
Area	11,401 acres.		
Birth Rate	Crude	17.73	per 1,000 population.
	Corrected .	17.02	„ „
Death Rate	Crude	11.83	„ „
	Corrected .	13.49	„ „
Infant Mortality Rate	24.63	per 1,000 live births.	
Neo-Natal Mortality Rate.....	17.71	„ „	
Maternal Mortality Rate	1.19	per 1,000 live and still births.	

Tuberculosis Death Rate :—

All forms	0.159	per 1,000 population.	
Pulmonary	0.148	„ „	
Non-pulmonary.....	0.011	„ „	

Cancer Death Rate :—

All forms	2.13	„ „	
Lungs	0.11	„ „	
Bronchus	0.34	„ „	
Other sites	1.68	„ „	
Infectious Diseases Death Rate	0.02	„ „	
Marriage Rate	17.6	„ „	
Inhabited Houses	87,654		
Rateable Value	£4,861,310		
Product of 1d. rate.....	£19,895	9s. 11d.	

GENERAL STATISTICS.

POPULATION.—The mid-year population, as estimated by the Registrar-General, was 277,100, and represents a decrease of 3,900 from the 1955 estimated population. This decrease is primarily due to the re-housing of city families on estates outside the city boundary.

BIRTHS.—There were 4,913 live births recorded, representing a crude birth rate of 17·73 per 1,000 population, as compared with a rate of 16·74 for the year 1955. The City birth rate is higher than that for England and Wales—15·7.

In addition to the above, there were 146 still-births, representing a still-birth rate of 28·86 per 1,000 live and still-births.

LIVE BIRTHS.				STILL BIRTHS.		
SEX.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
Male ..	2,411	114	2,525	70	8	78
Female	2,257	131	2,388	64	4	68
Totals .	4,668	245	4,913	134	12	146

DEATHS.—The net deaths amounted to 3,279, equivalent to a crude rate of 11·83 per 1,000 population, as compared with a rate of 12·37 in 1955. The death rate for England and Wales in 1956 was 11·7.

INFANTILE MORTALITY.—121 infants died before completing the first year of life, representing a rate of 24·63 deaths per 1,000 live births. This was 37 less than last year, when the rate was 33·58, and is only 0·8 per 1,000 higher than the record low England and Wales rate of 23·8.

Of the 121 infant deaths, 87 occurred before attaining the age of one month, making a neo-natal mortality rate of 17·71, as compared with the England and Wales rate of 16·9.

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

MATERNAL MORTALITY.—6 maternal deaths occurred during the year, producing a mortality rate of 1·19 per 1,000 live and still births, which is slightly less than the 1955 rate of 1·45 (7 deaths). The England and Wales maternal mortality rate for 1956 was 0·56.

TUBERCULOSIS.—44 persons died from various forms of tuberculosis during the year, 41 being from pulmonary and 3 from non-pulmonary tuberculosis. The equivalent death rates are as follows: all forms 0·159, pulmonary 0·148 and non-pulmonary 0·011 per 1,000 population.

These rates, although the lowest ever recorded for the City, are still higher than the England and Wales figure of 0·12 per 1,000 population for all forms of tuberculosis.

INFECTIOUS DISEASES.—This group again 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, the same figure as in 1955.

MARRIAGES.—2,446 marriages took place during the year, representing a marriage rate of 17·6 per 1,000 population, compared with 17·8 in 1955.

ACCIDENTS.—In spite of all the attention given to the problem, the number of street accidents continues to rise each year. The Chief Constable reports that 2,138 occurred, 46 more than in 1955; and that as a result 1,032 people were injured, 28 fatally. All but 294 were caused by carelessness on the part of the driver or pedestrian involved and could have been avoided. The total includes 237 accidents to children under 15 years of age, 8 of which were fatal.

	Under 5 years.		5-10 years.		10-15 years.		Total.	
	1955	1956	1955	1956	1955	1956	1955	1956
Killed	1	4	10	4	..	..	11	8
Injured	46	56	124	120	51	61	221	237

The department has no knowledge of all accidents occurring in the home, but many come to the notice of Health Visitors in the course of their duties, and 176 were reported during the year; 9 due to falls and 106 to burns and scalds. The registered deaths from these causes were 30, 4 being of children under 15 years of age.

NURSING HOMES.—There are six Nursing Homes 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 1956, a total of 4,468 cremations were carried out, 150 fewer than in 1955. Of these, 1,244 were Newcastle residents.

The Medical Referee required 17 post-mortem examinations (28 in 1955), 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 NEWCASTLE AIRPORT.

The volume of traffic between Newcastle Airport, Woolsington and the Continent was not as great as in previous years, and apart from a small number of specially chartered flights, was limited to a regular thrice-weekly service to and from Dusseldorf and Amsterdam which operated throughout the year. In all, there were 231 landings from the Continent, 118 less than last year, and of the 2,886 passengers carried 661 were aliens.

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. Two medical examinations were carried out at the request of the Immigration Officers.

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 1956 was colder and wetter. Hours of sunshine in the City averaged nearly 24 per month less, and over the year the rainfall was 7 inches more. As a result there was less variation in the mean maximum and minimum temperatures, with July the warmest month and February the coldest.

The following table includes the sunshine records taken at King's College (Newcastle), Cockle Park (Morpeth), Hexham and Gateshead : sites and altitudes of the neighbouring gauges make comparisons inequitable to some extent, but they do demonstrate the effect of the smoke haze which cuts off much of the City's sunshine, particularly at the beginning and end of the year when the use of coal fires is at its maximum.

METEOROLOGICAL RECORDS, 1956.

Month.	SUNSHINE HOURS.				LEAZES PARK.		
	King's College.	Hexham.	Cockle Park.	Gates-head.	Rainfall (inches).	Temperature °F.	
						Mean Max.	Mean Min.
January ..	25.1	55.0	61.3	70.8	3.67	40.451	30.177
February .	23.9	42.5	54.2	47.9	2.50	39.0	27.0
March	88.4	121.25	112.6	131.4	1.03	47.774	34.129
April	110.6	146.45	180.4	162.4	1.36	52.433	32.8
May	161.6	203.0	217.1	225.4	0.37	66.32	42.29
June	116.4	137.0	156.5	166.5	2.53	67.53	45.8
July	114.6	120.75	149.6	169.9	2.56	69.54	51.32
August ...	92.6	119.0	115.1	139.9	7.30	62.677	46.806
September	62.3	70.75	91.8	104.1	3.05	63.9	48.2
October ..	84.7	106.75	130.5	125.6	1.86	55.161	41.097
November.	29.5	53.0	63.0	44.6	0.65	47.433	35.766
December	3.2	31.75	34.4	33.4	1.64	45.0	35.55
Totals ...	912.9	1207.2	1366.5	1421.9	28.5	..	..
Averages.	76.1	100.6	113.9	118.5	2.4	54.7	39.2
1955							
Averages	99.9	138.9	136.1	141.9	1.8	56.6	39.1

WATER SUPPLY.—Details relating to the City's Water supply are shown in the Chief Public Health Inspector's section of this report (see page 130).

SEWERAGE.—There are 460.51 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 all 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 an 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.
16th January, 1956	2,053	972	3,025
10th December, 1956	1,818	777	2,595

INHABITED HOUSES.—There are 87,654 inhabited houses, which, on the estimated population, shows an average of 3·16 persons per dwelling.

RATEABLE VALUE.—A penny rate produced £19,895 9s. 11d., the gross rateable value being £4,861,310, as against £2,938,996 in 1955.

Vital Statistics of Whole City during 1956, and previous years.

YR.	Population estimated to Middle of each Year.	LIVE BIRTHS.			TOTAL DEATHS REGISTERED IN THE CITY.		TRANSFERABLE DEATHS.		NET DEATHS BELONGING TO THE CITY.			
		Uncor- rected Number	Net.		Number	Rate.	of Non- resi- dents regis- tered in the City	of Resi- dents not reg- istered in the City	Under 1 Year of Age.		At all Ages.	
			Number	Rate.					Number	Rate per 1,000 Nett Births.	Number	Rate.
2	3	4	5	6	7	8	9	10	11	12	13	
17	278,107	6,548	6,495	23.4	4,646	16.7	718	246	732	113	4,174	15.0
18	278,107	6,555	6,468	23.3	5,380	19.3	872	308	692	107	4,816	17.3
19	275,099	6,793	6,674	23.3	5,358	19.5	737	234	806	120	4,855	17.6
20	286,061	8,433	8,070	28.0	4,609	16.1	779	195	817	101	4,025	14.0
21	278,400	7,720	7,284	26.2	4,602	16.5	817	142	699	96	3,927	14.1
22	281,600	7,432	6,987	24.8	4,698	16.7	831	145	646	92	4,012	14.2
23	283,800	6,961	6,367	22.4	4,298	15.1	789	150	623	98	3,659	12.9
24	285,900	7,029	6,335	22.2	4,607	16.1	929	172	632	100	3,850	13.5
25	286,300	7,031	6,215	21.6	4,732	16.5	989	165	550	88	3,908	13.6
26	284,700	6,728	6,007	21.0	4,460	15.7	979	161	530	88	3,642	12.8
27	288,500	6,215	5,395	18.7	4,468	15.5	1,058	178	474	88	3,588	12.4
28	281,500	6,360	5,429	19.2*	4,683	16.6	1,178	179	447	82	3,684	13.1
29	283,400	6,120	5,126	18.1	5,040	17.8	1,313	172	438	85	3,899	13.8
30	283,400	6,190	5,223	18.4	4,665	16.5	1,232	133	384	74	3,566	12.6
31	283,600	6,058	5,056	17.8	4,911	17.3	1,251	145	467	92	3,805	13.4
32	285,100	6,006	4,883	17.1	4,579	16.0	1,174	134	370	76	3,539	12.4
33	286,500	5,770	4,712	16.4	4,695	16.4	1,182	127	359	76	3,640	12.7
34	287,050	5,848	4,695	16.4	4,823	16.8	1,322	145	389	83	3,646	12.7
35	292,700†	5,895	4,666	16.0	5,040	17.3	1,489	121	400	86	3,672	12.6
36	290,400	5,709	4,537	15.6	5,148	17.4	1,421	151	408	90	3,878	13.1
37	290,400	5,996	4,796	16.5	5,107	17.6	1,403	160	435	91	3,864	13.3
38	291,300	6,101	4,678	16.1	4,866	16.7	1,413	168	307	66	3,621	12.4
39	293,400	5,855	4,646	15.8	4,804	17.0	1,328	185	289	62	3,661	12.9‡
40	255,900	5,501	4,519	17.6	4,727	18.5	1,181	187	284	64	3,733	14.6 [
41	254,960	4,599	4,176	16.4	4,905	19.2	1,208	254	315	76	3,951	15.5 [
42	254,100	4,686	4,289	16.9	4,398	17.3	1,140	222	255	59	3,480	13.7 [
43	254,890	5,162	4,548	17.8	4,759	18.7	1,235	185	291	64	3,709	14.6 [
44	262,920	6,799	5,359	20.4	4,585	17.4	1,298	221	270	50	3,508	13.3 [
45	265,990	5,950	4,836	18.2	4,469	17.7	1,234	200	192	40	3,435	13.0 [
46	283,740	8,219	6,079	21.4	4,569	16.1	1,242	188	249	41	3,515	12.4
47	290,470	8,512	6,449	22.2	4,726	16.3	1,190	211	286	44	3,747	12.9
48	293,600	7,414	5,705	19.4	4,504	15.3	1,215	186	217	38	3,475	11.8
49	294,540	6,916	5,377	18.3	4,740	16.1	1,215	232	213	39	3,757	12.7
50	294,800	6,473	5,051	17.1	4,720	16.0	1,110	315	170	34	3,925	13.3
51	291,700	6,053	4,803	16.5	4,535	15.5	976	341	166	34	3,900	13.4
52	289,800	5,982	4,792	16.5	4,099	14.2	1012	337	140	29	3,424	11.8
53	289,700	6,313	4,922	17.1	4,040	13.9	1018	137	132	27	3,159	10.9
54	286,500	5,984	4,852	16.9	4,076	14.2	1,041	196	124	25	3,231	11.3
55	281,000	5,910	4,705	16.7	4,285	15.2	1,053	245	158	33	3,477	12.4
56	277,100	6,256	4,913	17.7	4,068	14.7	1,056	267	121	25	3,279	11.8

* 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 1956.

(REGISTRAR-GENERAL'S RETURN).

CAUSES OF DEATH.	Sex	All Ages.	0-	1-	5-	15-	25-	45-	65-	75-
1—Tuberculosis, respiratory	M. F.	28 13	.. ..	.. ..	.. ..	1 2	6 9	17 1	4 1	.. ..
2—Tuberculosis other	M. F.	.. 3	.. 1	.. ..	.. ..	.. ..	.. 1	.. 1	.. ..	.. ..
3—Syphilitic disease	M. F.	4 3	.. ..	.. ..	.. ..	.. ..	.. ..	1 2	3 1	.. ..
4—Diphtheria	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
5—Whooping cough	M. F.	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..
6—Meningococcal infections	M. F.	.. 1	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
7—Acute poliomyelitis	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
8—Measles	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
9—Other infective and parasitic diseases	M. F.	.. 4	.. ..	.. ..	.. ..	.. 1	.. ..	.. 1	.. 1	.. 1
10—Malignant neoplasm, stomach	M. F.	55 47	.. ..	.. ..	.. ..	.. ..	4 ..	20 9	18 20	13 18
11—Malignant neoplasm, lung, bronchus	M. F.	111 16	.. ..	.. ..	.. ..	.. ..	4 2	61 8	37 4	9 2
12—Malignant neoplasm, breast	M. F.	1 35	.. ..	.. ..	.. ..	.. ..	.. 7	1 18	.. 9	.. 1
13—Malignant neoplasm, uterus	F.	31	.. ..	.. ..	.. ..	.. ..	5 ..	19 ..	4 ..	3 ..
14—Other malignant and lymphatic neoplasms	M. F.	160 122	.. ..	3 ..	.. 1	1 1	9 3	53 55	44 31	50 31
15—Leukæmia, aleukæmia	M. F.	7 6	.. ..	.. ..	.. ..	.. ..	2 1	3 4	1 1	1 ..
16—Diabetes	M. F.	3 13	.. ..	.. ..	.. ..	.. ..	1 ..	1 5	.. 5	1 3
17—Vascular lesions of nervous system	M. F.	226 259	.. ..	.. ..	.. ..	.. 1	2 3	48 35	75 74	101 146
18—Coronary disease, angina	M. F.	372 205	.. ..	.. ..	.. ..	.. ..	14 2	138 39	122 90	98 74
19—Hypertension with heart disease	M. F.	28 40	.. ..	.. ..	.. ..	.. ..	.. ..	8 4	12 16	8 20

Causes of Death at different periods of life for 1956—*continued.*

CAUSES OF DEATH.	Sex	All. Ages.	0-	1-	5-	15-	25-	45-	65-	75-
20—Other heart disease	M.	159	..	..	..	..	6	28	33	92
	F.	226	1	..	1	1	9	31	26	157
21—Other circulatory disease	M.	82	..	..	1	..	..	10	19	52
	F.	104	..	..	..	..	2	9	19	74
22—Influenza	M.	2	..	..	..	..	..	1	..	1
	F.	6	..	..	..	..	..	..	2	4
23—Pneumonia	M.	79	5	1	..	1	1	17	20	34
	F.	61	4	..	..	..	3	6	11	37
24—Bronchitis	M.	142	..	..	..	..	..	42	50	50
	F.	42	..	1	..	..	2	7	12	20
25—Other diseases of respiratory system	M.	15	1	..	..	..	..	5	5	4
	F.	18	..	..	..	..	2	2	3	11
26—Ulcer of stomach and duodenum	M.	13	..	..	..	..	1	1	8	3
	F.	17	..	..	..	..	1	4	7	5
27—Gastritis, enteritis and diarrhoea	M.	6	1	..	..	..	..	2	2	1
	F.	6	1	..	..	..	2	1	2	..
28—Nephritis and nephrosis	M.	14	1	..	..	1	2	5	3	2
	F.	16	..	..	..	..	4	3	4	5
29—Hyperplasia of prostate	M.	19	..	..	..	..	..	..	2	17
30—Pregnancy, childbirth, abortion	F.	6	..	..	..	1	5	..	..	..
31—Congenital malformations	M.	15	11	..	..	..	2	1	1	..
	F.	24	18	1	..	1	..	3	..	1
32—Other defined and ill-defined diseases	M.	107	36	1	..	1	8	20	17	24
	F.	150	31	1	2	1	6	36	32	41
33—Motor vehicle accidents	M.	27	..	3	3	4	5	4	5	3
	F.	11	..	1	2	..	2	2	2	2
34—All other accidents	M.	38	5	1	3	1	9	8	3	8
	F.	31	5	2	..	..	2	7	2	13
35—Suicide	M.	31	..	..	..	2	7	13	7	2
	F.	18	..	..	..	..	3	8	5	2
36—Homicide and operations of war	M.	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..
All causes	M.	1744	60	9	7	12	83	508	491	574
	F.	1535	61	7	6	9	76	320	385	671

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									T
			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	
1956	591	2.13	..	4	61	46	111	..	2	8	6	

CANCER DEATHS IN AGES (MALE AND FEMALE)—1956.

24A

SITE.			Under 1 year		1 year & under 2 years		2 years & under 5 years		5 years & under 15 years		15 years & under 25 years		25 years & under 45 years		45 years & under 65 years		Over 65 years		TOTAL	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
141	Malignant neoplasm of	tongue	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	4	..
142	Do.	salivary gland	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
144	Do.	other parts of mouth and mouth un- specified	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	3	..
145	Do.	mesopharynx	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1
147	Do.	hypopharynx	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	2
148	Do.	pharynx unspecified	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	3	..
150	Do.	oesophagus	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	2	3	2
151	Do.	stomach	..	..	..	..	..	..	..	..	..	..	4	..	18	10	31	38	53	48
152	Do.	small intestine	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
153	Do.	large intestine except rectum	..	..	..	..	..	..	..	..	..	..	2	..	7	15	23	23	32	38
154	Do.	rectum	..	..	..	..	..	..	..	..	..	..	..	..	7	6	11	2	18	8
155	Do.	biliary passages and of liver (stated to be primary site) ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	7	2	8
156	Do.	liver (secondary and unspecified)	..	..	..	..	..	..	..	..	..	..	..	..	3	..	1	1	4	1
157	Do.	pancreas	..	..	..	..	..	..	..	..	..	..	2	1	5	4	7	8	14	13
158	Do.	peritoneum	..	..	..	..	..	..	..	..	..	..	1	..	..	2	1	..	2	2
160	Do.	nasal cavities	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..
161	Do.	larynx	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	2	3	2
162	Do.	trachea and of bronchus & lung specified as primary	..	..	..	..	..	..	..	..	..	..	2	1	32	4	32	3	66	8
163	Do.	lung and bronchus unspecified as to whether primary or secondary	..	..	..	..	..	..	..	..	..	..	2	1	28	5	15	2	45	8
170	Do.	breast	..	..	..	..	..	..	..	..	..	..	7	1	17	..	11	..	1	35
171	Do.	cervix uteri	..	..	..	..	..	..	..	..	..	..	5	..	14	..	5	..	..	24
174	Do.	uterus, unspecified ..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	3	..	..	7
175	Do.	ovary, Fallopian tube and broad ligament	..	..	..	..	..	..	..	..	..	..	..	..	..	9	..	3	..	12
176	Do.	other unspecified fe- male genital organ ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
177	Do.	prostate	..	..	..	..	..	..	..	..	..	..	..	..	1	..	18	..	19	..
179	Do.	unspecified male genital organs	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..
180	Do.	kidney	..	..	..	..	..	..	..	..	..	..	..	..	3	2	3	1	6	3
181	Do.	bladder and other urinary organs	..	..	..	..	..	..	..	..	..	..	2	1	8	2	12	5	22	8
190	Malignant melanoma of	skin	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
191	Malignant neoplasm of	skin	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	3
193	Do.	brain and other parts of nervous system ..	..	..	..	..	1	..	..	..	..	..	1	..	5	1	1	..	8	1
194	Do.	thyroid gland	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
196	Do.	bone including jaw bone	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	2	1
197	Do.	connective tissue ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
198	Do.	lymph nodes	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1	1
199	Malignant neoplasm of	other and unspecified sites	..	..	..	..	..	..	..	..	..	..	1	..	2	1	2	1	5	2
200	Lymphosarcoma and	reticulosarcoma	..	..	..	..	..	..	..	..	..	..	1	..	2	..	1	2	3	3
201	Hodgkins disease	..	..	..	..	..	..	..	..	1	..	..	1	..	3	..	1	2	4	4
203	Multiple myeloma	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
204	Leukæmia and aleukæmia	..	..	..	..	..	..	..	..	..	..	..	2	1	3	4	2	1	7	6
TOTALS			..	..	..	..	2	..	..	..	1	1	20	18	135	111	176	127	334	257
COMBINED TOTALS			..	..	..	..	2	..	..	..	2	..	38	..	246	..	303	..	591	..

Total deaths during recent years from certain classes of disease.

	Nervous System.	Circu- latory.	Respira- tory.	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
1956 ...	485	1,216	365	72	156

WARD DISTRIBUTION OF BIRTHS, DEATHS, INFANT MORTALITY, TUBERCULOSIS AND OTHER
RESPIRATORY DISEASES, CANCER AND HEART DISEASE, 1956.

WARD.	Estimated Population.	Acreage (Less River Area and Open Spaces)	Density of Population per Acre.	Births.	Birth Rate.	Deaths.	Death Rate.	Deaths under 1 year.	Infant Mortality Rate.	PULMONARY TUBERCULOSIS.				NON-PULMONARY TUBERCULOSIS				OTHER RE- SPIRATORY DISEASES		CANCER (All Forms)		HEART DISEASE.	
										New Cases	Attack Rate.	Deaths.	Death Rate.	New Cases	Attack Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.
Armstrong ..	14,110	239.6	58.9	306	21.7	197	14.0	5	16.33	18	1.28	1	.07	5	.35	..	..	24	1.70	29	2.05	47	3.33
Arthur's Hill	14,040	318.1	44.1	204	14.5	217	15.5	5	24.50	9	.64	4	.30	5	.36	1	.07	16	1.13	29	2.06	72	.85
Benwell	14,110	246.8	57.2	258	18.3	155	11.0	4	15.50	20	1.41	1	.07	5	.35	..	..	18	1.27	26	1.84	57	3.61
Byker	13,490	245.4	54.9	267	19.8	145	10.7	2	7.50	19	1.40	..	..	6	.44	..	..	17	1.26	36	2.67	43	3.19
Dene	13,430	865.4	15.5	142	10.6	139	10.3	3	21.10	17	1.26	2	.15	2	.15	..	..	12	.89	33	2.46	41	3.05
Elswick	13,400	215.0	62.3	226	16.9	180	13.4	7	30.90	8	.60	3	.22	4	.30	..	..	26	1.94	32	2.39	48	3.58
Fenham	15,610	650.5	24.0	219	14.0	203	13.0	6	27.40	21	1.35	2	.13	1	.06	..	..	13	.83	37	2.37	77	4.93
Heaton	13,860	315.3	43.9	173	12.5	203	14.6	4	23.10	17	1.23	1	.07	2	.14	..	..	16	1.15	36	2.60	68	4.90
Jesmond	15,320	416.6	36.8	168	10.9	229	14.9	5	29.76	9	.58	..	..	3	.19	..	..	15	.97	48	3.13	82	5.35
Kenton	23,540	1938.0	12.2	534	22.7	226	9.6	7	13.10	28	1.20	5	.21	2	.08	..	..	23	.98	42	1.78	83	3.52
St. Anthony's	13,560	240.9	56.3	229	16.9	150	11.1	5	21.83	20	1.47	4	.29	3	.22	..	..	19	1.40	27	2.00	46	3.40
St. Lawrence	14,650	315.3	46.5	233	15.9	148	10.1	7	30.04	11	.75	2	.14	5	.34	1	.07	21	1.43	27	1.84	43	2.94
St. Nicholas .	9,870	438.2	12.5	192	19.5	105	10.6	4	20.83	18	1.82	..	..	2	.20	..	..	15	1.52	18	1.82	24	2.43
Sandyford...	13,370	245.9	54.4	224	16.7	161	12.0	4	17.85	16	1.12	1	.07	4	.30	..	..	20	1.42	31	2.31	51	3.81
Scotswood ..	14,910	395.5	37.7	273	18.3	139	9.3	7	25.64	23	1.54	5	.33	5	.33	1	.07	20	1.34	22	1.47	46	3.08
Stephenson .	16,500	310.2	53.2	447	27.0	188	11.4	19	42.50	25	1.51	2	.12	5	.30	..	..	29	1.75	28	1.70	48	2.90
Walker	16,850	499.9	33.7	382	22.6	144	8.5	12	31.41	19	1.12	..	..	3	.18	..	..	24	1.42	23	1.36	46	2.73
Walkergate..	14,350	525.2	27.3	227	15.8	181	12.6	12	52.86	23	1.60	4	.28	5	.35	..	..	23	1.60	31	2.16	60	4.18
Westgate ...	12,130	293.6	41.3	209	17.2	169	13.9	3	14.35	20	1.64	4	.33	1	.08	..	..	14	1.15	36	2.96	48	3.95
CITY ...	277,100	8705.4	31.8	4913	17.7	3279	11.8	121	24.62	341	1.22	41	.15	68	.24	3	.01	365	1.31	591	2.13	1030	3.71

TABLE SHOWING POPULATION, BIRTH RATES, DEATH RATES, ZYMOTIC DEATH RATES, INFANT AND MATERNAL MORTALITY RATES OF THE 29 LARGE TOWNS OF ENGLAND AND WALES FOR 1956.

26a

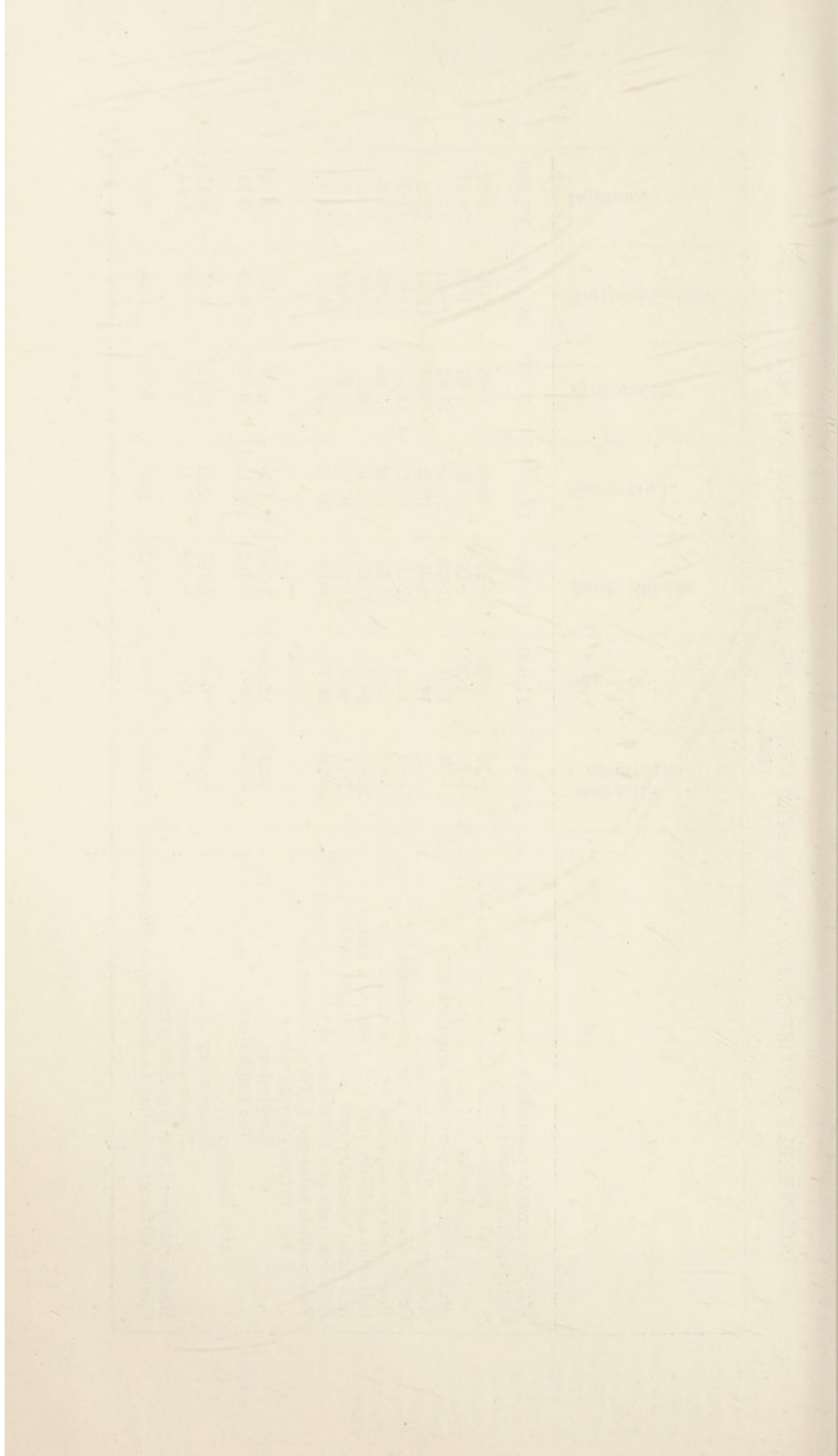
		BIRMINGHAM.	BRADFORD.	BRIGHTON.	CARDIFF.	COTSWOLD.	CROFTON.	KINGSTON UPON HULL.	LEEDS.	LEICESTER.	LIVERPOOL.	MANCHESTER.	NEWCASTLE UPON TYNE.	NOTTINGHAM.	PATRYN.	PRESTON.	SALFORD.	SHEFFIELD.	SOUTHAMPTON.	STOKES-ON-TRENT.	SUNDERLAND.
R.G.'s estimated population,	(1)	1,110,800	286,400	440,500	249,800	272,600	249,300	300,200	508,600	284,000	773,700	686,200	277,100	312,500	216,200	231,100	167,400	499,000	196,400	273,000	182,800
Comparability factor—																					
(a) births.....	(2)	0.94	1.00	0.99	0.94	0.95	0.99	0.96	0.98	0.99	0.93	0.96	0.96	0.95	1.02	1.05	0.96	1.01	0.98	0.94	0.94
(b) deaths.....	(3)	1.08	0.95	0.88	1.12	1.37	0.83	1.24	1.15	1.06	1.23	1.18	1.14	1.13	1.00	0.95	1.23	1.12	1.11	1.31	1.25
Crude birth rate per 1,000 population.....	(4)	16.63	16.8	15.14	17.88	17.02	14.5	18.58	15.8	15.4	20.60	17.44	17.73	16.50	16.31	15.98	16.88	14.11	16.92	15.6	20.48
Birth rate as adjusted by factor.....	(5)	15.63	16.8	14.99	16.81	16.1	14.4	17.84	15.5	15.2	19.16	16.74	17.02	15.67	16.64	15.83	16.20	14.25	16.58	14.7	19.25
Crude death rate per 1,000 population.....	(6)	10.88	14.1	12.25	11.24	8.3	11.7	10.7	11.3	11.3	11.43	12.35	11.83	11.15	11.28	12.22	12.30	11.73	10.51	11.1	10.2
Death rate as adjusted by factor.....	(7)	11.75	13.4	10.78	12.59	11.5	9.9	13.3	13.0	12.0	14.05	14.57	13.49	12.60	12.29	11.61	15.13	13.25	11.67	14.5	12.74
Infant mortality rate per 1,000 live births.....	(8)	24.6	28.2	19.34	27.76	26.7	19.0	28.86	26.9	19.7	25.91	29.92	24.628	21.92	17.58	24.10	29.37	23.8	30.08	27.0	25.58
Neonatal mortality rate per 1,000 live births.....	(9)	17.6	19.3	14.54	19.03	21.1	10.0	19.18	19.0	13.7	17.56	20.14	17.708	15.11	13.65	16.35	20.17	18.9	20.76	18.13	16.82
Still-birth rate per 1,000 total births.....	(10)	22.95	25.08	24.86	25.7	19.46	20.0	24.48	21.6	23.3	24.11	26.36	28.86	23.67	23.80	24.89	28.20	21.95	26.93	30.58	24.24
Perinatal mortality rate per 1,000 total births.....	(11)	37.44	41.7	36.70	41.00	36.1	28.0	36.2	37.5	36.2	38.68	43.77	43.882	35.61	35.44	37.48	45.05	37.2	42.74	46.32	38.0
Maternal mortality rate per 1,000 population.....	(12)	0.63	0.41	0.292	0.66	0.42	—	0.71	0.61	0.45	0.43	0.24	1.186	0.76	0.27	0.28	1.03	—	0.59	0.228	0.52
Tuberculosis rates per 1,000 population—																					
(a) Primary notifications—																					
Respiratory.....	(13)	0.93	0.85	0.690	1.18	1.5	7.46	0.89	0.81	0.78	1.313	0.86	1.231	1.04	1.05	0.65	0.681	0.801	1.07	0.978	1.28
Non-respiratory.....	(14)	0.10	0.07	0.109	0.12	0.17	0.092	0.09	0.11	0.092	0.130	0.08	0.245	0.11	0.08	0.06	0.06	0.074	0.05	0.11	0.15
(b) Deaths—																					
Respiratory.....	(15)	0.14	0.09	0.084	0.14	0.14	0.100	0.15	0.11	0.095	0.177	0.15	0.148	0.11	0.12	0.11	0.197	0.184	0.127	0.216	0.14
Non-respiratory.....	(16)	0.01	0.01	0.014	0.004	0.015	0.004	0.013	0.02	0.011	0.009	0.02	0.011	0.01	0.00	0.004	0.006	0.020	0.013	0.011	0.01
*Death rates per 1,000 population from:—																					
Cancer (all forms, including Leukemia and																					
Leukemia.....	(17)	2.08	2.33	2.11	2.08	1.7	2.375	2.04	1.94	2.02	2.064	2.23	2.132	2.01	1.83	2.09	2.449	2.188	2.20	2.989	2.05
Cancer—Lungs and Bronchus.....	(18)	0.45	0.46	0.40	0.396	0.351	0.521	0.48	0.44	0.363	0.579	0.50	0.458	0.42	0.33	0.42	0.621	0.555	0.51	0.491	0.43
Meningococcal Infections.....	(19)	0.00	0.007	0.00	0.012	0.00	0.00	0.006	0.00	—	0.005	0.01	0.0036	0.00	0.00	—	—	0.008	0.02	0.003 (8)	—
Whooping Cough.....	(20)	0.01	0.00	—	—	0.00	—	0.003	0.00	—	0.006	—	0.0036	—	—	—	0.006	—	—	—	—
Influenza.....	(21)	0.03	0.04	0.14	0.04	0.01	0.04	0.035	0.05	0.056	0.022	0.05	0.0288	0.05	0.05	0.01	0.048	0.04	0.04	0.022	0.03
Measles.....	(22)	0.00	0.00	—	—	0.00	—	—	—	—	—	—	—	0.00	—	—	—	—	—	—	—
Acute Poliomyelitis and Encephalitis.....	(23)	0.01	0.00	—	0.012	0.00	0.00	0.005	—	—	0.001	0.01	—	—	—	—	0.12	0.002	—	—	—
Diarrhoea (under 2 years).....	(24)	0.02	0.024	0.00	0.004	0.02	0.00	0.01	0.02	0.007	0.006	0.01	—	0.01	0.00	0.03	—	0.008	0.01	0.007 (3)	—
Diarrhoea (under 2 years) per 1,000 live																					
births.....	(25)	0.07	1.45	0.30	0.22	1.72	1.38	0.57	1.37	0.46	0.314	0.50	—	0.58	0.28	2.01	—	0.57	0.30	0.047	—

* 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.

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES.
1956.

	Newcastle upon Tyne.	Gateshead.	South Shields.	Sunderland.	Tynemouth.	Northumberland.	Durham.
R.G.'s estimated population	277,100	111,900	108,100	182,800	67,700	459,800	921,600
Comparability factor :—							
(a) births	0.96	0.95	0.93	0.94	0.95	1.00	0.97
(b) deaths	1.14	1.22	1.19	1.25	1.07	1.09	1.21
Crude birth rate per 1,000 population	17.73	17.4	17.90	20.48	17.62	16.51	17.8
Birth rate as adjusted by factor	17.02	16.5	16.65	19.25	16.74	16.51	17.3
Crude death rate per 1,000 population	11.83	11.4	11.20	10.2	11.84	11.87	11.3
Death rate as adjusted by factor	13.49	13.9	13.33	12.74	12.66	12.93	13.6
Infantile mortality rate per 1,000 live births	24.63	28.7	20.67	25.38	20.9	25.80	27.5
Neo-natal mortality rate per 1,000 live births	17.71	22.0	13.95	16.83	14.25	19.62	18.7
Stillbirth rate per 1,000 total births	28.86	30.7	26.17	24.24	24.5	20.76	24.6
Tuberculosis rates per 1,000 population :—							
(a) Primary notifications :							
Respiratory	1.231	2.10	1.388	1.28	0.73	0.66	0.73
Non-respiratory	0.245	0.17	0.102	0.15	0.073	0.13	0.11
(b) Deaths :							
Respiratory	0.148	0.16	0.167	0.14	0.11	0.11	0.11
Non-respiratory	0.011	0.01	0.018	0.01	0.03	0.01	0.01
Death rate per 1,000 population from :							
Cancer (all forms including Leukaemia and Aleukaemia)	2.132	1.80	2.202	2.05	2.21	1.94	2.01



II.—NATIONAL HEALTH SERVICE ACTS

U. S. NATIONAL HEALTH
SERVICE ACTS

MATERNITY AND CHILD WELFARE.

Birth Rate.

There was a total of 4,913 live births—2,525 male births and 2,388 female births registered producing a crude birth rate of 17·7 per 1,000 population. Of these births 114 males and 131 females were illegitimate.

Still-Birth Rate.

There were 146 still-births, giving a still-birth rate of 28·8 per 1,000 live births.

Infant Mortality Rate.

87 babies died in the first month of life and 34 between the end of the first month and the end of their first year. This gave an infant mortality rate of 24·6 per 1,000 births and neonatal mortality rate of 17·7. Only two of the 117 infant deaths were illegitimate babies, and although it is a small figure on which to base an infant mortality rate it is nevertheless satisfactory to be able to show that unmarried mothers and their babies are being adequately cared for.

Maternal Mortality Rate.

The number of maternal deaths was six, giving a maternal mortality rate of 1·19 per 1,000 live and still births, as compared with a rate of 1·48 for the previous year.

CARE OF MOTHERS AND YOUNG CHILDREN.

When considering the preceding vital statistics figures at first glance one is inclined to feel comparatively happy considering that the infant mortality rate, which was 33·6 in 1955, has now dropped again to below the figure of 25·5 for 1954. Unfortunately the increase in the number of still-births has brought the perinatal foetal loss (the loss of still-births plus the infant deaths in the first week of life) up to about the same level as in 1955. As has been stated many times before, until we have a better knowledge of the causes of prematurity and still-births acting as a more directive force behind ante-natal care very little improvement can be expected in this field.

Of the 87 neonatal deaths 35 were due to prematurity and 30 to specific diseases of early infancy. Twenty-four of the deaths under a year were due to congenital defects, 16 of these causing death in the first month. Accidents accounted for nine deaths under one year, three occurring in the first month and the remainder later in the first

year. Three of these nine deaths were due to overlaying and therefore should never have occurred. It is still a matter of great concern that babies should die in this way in spite of all the health teaching of today. It is fair to say, however, that it happens only in the careless or "problem" families. The other six infant deaths were said to be due to inhalation of vomit, but it is possible that some were due to upper respiratory infections.

At the beginning of September the child welfare centre serving the Jesmond area of the City, and formerly held in St. Hilda's Church Hall, was transferred to the ground floor of the Pupil Midwives' Hostel. This has afforded better and more comfortable accommodation, though not ideal.

A great deal of time and energy continues to be spent in helping the "problem families", both by regular supervision and support by the health visiting staff, expert help and advice when necessary from the Almoner's Department, and practical assistance in the home in many cases from the Home Help Service. Good co-operation is maintained both with voluntary organisations, particularly the N.S.P.C.C., and with other statutory bodies. Regular meetings of the Co-ordinating Committee continue to be held at which these cases are discussed.

Cresta Day Nursery, one of the six remaining day nurseries, was closed at the end of March as it seemed apparent that all necessitous cases could be met by the places in five day nurseries. Those children who had attended Cresta and who still needed day nursery accommodation were transferred to one of the other nurseries.

In October the Department of Immunology was transferred from an outside centre to the Child Welfare Department, thus strengthening the tie between the two sections. This has proved a very satisfactory arrangement from every point of view.

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

Births.

Of the 4,913 live births in families belonging to Newcastle 2,736 occurred in institutions as shown in the following table :—

Nursing Homes.....	9
Princess Mary Maternity Hospital	734
Hopedene Maternity Home	218
Newcastle General Hospital	1,296
Other outside hospitals	634
Total number of live births registered.....	4,913
Proportion of live births taking place in	
Institutions	58.8%
Proportion in Newcastle hospitals.....	45.9%

RETURN OF DEATHS UNDER ONE YEAR OF AGE DURING THE YEAR 1956.

32A

CAUSE OF DEATH.	AGE PERIODS—NET.																			
	Under 1 Week.		1 and under 2 Weeks.		2 and under 3 Weeks.		3 and under 4 Weeks.		Total under 1 Month.		1 and under 3 Months.		3 and under 6 Months.		6 and under 9 Months.		9 and under 12 Months.		Total under One Year.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis of Meninges	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Meningitis, except Meningococcal and Tuberculous	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Mental Deficiency	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1	1
Bronchopneumonia	..	..	..	..	..	..	..	..	..	..	2	..	..	1	..	..	2	1	4	2
Pneumonia, Other and Unspecified	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Nephritis	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..
Gastro-Enteritis and Colitis except Ulcerative	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Spina Bifida and Meningocele	..	..	2	1	..	..	1	1	3	2	..	1	..	2	1	..	..	..	4	5
Congenital Malformations of Circulatory System	2	3	..	..	..	..	..	..	2	3	1	3	..	1	..	..	..	..	3	7
Congenital Malformations of Digestive System	..	..	1	2	..	..	..	..	1	2	..	..	..	..	..	..	..	..	1	2
Other and unspecified Congenital Malformations	1	1	..	..	..	..	..	..	1	1	..	..	1	..	..	1	..	..	2	2
Intracranial and Spinal Injury at birth.....	3	3	..	..	..	..	..	..	3	3	..	..	..	..	..	..	..	..	3	3
Other birth injury.....	1	1	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1	1
Post-natal Asphyxia and Atelectasis	5	4	..	..	..	..	..	..	5	4	..	1	..	..	..	..	..	..	5	5
Pneumonia of Newborn	..	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	2
Haemolytic Disease of Newborn (Erythroblastosis)	2	1	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	2	1
Haemorrhagic Disease of Newborn	4	2	..	..	..	..	..	..	4	2	..	..	..	..	..	..	..	..	4	2
Ill-defined diseases peculiar to early infancy	4	4	..	..	..	..	..	..	4	4	2	..	..	..	..	..	..	..	6	4
Immaturity Unqualified	16	17	..	1	..	..	..	..	16	18	..	..	..	..	..	..	..	..	16	18
Inhalation and Ingestion of food causing obstruction and suffocation	..	..	1	1	..	..	..	..	1	1	..	2	1	1	..	..	..	..	2	4
Accidental Mechanical Suffocation in bed ...	..	..	..	..	..	..	..	..	..	..	2	..	1	..	..	..	..	..	3	..
	38	38	4	5	..	..	1	1	43	44	8	8	3	8	2	1	3	1	59	62

Deaths of Infants.

	1951.	1952.	1953.	1954.	1955.	1956.
Deaths of Infants during first week of life.....	87	73	81	77	92	75
Deaths of Infants aged one to four weeks	18	15	17	12	17	12
Deaths of Infants aged one to twelve months	57	52	34	35	49	34
Deaths from Prematurity	42	37	37	28	37	33
Deaths of Twins and Triplets	9	9	3	2	3	6
Infant Mortality Rate	34.56	29.21	26.82	25.5	33.58	24.6
Total Live Births Notified.....	4,803	4,792	4,922	4,858	4,705	4,913

Care of Illegitimate Children.

Total number of illegitimate live births 245

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

Brettargh Holt	3	St. Raphael's	1
Coledale Hall	1	Elswick Lodge	10
St. Agnes	—	Heworth House	9
Browning House.....	1	Greenhill Hostel	1

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

Year.	Illegitimate Live 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
1956.....	245	8	24

ATTENDANCES AT ANTE-NATAL AND POST-NATAL CLINICS.

(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)
	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Ante-Natal.
1956.....	1,877	40	1,373	40	6,084	40	9
1955.....	2,207	29	1,490	29	6,949	29	11

GP bringing patients in to see centre

ATTENDANCES OF CHILDREN AT CHILD WELFARE CENTRES.

	No. of Children who attended during the year.	No. of Children who first attended centres during the year.		No. of Children in attendance at the end of the year.		Total No. of Attendances made by Children included in Col. (2) during the year.		Average Sessional Attendances 0-5 years
		Under 1 year.	Over 1 year.	Under 1 year.	Between the ages of 1 & 5 years.	Under 1 year.	Over 1 year.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1956....	9,442	3,643	384	3,077	5,213	43,140	18,355	32
1955....	9,201	3,073	576	2,856	5,576	39,266	18,153	30

Welfare Foods.

National Dried Milk and Vitamins were distributed from the Central Depot in New Bridge Street and from all ante-natal and child welfare centres during sessional periods. The figures below show the take-up of these as compared with 1955 :—

	<i>National Dried Milk.</i>	<i>Cod Liver Oil.</i>	<i>Vitamin A. & D. Capsules.</i>	<i>Orange Juice.</i>
1956	264,067 tins.	33,480 bottles.	14,727 boxes.	185,622 bottles.
1955	266,064 „	38,317 „	14,358	179,078 „

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	160
„ „ „ „ for Speech Therapy	18
(including deaf or partially deaf.)	
No. of Children referred to Ear, Nose and Throat Hospital .	12
„ „ „ „ Eye Hospital.....	69
„ „ „ „ Royal Victoria Infirmary	26
„ „ „ „ Newcastle General Hospital	8
„ „ „ „ Fleming Memorial Hospital	9

Handicapped Children.

There are a number of children handicapped by some defect or another who are kept under constant review in order to ensure that

advice and treatment, where it can be beneficial, is given. The details of these defects are given below :—

Speech	65		
Orthopædic	262		
Spastic	12		
Mental	39		
Eyes	267	Blind	11
		Squint	241
Congenital	62	Heart	11
		Hare Lip....	3
Special	58	Epilepsy	15
Deaf	5		
		Partially Blind	4
		Other.....	11
		Hare Lip and	
		Cleft Palate .	10
		Cleft Palate .	7
		Other.....	27
		Eczema	15
		Other.....	28

Sewing Classes.

A total of 240 classes were held at six centres. The number of attendances was 1,708—an average of seven mothers at each class.

Day Nurseries Returns.

NURSERY	Total Capacity.	Children on Register 31st Dec. 1956	Children on Register during year.	No. of attendances 0-2 years.	No. of attendances 2-5 years.	Total attendances	Average Daily attendance (Monday-Friday).	Admissions during year.	Discharges during year.	Average Saturday Attendance.
Willow Avenue	50	41	107	2,919	5,949	8,868	35	66	66	—
Renwick Street	50	43	115	3,167	5,989	9,156	36	73	72	—
Woodland Crescent ..	50	41	112	2,671	4,487	7,158	28	72	71	—
West Parade	50	48	127	3,313	6,726	10,039	38	87	79	9
Gosforth Street	50	45	125	2,628	5,891	8,519	32	85	80	7
Cresta.....	40	—	35	357	569	926	19	1	35	—
TOTAL.....	290	218	621	15,055	29,611	44,666	188	384	403	16

Cresta Day Nursery closed on 9th March, 1956.

Day Nurseries.

During the year places were offered to 559 children for whom application had been made in apparently necessitous cases, but out of this number only 384 children were actually admitted to the nurseries. There were 403 discharges during the year.

Cresta Day Nursery closed on the 9th March and the children were accommodated at Gosforth Street or Renwick Street Day Nursery, where a permanent, or a temporary admission was necessary.

The majority of applications can be dealt with on the spot, there now being little or no waiting period other than the time for visiting the nursery, medical examination, etc., which is approximately one week. Probation officers, almoners, health visitors, medical practitioners and clinic doctors continue to recommend cases for health reasons either of the child, the parents, or other members of the family where close contact during the day would be detrimental to the child's health. Fees still continue to be a problem for many, though during the year there were only eleven children in the nurseries at reduced rates.

During the year 17 nursery students took the examination of the National Nursery Examination Board, and all were successful. Three have remained on the staff, four have continued with nursery work either privately or in a residential nursery, two have gone on to training colleges, and the remainder have gone on to further nursing training (children's and general).

Figures below show the total of children in the nursery at the end of 1956, and the reasons for their admission :—

Unmarried mothers	23	Financial difficulties	52
Widows	13	Confinement	1
Separated or divorced	65	Housing conditions	7
Mother ill.....	24	Difficult children	2
Widowers.....	3	Special recommendations—	
Father ill	15	Drs., etc.....	13
			218

Accidents in the Home.

As in the past few years information has been collected by health visitors and district nurses on accidents occurring in homes which they are visiting. This information, although having no real statistical value, is an indication of the age groups most prone to accidents, and of the types of accidents affecting these age groups. The age group most affected was the 1-5 year group and the types of accidents were

burns, scalds, lacerations and fractures, in that order. The other two age groups mainly affected were the 45-65 years, and over 65 years. In the first of these two groups scalds accounted for most accidents, and in the second group falls, resulting in fractures, were the most common.

Problems of children neglected or ill-treated in their own homes.

Special Cases Sub-Committee.

During 1956, 11 new cases were referred to the Special Cases Sub-Committee, which held 5 meetings. The constitution of the Committee with the Medical Officer of Health as Chairman and the Children's Officer as Vice-Chairman remained the same.

Cases have been referred from the following sources :—

	1951	1952	1953	1954	1955	1956	Total
Co-ordinating Committee	3	—	—	—	—	—	3
Superintendent School Nurse	3	14	7	7	11	4	46
Chief Nursing Officer	—	6	6	5	7	2	26
Lady Almoner, Maternity and Child Welfare Department	—	1	1	—	—	—	2
Head Teachers' Representative ...	—	—	—	1	2	1	4
Organiser of Child Care	—	—	—	—	2	—	2
Probation Service	—	1	1	—	—	—	2
National Society for the Prevention of Cruelty to Children	—	7	5	5	1	4	22
Pædiatrician, Newcastle General Hospital	1	—	—	—	—	—	1
	7	29	20	18	23	11	108

This service is now well established and affords opportunity for officers of the Local Authority and the Voluntary Societies, as well as the Government Departments to meet and discuss cases where co-ordination is vital in the interest of the families concerned.

Priority Dental Service for nursing and expectant mothers and children under school age.

During the year, due to the continued difficulties of obtaining professional staff, the Maternity and Child Welfare Service was operated by two dental surgeons working on a sessional basis, at St. Anthony's Clinic, and the Central Clinic, giving nearly the equivalent of one full time dental officer. In addition, the part time services of an oral hygienist were used for two sessions a week. A fair amount of minor clinical work such as scaling, polishing, etc., was undertaken by the hygienist, in addition to her work on instruction in dental hygiene and the care of teeth.

Some 2,000 patients attended the clinics for treatment during the year, and of these nearly 1,500 were made dentally fit, these figures being much the same as for the preceding year.

There seems little doubt that the need for the priority service is not what was anticipated, and that while the response to offers of treatment is fairly good where the young children are concerned, the mothers are fairly slow to take advantage of its facilities for themselves, except in those cases where the provision of artificial dentures, free of cost, is part of the treatment. While free treatment for the expectant and nursing mothers, other than the provision of dentures, is to be had from private practitioners, it is not to be expected that clinics can offer a very wide appeal, and it would seem that the work of the priority service might with advantage be concentrated on the treatment of the young child.

Most of the extractions were carried out under general anæsthesia, and in this connection it is pointed out that the facilities for the recovery of patients at St. Anthony's Clinic, especially, are still far from satisfactory, and the provision of adequately equipped recovery rooms in both clinics is an urgent necessity.

Our arrangements for X-ray, diagnosis and hospitalization of patients, where necessary, worked smoothly, and specialist advice and treatment were available at the Sutherland Dental Hospital.

Details of the work for the year are as follows :—

NUMBERS PROVIDED WITH DENTAL CARE DURING 1956

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	488	485	358	358
Children under five	1549	1018	923	921

FORMS OF DENTAL TREATMENT PROVIDED DURING 1956

	Ex-trac-tions.	Anaesthetics.		Fill-ings.	Scalings or Scaling and gum treat-ment.	Silver Nitrate treat-ment.	Crowns	Radio-graphs.	Dentures provided.	
		Inlays	General						Complete.	Partial.
Expectant and Nursing Mothers	2391	..	287	310	79	..	1	10	263	118
Children under five	1451	..	736	355	..	393	..	..	..	..

MIDWIFERY.

Of the 5,053 live and still births notified, 2,116 were attended by municipal midwives. There were 108 live premature infants born on the district, all of whom were nursed by the special premature infant nursing service. Owing to the easing of the cot situation in the hospital premature infant unit it has been possible for the general practitioners to have more mothers admitted to hospital in premature labour.

The arrangements for after-care in the homes of the premature babies born in hospital works very well. In some cases it is the premature baby special nurse who follows up, giving nursing care at home, but in the majority of cases the baby is not in need of special nursing care and is followed up by the health visitor. The Sister of the hospital premature infant unit always gives the domiciliary nursing staff a few days' notice of the impending discharge of an infant and in cases where she considers it necessary, the health visitor or premature nurse, and often the mother of the baby, meet at the hospital to discuss the case and the after-care.

As in previous years a large part of the midwives' work was in the nursing of cases discharged from hospital before the 14th day. There were 1,679 of these cases necessitating 8,614 follow-up visits.

The non-medical supervisor of midwives and her deputy continue to co-operate with the hospital almoners in the visiting of homes for assessment of suitability for home confinement. These visits and those to defaulters from hospital ante-natal clinics totalled 610. In addition there were 251 cases admitted to Dilston Hall Maternity Hospital whom municipal midwives were called upon to accompany.

Every midwife is now provided with a Trilene machine. Trichloroethylene was administered to 1,203 cases, gas/air analgesia to 585 cases and pethidine was given to 1,455 cases.

The Flying Squad Emergency Service from the Princess Mary Maternity Hospital was called out by general practitioners to 57 Newcastle cases. Both the doctors and midwives appreciate this wonderful service and feel that many lives are saved by it.

As in previous years the midwives played their part in the teaching, not only of pupil midwives, but of medical students and student nurses from the general hospitals who visited homes on the district with the midwives. During 1956 thirty-five Part II pupil midwives were trained and all were successful in their Central Midwives Board Examination.

Nine midwives attended approved refresher courses. There were two of these courses held in Newcastle and many of the midwives, although not attending the whole course, attended individual lectures.

Regular quarterly meetings were arranged for municipal domiciliary midwives as well as the monthly meetings arranged by the Newcastle branch of the Royal College of Midwives. At most of these meetings lectures, talks and discussions took place. Several visitors, both from this country and abroad, were welcomed and shown the midwifery and premature infant nursing services.

Deliveries attended by Midwives.

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

NO. OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.

	DOMICILIARY CASES.				Total.	Cases in Institutions.
	Doctor not Booked.		Doctor Booked.			
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked Dr. or another).	Doctor not present at time of delivery of child.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by Authority	6	109	472	1,521	2,108	—
(b) Midwives employed by Hospital Management Committee or Board of Governors under the National Health Service Act	—	18	—	—	18	3,822
(c) Midwives in Private Practice (including Midwives employed in Nursing Homes).	—	—	5	—	5	462
TOTALS	6	127	477	1,521	2,131	4,284

Domiciliary Midwives attended 1,679 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 Mid-wives.	NUMBER OF BIRTHS.				No. of Nursings.
		Doctor not booked.		Doctor booked.		
		Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked Dr. or another)	Doctor not present at time of delivery of child.	
22,828	1,961	7	111	474	1,524	53,608

Still-Births.

Of the 5,059 City births notified, 146 related to still births. Five occurred among the 1,635 births attended by midwives without a doctor being present and 21 among 481 births in which a larger proportion of abnormalities might be expected to occur and where both doctor and midwife (in her capacity as maternity nurse) attended: the remaining 120 occurred either in hospital or in nursing homes.

The causes of these 146 still births were as follows:—

Ante-partum hæmorrhage ..	19	Post-maturity	4
Placental insufficiency	13	Prematurity	10
Fœtal defects	28	Rh. negative	5
Malpresentation	9	Anoxia	16
Toxæmia of pregnancy	8	Other causes	24
Birth injuries	4		
Infra-uterine deaths	6	Total	146

Puerperal Pyrexia.

50 cases were notified (36 City cases and 14 extra-mural cases.) Of the 36 City cases 29 occurred in hospital and 7 were notified from the district. The City cases were visited and all recovered.

Ophthalmia Neonatorum.

Two cases were notified (1 hospital and 1 district). Both were visited and recovered.

Maternal Deaths.

There were 6 maternal deaths (all died in hospital). Two of these women were booked hospital cases. Two were booked for home delivery and transferred to hospital. One was booked for a private nursing home and admitted to hospital. The remaining death took place in a hospital outside the City.

Notices for Medical Aids sent by Midwives.

<i>During Pregnancy—</i>		<i>During Puerperium—</i>	
Ante-Partum Hæmorrhage ...	3	Rise of Temperature.....	9
Miscarriages	5	Other illness of Mother	13
Illness (Miscellaneous)	16		
	—		—
	24		22
	—		—
<i>During Labour—</i>		<i>For Child—</i>	
Prolonged Labour	19	Prematurity	1
Uterine Inertia)	9	Discharging Eyes	51
Malpresentation)		Congenital Defects	—
Retained Placenta	3	Illness of Baby	18
Post-partum Hæmorrhage	6	Still-Births	1
Ruptured Perineum	59	Rashes	4
Other Abnormalities	16		
	—		—
	112		75
	—		—

Total calls for mother and child—233.

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

	1953.	1954.	1955.	1956.
For prolonged labour-malpresentation ...	18	10	13	5
For post-partum hæmorrhage	6	2	1	1
For ante-partum hæmorrhage	8	9	2	—
For illness of mother	21	15	9	4
For illness of child	12	11	12	1
For premature birth	8	6	2	1
For discharging eyes	25	27	6	9
For ruptured perineum	57	41	25	18
Others	14	10	2	3
	—	—	—	—
	169	131	72	42
	—	—	—	—

Care of the Premature Infant.

The number of premature infants notified on the district during 1956 was 120.

108 living births.

12 still-births.

Of the 108 live births all were attended by the premature infant nurse. Fifteen premature infants were transferred to hospital within 14 days.

The results of the remaining 93 Premature Infants :—

Birth Weight.	Total.	Survived 28 days.	Died.
2 lbs. 3 ozs and under	1	—	1
2 lbs. 3 ozs. to 3 lbs. 4 ozs.	—	—	—
3 lbs. 4 ozs. to 4 lbs. 6 ozs.	17	15	2
4 lbs. 6 ozs. to 4 lbs. 15 ozs.	19	19	—
4 lbs. 15 ozs. to 5 lbs. 8 ozs.	56	55	1
Total	93	89	4

Of the 89 surviving babies “specialied” :—

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

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

17 were artificially fed at the end of one month.

Visits : The total number of visits made by the premature infant nurses was 2,167.

Equipment : Full sets of premature nursing equipment were issued to 76 homes.

Details of the 15 Premature Babies admitted to hospital :—

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

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

Five sets of twins and the smaller infant of another four sets of twins are included in the 120 premature infants notified.

Age groups of deaths of “specialied” Premature Babies :—

Under 24 hours.....	1
24 hours to one week.....	2
One to two weeks.....	Nil
Two weeks to one month	1

Weight groups of deaths of "specialied" 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	1	—	—
2 lbs. 3 ozs. to 3 lbs. 4 ozs. . .	—	—	—
3 lbs. 4 ozs. to 4 lbs. 6 ozs. . .	—	2	—
4 lbs. 6 ozs. to 4 lbs. 15 ozs. . .	—	—	—
4 lbs. 15 ozs. to 5 lbs. 8 ozs. . .	—	—	1
TOTAL	1	2	1

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

HEALTH VISITORS.

STAFF AT THE END OF THE YEAR :

- 1 Deputy Chief Nursing Officer.
- 1 Health Visitor Tutor.
- 41 Field Health Visitors.
- 2 V.D. Contact Tracers.
- 1 Health Visitor seconded to "The Thousand Family Survey".
- 1 Health Visitor given "Leave of Absence" to attend a Health Education Course at London University.

RESIGNATIONS :

- 3 Retirements. (These 3 health visitors had completed 32, 28 and 25 years respectively.)
- 7 Resignations.

TRANSFER :

- 1 Transfer to Home Nursing Service.

NEW APPOINTMENTS :

- 8 Health Visitors appointed.

Miss E. Stephenson, Chief Nursing Officer, left in May to take up her new appointment as Director of Nursing Education at Edinburgh University.

The long awaited Working Party Report on Health Visiting was finally published in June, 1956, and little variation was suggested in the present training of the health visitor.

The establishment of a "Group Advisor" was recommended. This would provide a form of new promotion in health visiting greatly needed at the present time. The "Advisor" would undertake the introduction of all students to the practical field and act as intermediary between the field health visitor and the administrative staff.

Two of the Surveys which have occupied a considerable amount of time and work have finished. The Bronchitic Survey was concluded in February and the Whooping Cough Survey in August. At the

conclusion of the Whooping Cough Survey, 5 nurses, who had been engaged on a temporary basis to carry out this particular work, left the department. These were in addition to the 10 resignations already mentioned.

The Training School for Student Health Visitors continued throughout the year. Seventeen students were successful in passing their examination, 8 of whom subsequently joined the staff in June.

In September a new Course commenced and 12 students were enrolled, 7 of whom were sponsored by Newcastle.

Unfortunately the number of students coming forward for this post-graduate nursing course appears to be decreasing in number. This is causing a great deal of concern in the nursing world as the scope of the health visitor's work is rapidly expanding. If the work of the health visitor is to continue at its present high level this shortage must be overcome in the near future.

To assist in the recommendation of the General Nursing Council Syllabus, student nurses from local hospitals attended the health department and were instructed in the varied aspects of public health nursing. In addition they visited infant welfare centres and certain families on the district.

Student health visitors also received practical instruction and continued the practice, as in previous years, of carrying a small family case load, assisted by a qualified health visitor who acted as guide and tutor. These health visitors, who undertake this added work, may perhaps be the prototype of the suggested "group advisors" of the Working Party Report.

Seventy medical students also received some insight into the health visitors' work when they spent several sessions with the staff.

Nineteen Social Science students, 66 Domestic Science students and senior pupils from two High Schools in the City, were instructed in the workings of the service and conducted round an infant welfare centre.

Two trained nurses, one from Pakistan and one from North Borneo, each spent one month in the department. In addition a nurse from Jamaica, under the auspices of NAPT, spent two weeks in the department.

Refresher Courses.

Two health visitors attended a Central Council for Health Education Refresher Course of two weeks' duration at Stoke Rochford; one

health visitor attended a Refresher Course at the Royal College of Nursing, London, also for two weeks.

A one-day Course for medical and nursing staff was held under the auspices of the Central Council for Health Education on "The Education and Care of Women in Childbirth". This was held at the County Hall, Newcastle upon Tyne, on February 7th.

The Two-day Annual Conference of the National Association of Mental Health, at Harrogate, in April, was attended by the Chief Nursing Officer and the Health Visitor Tutor.

In September a six months' course of evening lectures for all health visitors and student health visitors on "Mental Health" commenced. These lectures were given at weekly intervals by lecturers of the Extra-Mural Department, Kings College.

Decentralization continued and when the infant welfare clinic was transferred from St. Hilda's Church Hall, Thornleigh Road, to the Midwives' Hostel, 48, Osborne Road, two health visitors were transferred there.

Child Welfare.

This is the most important item in a health visitor's training and so continues to play a vital part in her everyday work ; home visiting occupying the major part of her time. Unfortunately, at times only selective visiting has been possible owing to the increasing demand for her services in other spheres.

The following figures show a decrease in the number of home visits this year and this is due to the fact that the Bronchitic Survey and Whooping Cough Survey finished and the five temporary staff who helped in the latter survey have now left.

HEALTH VISITORS.

SUMMARY OF VISITS.

	Primary.	Subsequent.	Total.
Births	5,173	27,013	32,186
Measles	456	225	681
Pneumonia	170	149	319
Whooping Cough	869	963	1,832
Poliomyelitis	13	18	31
Expectant Mothers	944	1,694	2,638
Aged Persons	1,823	4,611	6,434
Orthopædic Work	206	1,168	1,374
Tuberculosis Cases	780	7,748	8,528
Tuberculosis Contacts	657	2,795	3,452
Children over One Year	13,915	45,926	59,841
Whooping Cough Survey	—	17,145	17,145
Bronchitic Survey	—	555	555
Hospital Cases	Primary	114	114
Special Visits	and	2,369	2,369
Housing	Subsequent	649	649
Unsuccessful Visits (Out and Removals)	—	27,438	27,438
Venereal Diseases—Contacts	—	1,006	1,006
Home Accidents	—	112	112
Sanitary Defects	—	358	358
Totals	—	—	167,062
No. of Households Visited	19,435	66,470	85,905
Orthopædic Treatments	—	3,124	3,124

Children 0–5 years of age visited, 19,088 ; subsequent visits paid to these children, 45,926 ; making a total of 65,014.

121 died.

76 could not be traced.

374 left the City.

5 were admitted to institutions.

Details of those children who should have attained the age of five years during 1956 :—

Well and attending School	3,308
Ill and not attending School	13
Total surviving whose whereabouts are known ..	3,321
Left City or failed to trace	953
Died in 2nd year	5
Died in 3rd year	2
Died in 4th year	3
Died in 5th year	5
Total deaths	15
Total reported upon	4,289

Health Education.

Again due to pressure of work a full programme of Health Education in clinics was not maintained, but individually this important work is still being carried out in the home, where the health visitor is able to talk to the mother on preventive aspects of disease. Vaccination against smallpox and immunization against diphtheria and poliomyelitis is ever in the forefront in talks to the parents.

Outside agencies frequently ask for the services of a health visitor to talk to groups of mothers on her work. In this way the health visitor is able to give talks and hold discussion groups on Health Education.

Problem Families.

Problem families are ever with us, and demand a great deal of visiting and help in an endeavour to try and solve some of the many problems of these unfortunate people. Much time and effort is spent in trying to prevent such conditions, but despite all efforts, break-up of families does still occur. Some families quickly respond when help is offered, but as often happens, if matrimonial disharmony is apparent, they require much more individual and prolonged attention. Family needs are varied and each one has to be assessed and helped individually to enable it to maintain a standard in the community.

Geriatrics.

As in other parts of the country, the greater number of people in the older age groups creates an increasing amount of visiting on the part of health visitors. Requests come from various departments and organisations asking for the needs of these elderly people to be assessed.

It is in this field of domiciliary work that the home nurse, home help and health visitor work closely together, each appreciating the other's task in alleviating the problems of old people.

1,823 Primary Visits to old people	}	Total Number of Visits, 6,434.
4,611 Subsequent Visits to old people		

Liaison.

The good relationship already established between Hospitals, Family Doctors, Welfare Departments, Children's Department, Moral Welfare, N.S.P.C.C., and all Statutory and Voluntary Organisations, still exists. This is indeed fortunate as it is only by sound team work that the community need is best served.

Bath Attendants.

These 4 enterprising people have proved invaluable in their work during the past year. There is an ever-increasing demand for their services, and by their kindly approach they have proven that the work they do contributes to the care and attention necessary to maintain old people in their own homes.

One bath attendant resigned in February, 1956, and was replaced.

Clerical Staff.

An important part of the health visitor's work is smoothed considerably by the help she receives from the clerical staff.

HOME NURSING.

STAFF :

Superintendent of Home Nurses.
Deputy Superintendent of Home Nurses.
31 Female State Registered Nurses.
8 Male State Registered Nurses.
1 Female State Registered Fever Nurse.
8 Female State Enrolled Assistant Nurses.
Miss Hall was appointed Deputy Superintendent of Home Nurses on July 9th.

RESIGNATIONS :

3 Female State Registered Nurses.

APPOINTMENTS :

4—1 State Registered Nurse (Female).
1 State Registered Nurse (Male).
2 State Enrolled Nurses (Female).

The Training Scheme continued during the months of February March, April and May. 11 attended and 10 candidates passed the examination set at the end of the Course.

During the year 6 nurses attended Refresher Courses ; 3 going to the Royal College of Nursing Course in London and 3 going to the Royal College of Nursing Course in Birmingham.

Regular monthly meetings were held throughout the year, these were attended by all home nursing staff. During these meetings a series of film shows and talks by various people were given.

In June the Home Nurses' Hostel at 45, Scrogg Road was closed. This building was then converted into three self-contained flats for occupation by members of the nursing services.

A great deal of time was spent by home nurses taking medical students, nursing students and overseas students on to their districts and showing them the nursing care given to patients in their own homes.

The number of new cases during the year fell from 5,158 to 4,655 ; number of cases brought forward from the previous year was 948, thus making a total of 5,603 cases attended to. Despite the small drop in new cases, the number of total visits increased from 146,428 in 1955 to 150,823 in 1956. It can be seen from the following table that the greater number of patients visited belong to the older age groups. A great deal of the home nurses' time and nursing skill was spent in trying to alleviate the condition of these elderly people, but they remain a major responsibility as the whole pattern of family life appears to be rapidly changing as the younger family moves out of the City Centre, leaving these old people more and more the responsibility of the Local Health Authority.

The amount of time spent on travelling to and from their patients is still a major problem and it is felt that this valuable time wasted could be put to better advantage.

Liaison is well established between family doctor and the home nursing service and direct contact is encouraged between doctor and nurse in discussing treatment and care of their patients.

The home nurse is an essential part of the domiciliary nursing service and her place in the nursing team is highly valued and appreciated by all her colleagues.

Examples of the variety of work undertaken by the City's home nursing service are shown in the following tables.

HOME NURSING RETURN FOR THE PERIOD 1ST JANUARY—31ST DECEMBER, 1956.

DISEASE.	Cases b/fwd. from Dec. 31st 1955.	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. 1957		Discharged		Referred to hospital		Died	
												Old	New	Old	New	Old	New	Old	New
1-Cardiac	170	370	143	227	..	..	..	3	17	102	248	116	49	79	83	57	46	58	52
2-Respiratory	51	982	449	533	28	47	54	67	177	299	310	19	25	94	777	11	61	13	33
3-Hemiplegia	102	267	109	158	..	..	..	..	3	53	211	68	27	51	36	32	34	30	91
4-Senility	80	269	116	153	..	..	..	..	..	4	265	43	22	43	40	30	44	46	81
5-Infectious Diseases	3	29	14	15	..	2	5	1	4	10	7	1	..	7	21	1	2	..	..
5a-Tuberculosis	39	200	101	99	..	4	..	39	94	50	13	26	36	86	49	13	21	2	6
6-Diabetes	31	48	16	32	..	1	1	..	2	14	30	27	8	9	9	8	10	7	1
7-Accidents and Other Violence	42	281	110	171	3	21	23	35	31	55	113	25	26	74	154	15	14	9	6
8-Carcinoma	35	279	118	161	..	..	..	..	10	129	140	16	40	30	37	14	17	58	102
9-Genito-Urinary	16	162	103	59	11	15	8	4	36	37	51	14	8	16	106	17	6	5	6
10-Gynaecological and Post Obstetric	63	165	..	165	..	..	..	16	87	33	29	43	8	40	114	6	10	7	..
10a-Breast Abscesses	2	47	..	47	1	..	..	24	22	..	..	..	1	5	41	..	2	..	..
11-Stomach and Intestinal Complaints	36	509	230	279	1	6	25	54	73	152	198	17	24	69	364	15	29	14	13
12-Skin Infections	35	603	252	351	25	84	91	37	126	134	106	14	16	57	506	16	27	..	2
12a-Varicose Ulcers	58	44	9	35	..	..	..	..	1	9	34	51	5	11	7	14	8	6	..
13-Rheumatism	46	57	15	42	..	..	1	2	..	15	39	33	5	15	13	16	7	10	4
14-Other Diseases	139	334	134	200	2	1	5	22	74	94	136	130	39	67	143	31	29	16	18
15-Diseases of Early Infancy ..	..	5	3	2	5	..	..	..	..	..	..	1	..	1	..	..	2	..	1
15a-Normal Infants	..	4	2	2	4	..	..	..	..	..	..	..	..	..	4	..	..	..	..
TOTALS	948	4655	1924	2731	80	181	213	304	757	1190	1930	644	339	754	2504	296	369	281	416
16-Post Operative (included above)	83	626	308	318	13	28	34	73	137	208	133	24	43	122	425	35	18	24	19

CASES REFERRED BY

	Number.
General Practitioners	4,018
Maternity and Child Welfare Dept.	14
Newcastle Hospitals—	
Newcastle General Hospital	249
Royal Victoria Infirmary	258
Walker Gate Hospital	7
Fleming Memorial Hospital	17
Other Hospitals	61
Miscellaneous	31
TOTAL	4,655

Total Staff 50 (at 31st December, 1956).

Total Visits :

East : 63,992 } = 150,823
West : 86,831 }

VACCINATION AND IMMUNISATION.

Vaccination and immunisation figures were slightly higher in 1956 than in 1955. The increase in the immunisation figure may have been due to the increasing demand for protection against whooping cough which was given with the combined diphtheria-pertussis antigen.

The whooping cough survey which had been under taken at the request, and under the direction, of the Medical Research Council finally ended in September.

Poliomyelitis.

By the end of March, 1956, 12,084 children born between the "permitted" years 1947 and 1954 had been registered for protection against poliomyelitis.

During the months of May and June specially arranged clinics throughout the City carried out a programme of vaccination of children born in the months and years selected by the Ministry of Health for its survey.

By the end of June, 1956, a complete course of two injections was received in respect of 147 children under the age of 5 at special Infant Welfare Clinics and 851 school children at special School Clinics.

Vaccination was suspended during the period July to October but when a limited supply of vaccine became available from the Ministry of Health in November, 1956, those children who had received one injection only were given the second and final inoculation. As a result 70 school children who previously had not attended as requested received their second dose whilst an additional 19 school children were able to receive two injections during this month. Only three children under 5 years of age did not attend to complete their course but all school children inoculated completed the course.

Thus 147 children under 5 years of age, and 940 school children, making a total of 1,087, received two injections by the end of 1956, being about 9 per cent. of the total number of children registered.

At the end of the year there remained 10,940 registered children still waiting to be given a course of injections at Child Welfare and School Clinics or by their family doctor.

The proportions of registered children to the total child population in the City of 64,000 (Registrar-General's mid-1955 estimate) under, and of school age who have received 2 doses and who await treatment are 1.7 per cent. and 17.10 per cent. respectively.

Smallpox, Diphtheria and Whooping Cough.

The figures for vaccination and immunisation are given below. 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, 1956, and this fact should be borne in mind when studying the figures.

VACCINATION.

TABLE I.

NUMBER OF INDIVIDUALS ATTENDING FOR PRIMARY AND RE-VACCINATION
IN 1956 DIVIDED INTO AGE GROUPS.
(1955 figures in brackets.)

Born :—	1955-56 Under 1 yr.	1952-55 1-4 yrs.	1942-51 5-14 yrs.	Before 1942 over 15 yrs.	Total.
<i>Clinics—</i>					
Primary	1,329 (1,223)	60 (29)	2 (—)	2 (6)	1,393 (1,258)
Re- vaccination.	— (—)	— (1)	— (3)	13 (39)	13 (43)
<i>Private Practitioners—</i>					
Primary	1,233 (1,155)	111 (86)	27 (36)	50 (25)	1,421 (1,302)
Re- vaccination.	— (—)	4 (4)	21 (22)	87 (150)	112 (176)
<i>Totals—</i>					
Primary	2,562 (2,378)	171 (115)	29 (36)	52 (31)	2,814 (2,560)
Re- vaccination.	— (—)	4 (5)	21 (25)	100 (189)	125 (219)

DIPHTHERIA.

TABLE II.

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

(1955 figures in brackets.)

	Under 5 years.	Over 5 years.	Total.
<i>Primary Immunisation—</i>			
Clinics	1,926 (1,586)	52 (18)	1,978 (1,604)
Private Practitioners	1,325 (1,167)	57 (23)	1,382 (1,190)
<i>Re-immunisation—</i>			
Clinics	812 (862)	312 (288)	1,124 (1,150)
Private Practitioners	491 (515)	369 (310)	860 (825)
Totals—			
Primary	3,251 (2,753)	109 (41)	3,360 (2,794)
Re-immunisation	1,303 (1,377)	681 (598)	1,984 (1,975)

IMMUNISATION IN RELATION TO MID-YEAR CHILD POPULATION.

TABLE III.

NUMBER OF CHILDREN WHO HAVE COMPLETED A FULL COURSE OF DIPHTHERIA IMMUNISATION BETWEEN 1ST JANUARY, 1942 AND 31ST DECEMBER, 1956.

Age at 31/12/55, i.e., Born in Year.	Under 1 year 1956	1—4 years 1955-1952	5—9 years 1951-1947	10—14 years 1946-1942	Under 15 years Total
A. Number of Children whose last Course (Primary or Booster) was completed. Period 1952-1956	597	10,970	14,902	933	27,402
B. Number of Children whose last Course (Primary or Booster) was completed. Period 1951 or earlier ...	—	—	4,388	16,331	20,719
C. Estimated mid-year Child Population	4,720	17,780	41,500		64,000
Immunity Index	12.64%	61.69%	38.15%		42.81%

PRIMARY IMMUNISATION.

NUMBER OF CHILDREN UNDER 15 YEARS PROTECTED AGAINST DIPHTHERIA AND/OR WHOOPING COUGH IN 1956.

Diphtheria.	Whooping Cough.	Diphtheria, and Whooping Cough	Diphtheria, Whooping Cough and Tetanus.	Total Diphtheria.	Total Whooping Cough.
879	542	2,196	285	3,360	3,023

RE-IMMUNISATION.

Diphtheria.	Diphtheria and Whooping Cough.	Diphtheria, Whooping Cough and Tetanus.	Total Diphtheria.	Total Whooping Cough.
1,813	86	85	1,984	171

Enteric and Cholera.

There were only two people inoculated against enteric and cholera combined and one against cholera alone.

AMBULANCE SERVICE.

The now familiar analysis of the work of the Ambulance Service for the year under review is portrayed in Table A attached to this report (p. 62a).

It will be seen from the table that the total number of cases transported during the year amounted to 135,485 and the mileage travelled was some 734,619.

Whilst these figures show a reduction when compared with previous years, this is entirely due to altered methods of recording. The work done on behalf of the backward children is now a chargeable item and is no longer recorded as work done under Section 27. Therefore, whilst in previous years the number of children transported to and from the Occupation Centre was recorded as "City" cases, the mileage is now recorded under "Chargeable Mileage". The addition, however, of 23,642 children carried makes a total figure for the year of 159,127, which is 8,825 higher than last year.

An analysis of the figures shows that again the City's responsibility has risen by some 10,000 cases, although there was a decline in the work done on behalf of the Northumberland and Durham County Authorities, which was particularly marked during the latter part of the year.

Whilst these figures do not record the type of case carried, the ratio works out at approximately 2.5 stretcher cases to 1 sitting case.

Operational.

In July the Chief Adviser to the Minister on the Ambulance Service paid a two-day visit to the City to survey the Service. This visit was preceded by a most detailed and searching questionnaire which was in the Ministry's possession prior to the visit.

Whilst it is always beneficial to have the advice and views of an independent expert on the administration of the Service, little came to light as a result of the survey that the Committee was not already aware of, and indeed most of the recommendations that were made has been considered by the Committee and were being implemented. These were mainly concerned with the liaison of the Northumberland and Durham County Services with the City Ambulance Service.

It is gratifying to note that in the Minister's final report on this survey, his Adviser was of the opinion that the Council's Ambulance Service is of a high standard and is well organised and that the arrangements for the repair and maintenance of the vehicles are economical. Although it is not clearly indicated in this report, it is felt that he agrees with the Health Committee that there is still a need for better liaison with the hospitals insomuch that they could assist by creating a system of internal co-ordination of the cases that they pass to the Ambulance Service to transport.

Co-ordination with Other Authorities.

The efforts in this field over the year again show an improvement as it was possible to co-ordinate 13,308 cases into the vehicles belonging to other Authorities already in the City, which is some 2,000 cases more than last year.

An additional drive was put on to this particular phase of the Service in November due to the introduction of petrol rationing when it was felt that, even at the risk of inconveniencing both the hospitals and the patients with delays and uncertainties, no vehicle should return to its base empty.

Despite all efforts of co-ordination, it was still necessary, as the responsible Service for the major hospitals in this area, to carry some 9,021 patients and travel 152,276 miles on behalf of other Authorities—this work, of course, being covered by Section 24 of the Amendment Act, and the recoverable costs for work done amounted to some £10,021.

Ancillary Service.

Throughout the year there was a constant demand for work to be carried out in connection with the various Health Services of the City which are not covered by Section 27 of the National Health Service Act, and in accordance with the Committee's policy these demands were honoured and a charge raised for the services; during the year some 62,586 miles were travelled which is an increase on last year's figures of over 18,000. This is accountable for by the fact that, as stated earlier in this report, the recording of the work done by this Service for the Backward Children was transferred to this heading.

The amount recovered during the year was approximately £4,500.

Vehicles.

The composition of the fleet at the end of 1956 was :—

2/4 stretcher vehicles	25
1 stretcher dual-purpose vehicles	9
Sitting case vehicles.....	9
Miscellaneous vehicles	9

During the year in accordance with the policy of replacement, four new vehicles were ordered. Of these, one, a Morris/Wadham LCO/5, was fitted with a 3.3 diesel fuel power unit. A further interesting experiment in the construction of this vehicle is that part of the panelling which includes a canopy, side and rear doors, is constructed of fibre glass in place of the traditional aluminium or steel panels.

These new vehicles were replacements for two ambulances and two dual-purpose vehicles which had completed their economical life as operational vehicles.

Maintenance.

The statistics of the workshops reveal that during the year, 61 vehicles went through the shops for a 10,000 miles inspection and complete overhaul which virtually brought the vehicles back into class A1 condition. 254 vehicles had the routine 2,000 miles check and inspection and there were 563 occasions when it was necessary to dock the vehicles for some minor repair or adjustment between the checking periods.

In addition to this, 41 component assemblies were dealt with entailing re-conditioning of engines, axles, gear boxes, etc., and 17 vehicles were completely re-painted inside and out.

In comparison with 1955, there was an increase in the work carried out by the workshops particularly in respect of miscellaneous repairs, and there is no doubt that this can be accounted for by the fact that the average age of the vehicles is increasing yearly and has not yet been compensated by the influx of the replacement vehicle programme ; indeed the average mileage per vehicle in the fleet is now within the region of 100,000.

The internal costing for the year, which is not an audited figure by the City Treasurer's Department but is kept for administrative records, showed expenditure on the maintenance of vehicles (including the engineers' wages, replacement parts and tyres) of £6,155. This is a slight increase on last year's figure of some .03 pence per mile, which can be accounted for by a wage increase to the engineers and two rises in the cost of tyres during the period.

Premises.

It is gratifying to report that at the latter end of the year, the new East End Station was completed and put into operation. This greatly facilitated the working of the Service, and the staff appreciated the improved working conditions. There is no doubt that the Station is extremely well constructed and lends itself to the working of a happy and efficient unit of the Service.

When this station came into operation the temporary garages in Back Lovaine Place became redundant.

Staff.

Through the year the relationship between the administration and staff was admirable. As the Service matures, it is becoming very united and the team spirit is well established. It was not necessary for the representative of the Trade Union for the staff to make any representations regarding any conditions or circumstances affecting the members.

First Aid.

The Ministry of Health's standards of requirements were maintained and also those appertaining to the terms of employment as laid down by the National Joint Council on this subject.

The Service is now developing a high standard of First Aid and is concentrating particularly on "Nursing Technique" which is found through experience to be so very necessary when attending to patients actually in transit.

Sickness.

Out of a total number of working hours of over 241,000, the operational staff lost 6,568 hours which would appear to be a low percentage of lost time, particularly when it is realised that the average age of the staff is now 41·7 years.

The administrative staff lost some 135 days which is a marked improvement on last year's figure which was in the region of 350 days.

Safe Driving Awards.

81 members of the staff entered the Safe Driving Competition and of these 60 qualified for the appropriate award.

Accidents.

During the year there were 26 accidents reported to the Insurer through the City Treasurer's Department. Out of this 26, an amount of approximately £231 in claims for repairs was recovered.

Civil Defence.

At the latter part of the year, the Health Committee considered their responsibilities in connection with this subject and decided that some re-organisation was necessary. Accordingly, in conjunction with the Civil Defence Committee, it was recommended that a member of the permanent staff should be seconded part-time as a staff instructor.

This re-organisation has particularly assisted the work in this sphere, and now there is a section with four classes a week and some 60 active volunteers, who are undergoing initial training.

During the year, a team again participated in the Regional Competition organised by the Home Office, and whilst not being as fortunate as in the previous year, was awarded fourth place in a competition of 14 Authorities.

TABLE A.

62A

ANALYSIS OF WORK UNDERTAKEN BY THE AMBULANCE SERVICE DURING THE TWELVE MONTHS
FROM THE 1st JANUARY, 1956, TO THE 31st DECEMBER, 1956.

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.	
1.1.56 to 6.1.56.	1,728	7,301	25	478	88	1,341	41	632	150	373	237	633	..	1,882	10,995	3,941
7.1.56 to 3.2.56.	12,138	41,066	75	1,126	467	7,133	218	5,464	928	1,561	1,284	3,448	59	12,898	61,141	17,971
4.2.56 to 2.3.56.	11,341	39,841	57	1,023	496	7,839	255	5,240	970	1,669	1,323	3,514	28	12,149	60,477	18,057
3.3.56 to 30.3.56.	11,004	40,705	63	1,000	492	7,974	246	4,556	981	1,319	1,375	3,627	..	11,805	60,556	18,124
31.3.56 to 27.4.56.	9,077	36,876	88	1,317	470	7,455	216	3,990	866	1,248	1,232	5,373	..	9,851	57,491	17,476
28.4.56 to 25.5.56.	9,204	37,812	68	930	506	7,845	247	5,163	890	1,377	1,240	5,724	57	10,025	60,148	17,683
26.5.56 to 22.6.56.	9,645	38,254	71	890	452	7,808	231	4,608	980	1,498	1,128	5,608	149	10,399	59,943	18,346
23.6.56 to 20.7.56.	9,368	38,929	73	979	462	7,230	279	5,474	939	1,385	1,056	6,385	94	10,182	61,532	18,731
21.7.56 to 17.8.56.	8,390	36,335	59	901	472	6,992	244	4,186	876	1,450	1,230	3,313	329	9,165	54,736	17,643
18.8.56 to 14.9.56.	8,849	36,404	68	925	495	7,231	241	5,020	865	1,676	755	4,788	604	9,653	57,403	17,612
15.9.56 to 12.10.56.	9,466	37,319	48	712	491	7,566	248	4,362	955	1,631	719	5,737	161	10,253	58,207	22,083
13.10.56 to 9.11.56.	9,546	36,216	41	593	270	4,535	216	4,101	1,176	1,282	895	4,990	47	10,073	52,659	18,720
10.11.56 to 7.12.56.	9,656	33,752	3	33	1	12	238	4,407	1,509	860	767	5,812	15	9,898	45,658	19,390
8.12.56 to 31.12.56.	7,052	25,260	12	169	3	75	185	2,961	1,223	839	735	3,634	..	7,252	33,673	15,427
TOTALS :	126,464	486,070	751	11,076	5,165	81,036	3,105	60,164	13,308	18,168	13,976	62,586	1,543	135,485	734,619	241,204
Previous 12 months 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
Difference :	-13,629	-24,867	-467	-6,886	-688	-14,626	-33	-170	+2,000	-1,661	-3,624	+18,480	-3,321	-14,817	-36,675	+16,420

ANALYSIS OF TYPES OF CASES.

Month	Total No. of Patients Carried	ADMISSIONS				Out-patient Treatment Cases	Discharges	Mental Cases
		Emergency	Infectious	Maternity	Admissions			
January . . .	13,069	409	28	200	802	9,185	2,384	61
February . .	12,659	458	12	167	777	8,837	2,351	57
March	13,202	467	22	189	767	9,219	2,477	61
April	10,441	494	8	169	708	6,877	2,127	58
May	11,396	553	17	188	737	7,336	2,497	68
June	11,081	535	11	184	788	7,116	2,372	75
July	10,996	551	26	165	727	6,999	2,439	89
August	10,121	499	13	152	772	6,304	2,288	93
September .	10,391	489	21	155	799	6,607	2,268	52
October . . .	11,664	517	14	147	825	7,719	2,377	65
November . .	10,743	456	4	173	763	7,506	1,778	63
December .	9,722	546	10	205	758	6,374	1,771	58
TOTALS	135,485	5,974	186	2,094	9,223	90,079	27,129	800
Previous Year	150,302	5,227	215	2,015	9,382	104,325	28,366	772
Difference :	-14,817	+747	-29	+79	-159	-14,246	-1,237	+28

HEALTH EDUCATION.

As in previous years, members of the Health Department staff continued to carry out the two-fold purpose of health education, i.e., to teach the principles of hygiene and healthy living and to inform the citizen about specific matters in relation to his health, and about medical and social services provided for his benefit.

The main methods used for the instruction of the general public were :—

(1) Lectures and demonstrations.

(a) To selected groups, e.g., schools for mothers, demonstrations in infant welfare clinics.

(b) To ready-made audiences, e.g., youth movements, women's guilds and other adult audiences.

(2) Exhibitions.

(3) Film Shows.

(4) Leaflets.

(5) Posters.

Exhibitions.

Under the auspices of the World Health Organisation, a display of photographs and literature showing the development and work of W.H.O. was staged by the Department during the week 21st to 28th April. A window in one of the large City stores was used for this purpose and, from the point of view of presentation, and judging from the interest shown by the general public, the display was an undoubted success. It is felt that a greater appreciation of the activities, and the problems confronting W.H.O. in the field of Preventive Medicine and Health Education was experienced by many who saw the display.

The problem of accidents in the home, especially those affecting children and old people is a very difficult one and demanding special attention in any programme of health education. In conjunction with the Regional Hospital Board a working demonstration of the Mass Miniature Radiography Unit was exhibited at the Royal Agricultural Show, held from the 3rd to 6th July, and in a rather restricted site area sets were built and furnished to give the appearance of a dining room, kitchenette and staircase. Adult and child models were placed in these sets and in such attitudes depicting actions which lead to home accidents. In addition, appropriate photographs and posters

were displayed, suitable leaflets distributed, and talks by members of the Health Department staff were given to visitors.

It is a pleasure to thank a number of City firms, who by their co-operation and assistance enabled the Department to build the exhibit.

At the Corporation Annual Flower Show held during the month of August, the Health Department staged its final exhibition during the year under review.

On this occasion a series of topics were chosen for presentation and dealing with :—

- (1) Public Health Progress over Fifty Years.
- (2) Environmental Health.
- (3) Physical Health.
- (4) Mental Health.
- (5) Home Accidents, and
- (6) Food Poisoning.

Again, trained and experienced members of the staff who were in continuous attendance lost no opportunity of pointing out and explaining to visitors, many of the more important features in each section of the exhibit.

The exhibition was well attended, and although the presentation of the overall topics chosen was not without its difficulties, the keen and intelligent interest shown by the visiting public brought its own reward and made the venture worthwhile.

Film Shows and Talks.

Films and film strips dealing with the promotion of better health continue to be used to the full as part of the educational programme of the Department.

A wide variety of subjects, e.g., accident prevention, food handling, home nursing techniques, ante-natal and post-natal care, etc., have been shown to both nursing and general audiences, who have invariably expressed their interest and appreciation.

Similarly, lectures and talks given by the trained members of the staff, aided by the above and other visual means continue to be in constant demand and the following table is a summary of the work carried out in this direction during the year.

	<i>No.</i>	<i>Total Attendance.</i>	<i>Average Attendance</i>
Film Shows at Clinics	19	438	23
Films and Film Strips to Health Visitors, Nurses, Midwives, etc.....	56	746	13
Film Shows and Talks to various organisa- tions	25	1,002	40
Film Strips and Talks at Clinics.....	10	198	20
Talks only	11	372	34
Total	121	2,756	23

ALMONER'S DEPARTMENT.

The staffing position throughout the year has been most unfortunate. In the early months of the year Miss Peaps, the head Almoner, was working single-handed, which she had had to do owing to the great shortage of Almoners and entire lack of applicants in response to advertisements since her assistant left in November, 1954.

In April, 1956, Miss Josephine Palmer was appointed to the assistant post but owing to marriage and consequently a greater burden of domestic duties she left in November, 1956.

In December Miss Peaps herself left to take up the post of Almoner to the Percy Hedley Spastic School, Forest Hall, and so at the end of the year there was no Almoner attached to the department at all, and no applicants for the post.

The Almoners at the two chest clinics very kindly agreed to assist by dealing with cases referred to them from the Central Office, but an increasing gap was felt as a result of the falling off of the work.

Almoner's Report.

During the year 690 new patients were referred to the Almoner's Department. 210 of these were referred by their doctors; 226 by health visitors, home nurses and other local authority officials; 59 by other statutory and voluntary societies, and 195 came of their own accord. 893 interviews were given and 334 domiciliary visits paid.

The Central Register for Old People has been maintained and the numbers have increased from 7,581 at the end of 1955 to 8,266 at the end of 1956.

425 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	140	Meals on Wheels	14
Clothing	61	Accommodation	9
Employment	2	House-cleaning	2
Financial aid, permanent bedding, prams, cots and fireguards	79	Sitters-in and visitors	16
Arrangements for care of children	32	Chiropody	23
Referred to Domestic Help Dept.	19	Transport	16
Admission to home or hospital ..	56	Diversional Therapy	5
Care of unmarried mothers	14	Speech Therapy	1
		Rehabilitation Centre	1
		Surgical Appliances	6

Convalescence.

The local authority maintained 168 patients in convalescent homes. Of these 36 were arranged by hospital almoners, chest clinic almoners and psychiatric social workers. Arrangements for convalescence for 140 patients were made by this department. Of these the local health authority maintained 103.

176 patients were referred to this department for convalescence ; of these 168 were convalesced and 8 cancelled their vacancies.

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

General and Nervous Debility ..	55	Disseminated Sclerosis	2
Sinusitis	1	Pneumonia	4
Myocarditis	1	Senile	4
Bronchitis	18	Carcinoma	3
Bowel Infection	1	Psycho-neurosis	2
Facial Injuries	1	Paget's Disease	1
Rest for relatives	3	Cerebral Thrombosis	1
Mastoid	1	Hypertension	3
Rheumatoid Arthritis	6	Uterine Prolapse	1
Ulcers	3	Cataract	1
Cerebral Tumour	1	Gastritis	1
Diabetes	1	Shingles	1
Bladder Infection	1	Anæmia	2
Anxiety State	10	Hemicolecotomy	1
Stroke	1	Post-Natal Debility	1
Cardiac	4	Fredericks Ataxia	1
Ear and Eye Trouble	1	Arterio-Sclerosis	1
Asthma	2	Bronchiectasis	1
Cystitis	1	Epilepsy	1
Miscarriage	1	Others	30
Osteo-arthritis	1		

Payment was arranged as follows :—

Local Health Authority (Patient assessed for contribution)	168	Voluntary Funds and Free Homes	29
--	-----	--------------------------------	----

Invalid Loan Depot.

This is now a well-known and established service and steady use of the equipment is made each year. In 1956 2,022 patients were issued with equipment as compared with 2,113 in 1955.

LIST OF EQUIPMENT LENT.

Blankets	126	Bed Cage	102
Sheets.....	171	Invalid Chair	133
Flannel Sheets	2	Dunlopillo Mattress	92
Draw Sheets	1,145	Plastic Cover	85
Pillowcases	59	Bed Table.....	28
Pillows	55	Commode	127
Rubber Sheets	776	Hot Water Bottle	9
Bed Rests	551	Fracture Boards	1
Air Rings	384	Adult Cot	3
Sorbo Square	7	Spinal Carriage	4
Sorbo Rings	15	Pulley	15
Bed Pans	565	Sandbags	9
Rubber Bed Pans.....	20	Sputum Mugs	4
Urinal, Male	276	Bed Blocks	2
Urinal, Female	84	Walk Aid	6
Bedstead	114	Cot.....	5
Mattress	128	Backrest Bedstead	1
Mattress Cover	96	Cot Mattress	5
Air Bed	30	Cot Blankets	2
Feeding Cup	54		

DOMESTIC HELP SERVICE.

In this City 1,260 homes were receiving the services of a Home Help under the National Health Service Act on the 31st December, 1956, which represents an increase of 166 on the corresponding date for 1955.

The service continues to meet the need for help to mentally and physically infirm old people who must be cared for in their own homes, while still supplying help to the sick, blind, maternity cases, mentally defective, and children not over compulsory school age. The organisers do their utmost to put the available help to the greatest use. It is not an easy task always to make right judgments in weighing up the needs of one case against another, but the health visitors' knowledge of the families can be very helpful in making these decisions. From contact with old people it seems that the comfort given them, in providing this help, is immeasurable. It has been truly stated that "If this service is not justified on economic grounds it is justified simply on Christian and ethical grounds. The value of domestic help to the aged is overwhelming". First-hand evidence of this is obtained through visiting, and further confirmation is often obtained in letters of gratitude and praise received.

The blind are most appreciative of what is done for them, and it is encouraging to think of the blind lady who described her Home Help as "wonderful". It is the personal interest of the Home Helps in their patients which in fact maintains the efficiency and usefulness of the service, and the help is often increased by them visiting outside their

official times, and by getting their families interested. In addition it is not unusual to find that they send meals to their patients' homes, which has included a Christmas dinner.

During the year there has been an increase in the number of filthy homes which have been brought to the notice of the Home Help Department. In most instances it has been when an aged person has been taken to hospital; when due to be discharged the Almoner asks for the home to be cleaned. The fact that there are many patients who, although unable to look after themselves, will have animals in their homes often adds to the filth, and this makes the job for the Home Help, at times, very unpleasant.

From the statistics given at the end of this report it will be seen that during 1956 the number of cases served of "65 years and over" was 192 greater than the number served in 1955. This class of case now demands 63 per cent. of the service. 35 per cent. of the cases served were old people between the age of 70 to 79 years. Twenty-seven patients over the age of 90 have had the services of a Home Help, and seven of these are over the age of 95. The average weekly percentage of hours to the "65 years and over" cases is 76 per cent.

Every endeavour is made by the administrative staff to operate the service with the minimum of help to all cases, and it will be seen from the following schedule that the average number of cases being served per Home Help is increasing and the average number of hours per case is diminishing.

<i>Year.</i>	<i>Weekly Average No. of cases per Home Help.</i>	<i>Weekly Average No. of hours per case.</i>
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
1956	3.24	7.79

The strength of the Home Help Service increased during the year by 31 workers and at the end of 1956 was :—

Full-Time Workers	41
Working 30-43 hours	39
Part-Time Workers	321

Training Course.

Five training courses were held for Home Helps during 1956. The training course is comprised of six lectures given by the medical and nursing staff on the following subjects :—

General Health Service.
 Co-ordination of Nursing and Home Help Service.
 Common Infections and Food Handling.
 Care of the Aged and Infants.
 Accident Prevention and General Care of Children in the Home.
 Simple Infections and the Care of the School Child.

The training course also includes six classes in domestic science and cookery, which, by kind permission of the Director of Education, are held in one of the most up-to-date modern schools. At the end of this course the Home Helps reaching a satisfactory standard receive a certificate. On the 27th July, 1956, a pleasing ceremony was held in the Council Chamber when 120 Home Helps were presented with certificates by the Chairman of the Health Committee—Councillor Mrs. I. McCambridge, J.P.

ANALYSIS OF CASES ATTENDED IN 1956 COMPARED WITH PREVIOUS YEARS.

	1956.	1955.	1954.	1953.	1952.
Maternity	305	333	387	459	367
Short-term illness	135	158	194	187	114
Long-term illness (under 65 years) ...	295	360	287	336	270
Child Care	67	71	60	21	30
Aged 65 years and over	1,608	1,416	1,141	884	719
Cancer	28	14	14	—	—
Tuberculosis	77	91	91	—	—
	<u>2,515</u>	<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 1956 which made further provision at the Occupation Centre for training male adults is dealt with under Part II (c) (iii) of this report. Otherwise the administration of the City's Mental Health Service remained more or less as outlined in the Annual Report for 1955 and those previous. No additions were made to the panel of 7 part-time psychiatrists and doctors approved by the Local Health Authority for certification of patients under the Mental Deficiency Acts.

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

This sub-committee is composed of 8 members of the Health Committee and a co-opted experienced social worker.

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

A male supervisor for the male Industrial Centre was appointed ; otherwise the number of staff remained unchanged from that stated in the Annual Report for 1955.

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

Dr. J. P. Child, Physician Superintendent of St. Nicholas Hospital, continued as the Adviser to the Department and gave most valuable service.

(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, but no arrangements were made this year for staff to attend refresher courses.

II.—Account of Work undertaken in the Community.

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

The advice of the Department has been increasingly sought by the General Practitioners and a great deal of help given to them with problem cases. As far as possible preventive work and after-care continued during domiciliary visits made in support of the family doctor by duly authorised officers. They also arranged appointments at the specialist clinics for cases of early mental disorder, and for consideration as to mental deficiency, escorted nervous patients to keep these appointments and accompanied voluntary patients to hospital if no relatives were available.

The psychiatric social workers of the hospital have not hesitated to refer patients who have been under their care, but have relapsed and have ceased to be co-operative, giving evidence of the reciprocity which exists.

Some participation in mental health visiting has been recently started by health visitors and in respect of mental cases there is liaison

through one particular health visitor with the consultant staff and their psychiatric social workers.

The senior duly authorised officers also gave talks to other organisations such as Church Guilds when asked to do so, in the hope that the spread of knowledge will help to eliminate some of the common fears and misunderstandings which are still prevalent among the general public concerning mental illness and disorder, and mental deficiency, and the challenge they present. Some of these talks are illustrated with cine films.

The importance of ascertainment of mental defectives as soon as reasonable to enable adequate training as the individual grows up and appropriate disposal (perhaps to hospital) is not yet realised throughout the community, and cases continue to come to light through the courts, police and 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
1956.....	6	1	7	2	1	3	7

Of the 7 cases dealt with during 1956, the disposal was :—

	<i>Males.</i>	<i>Females.</i>
Orders made under Section 8	2	1
Sent to prison	1	—
Sent to approved school	1	—
Bound over	1	—
Fined	1	—
	—	—
	6	1
	—	—

Temporary hospital accommodation from 2 weeks to 2 months during a time of emergency in the home was arranged in mental deficiency hospitals under Circular 5/52 and has been widely used during the year. Totals for 1952-1956 were as follows :—

	1952	1953	1954	1955	1956
Males	6	10	20	12	17
Females	11	13	15	17	17
	—	—	—	—	—
	17	23	35	29	34
	—	—	—	—	—

The duly authorised officers, over and above the number of cases actually removed to mental hospitals, conducted investigations into 349 cases (398 in 1955).

CARE OF THE AGED.

The problem of senile dementia, often so difficult to deal with, is increasing, but prevention or alleviation is an important matter which the relative, neighbour or even the home help may not be adequate to meet. It is hoped that such cases may soon be admitted to hospital without certification, a procedure which for a border-line case may be the only means of achieving hospital care. Since the Geriatric and Welfare departments still find great difficulty in meeting the demands made on them there is certainly an obvious need for some "in between" service.

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

As the main hospital centre in the area, many cases which live outside of Newcastle fall to be dealt with by the authorised officers in the City. Some of these cases wander into the City, others have been sent in to hospital for admission for various medical reasons, later becoming mentally disturbed and requiring action to be taken, but there are a proportion who are sent into the City hospitals when it is already known that they are mentally ill, and these have to be dealt with immediately by the City staff. This has been taken up with the staff of the Regional Hospital Board and is to be investigated.

The number of patients dealt with who were normally residents of other local authority areas is shown below and totalled exactly 100:—

Northumberland.....	48	Durham	19
Gateshead	4	Brighton	1
Sunderland	1	Tynemouth	4
London	3	Yorkshire	1
York	2	Scotland	3
South Shields	3	Carlisle	2
Bradford	1	Leicester	1
No fixed abode	7		

Total—100.

During the time the Psychiatric Unit, Newcastle General Hospital, was under reconstruction, St. Nicholas Hospital bore the brunt of the Section 20 admissions (425 against 263 in 1955); and whereas early in the year the waiting list averaged about ten Section 20 cases, towards the end of the year this gradually dwindled and cases were admitted within a day or two. At all times, however, when the duly authorised officer stressed the urgency of a case, his judgment was accepted and the case was admitted without delay. The amicable relations between St. Nicholas Hospital and the duly authorised officers were well seen working in these circumstances to mutual advantage.

The re-opening of the new Psychiatric Block at Newcastle General Hospital on the 4th December for Section 20 cases did not immediately improve the position, as only part of the accommodation could be used owing to an acute shortage of staff. Disappointment was also felt over the new Collingwood Clinic at St. Nicholas Hospital, which although officially opened in October, was not fully operative by the end of the year. However, there is hope that during the ensuing year these matters will improve and consequently there will be no delay in obtaining beds.

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

Admissions, 1956.	Psychiatric Unit Stannington.		St. Nicholas Hospital.		Other Hospitals.		Totals.	
	1956	1955	1956	1955	1956	1955	1956	1955
Under Section 20— By duly authorised officers.....	113	105	215	152	3	6	331	263
Under Section 21— On Magistrate's Order.....	—	1	1	2	—	—	1	3
Certified at home before admission.	—	—	99	101	14	7	113	108
Under Magistrate's Courts Act 1952 Certified	—	—	3	2	—	—	3	2
Voluntary	—	—	—	—	—	—	—	—
Voluntary Cases ...	45	46	139	116	5	4	189	166
Temporary Cases...	—	—	4	—	1	1	5	1
	158	152	461	373	23	18	642	543

The following figures show mental hospital admissions, cases dealt with under order by the duly authorised officers, and domiciliary certifications before admission for the years 1950–1956 :—

	1956	1955	1954	1953	1952	1951	1950
Annual admissions to mental hospitals	642	542	613	639	677	703	819
Cases dealt with under order by duly authorised officers	332	266	311	365	411	434	566
Domiciliary certifications before admission.....	113	108	120	124	118	99	14

SUMMARY OF DISPOSAL OF HOSPITAL CASES.

	<i>Psychiatric Unit, Stannington.</i>		<i>St. Nicholas Hospital.</i>		<i>Other Hospitals.</i>		<i>Total.</i>	
	1956	1955	1956	1955	1956	1955	1956	1955
To Mental Hospitals—								
(a) Certified cases removed	6	6	35	30	2	—	43	36
(b) Transfers from Sec. 20 to Voluntary Class ...	56	66	121	95	4	6	181	167
(c) Transfers from Sec. 20 to Temporary Class ..	—	—	1	—	1	—	2	—
	<u>62</u>	<u>72</u>	<u>157</u>	<u>125</u>	<u>7</u>	<u>6</u>	<u>226</u>	<u>203</u>

	<i>Totals.</i>	
	1956	1955
Home or Hospital from Section 20—		
(a) From Psychiatric Unit	21	13
From St. Nicholas Hospital	31	13
(b) Died in Hospital—		
Psychiatric Unit	5	1
St. Nicholas Hospital	78	82
(c) Discharges from Hospital—		
Psychiatric Unit	126	112
St. Nicholas Hospital	327	321
	<u>588</u>	<u>542</u>

Investigations in addition to the above removals—349 (398).

(c) UNDER THE MENTAL DEFICIENCY ACTS, 1913–1938 :

The problem of finding hospital accommodation for mental defectives although far from satisfactory has been easier this year although fewer admissions were needed. Admissions for women and low grade children were the most difficult to obtain. Figures for the waiting list at the end of 1956 and the annual hospital admissions, with the total ascertained yearly for comparison, are as follows :—

	1956	1955	1954	1953	1952	1951	1950
Waiting List	42	51	38	80	75	79	69
(Males)	(28)	(31)	(24)	(46)	(41)	(38)	(31)
Hospital Admissions	22	21	25	32	26	45	32
(Males)	(9)	(10)	(11)	(15)	(17)	(25)	(15)
Cases ascertained per year	67	60	90	55	59	55	89
(Males)	(40)	(28)	(57)	(36)	(26)	(26)	(49)

(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>	
	1956	1955	1956	1955	1956	1955
Cases awaiting vacancies in institutions	28	31	14	20	42	51
Cases removed to hospital	9	10	13	11	22	21
Cases ascertained	40	28	27	32	67	60
Cases reported	40	38	27	46	67	84
Percentage of ascertained to reported cases	—	—	—	—	69.9	71.5

SOURCES OF CASES REPORTED TO THE MENTAL DEFICIENCY SECTION.

	<i>Males.</i>		<i>Females.</i>		<i>Totals.</i>	
	1956	1955	1956	1955	1956	1955
Education Department	29	23	20	22	49	45
Hospitals	—	2	—	3	—	5
Health Department	—	2	—	4	—	6
Probation Service	3	5	—	—	3	5
Police and Courts	—	1	—	1	—	2
General Practitioners	1	—	2	1	3	1
National Assistance Board	—	1	1	2	1	3
Relatives	2	—	—	2	2	2
Children's Officer	—	—	1	1	1	1
Welfare Department	1	1	—	3	1	4
Dept. of Psychol. Medicine	2	1	—	1	2	2
Board of Control	1	—	—	—	1	—
Other Sources	1	2	3	6	4	8
	40	38	27	46	67	84
	—	—	—	—	—	—

DISPOSAL OF REPORTED CASES BY THE MENTAL DEFICIENCY SECTION.

	<i>Males.</i>		<i>Females.</i>		<i>Totals.</i>	
	1956	1955	1956	1955	1956	1955
To hospitals	2	5	3	6	5	11
To statutory supervision	33	23	24	26	57	49
Not subject to be dealt with	1	2	—	4	1	6
Action deferred	3	8	—	10	3	18
Found not defective	1	—	—	—	1	—
	40	38	27	46	67	84
	—	—	—	—	—	—

(ii) Guardianship and Supervision.

The staff of the Mental Deficiency Section visit established cases periodically. All new cases reported to the Section were specially visited by the mental deficiency officer to establish friendly relations with the defective and his family from the outset. Registers of cases under supervision, etc., were under constant review.

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

	<i>Males.</i>		<i>Females.</i>		<i>Totals.</i>	
	1956	1955	1956	1955	1956	1955
Total cases under—						
Statutory Supervision	258	236	226	225	484	461
Voluntary Supervision	20	18	8	9	28	27
Guardianship	2	3	1	1	3	4
No. of Statutory Visits paid	543	507	509	565	1,052	1,072
Home and progress reports to hospitals after visiting	136	104	108	99	244	203
No. of petitions presented*	6	10	13	11	19	21
City Cases—						
In mental deficiency hospitals...	296	309	240	246	536	555
In places of safety	—	—	—	—	—	—

* In all cases orders were made for sending these patients to Mental Deficiency Hospitals.

In 1956 no application was made to obtain a guardianship order.

(iii) Occupation and Training.

Occupation Centre, Jubilee Road.

A very full variety of training has been provided in this Centre. There is a class of older girls and women and 5 classes of younger children with a total on the register at the end of the year as shown below :—

	<i>Males.</i>	<i>Females.</i>	<i>Totals.</i>
Full-time attendance	41	39	80
Part-time (female adult) attendance..	—	5	5
	41	44	85
	—	—	—

The staff acted as escorts on ambulance transport, provided daily between the Centre and the children's homes.

Male Industrial Centre.

On the 7th May a small group of adult males began attendance under a male supervisor as there was a nucleus of youths urgently needing training. The group could not be enlarged, as the premises were temporary, until the adaptation of the new centre is completed. The Centre, when complete, will provide a large lofty well-lit hall with a stage at one end which is to be used as a dining area. A large subsidiary room is intended for an entrant group and smaller ancillary rooms for miscellaneous activities, and storage. The supervisor's room will lead off the main hall and there will be a servery, a cloakroom and necessary toilet accommodation.

School meals were provided for all those in attendance.

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 523 City patients attending is as follows :—

	1956	1955
General Practitioner	360	320
Probation Officers	23	42
School Health Service	42	36
Ex-hospital in-patients follow-up	76	63
Ministry of Labour	3	3
Duly Authorised Officers	19	19
Marriage Guidance Council.....	—	1
	523	484

(b) Special Mental Deficiency Clinic, Wharnccliffe Street Centre. This special clinic operated when necessary on the first and third Thursday of each month, and was attended by the consultant psychiatrist, a clinical psychologist and a member of the staff of the Mental Deficiency Section. Appointments are made through the Mental Deficiency Section and the source of patients referred in 1956 was as follows :—

	<i>Males.</i>		<i>Females.</i>		<i>Totals.</i>	
	1956	1955	1956	1955	1956	1955
Newcastle Mental Deficiency Section	12	10	11	23	23	33
Northumberland Health Authority	1	1	1	1	2	2
Others	—	4	—	—	—	4
	13	15	12	24	25	39

NATIONAL ASSISTANCE ACTS, 1948 and 1951.

Duties under the above Acts are delegated to the Welfare Committee of the Local Authority, and I am indebted to the Chief Welfare Officer (Mr. J. Bulmer) for permission to publish the following extracts from his Annual Report.

“ Residential Accommodation.

NUMBER OF AGED PERSONS AWAITING ADMISSION TO RESIDENTIAL ACCOMMODATION.

At the 31st December, 1956, 75 elderly persons known to be in urgent need of residential accommodation were recorded on the Waiting List maintained by the Welfare Department of persons requiring care

and attention. Due to the limited accommodation available in residential homes, it has been necessary to maintain these persons in their own homes for long periods and in this connection approximately 2,000 domiciliary visits were made by the staff of the Department. My thanks are due to the Medical Officer of Health for his wholehearted co-operation, and his staff, particularly the Home Helps, Bath Orderlies, Health Visitors and District Nurses, for their valuable and unstinted assistance so readily given. Members of voluntary organisations have also played an important part in this work by visiting, shopping and decorating the homes of the old people. Particular mention must be made of the 'Meals on Wheels' Service run by the Women's Voluntary Services. This Service is responsible for the provision of hot mid-day meals to those who are unable to prepare and cook same, and during the year under review, a weekly average of 170 aged and handicapped persons have been provided with these meals".

"The New Home adjoining Kenton Hall was occupied in June, 1956, by the transfer of 36 women from Elswick Grange. This brings the number of small Homes administered by the Committee to six, in addition to the accommodation at Elswick Grange. I regret to state that very little progress has been made towards the improvement of accommodation at Elswick Grange, but negotiations are continuing with the Newcastle upon Tyne Hospital Management Committee in connection with a contribution towards the adaptation of 'B' Block".

"Welfare of the Blind.

At the 31st December, 1956, there were 767 Registered Blind Persons residing within the City, of whom 34 were classified Deaf/Blind. There were also 140 Partially-sighted Persons on the Register at this date, 33 of whom, according to the Ophthalmologist, were likely to become blind during the next four years.

During the year 88 persons applied for admission to the Blind Register and were duly examined by the Committee's Ophthalmologist, who classified them as follows :—

Registered Blind	57
Registered Partially-sighted	21
Registered Not Blind	10

In the same period 52 persons already Registered as Blind or Partially-sighted were re-examined by the Committee's Ophthalmologist, resulting in the following re-classifications :—

Previous Registration confirmed	29
Transferred from Blind to Partially-sighted Register...	1
Transferred from Partially-sighted to Blind Register...	15
Removed from Blind Register	5
Removed from Partially-sighted Register	2

At the 31st December, 1956, 79 Registered Blind Persons were provided with employment at the Workshops for the Blind in Whickham View, Newcastle. There were 35 blind persons employed in open industry”.

“ Welfare of the Deaf or Dumb.

At the 31st December, 1956, there were 232 Registered Deaf or Dumb persons residing in this City. Three Voluntary Organisations, acting for the Welfare Committee are responsible for Welfare Services outlined in the Council's Scheme and in order to assist these Organisations to maintain and improve their services, grants amounting to £1,790 were made to their funds.

These Organisations have their own Social Centres in the City where all forms of special activities are arranged.

The placement of deaf or dumb persons in employment is carried out by the Northumberland and Durham Mission to the Deaf and Dumb, and out of 126 persons (90 men and 36 women) available for employment, only 6 persons (2 men and 4 women) were unemployed, but it is hoped that these persons will be placed in the immediate future”.

“ Welfare Services for Other Handicapped Persons (other than the Blind and Deaf or Dumb).

The general classes of handicapped persons, covering, e.g., cripples, spastics, epileptics and persons suffering from nervous diseases, arthritis and rheumatism are more difficult to make provision for than the deaf or dumb, as they cover so many forms of disabilities.

At the 31st December, 1956, 222 physically handicapped persons (128 men and 94 women) were registered by the Committee under the following classifications :—

Code	A/E	Amputations	10
	F	Arthritis	16
	G	Congenital deformities	28
	H/L	Diseases of digestive system, heart or circulatory system and respiratory system (not Tuberculosis)	20
	Q/T	Injuries	21
	V	Organic nervous diseases, e.g., epilepsy, polio, disseminated sclerosis, etc.	93
	U/W	Nervous and mental disorders	18
	X	Tuberculosis (respiratory)	2
	Y	Tuberculosis (non-respiratory)	7
	Z	Others	7
			222

N.B.—13 of these cases are in residential Homes in the City.

A Social Centre has been established in the West End of the City and has proved a great boon to those handicapped persons able to attend.

The Committee have assisted in 12 instances where alterations have been necessary to premises to provide for accommodation for tricycles, wheel chairs, etc., and whilst the responsibility of providing machines and chairs is with the Ministry of Pensions, the Welfare Committee have borne the expenses of making ramps and other alterations to premises to take this equipment."

PREVALENCE, PREVENTION AND CONTROL.

III—INFECTIOUS DISEASE

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

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

(Figures in parenthesis refer to 1955.)

There were 6,959 (8,462) notified cases of infectious disease in 1956. 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 1955 and 1956.

A new Table C is provided which shows for the decade 1947-56, notifications and deaths for infectious disease and food poisoning, and deaths from gastro-enteritis (non-notifiable) under the age of 2 years.

Only 3 deaths occurred in 1956, one being due to whooping cough (a woman of 71), one to meningococcal infection and one to acute infective encephalitis. Deaths have fallen from 32 in 1947, which is well shown in the summary following Table C where a comparison with deaths from road accidents, suicides and coronary thrombosis is made.

In 1956, for the first time, no deaths occurred from non-notifiable gastro-enteritis under the age of 2 years.

A special reference to an outbreak of Bornholm's disease is given towards the end of this section.

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 public health 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 nonmedical Supervisor of Midwives or her deputy.

Surveillance: The following contacts as a result of information sent by other local authorities to the Health Department received surveillance: 24 for poliomyelitis, 1 for typhoid and 1 for scarlet fever.

In 1956 no schools were closed because of infectious disease.

Chicken Pox.—1,825 (1,916) cases were notified with 46 (57) primary cases in adults. No case was admitted to hospital. Incidence was fairly even over the year, until August when it dropped.

Diphtheria.—Again no cases occurred throughout the year. Immunisation particulars are referred to on page 57.

Dysentery.—61 (328) confirmed cases were notified and as in 1955, all were of the mild Sonne type. There were 3 (51) cases admitted to hospital. There were no deaths. One case in the wards of the Princess Mary Maternity Hospital, the Fleming Memorial Hospital for Children and in Elswick Grange were reported.

Bacteriological investigation of the contacts, until they were considered free from infection, revealed 20 faecal carriers.

The Municipal Day Nurseries remained free from the infection but for a negligible incidence of 1, 1, and 5 cases in West Parade, Woodland Crescent and Gosforth Street nurseries respectively.

Enteric.—The 2 (1) confirmed cases of typhoid and 2 (4) paratyphoid were all admitted to hospital. Immediate contacts were subjected to bacteriological tests and surveillance. No further cases developed and no source of infection could be found. In one case of typhoid investigated, that of a woman employed as a stillroom maid in a cafe, the follow-up covered members of staff in contact, as well as the family and friends. Extensive examination of the staff of a large canteen was done where another case, one of paratyphoid, regularly lunched, as well as contacts at his work. Mussels were suspected as a cause and 86 bacteriological tests in all were made. All four cases made a complete recovery and appeared not to be carriers. One occurring early in April, a second in September and 2 occurred in November.

Erysipelas.—Of 20 (35) notified cases one was admitted to hospital.

Encephalitis.—2 (1) notified cases, a woman aged 27 and a boy aged 6, were admitted to hospital. There was only one death in a case not previously notified.

Food Poisoning.—Of 10 (27) cases of infection with a food poisoning organism, confirmed during the year, 2 were admitted to hospital. The only organisms isolated were *sal. typhimurium* and *heidelberg*.

During investigation of the cases, 13 persons were found to be carriers of *sal. typhimurium*.

All home nursed cases and carriers were subject to surveillance and bacteriological tests until considered free from infection. No type of food could be proved responsible.

Measles and Rubella.—There were 683 (4,340) cases of measles with no deaths, and 2,810 (727) of rubella notified. Health visitors visited 641 of the measles cases, and they notified a further 42 cases. 602 or 88 per cent. of measles cases ran a normal course compared with 94.9 in 1955.

Malaria.—No cases (3) were notified.

Meningococcal infection.—12 (10) cases were notified, all being admitted to hospital. Four, six and two cases went to Walkergate Hospital, the Royal Victoria Infirmary and the Newcastle General Hospital respectively. One case died, a boy aged $1\frac{1}{2}$ years.

Ophthalmia Neonatorum.—Two (0) cases were notified.

Pneumonia, including Influenzal Pneumonia.—205 (233) notifications of pneumonia were received included 31 (37) of influenzal pneumonia. Of 140 deaths occurring, 15 were due to lobar pneumonia, 2 to primary atypical pneumonia, 108 to broncho-pneumonia, 2 to influenzal pneumonia and 13 were of unspecified nature.

Poliomyelitis. polioencephalitis.—Of 11 (18) confirmed cases in the year 9 (16) were paralytic, one being a bulbar infection. There were happily no deaths. Three cases only were nursed at home. There were 3 cases under 5 years, 2 between 5–15 years, 4 between 25–45 years and 1 in the 45–65 year age group.

All cases were investigated and surveillance maintained on close contacts until the risk of developing the disease was considered past.

The first case occurred in mid-January, the next in July. There were 2 in August, 1 in September, 3 in October, and 1 in November.

Puerperal Pyrexia.—Of 37 (100) cases reported 29 (87) occurred in hospital.

Scarlet Fever.—220 (173) cases were notified during the year. This infection continues to be of mild type with only 2 cases requiring hospital admission. There were 15 households where 2 cases were notified. The small incidence occurred evenly throughout the year.

Whooping Cough.—There were 1,057 (546) notifications with 1 (0) death. This disease chiefly affects the pre-school age child but is especially serious in the infant. Particulars as to immunisation are given on page 57.

There were 660 (350) cases under 5, and 378 (538) between 5 and 15 years. The quarterly totals were 154, 420, 350 and 133.

Outbreak of Bornholm's Disease.—This outbreak, involving 28 cases in 184 students in residence at St. Mary's Training College, Fenham, began on the 28th November, 1956. The majority of the students in this hostel sleep two per room but there was nothing to prove that both occupants of a room had symptoms of illness. All students with symptoms were isolated from the community. All social events in the college were cancelled during the outbreak.

As each student became fit to travel she was sent home with a letter for the family doctor. The College was closed before the end of the term.

Cases which were later affected were reporting sick with vague aches and pains, some neck rigidity and abdominal pain but no clinical signs suggesting Bornholm's Disease.

Three students collapsed in lectures with abdominal pain and pyrexia, one having been well one minute before, whilst two students complained of severe leg and abdominal pain and there had mild bladder symptoms but normal urine.

In several cases there was marked pyrexia with painful throats which appeared quite normal.

The outbreak was reported by a general practitioner, Dr. J. K. Hope Pool, attending the College and the diagnosis confirmed by Dr. George Brewis, Consultant in Infectious Diseases.

Work of Public Health Inspectors.

Summary of work done by Public Health Inspectors concerning notifiable disease :—

Visits paid	1,792
Visits to other diseases	118
Total disinfections done	173
Total specimens for bacteriological examination.....	297
Visits in respect of tuberculosis	681
Disinfections for cases of tuberculosis...	446

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 1956.

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.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Diphtheria	1	..	..	..	1	..	..	..	4	..	9	..	5	..	..	..
Erysipelas.....	1	..	71	..	139	..	..	..	1	..	1	..	..	..	220	..
Scarlet Fever	..	..	..	..	..	..	7	..	3	..	1	..	..	..	4	..
Enteric Fever	6	1	4	..	1	..	1	..	..	..	..	..	..	..	12	..
Meningococcal Infections	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Poliomyelitis including Polioencephalitis	..	..	3	..	3	..	..	..	4	..	1	..	..	..	11	..
Infectious Encephalitis	..	..	..	..	1	..	10	..	1	..	..	..	..	..	2	..
Puerperal Pyrexia	..	..	..	..	..	..	27	..	..	..	..	..	..	..	37	..
Ophthalmia Neonatorum.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
Pneumonia	4	7	18	1	17	..	22	1	38	4	70	18	36	109	205	140
Malaria	..	..	25	..	16	..	2	..	..	..	..	..	..	..	61	..
Dysentery.....	5	..	844	..	2356	..	141	..	8	..	3	..	2	..	328	..
Measles and Rubella	92	..	..	..	..	..	..	..	52	..	8	..	..	..	3493	..
Chickenpox	65	..	519	..	1195	..	13	..	29	..	3	..	1	..	1825	..
Whooping Cough.....	125	..	539	..	382	..	1	..	5	..	5	..	..	1	1057	1
Food Poisoning	1	..	1	..	2	..	1	..	2	..	3	..	..	..	10	..
Totals	302	8	2024	1	4113	..	198	1	174	4	104	19	44	110	6959	143
															8462	123

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

WARD.	Diphtheria.	Erysipelas.	Enteric Fever	Infectious Rheumatism	Food Poisoning	Scarlet Fever.	Meningococcal Infections.	Pollomyelitis.	Malaria	Measles.	Rubella.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Acute Primary Pneumonia.	Acute Influenza Pneumonia.	Chickenpox.	Dysentery.	Whooping Cough.	Tuberculosis (all forms).	DEATHS.		
																				Pneu- monia	Diarr- hoea under 2 yrs.	Tuber- culosis all forms.
St. Nicholas	..	..	..	1	..	..	1	..	..	20	58	..	..	3	..	85	1	52	20	4	..	..
Kenton	..	5	2	2	..	28	2	4	..	134	237	4	1	20	6	320	8	174	30	13	..	5
Scotswood	..	..	..	..	..	34	..	..	..	21	196	..	..	20	4	67	16	80	28	8	..	6
Stephenson	..	2	1	..	..	19	2	..	..	9	54	4	..	13	2	53	4	79	30	8	..	2
Armstrong	..	3	..	..	..	6	..	..	..	16	57	5	..	6	1	61	3	96	23	10	..	1
Elswick	..	2	..	..	..	6	1	1	..	4	53	2	..	10	1	119	2	38	12	6	..	3
Westgate	..	1	1	..	..	7	..	..	..	13	85	2	..	9	..	62	1	50	21	5	..	4
Arthur's Hill	..	..	..	..	5	6	..	..	..	21	134	..	..	13	..	44	1	60	14	6	..	5
Benwell	..	..	..	..	..	15	1	..	..	11	108	3	..	12	1	70	5	151	25	6	..	1
Fenham	..	1	..	..	..	18	..	..	..	18	187	1	1	11	3	171	..	71	23	6	..	2
Sandyford	..	..	..	..	..	10	..	..	..	40	134	1	..	4	..	65	..	30	20	10	..	1
Jesmond	..	..	..	..	..	10	..	..	..	12	151	5	..	6	..	96	2	43	12	6	..	..
Dene	..	2	..	..	..	17	..	..	..	87	191	..	..	5	2	215	3	24	19	6	..	2
Heaton	..	2	..	..	..	5	1	2	..	10	199	1	..	8	3	102	2	15	19	6	..	1
Byker	..	1	..	..	..	8	1	..	..	91	204	2	..	9	1	50	8	20	25	8	..	..
St. Lawrence	..	..	..	1	1	12	..	2	..	44	167	..	..	3	2	36	5	20	16	6	..	3
St. Anthony's	..	..	..	..	..	10	..	2	..	37	169	3	..	2	1	48	..	23	23	6	..	4
Walker	..	1	..	..	2	3	2	..	..	36	247	2	..	11	1	90	..	15	22	8	..	..
Walkergate	..	..	..	..	..	6	1	..	..	59	179	2	..	9	3	71	..	16	27	12	..	4
Total 1956..	..	20	4	2	10	220	12	11	..	683	2810	37	2	174	31	1825	61	1057	409	140	..	44
Total 1955 ..	..	35	5	1	27	173	10	18	3	4340	727	100	..	196	37	1916	328	546	442	117	9	52

TABLE C.—TOTAL NOTIFICATIONS AND DEATHS FOR INFECTIOUS DISEASE—1947-1956.

90a

YEAR.	CASES.	DEATHS.	Chicken Pox.		Diphtheria.		Dysentery.		Encephalitis.		Enteric Fever.		Erysipelas.		Malaria.		Measles.		Meningo-coccal Infection.		Ophthalmia Neonatorum.		Pneumonia.		Poliomyelitis.		Puerperal Pyrexia.		Rubella.		Scarlet Fever.		Whooping Cough.		Food Poisoning.		Diarrhoea under 2 years.
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Deaths.		
1947	5,944	174 (32)	1,125	..	52	4	14	..	1	10	1	..	87	..	3	1	2,194	2	29	1	11	..	515	142	46	3	88	..	484	..	310	..	972	11	12	..	27
1948	8,045	147 (15)	2,176	..	8	..	25	..	2	8	9	1	84	1	4	..	3,605	2	11	..	13	..	447	132	6	..	52	..	198	..	442	..	958	3	5	..	31
1949	7,355	263 (15)	1,108	..	..	..	118	..	..	9	..	..	76	..	..	..	3,415	..	8	3	4	..	496	248	7	..	52	..	1,010	..	346	..	688	3	27	..	35
1950	7,649	192 (24)	1,904	..	..	..	346	1	..	4	1	..	57	..	1	..	2,555	1	10	4	..	..	412	168	100	5	49	2	364	..	397	..	1,417	7	36	..	9
1951	9,761	181 (17)	2,963	..	14	2	224	..	1	3	3	..	39	..	..	..	4,163	1	6	3	6	..	453	164	8	2	76	..	270	..	384	..	1,131	6	20	..	9
1952	13,188	162 (8)	2,796	..	1	..	44	1	..	2	5	..	33	..	3	..	4,051	1	10	2	4	..	317	154	53	..	129	..	4,006	..	446	..	1,289	1	10	1	8
1953	7,294	148 (8)	2,514	1	..	..	117	..	5	3	10	..	36	..	3	..	2,747	2	12	1	2	..	348	140	6	..	127	..	284	..	316	..	723	1	44	..	4
1954	4,509	137 (2)	1,529	..	..	..	129	..	2	..	4	..	46	..	..	..	873	..	15	..	1	..	269	135	23	..	131	..	228	..	141	..	1,043	2	75	..	2
1955	8,462	123 (6)	1,916	..	..	..	328	..	1	2	5	..	35	..	3	..	4,340	..	10	2	..	..	233	117	18	2	100	..	727	..	173	..	546	..	27	..	9
1956	6,959	143 (3)	1,825	..	..	..	61	..	2	1	4	..	20	..	..	..	683	..	12	1	2	..	205	140	11	..	37	..	2,810	..	220	..	1,057	1	10	..	..
	79,166	1,670 (130)	19,856	1	75	6	1,406	2	14	42	42	1	513	1	17	1	28,626	9	123	17	43	..	3,695	1,540	278	12	832	2	10,381	..	3,175	..	9,824	35	266	1	134

* Figures in parenthesis are deaths exclusive of pneumonia and diarrhoea under 2 years.

Comment :— Table C shows not only total notifications and deaths for each year from 1947-1956, but for each infectious disease for each year and for the ten-year period.

The danger of death from whooping cough has fallen in the last five years but has been equalled by meningococcal infections and encephalitis; whilst each of these conditions have caused twice as many deaths as has poliomyelitis. (Deaths from encephalitis exceed cases over the 10 years which is explained by the duration between onset and death).

There have been no cases of diphtheria for 9 years (except for 2 in 1951) and no death from enteric for 8 years or from dysentery for 4 years.

There have been no deaths from scarlet fever or rubella for 10 years and only one from chicken pox.

The absence of deaths for 3 years from measles is also worthy of comment, especially as in 1955 there were 4,340 cases notified.

The following comparative summary is of interest in comparing the incidence of the conditions mentioned in Table C with road accidents, suicides and deaths from coronary thrombosis, especially when contrasted with the line showing deaths from poliomyelitis.

Increased incidence is largely due to measles and rubella (which coincided in 1952), chicken pox and whooping cough.

COMPARATIVE SUMMARY OF DEATHS FROM INFECTIOUS DISEASE
AND OTHERWISE.

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Tuberculosis (all forms) ...	298	254	246	208	124	107	93	86	52	44
Pneumonia	142	132	248	168	164	154	140	135	117	140
Poliomyelitis	3	—	—	5	2	—	—	—	2	—
Other Infectious Diseases .. (excluding Pneumonia, Tuberculosis, Poliomye- litis and Food Poisoning)	29	15	15	19	15	7	8	2	4	3
Diarrhoea under 2 years (not notifiable)	27	31	35	9	9	8	4	2	9	—
Food Poisoning	—	—	—	—	—	1	—	—	—	—
Total.....	59	46	50	33	26	16	12	4	15	3
Road Deaths	25	21	18	27	29	27	24	32	31	38
Suicides	29	30	38	40	41	26	24	29	35	49
Coronary Thrombosis	333	380	381	440	490	467	493	455	543	577

Hospital Admissions.

403 Newcastle patients were admitted to Walker Gate Infectious Diseases Hospital during the year, of which 28 died. Details are given in the following table :—

NEWCASTLE CASES ADMITTED TO WALKERGATE INFECTIOUS DISEASES HOSPITAL, 1956.

<i>Disease.</i>	<i>No. of Cases.</i>	<i>Deaths.</i>
Diphtheria	—	—
Dysentery	3	—
Enteric Fever	4	—
Erysipelas	2	—
Gastro-Enteritis	10	—
Influenza	1	—
Measles	2	—
E.C.S.M.	2	—
Mumps	3	—
Pertussis	26	—
Pneumonia	76	15
Poliomyelitis	8	—
Puerperal Fever	3	—
Rubella	9	—
Salmonella Infections	2	—
Scarlet Fever	1	—
Varicella	1	—
Glandular Fever	6	—
Alimentary Diseases	18	—
Blood Diseases	1	—
Cardio-vascular	28	6
Genito-urinary	9	—
Respiratory	78	1
Sepsis and skin	18	1
Meningitis and Encephalitis	13	1
Nasopharyngeal Infections	1	—
New Growths	4	2
Rheumatism	7	1
Tonsillitis, etc.	13	—
Tuberculosis—Pulmonary	13	—
Meningeal	3	—
Others	—	—
Healthy Persons	9	—
N.A.D.	10	—
Unclassified	19	1
	403	28

SPECIAL SKIN CLINIC.

A total of 541 persons attended comprising 496 males and 45 females, compared with 566 in 1955. There were 462 cases of pediculosis (85·4%) and 79 of scabies (14·6%). The fall in treatments reflects the increasing proportion of pediculosis cases which usually need only one treatment.

The age distribution of those attending was :—

	1955.	1956.
0-1 year	2	1
1-5 years	22	9
5-15 years	30	39
15 years and over..	512	492

Source of cases attending the clinic was :—

	1955.	1956.	Remarks.
Health Department	281	207	202 pediculous cases mostly from the only Common Lodging House. 5 cases of scabies.
School Health Service	19	29	
Welfare Department	5	5	
Family Doctor	46	29	26 scabies cases.
Hospitals	23	40	37 cases from Newcastle General Hospital.
Self referred	53	50	38 pediculous cases. 37 adults and 1 infant. 2 scabies cases were aged 5-15 years and 9 were over 15.
Salvation Army	128	174	
Prudhoe Street Mission ...			
National Assistance Board ..	11	7	

No condition required special baths or reference back to the doctor sending the case in, and again no cases were referred from other authorities. There were no double infestations of pediculosis and scabies and no flea infestation.

The following tables show (a) cases dealt with and treatment given over recent years and (b) the sex and age distribution of pediculosis and scabies cases treated in 1955 and 1956.

The Clinic is open from 10 a.m. to 4 p.m. and on Saturdays till noon. An appointment system is in use wherever possible and women and children are treated in the afternoons.

The good work and interest of the Staff again merits record.

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 (-)	..	..	..	..	1 (-)
1-5	2 (11)	3 (9)	5 (20)	- (-)	2 (1)	..	..	..	..	2 (2)
5-15	19 (13)	17 (11)	36 (24)	1 (-)	4 (-)	- (1)	..	..	..	5 (3)
15—	22 (30)	15 (18)	37 (48)	2 (-)	6 (11)	442 (447)	- (-)	4 (3)	- (3)	454 (464)
Totals .	44 (54)	35 (39)	79 (93)	3 (-)	13 (12)	442 (448)	- (-)	4 (3)	- (3)	462 (469)

* figures in parenthesis refer to 1955.

CASES AND TREATMENTS 1946—1956.

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
1956	79	462	—	541	631	1.17

VENEREAL DISEASES.

Newcastle upon Tyne.

There was an increase in new registrations at the Venereal Diseases Department, Newcastle General Hospital in 1956, i.e., 837 as compared with 793 for the previous year. This was mainly due to a rise in the incidence of gonorrhœa, an experience noted throughout the country and due, not to therapeutic failure but to inadequate contact-tracing. If this state of affairs persists, we may be confronted with what they have found in U.S.A., i.e., that gonorrhœa is now one of the commonest, if not the commonest communicable disease. The remedy lies in better co-operation between members of the medical profession, other than venereologists, and the local department of venereology, especially with reference to locating the alleged sources of infection.

Of a total of 228 cases of male urethritis reporting for the first time during the year, 142 were found to be gonococcal, and 86 non-gonococcal, in origin. The causal organism of non-gonococcal urethritis is unknown, probably a virus. It would appear to be transmitted sexually and, in certain cases, non-gonococcal urethritis is a true venereal disease acquired through sexual promiscuity; on the other hand, often a husband acquires it from his wife who presents no clinical or laboratory evidence of infection.

Approximately three-quarters of the new patients were found to be free from venereal disease—they mostly came of their own accord and wished only to be re-assured.

Of a total of 8,671 attendances made during the year by Newcastle patients, the majority were accounted for by 581 patients suffering from syphilis, who were either receiving treatment or were under clinical and serological surveillance.

Thirty-three expectant mothers received treatment for syphilis during pregnancy, the outcome of which was as follows:—

- (a) 19 infants were examined, and their parents re-assured that they were free from syphilis.
- (b) 2 infants were stillborn, and we are satisfied that the stillbirths were in no way due to the maternal syphilis.
- (c) Of the remaining 12, results were not to hand by the end of the year, either because the infants were not yet born, or their tests had not been completed.

One mother received no anti-syphilitic treatment, and she gave birth to an infected infant. Had this woman's ante-natal serological tests been carried out earlier and appropriate treatment been given, it is safe to say that her pregnancy would have resulted in a syphilis-free offspring.

Laboratory work: With the rise in the amount of gonococcal infection, the laboratory statistics likewise show a slight increase. Of 4,700 specimens examined, 1,775 were investigated in the laboratory in the Venereal Diseases Department.

The Medico-Social Unit continued to exercise perseverance in case-holding and contact-tracing. Seven hundred and nine visits were made to patients defaulting from treatment or surveillance, or to those individuals whom we believe to be disseminating venereal diseases.

The balance-sheet of the contact-tracing efforts reads as follows :

No. of contacts named in Newcastle area	140 (including 24 men)
No. of contacts sought on reasonably adequate data	80 (including 8 men)
No. of contacts identified	60 (including 8 men)
No. of contacts responsible for more than one infection ..	7 women*
Therefore, the actual number of individuals identified ...	51
No. of identified contacts who were examined	49 (including 8 men)
No. of identified contacts who were infected.....	38 (including 8 men)

* They accounted for 16 infections.

There is a slight but definite rise in the promiscuous disseminators of venereal infection and if this upward trend is maintained, as it might well be should contact-tracing efforts prove ineffective, then the situation can be viewed with anything but complacency.

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

CHEST CLINICS.
MASS RADIOGRAPHY.

IV—TUBERCULOSIS.

CONTACT CLINICS.
CARE AND AFTER CARE.

CHIEF CLERK
HALL LABORATORY

U-TUBERCULOSIS

CONTACT CLERK
HALL AND ALICE TAYLOR

TUBERCULOSIS.

The downward trend of pulmonary tuberculosis seen over the past few years was continued in 1956, when 341 new cases—33 fewer than in the previous year—were notified, giving an attack rate of 1.23 per 1,000 population. This is the lowest recorded in the City. Non-pulmonary cases, however, did not keep pace with this decrease, and 68 new cases were notified, the same number as in 1955, giving an attack rate of 0.24.

Even more striking is the decline in deaths from tuberculosis. The year's total of 44 (41 pulmonary and 3 non-pulmonary) is an improvement on last year's total of 52 (48 pulmonary and 4 non-pulmonary), giving a death rate of 0.15 and 0.01 respectively, and again the lowest ever recorded. It is worth mentioning that since 1954, deaths in the City from tuberculosis have nearly halved. The number of cases on the register at the end of the year was 3,221 pulmonary tuberculosis and 508 non-pulmonary, a total of 3,729.

Notifications.

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

<i>Lungs.</i>	<i>Other Forms.</i>	<i>Totals.</i>
341 (East 167)	68 (East 33)	409 (East 200)
(West 174)	(West 35)	(West 209)

There were also 41 second notifications which appear on the register as duplicates.

Source of Notification :—

	Total.	East.	West.
General Practitioners ...	136 or 33.2%	101 or 50.5%	35 or 16.7%
Chest Physicians	190 or 46.4%	66 or 33.0%	124 or 59.3%
Hospital Medical Staff ..	62 or 15.2%	25 or 12.5%	37 or 17.7%
H.M. Forces	6 or 1.5%	3 or 1.5%	3 or 1.3%
Death Returns, etc.	15 or 3.7%	5 or 2.5%	10 or 5.0%
	409	200	209

In addition 88 notifications (84 lungs and 4 other forms) were received of cases previously notified elsewhere which had moved into the City during the year.

**AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING
1954, 1955 AND 1956.**

		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	
Respiratory—															
Males —	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
	1956	..	..	3	5	4	27	15	33	26	44	30	11	2	200
Females	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
	1956	..	1	3	1	7	37	23	28	19	10	10	2	..	141
Non-Respiratory—															
Males —	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
	1956	..	..	2	2	4	1	5	5	2	4	2	1	..	28
Females	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
	1956	1	..	1	1	7	7	4	8	4	2	2	2	1	40
Totals —															
	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
	1956	1	1	9	9	22	72	47	74	51	60	44	16	3	409

AGE DISTRIBUTION OF DEATHS DURING 1956.

	Under. 1	1 and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and up- wards	Total
Respiratory—														
Males	..	..	..	..	..	..	1	3	3	4	14	3	..	28
Females	..	..	..	..	..	1	1	6	3	1	..	1	..	13
Non-Respiratory—														
Males	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Females	1	..	..	..	..	..	..	..	1	1	..	..	..	3
Totals	1	..	..	..	..	1	2	9	7	6	14	4	..	44

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

	Deaths which occurred in these years :—										East				West			
	1949	1950	1951	1952	1953	1954	1955	1956				M.	F.	Total.	M.	F.	Total.	F. Total
								M.	F.	Ch.	Total.							
Persons not notified before death	16	22	14	19	12	11	6	5	4	..	9	2	1	3	3	3	6	6
Persons notified under 1 month	17	15	9	5	9	2	5	3	..	..	3	..	..	..	3	..	3	3
" between 1 and 3 months	26	9	5	3	1	3	1	2	..	..	2	1	..	1	1	..	1	1
" between 3 and 6 months	15	7	5	4	2	3	1	..	..	..	..	..	..	..	..	..	..	..
Total under 6 months	74	53	33	31	24	19	13	10	4	..	14	3	1	4	7	3	10	10
Persons notified between :—																		
6 and 12 months	21	8	11	7	7	7	1	1	..	..	1	1	..	1	..	..	..	..
12 and 18 months	23	15	8	6	2	5	..	..	..	..	..	..	..	..	..	..	..	..
18 and 24 months	12	13	6	6	5	5	3	2	..	..	2	..	..	..	2	..	2	2
2 and 3 years	16	20	14	8	12	11	2	2	..	..	2	1	..	1	1	..	1	1
over 3 years	76	74	38	36	31	30	29	13	..	..	22	5	3	8	8	6	14	14
Totals	222	183	110	94	81	77	48	28	13	..	41	10	4	14	18	9	27	27

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

	1952		1953		1954		1955		1956	
	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate
Newcastle upon Tyne	0.37	1.70	0.32	1.88	0.30	1.69	0.18	1.57	0.16	1.47
England and Wales..	0.24	1.09	0.20	1.05	0.18	0.99	0.15	0.88	0.12 *	0.80 *
Glasgow	0.59	2.35	0.47	2.45	0.42	2.25	0.37	2.26	0.36 *	1.95 *
Scotland	0.32	1.69	0.54	1.73	0.22	1.60	0.19	1.48	0.16 *	1.32 *

* Provisional figures.

For comparative figures of 20 large towns in England and Wales see page 26a.

The Work of the Clinics.

The City is served by two Chest Clinics under the administration of the Regional Hospital Board, each responsible for one half of the City, and each with a Senior Physician in charge. The Physicians also supervise 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 has been pointed out in previous years, the clinics also serve areas adjacent to Newcastle, and in consequence the figures produced to show the amount of work done at the clinics are based on a population of 385,950, of which 108,850 or 28 per cent. do not live within the City boundaries. While this is undoubtedly a disadvantage in assessing the statistics for the City alone, perhaps a truer picture is obtained by seeing the area as a whole, for scarcity of land within its own boundaries has compelled the City in the past few years to build large estates in the areas of neighbouring authorities, and persons so re-housed have, of course, been lost to the City as residents.

Daily sessions were held for the examination of old and new patients and contacts, with evening clinics for those whose work prevented day time attendance. Although the number of new cases has declined, the volume of work was greater than in 1955. At the end of the year there were 4,386 cases on the register, 236 more than last year, of which 3,867 were pulmonary cases; of these 196 were known to have had positive sputum within the preceding six months. A total of 5,096 new persons were examined, 3,641 attending as contacts and among these latter, 50 cases were discovered. In all, 497 new cases were diagnosed during the year, 55 less than in 1955. The work of the clinics in the treatment of tuberculosis is given in detail in the Annual Return to the Ministry of Health on page 106.

Domiciliary care continued an important part of the clinics' work, and 173 visits were made by the Chest Physicians to Newcastle patients in their homes.

B.C.G.

At the Chest Clinics 270 adult contacts were vaccinated with B.C.G. A report on the work of the Local Authority's Special Contact Clinic for Children under 5 years of age will be found on page 107.

Working Capacity of those on Tuberculosis Register.

An enquiry similar to last year was held into the working capacity of all cases of pulmonary tuberculosis between the ages of 15 and 65, i.e., the normal working community, living in the eastern half of Newcastle. 1,221 cases were visited by the Health Visitors, with the following results :—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
<i>Under Treatment—</i>			
Chemotherapy at home	28	21	49
In hospital or sanatoria	62	23	85
<i>Not under active treatment—</i>			
Unfit for work	77	15	92
Fit but not working	38	17	55
Fit and at remunerative work	440	204	644
Housewives engaged in housework only .	—	283	283
Housewives with outside work	—	13	13
	645	576	1,221

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 at the date of the investigation (December) approximately 49 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 157 chronic infective cases in the area, gives the following picture :—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
<i>Active treatment—</i>			
In hospital	12	5	17
<i>Not under active treatment (may be on domiciliary chemotherapy)—</i>			
Not working	49	20	69
At remunerative work	42	5	47
Housewives—housework only	—	24	24
	103	54	157

Mass Radiography.

The Mass Radiography Unit located at Newcastle General Hospital continued to play its important part in combatting tuberculosis.

The following table shows the work carried out in the City during the year :—

	<i>No. X-rayed.</i>	<i>Referred to Chest Clinic.</i>	<i>Active Cases Notified.</i>
General Practitioners' Patients	16,486	801	160
Referred from Ante-natal Clinics	3,857	24	11
Referred from Chest Clinics	1,786	27	7
National Service Recruits	6,584	79	19
School Children	773	4	1
General Public	8,156	75	31
Industrial Group	31,312	238	57
<i>Special Investigations—</i>			
Mental patients and staff	1,122	—	—
Vagrants	20	—	—
	70,096	1,248	286
			(4.1 per 1,000)

The importance of such a readily available service to aid general practitioners in diagnosis cannot be stressed too highly and from the increasing attendances at the special sessions arranged for their patients it is apparent that their value is appreciated. This group is naturally productive of the largest number of cases of tuberculosis, and the results over the past four years are given below. It is satisfactory to note the steady fall in the number of cases discovered, despite the increased number of examinations.

<i>Year.</i>	<i>Nos. Referred.</i>	<i>Active Cases.</i>	<i>Rate per 1,000 examined.</i>
1953.....	10,436	189	18.1
1954.....	14,981	249	16.6
1955.....	16,281	200	12.3
1956.....	16,486	160	9.7

Care and After Care.

A whole-time Almoner is attached to each clinic to help with the many problems which patients are faced with. By arrangement their work is not confined to Newcastle patients but embraces cases for whom Northumberland County Council is responsible, thus ensuring a continuity of service to the many patients who are re-housed outside of the City's boundaries. Although the Medical Officer of Health has no responsibility for the re-housing of patients, recommendations to the Housing Committee are made where conditions are particularly bad : 77 were re-housed during the year.

The employment of treated patients is a matter of some concern. Many of course resume their former work without much assistance,

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1924.

105A

YEAR.	TUBERCULOSIS.											
	PULMONARY.				NON-PULMONARY.				TOTAL.			
	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.
1924	540	322	1.12	1.89	272	99	0.35	0.95	812	421	1.47	2.8
1925	546	343	1.20	1.91	303	101	0.35	1.06	849	444	1.55	2.9
1926	580	331	1.16	2.04	292	84	0.30	1.02	872	415	1.46	3.1
1927	504	316	1.09	1.75	270	84	0.29	0.94	774	400	1.38	2.7
1928	508	295	1.05	1.80	280	77	0.27	1.00	788	372	1.32	2.8
1929	551	309	1.09	1.94	236	75	0.26	0.83	787	384	1.35	2.8
1930	507	298	1.05	1.79	212	67	0.24	0.75	719	365	1.29	2.5
1931	507	303	1.07	1.79	232	94	0.33	0.82	739	397	1.40	2.6
1932	432	277	0.98	1.52	207	64	0.22	0.73	639	341	1.20	2.2
1933	428	262	0.91	1.49	191	67	0.23	0.66	619	329	1.14	2.2
1934	464	280	0.97	1.62	140	51	0.18	0.49	604	331	1.15	2.1
1935	464	240	0.82	1.59	176	63	0.22	0.60	640	303	1.04	2.2
1936	449	265	0.90	1.55	135	43	0.14	0.46	584	308	1.04	2.0
1937	489	270	0.93	1.68	137	54	0.19	0.47	626	324	1.12	2.1
1938	481	249	0.85	1.65	158	44	0.15	0.54	639	293	1.00	2.2
1939	428	232	0.82	1.51	143	47	0.17	0.50	571	279	0.99	2.0
1940	465	251	0.98	1.82	123	51	0.20	0.48	588	302	1.18	2.3
1941	483	249	0.98	1.89	130	56	0.22	0.51	613	305	1.20	2.4
1942	511	219	0.86	2.01	136	58	0.23	0.53	647	277	1.09	2.5
1943	595	270	1.06	2.33	140	55	0.21	0.55	735	325	1.27	2.9
1944	547	233	0.89	2.08	147	68	0.26	0.56	694	301	1.15	2.6
1945	580	227	0.85	2.18	115	47	0.18	0.43	695	274	1.03	3.0
1946	572	227	0.80	2.02	105	36	0.13	0.37	677	263	0.93	2.4
1947	546	259	0.89	1.88	98	39	0.13	0.34	644	298	1.02	2.2
1948	596	228	0.78	2.03	97	26	0.09	0.33	693	254	0.87	2.36
1949	516	222	0.75	1.75	94	24	0.08	0.32	610	246	0.83	2.07
1950	532	183	0.62	1.81	73	25	0.08	0.25	605	208	0.70	2.06
1951	485	110	0.38	1.66	71	14	0.05	0.24	556	124	0.43	1.90
1952	430	95	0.33	1.48	64	12	0.04	0.22	494	107	0.37	1.70
1953	476	81	0.28	1.64	68	12	0.04	0.24	544	93	0.32	1.88
1954	430	77	0.27	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
1956	341	41	0.15	1.23	68	3	0.01	0.24	409	44	0.16	1.47

but there remains a hard core without trade or vocation and little adaptability, particularly the more elderly, which presents a serious difficulty. Regular meetings with the Disablement Resettlement Officer of the Ministry of Labour were held, and it was possible to place over 100 patients in employment, either with private firms or industrial rehabilitation units. In addition, occupational therapy classes were conducted on four afternoons per week.

During the year the Almoners interviewed 550 new patients, slightly less than in 1955, and in all gave some form of assistance in 1,602 cases. Convalescence was arranged for 71 patients, for which the Health Committee accepted financial responsibility, and other assistance came from benevolent and charitable organisations, including the local Voluntary Tuberculosis Care Council.

Working in close co-operation with the Chest Clinics, the District Health Visitors carried out the routine visiting of patients, and during the year 409 primary and 8,119 subsequent visits were made.

Treatment.—The following table is a copy of the annual return submitted by the Chest Clinic 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 1956	1,796	1,534	287	3,617	105	165	263	533
(2) Transfers from clinics under other Management Committees, during the year	62	50	5	117	3	5	..	8
(3) Children transferred to adults during the year	14	13	..	27	6	4	..	10
(4) Cases lost sight of which returned to the clinic during the year	10	17	..	27	..	..	..	..
B. No. of NEW CASES diagnosed as Tuberculous during the year : T.B. Minus or Group A.—								
(1) Cases with slight constitutional disturbance	66	48	32	146	7	9	7	23
(2) All other cases which cannot be placed in 1 or 3	37	35	..	72	15	22	5	42
(3) Cases with profound systemic disturbance	9	5	..	14	..	..	..	..
T.B. Plus or Group B.—								
(1) Slight constitutional disturbance	30	15	..	45	1	..	..	1
(2) Neither 1 or 3	65	39	1	105	2	3	3	8
(3) Profound systemic disturbance	24	17	..	41	..	..	..	..
Totals of A. and B.	2,113	1,773	325	4,211	139	208	278	625
C. No. of cases in A. and B. removed from Clinic Register during the year :								
(1) Recovered	59	44	12	115	21	20	24	65
(2) Died (all causes)	52	16	..	68	7	2	2	11
(3) Removed to other clinics	56	60	2	118	4	4	2	10
(4) Children transferred to adults during the year	..	..	27	27	..	..	10	10
(5) Other reasons	9	6	1	16	5	2	3	10
Totals of C.	176	126	42	344	37	28	41	106
D. (1) No. of notified cases of Tuberculosis on register on 31.12.1956	1,937	1,647	283	3,867	102	180	237	519
Respiratory and Non-Respiratory								
	Men		Women		Children		Totals	
(2) No. of those known to have had positive sputum within preceding six months	137		59		..		196	
E. (a) Total No. of new persons (excluding transfers) examined during year	2,166		1,887		1,043		5,096	
(b) Those in (a) who attended as contacts and who were :								
(1) Diagnosed as Tuberculous	21		14		15		50	
(2) Not tuberculous	1,301		1,303		937		3,541	
(3) Not determined (as at 31.12.1956) .	21		23		6		50	

TUBERCULOSIS IN CHILDHOOD.

1. Children's Tuberculosis Contact Clinic.

During 1956 the work in the Children's Tuberculosis Contact Clinic has again reflected the changing epidemiology of tuberculosis. More children were seen but more important and encouraging is the fact that a far lower proportion were tuberculin positive. The alteration in the work of this clinic in the past 5 years is shown in Table 1.

TABLE 1.

NEW CONTACTS UNDER 5 YEARS OF AGE IN THE YEARS 1952—1956, SHOWING THE NUMBER FOUND TO BE TUBERCULIN POSITIVE AND THE NUMBER VACCINATED WITH B.C.G.

	1952	1953	1954	1955	1956
Number of children	427	577	655	786	941
Tuberculin test positive	71	79	45	42	18
% Positive	16	14	7	5	2
Number vaccinated with B.C.G. .	103	234	390	541	762
% Vaccinated	24	40	69	68	81

More than twice as many new children were seen in 1956 as in 1952. This is due partly to a wider interpretation of the meaning of "contact". The aim now is to see every child relative of tuberculous patients and not only household contacts. Only 2 per cent. of these children were tuberculin positive compared with 16 per cent. in 1952. The reduction in the proportion of infected children is even more clearly demonstrated in Table 2. This shows the findings in children examined as contacts of newly diagnosed or relapsed cases.

TABLE 2.

CHILDREN UNDER 5 YEARS OF AGE EXAMINED AS CONTACTS OF NEWLY DIAGNOSED OR RELAPSED CASES IN THE YEARS 1952—1956.

	1952	1953	1954	1955	1956
Number of children	103	141	150	217	269
Tuberculin test positive	41	34	29	26	15
% Positive	40	24	19	12	5.6
Number vaccinated with B.C.G. .	33	80	92	163	202
% Vaccinated	32	56	61	75	75

In 1956 only 5.6 per cent. of these children were infected compared with 40 per cent. in 1952. This is due partly to earlier diagnosis in the adults and partly to their immediate admission to hospital but also to an increased number of "non-household" contacts.

Many more of the uninfected children were vaccinated with B.C.G. in 1956 than in 1952 (Tables 1 and 2). This is mostly due to the policy of vaccinating without segregation from the index case where the latter is considered non-infective. Segregation is however always practised in the case of all newly diagnosed patients and, of course, in all "old"

infective cases. Segregation from newly diagnosed patients, at least before vaccination, rarely presents difficulty as the adult is nearly always admitted to hospital. Unfortunately however, in an increasing proportion of cases he is discharged before the children have undergone tuberculin conversion. The real difficulties in segregation concern household contacts, usually newly-born babies of chronic patients where the latter are working. Here the index case is, very understandably, unwilling to be admitted to hospital or convalescent home. Sometimes he is able to stay with relatives but occasionally it has been necessary to admit the baby to a residential nursery which means separation also from the mother. Where a chronic patient is not working it is now usually possible to admit him to the Convalescent Home at Shoreston Hall while vaccination is carried out.

Over 80 per cent. of the children seen for the first time in 1956 were vaccinated with B.C.G. by January, 1957, compared with 24 per cent. in 1952. Since B.C.G. vaccination commenced in Newcastle no vaccinated child has developed any form of tuberculous illness, but children vaccinated by other authorities have been admitted to Newcastle hospitals with tuberculosis (meningitis 2, primary pulmonary lesions 2). This is to be expected where vaccination is carried out without segregation.

These figures relating to the work of the Contact Clinic include children living outside the city boundary but within the area covered by the Newcastle Chest Clinics.

2. Contacts over 5 years of age.

During the past 5 years a few children over 5 years of age have been seen each year in the Contact Clinic. The reasons for this have varied from year to year. Some have simply attended for convenience with younger brothers or sisters but in 1955 the "Red Spot" children known to be tuberculin positive and not already attending this clinic were referred. These were then aged 6 years and increased the apparent proportion of "positives".

TABLE 3.

CHILDREN OVER 5 YEARS OF AGE SEEN IN THE CONTACT CLINIC DURING 1952—1956, SHOWING THE NUMBER FOUND TO BE TUBERCULIN POSITIVE.

	1952	1953	1954	1955	1956
Total	71	63	70	82	75
Number positive.....	33	21	14	25	12

The majority of contacts over 5 years of age attend at special sessions at the Chest Clinics and they are included in the general report on tuberculosis.

3. B.C.G. Vaccination.

A. Contacts. The number of vaccinations carried out under the Ministry of Health Scheme continues to increase—particularly in the case of newborn babies (Tables 4 and 5). This must be attributed to the excellent co-operation of obstetricians and pediatricians in the Maternity Hospitals, and in particular to the pediatric registrars of the Newcastle General Hospital and the Princess Mary Maternity Hospital, who spend much time on this work. Every expectant mother attending these hospitals who gives any history suggestive of tuberculosis in family or friends is interviewed by the pediatric registrar. In those cases in which he thinks B.C.G. vaccination might be indicated he writes to the appropriate chest physician for advice concerning the need for segregation. If it is advised he makes the necessary arrangements. During 1956, 152 babies were vaccinated in the Newcastle General Hospital and 122 in the Princess Mary Maternity Hospital, making a total of 274 of whom 184 belonged to the City of Newcastle, 31 to the area outside served by the Chest Clinic and 59 to areas still further away.

TABLE 4.

NUMBER OF B.C.G. VACCINATIONS IN CONTACT CLINIC, CHEST CLINICS AND MATERNITY DEPARTMENTS.

1952	1953	1954	1955	1956
187	454	716	1001	1117

TABLE 5.

NUMBER OF B.C.G. VACCINATIONS CARRIED OUT IN THE MATERNITY DEPARTMENT AT THE NEWCASTLE GENERAL HOSPITAL AND THE PRINCESS MARY MATERNITY HOSPITAL IN THE YEARS 1952—1956.

	1952	1953	1954	1955	1956
N.G.H.	70	114	114	143	152
P.M.M.H.	—	37	71	133	122

B. School Leavers. During the year B.C.G. vaccination was also offered through the School Health Service to 13-year-old children in Local Authority Schools, and 1,041 children were vaccinated. A further 75 boys attending the Royal Grammar School were vaccinated by their own medical officer.

4. Tuberculous Illness in Childhood in the City of Newcastle under 5 years of age.

Although 18 children were found to be tuberculin positive at the Contact Clinic only 12 of these belonged to the City of Newcastle, and three had been referred following hospital admission. One other required a short period in hospital and two others had chemotherapy

at home. In addition to these there were eight other city children in hospital during the year. Three of these had originally been seen as contacts in the chest or contact clinic in 1955 and their admission was advised from there. The others were admitted directly to hospital and in none of these was an infector found although their families were fully investigated. This is a surprising and disturbing finding but four came from badly overcrowded parts of the city where there are known to be cases of tuberculosis, and in each case their siblings were tuberculin negative. The fifth, an only child, aged four months, died of generalised tuberculosis after a few days in hospital. The relatives have been x-rayed and all are well, but an elderly relative died a month or so before this child's illness and was never x-rayed.

Among the 12 children in hospital there was one case of generalised tuberculosis and she died; one of tuberculous meningitis who fully recovered and one of tuberculous cervical adenitis; the others all had primary lung infections and one child treated at home had a pleural effusion. There were no cases of bone and joint disease or of abdominal tubercle.

Age 5—15 years. During the year 30 children of school age required in-patient treatment. One of these had meningitis, one had pericarditis, one had genito-urinary tuberculosis, one had a primary lesion in the mouth, one had abdominal tubercle, one had hip and one spinal tubercle, three had cervical adenitis and one had inguinal adenitis, and two had bronchogenic tuberculosis. The remaining 17 had primary lung lesions, three with pleural effusion, three with erythema nodosum and one with phlyctenular conjunctivitis.

In only eight of these were the infectors known.

5. Death from Tuberculosis.

One child died from tuberculosis (see above) compared with four in 1952.

TABLE 6.
DEATHS FROM TUBERCULOSIS IN CHILDHOOD IN NEWCASTLE UPON TYNE
(0-15 YEARS).

	1952	1953	1954	1955	1956
Number	4	4	1	0	1

6. Routine Tuberculin Testing.

Tests were carried out in the schools among 13-year-old children whose parents gave consent. 1,590 children were tested of whom 31 per cent. were tuberculin positive. The latter were x-rayed and two were subsequently admitted to hospital.

Similar tests were done for 10-year olds and 10 per cent. of 1,871 were tuberculin positive. All were x-rayed but none required admission.

Conclusion.—Tuberculosis mortality rates fortunately now give no guide to the amount of childhood tuberculosis in the community.

Notifications have for a number of years been very inaccurate, and many children were never notified. This year, probably for the first time, every Newcastle child admitted to hospital on account of tuberculosis was notified and in spite of this there is a marked fall in the number of notifications.

TABLE 7.

PRIMARY NOTIFICATIONS OF TUBERCULOSIS IN CHILDHOOD IN NEWCASTLE UPON TYNE, 1952-1956.

	1952	1953	1954	1955	1956
0-15 years	71	69	54	48	43

The amount of tuberculous illness in childhood is decreasing but with 30 per cent. of 13-year-old children tuberculin positive, tuberculosis will continue in the community. Some of these will develop adult disease and in their turn infect other children. It is hoped that in 1957 there will be a considerable reduction in the proportion of infected children at 13 years of age, and a real increase in the number vaccinated. This will only be achieved if a higher proportion of parents accept the offer of tuberculin testing and vaccination.

The aim—a childhood population free from tuberculous infection—is becoming a possible reality.

1841
The first of the year was a very dry one, and the crops were much injured by the drought. The weather was very hot, and the ground was very dry.

The second of the year was a very wet one, and the crops were much injured by the rain. The weather was very cold, and the ground was very wet.

The third of the year was a very dry one, and the crops were much injured by the drought. The weather was very hot, and the ground was very dry.

The fourth of the year was a very wet one, and the crops were much injured by the rain. The weather was very cold, and the ground was very wet.

The fifth of the year was a very dry one, and the crops were much injured by the drought. The weather was very hot, and the ground was very dry.

The sixth of the year was a very wet one, and the crops were much injured by the rain. The weather was very cold, and the ground was very wet.

The seventh of the year was a very dry one, and the crops were much injured by the drought. The weather was very hot, and the ground was very dry.

The eighth of the year was a very wet one, and the crops were much injured by the rain. The weather was very cold, and the ground was very wet.

The ninth of the year was a very dry one, and the crops were much injured by the drought. The weather was very hot, and the ground was very dry.

The tenth of the year was a very wet one, and the crops were much injured by the rain. The weather was very cold, and the ground was very wet.

The eleventh of the year was a very dry one, and the crops were much injured by the drought. The weather was very hot, and the ground was very dry.

The twelfth of the year was a very wet one, and the crops were much injured by the rain. The weather was very cold, and the ground was very wet.

**V—Report of the
CHIEF
PUBLIC HEALTH INSPECTOR**

Report of the
CHIEF
PUBLIC HEALTH INSPECTOR

**ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
for the year 1956.**

CHIEF PUBLIC HEALTH INSPECTOR :

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

Deputy Chief Public Health Inspector ... A. P. ROBINSON,
M.A.P.H.I.

SENIOR INSPECTORS :

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

In reviewing the past year, that evergreen ^{tautologous} ~~annual~~ platitude, "a year of steady progress", could be taken out of store, dusted down, and applied, with some justification, to the activities of the Public Health Inspection Department. Any feeling of satisfaction is dispelled, however, when one appraises the tremendous amount of work which yet remains to be tackled and which must be accomplished before the Environmental Hygiene Services of this City can be regarded as operating at the optimum level.

Gratifying progress has been maintained in most spheres, particularly in the slum clearance programme and in the field of atmospheric pollution, but it may well be that the undue publicity accorded to these important matters has perhaps obscured problems of equal importance and urgency, problems which, because of unavoidable neglect due to staff shortage, increase in magnitude as the years pass.

The time is long past since a full detailed survey of all tenemented property or houses-let-in-lodgings should have been carried out. In June the Health Committee approved a code of standards to be applied to such dwellings for the purposes of the Housing Repairs and Rents Act, 1954, and there the matter rests.

It is nearly twenty years since an organised systematic inspection of dwellings was carried out under the Housing Act, 1936, for the purpose of securing the repair of unfit houses. It is important to secure the clearance of totally unfit houses, but it is also of some importance to prevent houses deteriorating to the stage when demolition is the only alternative, and such is one of the purposes of Section 9 of the Housing Act, 1936.

The subject of food hygiene is of prime consideration and whilst catering premises, industrial canteens and hotel kitchens, etc., are reasonably well covered, the little time which could be afforded to the inspection of the corner shop which sells corned beef, candles, and carrots, reveals that general dealers' shops require more attention than is possible at the present time. The inspection of licensed premises is carried out as often as possible but by no means as frequently as necessary, and only a full survey will show the extent to which they fall below the requirements of the Food Hygiene Regulations, 1955. The shortage of staff is, of course, a national problem, although with a shortage of over 40 per cent. of qualified inspectors, Newcastle is labouring under greater difficulty than most authorities. Much has been done in many ways during the past year to mitigate the effects of that shortage. Because of the imperative need to maintain progress in the Slum Clearance Programme the Health Committee was reluctantly compelled to appoint unqualified officers for housing inspections, to replace the diminishing inspectorate of five qualified Public Health Inspectors. These officers all possess the National Certificate in Building and have undertaken to qualify as Public Health Inspectors at the earliest possible moment, and although a useful, if somewhat unconventional, channel of recruitment is provided in this way, the detailed supervision and preliminary training required by such officers robs the experiment of much of its value.

Another sphere in which dilution has been forced upon the Health Committee is in connection with the proposed Smoke Control Area. Normally the survey would have been carried out by District Public Health Inspectors without undue interference with routine work, but temporary dilution in this case is the only alternative if the proposals of the Committee are to be carried out.

Dilution, however, can only be regarded as a temporary expedient to be employed only in times of dire emergency. At such times it is reasonable to accept a limited proportion of temporary dilution for specific matters, but such a policy carried on without strict control can only lead to a Public Health Inspection Department ultimately

being staffed by a heterogeneous hotchpotch of vocationless stop-gap officers of very limited use in very limited fields.

However, it is very encouraging to note that there is a substantial increase in the number of students in the final years of the approved course for Public Health Inspectors held in this City, and should this increase be maintained the staffing problem should be overcome in the course of time.

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

Slum Clearance.

Some difficulty was experienced at the beginning of the year in maintaining progress in the slum clearance programme due to inspectors in the Housing (Slum Clearance) Section leaving to take up appointments with other authorities, and in April, six unqualified Assistant Housing Inspectors were appointed. By and large, this experiment has operated reasonably well, although in the initial stages some ground was unavoidably lost during the preliminary training given by the Senior Housing Inspector to these completely inexperienced recruits.

Because the Slum Clearance Section operates from offices in New Bridge Street, supervision by remote control continued to be irksome, and one can only ruefully reflect on the probability that slum clearance will be completed before the provision of the new Town Hall will enable all the sections of the Chief Public Health Inspector's Department to be collected under one roof. During the year there was an apparent increase in the number of enquiries from tenants, owners, intending vendors and purchasers, house agents and solicitors, seeking information as to the effect of slum clearance proposals on specified properties, and although in the vast majority of cases enquirers showed much appreciation of this advisory service, occasionally disappointment was expressed because the precise date of the demolition of a particular house could not be given with certainty.

Whilst it is gratifying to record that at December, 1956, the Department was 9.3 per cent. ahead of the scheduled clearance programme, it must be remembered that at the end of 1955 the lead had been 12 per cent. Nevertheless, the Health Committee has justifiable cause for satisfaction in the progress achieved, and can be assured that during 1957 every effort will be made to accelerate the rate of representation.

In the early months of 1956 inspection work was centred in the Walker Areas, during the late summer the Hawes Street Areas was in progress and at the end of the year the large complicated Sycamore Street Areas were being dealt with. Dilapidated dwellings in the proposed Railway Street Area continued to present urgent problems and every opportunity has been taken to deal with the worst cases by individual action.

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	468	1,269
Individual Unfit Houses, Secs. 11 and 12	60	120
Totals	528	1,389
<i>Orders made—</i>		
Shieldfield C.P.O. No. 1	142	264
Demolition Orders (Individual Unfits)	34	63
Closing Orders (Individual Unfits)	2	6
Totals	178	333
<i>Orders not Necessary (Corporation Properties)—</i>		
Unfit Houses, Sec. 25	191	608
Individual Unfit Houses	13	33
Totals	204	641
<i>Orders confirmed by the Minister—</i>		
Blandford Street C.O.	131	314

It will be noted that the number of houses dealt with individually during the year was somewhat higher than of recent years (60 as compared with 28 in 1955 and 21 in 1954), and it is expected that the figure now attained will remain about the average for the next few years.

In May the Minister of Housing and Local Government held a public inquiry in respect of the Blandford Street Clearance Order, 1955, and in September notification of its confirmation was received. The result was very gratifying in as much as the only premises excluded from the terms of the Order were such houses as had been converted to business premises since the date of representation and a small number of other premises which did not in fact exist at the time of the inquiry as they had been demolished before that date and since the date of the representation.

A somewhat disturbing feature is the slow rate of the re-housing of the families from confirmed clearance areas. At the close of the

year there were still a number of families living in houses situated in pre-war confirmed clearance areas.

Condemned Houses—Re-housing.

A total of 322 families were re-housed by the Housing Department from condemned houses during the year from the various areas distributed throughout the City. Disinfestation of household furniture and effects of the tenants again proceeded very smoothly. During the year 128 dwellinghouses (Individual unfit houses and houses in clearance areas) were demolished.

Certificates of Disrepair and Revocation.

During 1956, 135 applications for certificates of disrepair were received of which 132 were granted, as compared with 318 and 310 respectively during the previous year. It is obvious that there must be many thousands of controlled tenancies in the City in respect of which such certificates could be issued, but the widespread lack of interest in this matter is a further indication of the failure of the Housing Repairs and Rents Act, 1954, to ensure the repair of unfit houses.

Although the number of applications for revocation of disrepair certificates increased during the year to 111 there is undoubtedly an attitude of apathy, on the parts of both tenants and landlords, to the provisions of this Act.

Applications for Council Houses.

The Medical Officer of Health and the Chief Public Health Inspector continued throughout the year with the procedure for dealing with housing applications where special circumstances relating to overcrowding, illhealth and insanitary conditions justified an increase in priority for consideration for re-housing.

A total of 493 such applications were dealt with, being a decrease of 169 over the previous year's total, and re-housing was effected in respect of 504 cases.

Because of progress with the slum clearance programme and because of other changed circumstances, the procedure for dealing with these housing applications was under review at the end of the year, and it is probable that in future the number of such cases requiring consideration in this way will be substantially reduced.

Overcrowding—Statement of “ Permitted Numbers ”.

Under the provisions of Section 62 of the Housing Act, 1936, the permitted numbers of 36 dwellings were issued to applicants after measurement and inspection had been completed in each case.

Houses-let-in-lodgings.

During the year, the Health Committee gave consideration to the changes introduced by the Housing Repairs and Rents Act, 1954, in respect of the control of tenemented houses. Prior to the operation of that Act conditions in such houses in regard to registration, inspection, overcrowding, water supply, sanitary accommodation, etc., were controlled by bye-laws made in November, 1924, and it was deemed desirable that the Department should adopt a standard, approved by the Committee, by which these houses could be adjudged so as to enable owners to be given some indication of the works required to bring houses-let-in-lodgings up to standard acceptable to the Council.

The standard approved related to natural lighting ; ventilation ; water supply ; drainage and sanitary conveniences ; facilities for the storage of food, preparation and cooking of food, and disposal of waste water ; and the prevention of overcrowding.

When conditions permit, a survey of all houses-let-in-lodgings in the City should be carried out and the necessary action taken to secure compliance in such premises with the standards indicated above.

During the year, 82 such houses were removed from the register, leaving a total of 1,043 at 31st December. Inspections of these premises totalled 360 as compared with 765 during 1955.

PUBLIC HEALTH ACT, 1936.

Places of Public Entertainment.

A total of 174 routine inspections of theatres, cinemas, etc., were made during the year and conditions in respect of ventilation, heating, lighting, cleanliness and sanitary accommodation were satisfactorily maintained.

There was no change in the total number of such premises, there being 6 theatres, 36 cinemas and 137 dance halls, concert halls, billiard rooms, and cafes, in respect of which Certificates of Sanitation issued by the Health Committee were in force.

ATMOSPHERIC POLLUTION.

Despite the sustained public interest in smoke abatement and atmospheric pollution generally, it is regrettable to record once more a substantial increase in the amount of impurities deposited in the City during 1956. This amount totalled 4,215 tons, being an increase of 307 tons over that of 1955, and the heaviest deposits were recorded at the Denton Road, Westgate Cemetery, Benwell Reservoir, and Pendower School gauges. It is thus clear that the West End of our City must continue to endure with patience the deposition of impurities conveyed from adjoining districts by the prevailing south-west winds, and if the exceptionally high deposits recorded in the West End are merely coincidental with the operation of the new Stella Power Stations in Blaydon and Newburn it is indeed a most unfortunate coincidence.

The measurement of the reactivity of the sulphur dioxide content of the atmosphere showed a slight but welcome decrease with a daily mean concentration of 0.057 compared with 0.06 during the previous year.

For some considerable time the geographical distribution of atmospheric pollution gauges within the City has not been entirely satisfactory due to the abandonment of an East End site because of recurring vandalism, and the transfer of a gauge from High Heaton to Elswick. During the year the distribution of gauges was reviewed and three additional deposit gauges and three SO₂ lead peroxide gauges were installed in Walker, High Heaton and Elswick respectively.

The total equipment thus in use by the Department is now as indicated in the following table and is distributed as shown in the accompanying sketch plan on Page 125).

Site.	Deposit Gauge.	SO ₂ (lead peroxide) Gauges.	SO ₂ (volumetric) and Smoke Gauges.
Dean Street (Public Analyst's Laboratory) ..	—	1	1
Denton Road	1	1	—
Pendower Open Air School	1	1	—
Benwell Reservoir	1	1	—
Kenton Hall.....	1	1	—
Wingrove Nurses' Home ..	1	1	—
Westgate Cemetery.....	1	1	—
Freemans Road	1	1	—
Welbeck Reservoir	1	1	—
Walker Naval Yard	1	1	—
Benfield Road	1	1	—
TOTALS	10	11	1

In September the pulley operated volumetric gauge became no longer serviceable and at the end of the year a new gauge, comprising an electric motor and pump and associated apparatus, was on order awaiting delivery.

Undoubtedly the most progressive step taken in furthering a national policy of clean air during the year was the passing of the Clean Air Act, 1956, in July and the making, by the Minister of Housing and Local Government, of an Order bringing into operation on the 31st December, certain provisions of that Act.

So far as our own City is concerned, the Council now has, at long last, statutory power to proceed with the much discussed "smokeless zone", or, as it is now referred to in the Clean Air Act, "smoke control area".

In the early months of the year, the Health Committee were taking active steps to prepare plans for the establishment of the smoke control area in advance of acquiring power to do so by means of the Clean Air Act, and indeed, when the appropriate provisions were ultimately brought into operation, the Smoke Control Areas Sub-Committee had designated the first area and had plans ready for the appointment of temporary staff required to carry out the survey of the area. It is expected that the survey will commence in the spring of 1957, and as the Chairman of the Health Committee declared, in a press statement in November, "with the support of public opinion and the patient co-operation of occupiers of premises in the Area, the Committee is confident that this bold venture will ultimately prove to be the beginning of a widespread and inspiring improvement in the City's atmosphere".

The proposed Area, which is shown on Page 126, covers some 118 acres of the central business and shopping centre of the City, and a very brief survey indicates that the buildings contained in the area can roughly be estimated to consist of the following :—

Private dwellings (excluding caretakers' flats) .	29
Commercial buildings	349
Industrial buildings	33
Miscellaneous buildings	23
Estimated total	434

The number of separately occupied premises is unknown, and without a detailed survey cannot be ascertained, but the actual number is probably between 1,500 and 2,000.

A very important provision of the Clean Air Act, 1956, now empowers this Authority to grant "Prior Approval" in respect of the

installation of new furnaces in accordance with approved plans and specifications, with a view to ensuring that every such furnace shall be capable of operating continuously without, so far as is practicable, emitting smoke when using a specified fuel.

The value of obtaining prior approval was evident from the fact that applications for such approval were received before the Act came into operation, and to deal with such applications the Committee had under consideration at the end of the year the appointment of a Prior Approval Advisory Panel comprising (a) a technical officer of the National Industrial Fuel Efficiency Service, (b) a member nominated by the Tyneside Chamber of Commerce to represent industry, and (c) the Chief Public Health Inspector.

It is gratifying to observe the increasing interest of industry in the cause of smoke abatement and in this connection the managements of many large factories are taking active steps, in advance of the statutory requirements of the Clean Air Act, to reduce smoke emissions to a minimum by conversion to oil or the installation of smoke prevention appliances. One shipyard and a pottery works are expected to be, so far as is practicable, completely smokeless very soon after the beginning of 1957, and several other industrial establishments have modern smoke reducing plant on order.

RESULTS FROM OPERATION OF SEVEN GAUGES IN CITY.

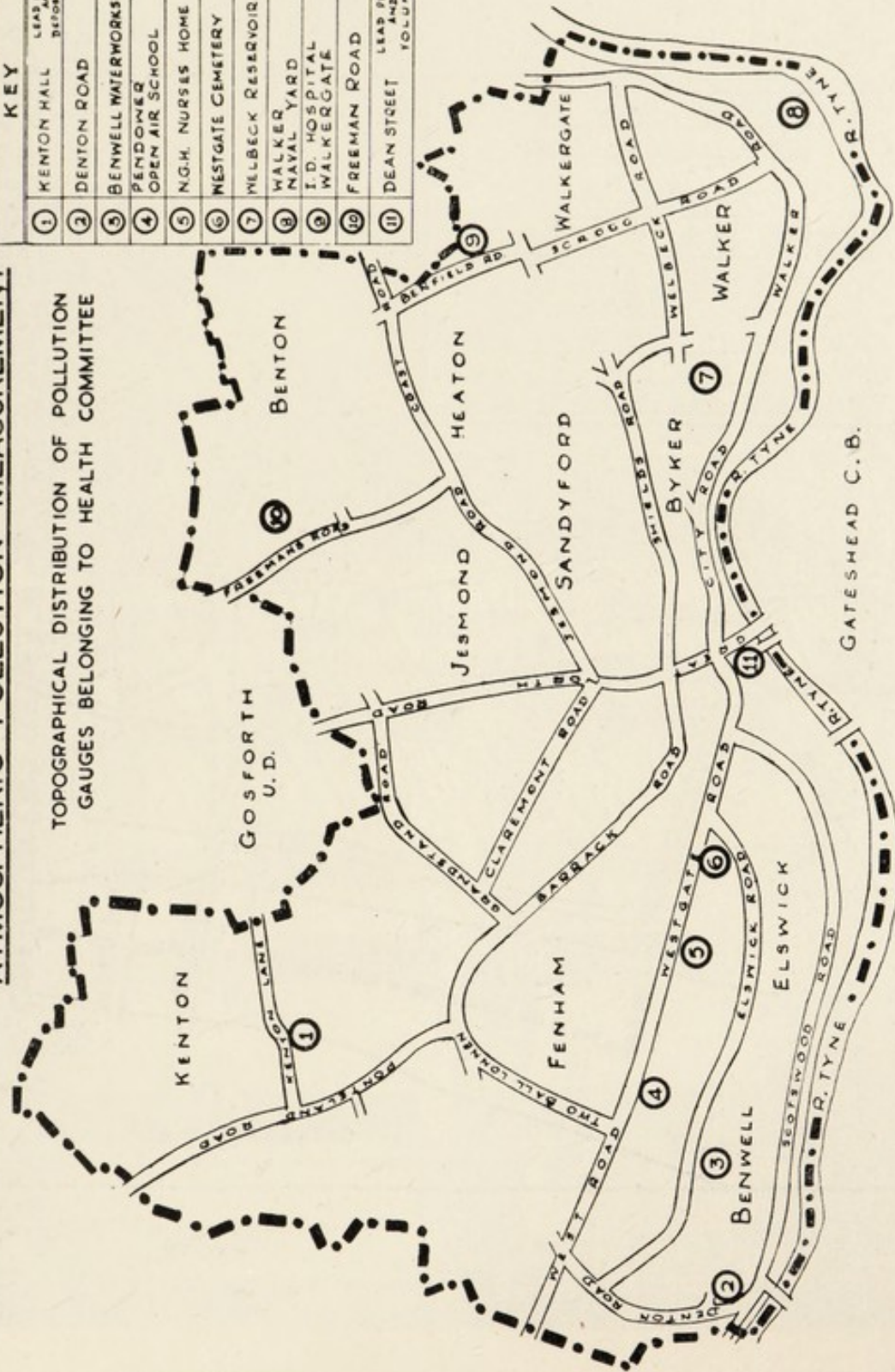
Site of Gauge.	Average Deposit.	RAINFALL (inches).	ENGLISH TONS OF DEPOSIT PER SQUARE MILE							
			Insoluble Matter.			Soluble Matter.	TOTAL SOLIDS.	Included in Soluble Matter		
			Tar.	Other Combustible	Ash.			Sulphate as SO ₄	Chlorine as Cl.	Lime as Ca.
Kenton Hall	Monthly	2.10	0.21	3.00	5.70	5.16	14.29	1.43	1.30	.51
	Annual	25.26	2.59	36.04	68.48	61.90	171.54	17.15	15.64	6.11
Westgate Cemetery	Monthly	2.06	0.21	4.81	12.1	7.42	24.63	2.29	1.27	0.83
	Annual	24.76	2.59	57.75	146.1	89.11	295.55	27.53	15.27	9.99
Welbeck Reservoir	Monthly	1.73	0.208	2.05	4.96	6.25	13.28	1.76	0.95	0.56
	Annual	20.82	2.5	24.58	59.56	75.01	159.45	21.18	11.5	6.78
Benwell Reservoir	Monthly	1.98	0.18	3.309	12.19	6.19	21.96	2.204	1.29	.61
	Annual	23.79	2.17	29.71	146.36	74.26	262.51	26.45	15.57	7.35
Wingrove Hospital	Monthly	2.04	0.16	2.88	7.59	5.89	16.79	1.87	1.24	0.59
	Annual	24.49	1.99	34.61	91.05	70.76	201.58	22.43	14.96	7.17
Pendower Open-Air School	Monthly	1.97	0.19	2.83	7.91	7.80	18.74	2.13	1.52	0.63
	Annual	23.72	2.30	34.01	94.94	93.67	224.92	25.54	18.26	7.56
Denton Road	Monthly	2.016	0.18	5.67	14.63	8.21	28.52	2.13	1.62	0.68
	Annual	24.20	2.24	68.04	175.52	98.56	342.24	25.55	19.45	8.12
Average per Gauge	Monthly	1.985	.191	3.507	9.29	6.70	19.74	1.975	1.31	0.63
	Annual (Calculated)	23.0	2.34	40.677	111.71	80.46	236.82	23.69	15.807	7.58
TOTAL DEPOSIT ON THE CITY DURING 1956.										
TOTAL DEPOSIT ON THE CITY DURING 1956	Monthly		3.399	62.474	165.362	119.26	351.372	35.155	23.318	11.214
	Annual (Calculated)		41.652	724.05	1988.438	1432.188	4215.396	421.682	281.364	134.924

ATMOSPHERIC POLLUTION MEASUREMENT

ATMOSPHERIC POLLUTION MEASUREMENT

TOPOGRAPHICAL DISTRIBUTION OF POLLUTION
GAUGES BELONGING TO HEALTH COMMITTEE

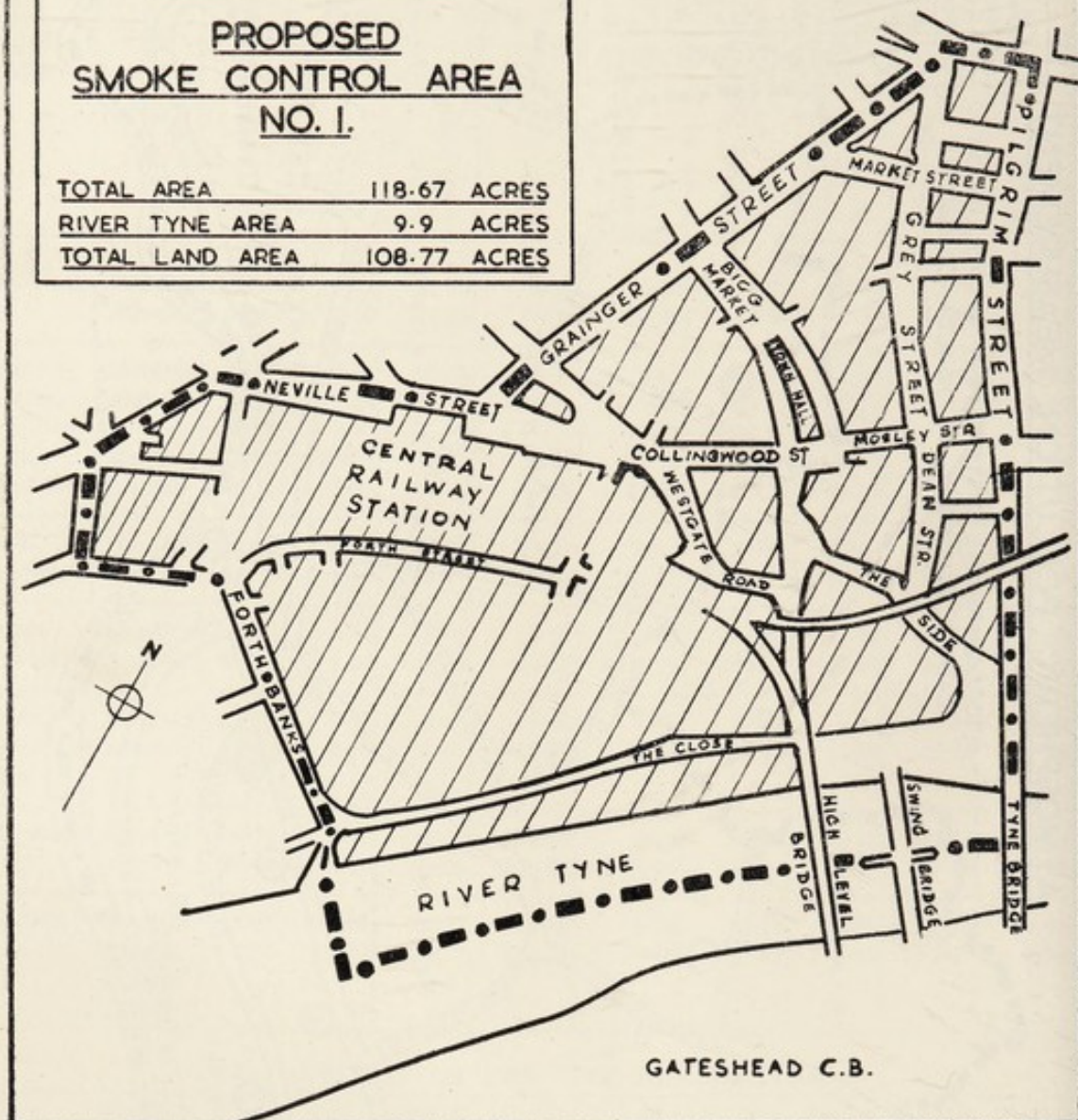
KEY	
①	KENTON HALL LEAD PEROXIDE AND DEPOSIT GAUGE
②	DENTON ROAD DITTO
③	BENWELL WATERWORKS DITTO
④	PENDOWER OPEN AIR SCHOOL DITTO
⑤	N.G.H. NURSES HOME DITTO
⑥	NESTGATE CEMETERY DITTO
⑦	WELBECK RESERVOIR DITTO
⑧	WALKER NAVAL YARD DITTO
⑨	I.D. HOSPITAL WALKERGATE DITTO
⑩	FREEMAN ROAD DITTO
⑪	DEAN STREET LEAD PEROXIDE AND VOLUMETRIC

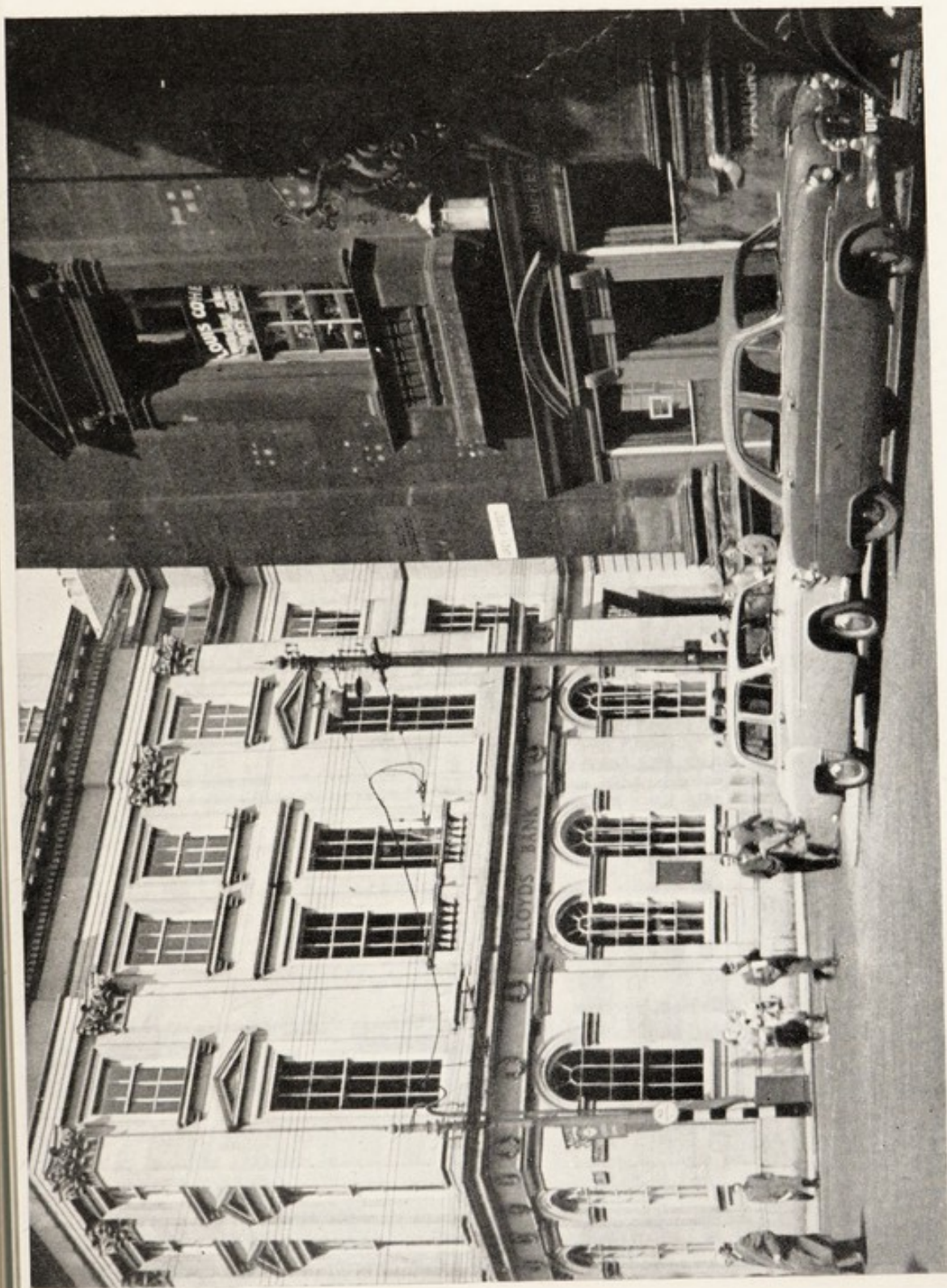


CITY AND COUNTY OF
NEWCASTLE UPON TYNE

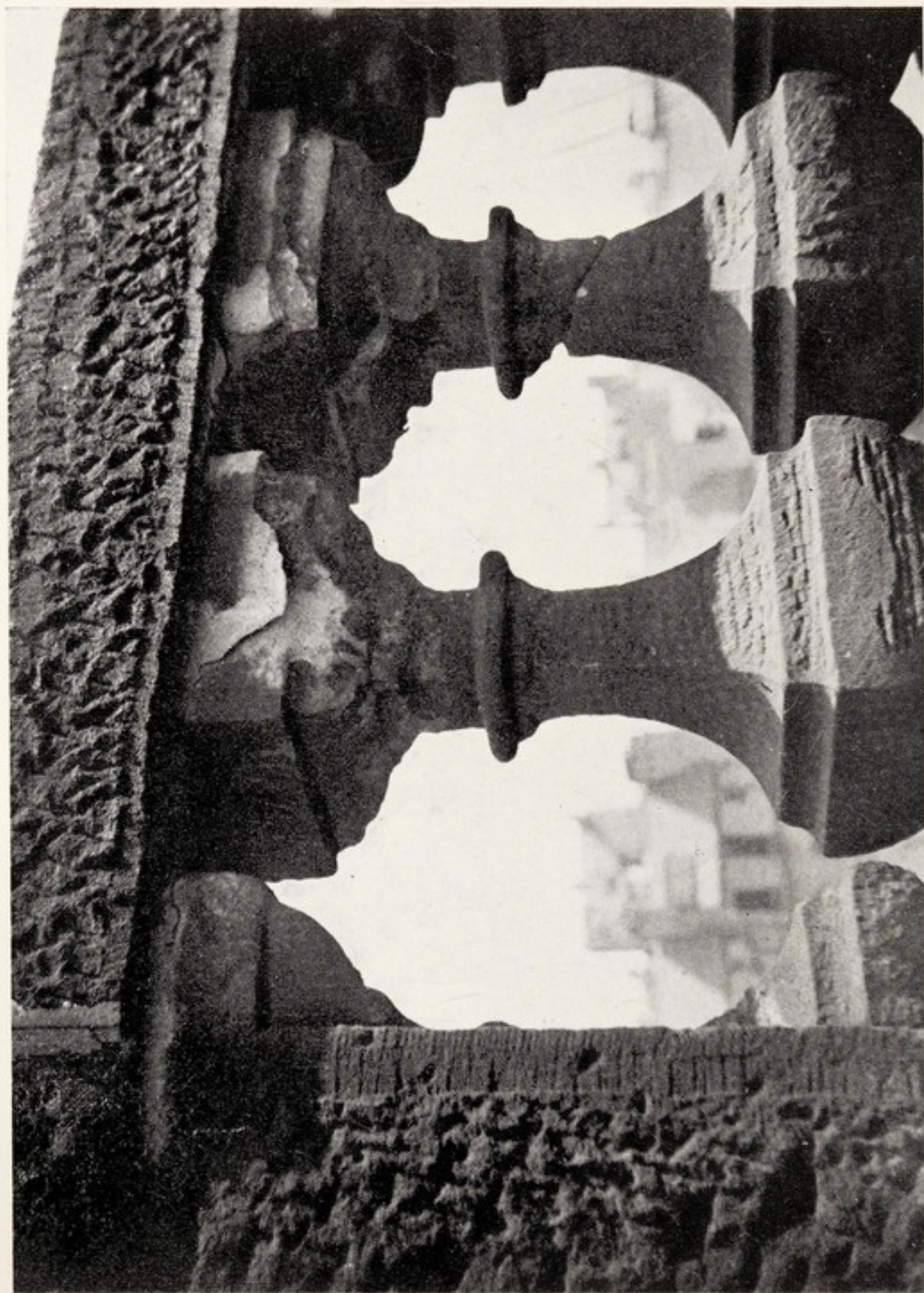
PROPOSED
SMOKE CONTROL AREA
NO. 1.

TOTAL AREA	118.67 ACRES
RIVER TYNE AREA	9.9 ACRES
TOTAL LAND AREA	108.77 ACRES





EFFECTS OF ATMOSPHERIC POLLUTION IN THE SMOKE CONTROL AREA SHOWING THE STONEWORK OF THE BUILDING ON THE LEFT AFTER THE REMOVAL OF THE DEPOSITED POLLUTION.



EFFECTS OF ATMOSPHERIC POLLUTION IN THE SMOKE CONTROL AREA.
DISINTEGRATION OF STONEWORK ON THE ROOF OF THE TOWN HALL.

Offensive Trades.

A general routine supervision of scheduled offensive trades was satisfactorily exercised throughout the year, in the course of which a total of 19 inspections were made.

Particular attention was given to the conditions arising from the operation of a large glue and chemical works in the East End of the City, a matter which had engaged the attention of the Department for many years with only moderate success. The emanation of objectionable odours is, of course, inseparable from the operation of a business of this kind, but considerable improvements were obtained in the elimination of offensive effluvia. Obnoxious vapours from the steam exhausts from digestion plant, which hitherto had been allowed to escape direct into the atmosphere, were diverted and passed through water-cooled condensers and the condensate caused to discharge direct into the River Tyne, and in another case the fumes from an industrial waste eliminator plant, which had previously been discharged into the open atmosphere, were diverted through a coke furnace thus completely rendering them innocuous before discharge into the atmosphere. In this way a substantial reduction in the nuisance from this factory has been achieved and it is hoped that as further means becomes available a further reduction will take place. The number of offensive trades carried on during the year was unchanged and comprised the following :

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.

Numerous enquiries continued to be received in the Department from caravan dwellers asking for information of accommodation available in the City. A substantial proportion of these enquiries came from members of the theatrical professions, and once again they were directed into the adjoining districts.

In July 70 caravans and 46 tents occupied by 556 persons were stationed on the Town Moor in connection with the Royal Agricultural Show, and most of these caravans were conveniently contained within an area adjoining the Isolation Hospital on the Northern boundary of the Moor.

During three weeks in June the small township of showmen took up their annual residence on the Town Moor in connection with the Temperance Festival. The number of living caravans numbered 469,

accommodating 431 families comprising 1,388 persons, being a decrease below the previous year's figures when 533 caravans and 455 families comprising 1,475 persons were accommodated.

Common Lodging Houses.

Only one common lodging house still remains on the register, and this house provides accommodation for 58 male lodgers. The highest nightly demand for beds was 58, the lowest 45, and the average 53.4.

Although this lodging house does not provide many of the normal luxuries of living, there are certain advantages associated with this form of communal life which would not otherwise be available to the elderly single male person. Whilst some individuals may find irksome the unavoidable lack of privacy, this is amply compensated for by the social contact and the sense of belonging to a community, when, in the words of the Public Health Act, 1936, "poor persons, not being members of some family, are allowed to occupy one common room for the purpose of sleeping or eating".

New Buildings and Sanitary Alterations.

The Factories Section continued to deal with the examination of plans received from the Town Improvement and Streets Committee for perusal. During the year a total of 204 plans were received, being a decrease of 3 over the previous year. The City Engineer was subsequently informed of any improvements or objections to the proposals referred to in the plans.

Disinfestation.

During the year 322 tenants were notified to the Health Department by the Housing Manager for disinfestation of their household effects prior to re-housing. The method of spraying articles of furniture with a liquid insecticide and submitting bedding to a process of steam disinfestation was continued. The re-housing of the 322 families necessitated the treatment of the contents of 633 rooms and approximately 500 articles of bedding were dealt with.

Re-housing was not concentrated from any one area but was generally spread over the various Clearance Orders in operation within the City. With regard to general disinfestation, the advice and assistance of the Department in relation to the identification and eradication of insect infestations continues to be regularly requested by householders and business firms.

Applications of this kind from householders totalled 211 and from business firms 24. In all 478 rooms were disinfested, treatment varying according to the type of insect concerned, being liquid, powder, or smoke fumigations, alone or in combination. The bed bug and cockroach continue to be responsible for the major number of requests for assistance, other insects dealt with being fleas, lice, wood beetle, spider beetle, house fly, moths, wasps and bees.

A total of 1,001 visits were made in connection with the work of disinfestation.

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 during the year 721 inspections of workplaces were made and the following defects were remedied :—

Lack of cleanliness	8
Defective or insufficient sanitary accommodation	5
Unreasonable temperature	1
Inadequate ventilation	1
Other nuisances	5
	20

Nuisances.

The vast majority of the complaints received in respect of nuisances arise from disrepair and other insanitary conditions in dwelling houses, a substantial proportion of which houses are contained within confirmed or proposed clearance areas. With slow but steady progress in the demolition of unfit houses in clearance areas, the problem of dealing with nuisances in the worst of such houses is relieved, particularly in the proposed Railway Street area where the lack of adequate maintenance of property was most pronounced. Nevertheless, the gradual but continuing deterioration of houses in certain other areas which are known to be scheduled for clearance, continues to add to the difficulties involved in securing the abatement of nuisances of this type, difficulties of which few citizens are aware.

Whilst the Public Health Act, 1936, provides the necessary legal machinery to ensure the abatement of a nuisance, little is known, outside the confines of the Town Hall, of the laborious and patient work involved from the service of the Statutory Notice until the Magistrates make a Nuisance Order. Every possible effort is made to avoid legal proceedings, and in the majority of cases, these efforts are successful, but there are inevitably occasions when a complaint must be made to a Justice of the Peace and a summons is served.

Even then, success is by no means assured, as it sometimes seems that there is a lack of appreciation of the urgency and importance of abating nuisances in respect of which abatement notices have been completely disregarded. A local authority is put to considerable work and expense before an application for a nuisance order can be made to a court and in some instances cases are needlessly adjourned, and penalties, if any, inflicted are trivial. Before a statutory notice is served, the Health Committee must be satisfied that the premises in question are in such a state as to be prejudicial to the health of the occupants and it is to be hoped that the time will come when failure to abate such insanitary conditions will be regarded with due gravity.

The total number of nuisances to be dealt with was 6,835, involving the service of 3,773 informal notices, 3,361 statutory notices and 953 summons letters.

During the year 4 summonses were issued in respect of unabated nuisances, 3 of which cases were satisfactorily concluded. The remaining case related to the abatement of a statutory nuisance arising from the seriously defective roof of a dwelling house. Although the facts were not in dispute, the Court adjourned the case for three months "to enable agreement to be reached between the Corporation and the owner as to the nature of the work to be done to abate the nuisance". The result of the adjournment was that the owner of the dwelling asked the Health Committee to deal with the house as an individual unfit house and to make a Demolition Order thereon.

Under the provisions of the Newcastle upon Tyne Corporation (General Powers) Act, 1935, 534 notices were served in respect of defective drains, waste pipes and water-closets and in 80 instances the work required was carried out in default by the City Engineer at a total recoverable cost of £241 2s. 10d.

Water Supply.

The supply of water to the City is provided by the Newcastle & Gateshead Water Company, and throughout the year this supply was satisfactory in quality and quantity and was not liable to have plumbosolvent action.

Of the colony of 10 houses on the north-west boundary of the City to which a mains water supply was made available last year, there are still 3 dwellings which remain to be connected to that supply. Two of these dwellings obtain their water supply from a well, and although the number of unsatisfactory samples of water from this particularly well are not unduly frequent this supply must be classified

Samples taken for Analysis during the Year 1956.

ARTICLE.	No. of Samples obtained.			Result of Analysis.		REMARKS.
	Formal.	Informal.	Total.	Genuine.	Non-Genuine.	
Milk	454	..	454	446	8	These samples were from two producers in Cumberland. One with 6 deficient samples was fined £15 and £5 for 6d. costs and the other with 2 deficient samples was fined £5 and £3 for 6d. costs.
Condensed Milk	..	3	3	3	..	
Cream	..	5	5	5	..	
Butter	..	1	1	1	..	
Butter	..	6	6	6	..	
Cheese	..	4	4	4	..	
Cocoa	..	1	1	1	..	
Coffee (and Chicory)	..	1	1	1	..	
Lard	..	5	5	5	..	
Margarine	..	4	4	4	..	
Sugar	..	6	6	6	..	
Tea	..	2	2	2	..	
Almonds (Ground)	..	1	1	1	..	Caution letters.
Almond Marzipan	..	2	2	2	..	
Baking Powder	1	2	3	3	2	
Barley	..	1	1	1	..	
Beans in Tomato Sauce	..	2	2	2	..	
Beef Suet (Shredded)	..	2	2	2	..	
Biscuits	..	2	2	2	..	
Black Mints and Candy Mints	..	2	2	2	..	
Biscuit Powder	..	2	2	2	..	
Bread and Butter and Buttered Scones	5	..	5	1	4	
Bridging	..	1	1	1	..	Caution letters.
Carrots (Sliced)	..	1	1	1	..	
Cheese Straws	..	2	2	2	..	
Chewing Gum	..	3	3	3	..	
Chocolate Peppermint and Candy	..	2	2	2	..	
Christmas Pudding	..	1	1	1	..	
Cinnamon	..	1	1	1	..	
Cloves	..	1	1	1	..	
College Pudding	..	1	1	1	..	
Corded Ham	..	1	1	1	..	
Corned Beef	..	2	2	2	..	
Cornflour	..	2	2	2	..	
Currants	..	2	2	2	..	
Custard Powder	..	1	1	1	..	
Cut Mixed Feed	..	2	2	2	..	
Dates (Strained)	..	2	2	2	..	
Dedicated Coconut	..	2	2	2	..	
Dried Egg	..	1	1	1	..	
Dripping	..	1	1	1	..	
Eucalypt	..	5	5	5	..	
Edinburgh Rock	..	1	1	1	..	
Fanels	..	1	1	1	..	
Fish Cakes	5	..	5	5	..	
Fish Pastes	..	5	5	5	..	
Fish (Timed)	..	1	1	1	..	
Flour and Self-raising Flour	..	6	6	6	..	
Fruit Chutney and Fruit Sauce	..	2	2	2	..	
Ginger (Ground)	..	2	2	2	..	
Ginger Snaps	..	1	1	1	..	
Glass Cherries	..	2	2	2	..	
Glassed Barley Sugar	..	1	1	1	..	
Gravy Powder	..	3	3	3	..	
Herbs	..	2	2	2	..	
Ice Cream	39	..	39	39	..	
Ising Sugar	..	1	1	1	..	
Jams and Marmalade	..	7	7	7	..	
Jacket Crystals	..	1	1	1	..	
Ketchup (Tomato)	..	1	1	1	..	
Lemonade Crystals and Powder	..	2	2	2	..	
Lemon Curd	..	2	2	2	..	
Liquorice Drops	..	1	1	1	..	
Luncheon Meat	..	1	1	1	..	
Macaroni Shells	..	1	1	1	..	
Meat Pastes	..	3	3	3	..	
Meat Meat	..	3	3	3	..	
Meat Pies and Meat Pasties	10	10	10	10	..	
Milk	..	1	1	1	..	
Mustard	..	2	2	2	..	
Non-beered Condiment	..	2	2	2	..	
Orange Drink	27	4	31	31	..	
Peas and Split Peas	..	5	5	5	..	
Pepper and Pepper Compound	..	4	4	4	..	
Peppermint Tablets	..	1	1	1	..	
Piccalilli and Pickles	..	2	2	2	..	
Pie (Blackcurrants)	..	1	1	1	..	
Pineapple Drink	3	..	3	3	..	
Poultry	..	2	2	2	..	
Pork Pie	1	1	2	2	1	
Potato Cakes and Puffs	..	2	2	2	..	
Prunes in Syrup	..	1	1	1	..	Caution letter.
Quaker Oats	..	1	1	1	..	
Rice	..	2	2	2	..	
Rice (Ground)	..	2	2	2	..	
Sage and Onion Stuffing	..	1	1	1	..	
Sage	..	2	2	2	..	
Salmon	..	1	1	1	..	
Sandwich Spread	..	3	3	3	..	
Sauces	..	3	3	3	..	
Sauages	9	..	9	9	..	
Somedina	..	1	1	1	..	
Sherbet	..	1	1	1	..	
Sold in Tomato Sauce	..	1	1	1	..	
Soups	..	7	7	7	..	
Soy, Powders	..	2	2	2	..	
Soya Flour	..	1	1	1	..	
Spices	..	2	2	2	..	
Sponge Pudding	..	2	2	2	..	
Steak and Kidney Pie	..	1	1	1	..	
Steamed Veal	..	1	1	1	..	
Sultanas	..	3	3	3	..	
Sweets and Toffee	1	3	4	4	..	
Table Cream	..	1	1	1	..	
Table Jelly	..	2	2	2	..	
Table Salt	..	2	2	2	..	
Tea Cake Mixture	..	1	1	1	..	
Thyme	..	1	1	1	..	
Tomato Juice	..	1	1	1	..	
Tomatoes (Peeled)	..	2	2	2	..	
Vanilla	..	2	2	2	..	
Wynona (Ginger Flavour)	..	1	1	1	..	
On	..	1	1	1	..	
Ruby Wine (British)	..	2	2	2	..	
Rum	..	1	1	1	..	
Sherry (British)	..	2	2	2	..	
Whisky	..	2	2	2	..	
Household Drugs—						
Aspirin Tablets	..	1	1	1	..	
Adhesive Plaster (Zinc Oxide)	..	1	1	1	..	
Borax and Honey	..	1	1	1	..	
Boric Acid Powder	..	1	1	1	..	
Camphorated Oil	..	3	3	3	..	
Cacoon Sagrada	..	1	1	1	..	
Caster Oil	..	2	2	2	..	
Cherry Bark Cough Mixture	..	1	1	1	..	
Codine Tablets	..	1	1	1	..	
Cod Liver Oil Emulsion	1	..	1	..	1	
Compound Essence of Limeoil	..	1	1	1	..	Caution letter.
Cream of Tartar	..	1	1	1	..	
Epsom Salts	..	1	1	1	..	
Figs Compound, Syrup of	..	3	3	3	..	
Flowers of Sulphur	..	1	1	1	..	
Frits Balsam	..	1	1	1	..	
Fulfers Earth Powder	..	1	1	1	..	
Gen's Liniment	..	1	1	1	..	
Glycerine	..	1	1	1	..	
Glycerine, Honey and Lemon	..	1	1	1	..	
Iodine Paint	..	1	1	1	..	
Light Magnesium Carbonate	..	1	1	1	..	
Milk of Magnesia	..	1	1	1	..	
Sal Volatile	..	1	1	1	..	
Stomach Powder	..	1	1	1	..	
TOTALS	504	279	824	808	16	

as of doubtful purity. At the end of the year representations were being made to the owners of the houses concerned and it is hoped that advantage will now be taken of the availability of the mains supply.

One of the difficulties to be overcome in taking statutory action to require the provision of an internal water supply in cases such as these is that provisions of the Water Act, 1945, and the Public Health Act, 1936, limit the liability of the owner of the house to an expenditure of £20 in installing that supply. This sum was fixed by Parliament more than 20 years ago and the considerable increase in costs since that time has a very limiting influence upon the extent to which formal action can be taken.

Bacteriological Examination.

During the year the domestic water supply continued to be sampled each week at Throckley Water Works, from two control points outside of the City and from supply taps at various points within the City.

Consultations with the Water Company during the year cast some doubt upon the need and usefulness of continuing to take mains samples from points outside of the City and after discussion the Company offered to instal six properly designed sampling points in approved positions within the City boundary. After securing the approval of the Baths and Washhouses Committee, these sampling points, each enclosed in a small aluminium cabinet and fitted with a Yale type lock were installed at :

Northumberland Road Baths, Walker Baths, Heaton Baths,
Jesmond Baths, Fenham Baths, Scotswood Baths.

It will be seen that these sampling points are evenly distributed throughout the City and will provide an excellent means of ensuring an overall picture of the bacteriological condition of the City's water supply so far as mains water is concerned.

The revised system of sampling will be brought into operation early in 1957, and the time and expense of the travelling to Throckley for the purpose of sampling will thus be eliminated. It may be deemed appropriate, in connection with public water supplies, to mention that very few of the inhabitants of our City are aware of the meticulous care and thought which are constantly exercised by the suppliers in maintaining a constant and adequate supply of pure water for domestic use, and that the wholesomeness of this vital commodity is so obviously taken for granted, is indicative of the unquestioning faith placed in that complex organisation which lies behind the kitchen tap.

A total of 402 bacteriological samples were taken during the year, 1 of which was classified as suspicious and 1 unsatisfactory. Immediate action was taken by the supplying company and the matter was rectified.

Experience during the past few years indicates that unsatisfactory samples of domestic water arise from three main causes :—

- (a) where the service pipe is taken from the main near a “dead end”,
- (b) disturbance in mains due to new connections, and
- (c) faulty technique in sampling.

After appropriate action by the Water Company, check samples invariably produce a satisfactory result.

Chemical Analysis.

Every month 4 samples of domestic water supplies were obtained and in every case the Public Analyst certified that they were of satisfactory organic purity, the microscopical characteristics were good, and were 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	184	2	1	1	188
Domestic Supplies...	151	5	..	..	156
Public Baths	57	1	..	..	58
	392	8	1	1	402

FOOD AND DRUGS ACT, 1955.

Sampling of Food and Drugs.

The Food and Drugs Act, 1955, came into force on the 1st January, 1956. It is a measure which consolidates the Food and Drugs Act, 1938, the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, Part I of the Slaughterhouses Act, 1954, and the Food and Drugs Amendment Act, 1954.

During the year 554 formal samples and 270 informal samples were procured, of which 16 were unsatisfactory, representing 1·9 per cent. of the total number of samples as compared with 0·40 per cent. during the previous year. This increase in unsatisfactory samples is not an indication that food adulteration is increasing in the City, but

that the Sampling Officer, whilst taking fewer samples, is being more selective in sampling and is concentrating more on foods likely to be subject to adulteration. The non-genuine samples comprised 8 milk samples (all containing extraneous water), 1 cod liver oil sample (oil deficiency), 4 samples of bread and butter and buttered scones (butter fat deficiency), and 2 samples of baking powder (slight deficiency of available carbon dioxide).

A total of 450 samples of milk, all formal, were submitted to the Public Analyst during the year, some hundred less than in 1955. There was less duplication of pasteurised milk samples and more sampling of milk "in course of delivery". The eight deficient milk samples were taken "in course of delivery" from farms to a pasteurising plant in the City. Six of these samples were taken from a farmer who was forwarding 21 gallons of milk per diem to the pasteurising plant but, on "appeal to cow" samples being taken at his farm it was found that his cows were producing only 12 gallons of milk. Thus this farmer, in the course of a week, added approximately 60 gallons of water to his milk and by so doing obtained from £9 to £10 in excess of what he ought to have done from the purchaser. For some time after being fined £15 and £5 6s. 6d. costs for adulterating his milk this producer supplied genuine milk but eventually his milk supply was again increased by several gallons, and on further "in course of delivery" samples being procured, extraneous water was found in the samples with the result that he was again prosecuted and fined £30 and costs. Since that time his milk has consistently kept up to the presumed standard for milk.

In regard to the other two non-genuine samples the producer was fined £6 and 3 guineas costs. Further samples have proved to be genuine.

Caution letters were sent to the vendors of the remaining unsatisfactory samples.

All sausage samples were found to contain more than 50 per cent. of meat, and all samples of fish cakes were found to comply with the Food Standards (Fish Cakes) Order.

Meat pies again showed great variation in meat content, but, as yet, no legislation fixing a minimum standard for meat content has been enacted in respect of these popular delicacies.

The sale of bread and butter and buttered scones has engaged the attention of the Sampling Officer. It has been found that several cafes and snack bars are selling a mixture of butter and margarine to their customers when bread and butter is asked for and in some

samples submitted to the Public Analyst the amount of margarine exceeded that of the butter on the bread. The vendors, on their menus, state that the butter sold in their establishment contains a proportion of margarine. It would appear, in such cases, that some doubt exists as to the successful outcome of legal proceedings if such vendors were prosecuted even though bread and butter has been asked for by the purchaser and had not, in fact, been supplied.

However, most of the better class caterers recognise that the admixture of butter and margarine was a war-time measure introduced because of scarcity, and now that there is no restriction on supplies they have reverted to the practice of supplying butter when butter is demanded.

AVERAGE COMPOSITION OF MILK SAMPLES.

Designation.	No. Taken.	Average Analysis.	
		Milk Fat..	N.F.S.
T.T. Farm Bottled	48	4.75	9.26
T.T. Pasteurised	60	3.68	8.78
Pasteurised	259	3.58	8.75
Sterilised	77	3.71	8.72
*Undesignated	10	2.65	6.00
Total	454		

The undesignated milk samples were taken "in course of delivery" and eight proved deficient in milk fat and solids not fat. Two producers were subsequently convicted and fined for adulteration offences as described elsewhere in this report.

BACTERIOLOGICAL EXAMINATION OF MILK.

Designation.	No. taken.	Satisfactory.	Unsatisfactory.	
			Meth. Blue	%
T.T. (Farm Bottled).....	176	128	48	27.27
T.T.	124	98	26	20.97
Undesignated	276	174	102	36.95
Total.....	576	400	176	30.55
T.T. (Past.)	200	199*	nil	..
Pasteurised.....	253	253	nil	..
Total.....	453	452	nil	..

* 1 Test void.

TURBIDITY TEST FOR STERILISED MILK.

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

Processed in the City 25.

Processed outside of the City 75.

Phosphatase Test.

A total of 453 samples of heat treated milk (235 processed in the City and 218 outside) were submitted to the bacteriologist to establish whether or not the heat treatment of milk had been efficiently carried out. One sample failed this test.

PHOSPHATASE TEST.

Designation.	No. Taken.	Satisfactory.	% Unsatisfactory.
T.T. (Past.)	200	200	nil
Pasteurised.....	253	252	0.39
Total	453	452	0.22

Tuberculous Milk.

During the year 356 samples of milk were submitted to the Bacteriologist for examination and of this total only one was reported "positive". This sample was from a farm in Northumberland and notification was sent to the controlling authority in the County. Fewer tuberculin tested and pasteurised milks were submitted for biological examination as experience has shown, and the Bacteriologist has expressed the opinion that such designated milks are now extremely unlikely to be found infected. More undesignated milks were sampled and although it is in respect of such milk that positive results are more likely to be found, the very low figure of such adverse samples indicates that the farmer and the veterinarian are winning the battle against bovine tuberculosis.

TUBERCULOUS MILK.

Designation.	No. Taken.	Negative.	Positive.	Percentage Positive
T.T. (Pasteurised) ...	6	6	..	..
T.T. (Farm Bottled) .	12	12	..	..
T.T.	68	68	..	..
Undesignated	260	259	1	.38
Pasteurised.....	6	6	..	..
Sterilised.....	4	4	..	..
Total	356	355	1	.28

The percentage of milk samples found to contain tubercle bacilli during the past 37 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
		1956.....	0.28

Milk and Dairies Regulations, 1949-1954.

All premises were subject to a systematic routine inspection and were found to be generally satisfactory. During the year 27 applications were received for registration as retail milk purveyors of milk and after inspection and approval of the premises these were granted.

The total number of premises registered at the end of the year was 860, an increase of 9 over the previous year.

Milk (Special Designations) Regulations, 1949.

The number of licences granted during the year to deal in designated milks increased by 5 to 1,244.

Public Health (Condensed Milk) Regulations, 1923-1927.

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

Ice Cream.

Once more there must be recorded an increase in the consumption of this popular commodity, and during the year a further 70 premises were registered for the sale of pre-packed ice cream. At the end of the

year registered premises totalled 919, being a net increase of 57 over the previous year. Of these 828 dealt in pre-packed ice cream only, 52 retailed open ice cream and 39 dealt in both.

A total of 481 inspections of ice cream premises was made during the year, a decrease of 285 compared with 1955.

All of the 39 samples of ice cream which were submitted to the Public Analyst satisfied the Food Standards (Ice Cream) Order, 1953, and it is gratifying to record a further increase in the average fat content to 9.98 per cent. as compared with last year's average of 8.93 per cent.

Constant supervision of ice cream production was exercised throughout the year to ensure full compliance with the Ice Cream (Heat Treatment) Regulations, 1947, in respect of which 94 samples were submitted for bacteriological examination. A striking improvement in the bacteriological condition of the ice cream sold in the City was noted as 85 per cent. of the samples were found to be satisfactory in contrast to 64.71 per cent. in 1955. This improvement is probably related to the increasing use of the "hot mix" method of production. Ten years ago ice cream production in this City was carried out by numerous small producers and a few larger factories but in 1956 it is probably true to say that four-fifths of present production is carried out by not more than four or five producers.

Since the introduction of the Ice Cream (Heat Treatment) Regulations, 1947, there has been a significant reduction in the amount of ice cream produced in the City by the "cold mix" method until today only one small producer continues with this method and in any case production is limited to a few gallons weekly.

PUBLIC ANALYST.

Number of Samples.	Manufactured.		Fat Content (Between).
	In City.	Outside City.	
..	..	..	— 5 per cent.
1	1	..	5 and 6 per cent.
2	2	..	6 and 7 "
9	8	1	7 and 8 "
4	4	..	8 and 9 "
7	5	2	9 and 10 "
1	..	1	10 and 11 "
5	3	2	11 and 12 "
10	3	7	over 12 "
39	26	13	Average Fat Content 9.98%

BACTERIOLOGIST.

Provi- sional Grade	Manufactured in City		Manufactured Outside City		TOTAL	
	No. of Samples	%	No. of Samples	%	No. of Samples	%
1	52	68.42	17	94.45	69	73.29
2	11	14.47	..	..	11	11.71
3	6	7.90	1	5.55	7	7.50
4	7	9.21	..	..	7	7.50
	76		18		94	100%

85.0
Satis-
factory.
15.0
Unsatis-
factory.

Ice lollies are still a popular summer commodity, the total number of registered premises increasing to 512 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 decreased from 146 to 142, one of which is a certified Basement Bakehouse. The certificate of suitability issued in respect of this last remaining Basement Bakehouse had previously been withdrawn by the Health Committee and at the end of the year consideration was being given by the Committee to the continued illegal occupation of these premises.

During inspections of the other 141 bakehouses conditions were found to be generally satisfactory.

Restaurant Kitchens, etc.

The co-operation of cafe managements and proprietors continued to be forthcoming and much useful discussion took place in respect to the requirements of the Food Hygiene Regulations. The overall position in the City can still be regarded to be reasonably satisfactory, and the infringements detected during the year were of a minor character and readily rectified.

The number of cafes decreased by two, canteens decreased by one, snackbars decreased by one, hotel kitchens increased by three, and the total premises of these types at the end of the year comprised the following :—

Hotel kitchens	40
Cafes and restaurants	88
Snack bars.....	31
Refreshment rooms	2
Canteens	95
Coffee stalls	1
	257

Food Hygiene Regulations, 1955.

On the 1st of January, 1956, the Food Hygiene Regulations, 1955, came into operation and the far-reaching requirements of these Regulations resulted in the Department being inundated with enquiries averaging perhaps some ten or so separate enquiries every day during the first two months of the year. Informal talks were given to food handlers from time to time throughout the year and organised lectures and addresses were given to various trade organisations, including the Northern Branch of the Caterers' Association of Great Britain, the National Trade Defence Association and a meeting of Industrial Canteen Managers organised by H.M. Inspector of Factories of the Ministry of Labour and National Service. These meetings were well attended and most successful and although there is undoubtedly an obvious desire in the organised food and catering industry to raise standards of hygiene in food handling it is regrettable to record that the same desirable movement is not generally evident among the outdoor food trading fraternity. The attitude of food vendors selling from stalls and barrows in the City is the cause of much concern, and it is clear that some stricter form of control is necessary.

In a small number of instances, which are outstanding because of their rarity, a measure of co-operation in the matter of food hygiene has been achieved, but in the vast majority of cases members of the inspectorial staff have experienced empty promises of improvement, obstruction, and occasionally threats of physical violence.

From the point of view of food hygiene, street trading is becoming a very serious problem and in addition to the present difficulties of securing observance of the Regulations by food traders in the Bigg Market and the Quayside, the staff of inspectors is not available to deal with the itinerant vendors who can be seen daily in Nun Street, Nelson Street, Clayton Street, and at many other similar places where a "barrow boy" feels temporarily safe from police interference.

It would be of a tremendous advantage to the genuine trader generally and the Health Department in particular if the number and type of street food traders were controlled in the same manner as in many other large progressive local authorities and this control could very easily be secured by such traders not being allowed to operate in a public place unless in possession of a licence issued by the Corporation or the Police Authorities. By means of such a licence, which could be obtainable on payment of a nominal fee, the number of street food traders could be limited, and barrows and stalls could be restricted to specified pitches.

Under the provisions of the Food and Drugs Act, 1955, the Minister of Agriculture, Fisheries and Food, and the Minister of Health are empowered to make regulations providing for the issue of such licences, and these regulations provide for the refusal or cancellation of a licence if the applicant or holder fails to comply with the requirements of the Food Hygiene Regulations, 1955, or the Clean Food Byelaws.

As yet, however, no such regulations have been made, nor is there any indication that such are likely to be made in the near future.

In February, a summary of the relevant points of the Food Hygiene Regulations, 1955, was circulated to each outdoor food trader, clearly stating the requirements of the Regulations in relation to his type of food business and it was gratifying to note a slight, but very temporary improvement immediately thereafter. Continued pressure by the Department resulted in a deputation of the Bigg Market traders being received by your Chief Public Health Inspector who once more outlined the statutory duties of the stall holders in relation to food hygiene, but it is clear that in future, legal proceedings must be instituted for contraventions of the Regulations if any improvement, even of a temporary nature, can be expected.

It is fortunate indeed that a more enlightened spirit prevails among the managements of the catering industry, and the co-operation extended by caterers was evident when the three largest catering firms in the City requested that their premises be inspected with a view to executing any works that may have been necessary to comply with the Regulations. Indeed, in the vast majority of such premises little or no structural alterations or provision of equipment were required as the previous satisfactory standard of hygiene was being maintained.

One application was received during the year from a firm of building contractors requesting an exemption certificate exempting a canteen, erected by them, from the provisions of Regulations 16 and

19 of the Food Hygiene Regulations, 1955, which require a constant supply of hot water to sinks and handbasins. The Health Committee granted this application and an exemption certificate was issued for a period of eighteen months.

TOTAL NUMBER OF FOOD PREMISES.

Type of business.	Number.
1. Bakehouses	134
2. Food manufacturing	100
3. Food packing	61
4. Food storing	89
5. Catering	261
6. Grocer and Provision	308
7. Butcher.....	346
8. Fishmonger	77
9. Fish Fryer	101
10. Fruiterer and Greengrocer	275
11. General Dealer.....	645
12. Confectioner	351
13. Licensed Premises	355
14. Cinemas and Theatres—selling food	42
15. Miscellaneous Premises not mentioned above	213
Total	3,358

FOOD PREMISES REGISTERED UNDER SECTION 16, FOOD AND DRUGS ACT, 1955.

Type of Business.	No. of Premises.	No. of Inspections.
Ice Cream manufacturing or sale.....	919	481
Manufacturing sausages, etc.	260	608
Total.....	1,179	1,089

Factories Act, 1937—1948.

The number of factories on the register at the end of the year was 1,953, being a decrease of 128 compared with 1955.

The number of inspections fell by 1,756 to 4,012, due mainly to the diversion of the work of the inspectorate concerned to food hygiene and atmospheric pollution.

Nevertheless, conditions in factories were maintained at a satisfactory level although there was a marked increase in the instances of insufficient sanitary accommodation.

Administration of the Factories Act, 1937.

Home Office Tables.

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

PREMISES.	NUMBER OF		
	Inspec- tions.	Written Notices.	Occupiers Prosecuted
(1)	(2)	(3)	(4)
Factories with mechanical power	2,040	64	—
Factories without mechanical power.....	377	14	—
Other Premises under the Act (including works of building and engineering con- struction but not including outworkers' premises)	114	1	—
Total.....	2,531	79	—

2.—DEFECTS FOUND.

Particulars.	NUMBER OF DEFECTS.			Number of defects in respect of which Prosecu- tions were institu- ted.
	Found.	Re- medied.	Referred by H.M. In- spector.	
(1)	(2)	(3)	(4)	(5)
Want of cleanliness (S.1)	47	54	5	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	8	7	1	—
Inadequate ventilation (S.4)	1	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary } insufficient (a)	14	12	2	—
Convenience } unsuitable or defective (b)	57	56	9	—
ces (S.7) } not separate for sexes(c) ..	1	1	1	—
Other Offences (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.)	70	47	—	—
Total	198	177	18	—

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.)	16	—
2	Bakehouses	140	—
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.)	252	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.)	511	58
6	Restaurant kitchens (including hotels, cafes, dining rooms, snack bars, works canteens, and community food supply centres.)	—	269
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.)	195	29
8	Wearing apparel (comprises : dressmakers, milliners, costumiers, mantle and gown makers, underclothing, bed linen, furriers, shirt makers, tailors, etc.)	203	44
9	Workers in leather (comprises : bootmakers and repairers, bookbinders, bag and trunk makers, belt makers, harness and saddlery, etc.)	99	23
10	Watchmaking and jewellery (comprises : watchmakers, opticians, instrument makers, etc.)	63	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.)	532	122
	TOTALS	2,033	656

Outworkers.

The number of lists of outworkers submitted biannually by occupiers of factories remained unchanged at 12 although the number of outworkers rose by 24 to a total of 155. During the year 91 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.....	33	—	None
Paper Bags.....	90	—	None
Total	123	—	None

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

Routine inspection of shops continued throughout the year with attention being directed to means of ventilation and heating, the provision and condition of sanitary conveniences and washing facilities, and the arrangements, in certain cases, for the taking of meals on the premises.

The number of inspections carried out fell from 263 during the previous year to 229 in the year under review, a further inevitable result of shortage of staff.

Pet Animals Act, 1951.

During the year 24 applications were received for the renewal of licences in respect of the sale of pet animals in addition to 5 new applications for such licences. 3 of the new applications related to the sale of pet animals in premises also used for the retail sale of foodstuffs, and in 2 of such cases the applications were refused on the grounds that because of the structural arrangements of the shops the possibility of the risk of contamination of food could not be entirely excluded. Consequently, of the 29 applications, 27 were granted and 2 refused.

In every case when a new application for a licence is received reference is made to the Fire Prevention Officer of the Newcastle and Gateshead Joint Fire Service in respect of precautions taken in case of fire on the premises involved, and to the Veterinary Officer in regard to the prevention of spread of infectious disease amongst pet animals, and the advice tendered by these officers is greatly appreciated.

The Rag Flock and Other Filling Materials Act, 1951.

Number of samples taken : 16.

Rag Flock	8
Woollen Mixture Felt	3
Coir Fibre	5

105 inspections were made during the year and the requirements of the Act were found to have been complied with in all cases. Eight samples of Rag Flock and eight samples of Other Filling Materials were submitted to the Prescribed Analyst.

All samples satisfied the cleanliness tests as far as the Act and Regulations were concerned but one sample of Woollen Mixture Felt was slightly deficient in animal fibre. This matter was reported to the users of the felt who took the matter up with the manufacturers who assured the users of the material that every precaution would be taken to prevent any deficiency in the future.

The Agricultural Produce (Grading and Marking) Acts, 1928—1952.

The premises registered for the cold and chemical storage of home produced eggs were visited from time to time. No eggs were stored during the year, but, as there is likely to be a large surplus of home produced eggs in 1957, your Sampling Officer visited the registered premises in company with the Ministry of Agriculture, Fisheries and Foods Area Egg Officer and discussed the matter of storage with the proprietors.

The Fertiliser and Feeding Stuffs Act, 1926.

Nine samples of Fertilisers and seven samples of Feeding Stuffs were submitted to the Agricultural Analyst and all the samples, except that of Dried Blood satisfied the requirements of the Act and Regulations. The Dried Blood did not conform with the definition of Dried Blood as laid down in the Regulations because of the presence of 9.1 per cent. of mineral matter and 1.18 per cent. of vegetable matter. Although the sample complied with the limits of variation as laid down in the Act the vendors were advised to take up the matter with the wholesalers and the manufacturers of the Dried Blood as the technical officer of the Ministry of Agriculture, Fisheries and Food held the view that no charge could be made against the parties concerned.

The Merchandise Marks Act, 1926—1953.

A total of 236 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.

Verbal cautions were given to several market hawkers who had described Channel Islands tomatoes as English, and had exposed for sale apples not marked with the country of origin.

Pharmacy and Poisons Acts, 1933—1941.

Listed Sellers of Part II Poisons :—

General Dealers	94
Hairdressers	14
Druggists	8
Hardwaremen	10
Seedsman, etc.	16
Chemical Disinfectant Manufacturers	3
Electrical Suppliers	1
Manufacturing Chemists	1
	147
New Registrations	1
Ceased to sell Part II poisons	10

During the year 189 inspections of premises were made and conditions were found to be satisfactory. General dealers continue to show an increasing tendency to cease selling Part II poisons owing to the fact that the cost of renewal of their licences is higher than any profit they are likely to make during the year.

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 Public Health Inspector to ensure full compliance with the conditions imposed by the terms of the Home Office Licence.

STAFF.

Public Health Inspectors—Change of Designation.

In December the Minister of Health issued a circular which, *inter alia*, referred to the Sanitary Inspectors (Change of Designation) Act, 1956, which provides that sanitary inspectors shall in future be designated public health inspectors.

In the circular the Minister drew attention to the reconstitution of the Examining Body and stated that under proposals made by the Minister, in agreement with interested bodies, arising out of the recommendations of the Working Party on the recruitment, training and qualification of sanitary inspectors, the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board has been reconstituted as the Public Health Inspectors' Education Board. The objects of the new Board may be summarised as follows :—

- (i) to examine for and issue a Diploma in Public Health Inspection as the basic qualification to be recognised by the Minister ;
- (ii) to examine for other certificates it may consider necessary for public health inspectors ;
- (iii) to approve courses of instruction for all of its examinations ;
- (iv) to approve local authorities for the purposes of practical training ; and
- (v) to keep under review all questions relating to the recruitment, training and examination of public health inspectors.

With regard to item (iii) above the Minister reminded local authorities of the Working Party's recommendation that the system of paid pupillage for public health inspectors should be extended with the prospect of its ultimately becoming the normal avenue of entry, except for ex-Service candidates, and that practical training for student inspectors should be obtained in the service of local authorities approved for the purpose by the new Education Board. The Minister supports the view of the Working Party that the best training is obtained by those students who are engaged by a local authority specifically as pupils or student public health inspectors and has no doubt that local authorities will bear the recommendation in mind, and consider the advantages of adopting a system of paid pupillage or, where appropriate, of extending existing arrangements.

Resignations.

During the year the Senior Housing Inspector, Mr. A. P. Robinson, was promoted to the post of Deputy Chief Public Health Inspector, and the vacancy thus created was filled by Mr. J. G. Simpson by his promotion from District Public Health Inspector.

The loss of staff among the District Inspectors was less than in the previous year, but it is nevertheless regrettable to have to report the departure of 4 experienced and valuable District Inspectors to other authorities at higher salaries.

Staff Appointments.

Advertisements to fill the 5 vacancies caused by the above losses, in addition to the existing vacancies, were published from time to time throughout the year, and as in previous years, no application was received.

However, a small measure of relief was afforded by the success of two students, Messrs. M. Gray and L. McCowie, in passing the qualifying examination, and who were immediately appointed to the staff as District Public Health Inspectors. Because of the increasing proportion of inexperienced newly qualified officers forming the District Inspection Section, it was particularly gratifying to secure, in September, the services of a well qualified and thoroughly experienced inspector in the person of Mr. M. G. Wintringham, who, for domestic reasons, wished to leave the Borough of Luton and take up residence in Newcastle upon Tyne.

As mentioned elsewhere in this report, the loss of qualified staff from the Housing (Slum Clearance) Section during the early months of 1956 seriously imperilled the progress of the slum clearance programme and the Health Committee were ultimately forced to resort to the employment of partly qualified staff to avoid this essential work being halted.

In consequence, Messrs. J. R. Bailey, P. Moss, P. Stirling, L. Skelton, P. Budd and J. Tait were appointed as Assistant Housing Inspectors, one of the conditions of the appointment being that they undertook the necessary training and to sit the qualifying examination of the Public Health Inspectors' Education Board at the earliest opportunity.

All these 6 officers are, in fact, now undergoing the third year of the four years training course at the Rutherford College of Technology in this City and it is anticipated that at least the majority of them will qualify in April, 1958.

The resignations and appointments during the year have thus resulted in a net loss of 2 qualified inspectors.

Extension of Service.

Mr. J. Brown, Senior Inspector in the Factories Section, attained the age of 65 in November and the Finance Committee subsequently approved a recommendation of the Health Committee to extend this officer's service for a period of six months. Mr. Brown is thoroughly experienced in the functions of his Section and his continued service is a valuable contribution to the Department generally.

Student Public Health Inspectors.

In accordance with the Health Committee's Pupillage Training Scheme, three students, Messrs. J. C. Mullarkey, K. Smith and D. H. Reed were appointed, thus bringing the Pupil Training Section up to full establishment.

Conclusion.

Despite the many difficulties caused by the fluctuating staff shortage continuous progress in the work of the Department has been maintained. Perhaps the greatest disadvantage arising from a changing personnel among the staff is the inevitable disruption of the continuity of district supervision. Although during most of the year each District Inspector has been engaged on two or more districts, the consequent disruption has been successfully overcome by the continued and unfailing readiness of the staff concerned to improvise and adapt themselves to the immediate demand of the situation.

My thanks are due to those Senior Inspectors who have contributed to this report and particular appreciation is expressed to the Senior Clerk for the patience and care he has shown during the year in the preparation of Committee reports.

To the Health Committee and the Medical Officer of Health, I am grateful not only for the support rendered to me throughout the year but also for the sustained and close interest they have shown in the problems and progress of the work of the Public Health Inspection Service.

L. MAIR,
Chief Public Health Inspector.

Student Public Health Association

In 1901, the first year of the association, the members were 100 in number. The association has since that time grown to a membership of 150. The association has been successful in securing the attention of the public health authorities and the community at large to the importance of public health.

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

VI—VETERINARY OFFICER.

ANIMALS SLAUGHTERED, CARCASSES CONDEMNED,
RATS AND MICE DESTROYED.

INSTRUCTIONS
FOR THE
PREPARATION OF
REPORTS ON
DISEASES OF ANIMALS AND
DISEASES OF MEAT AND OTHER FOODS

VETERINARY OFFICER

ANIMALS SLAUGHTERED OR CARCASSES CONDEMNED
MEAT AND MEAT PRODUCTS

**REPORT OF THE VETERINARY OFFICER.
for the Year 1956.**

To the Medical Officer of Health.

SIR,

I have pleasure in submitting the following Report for the year 1956.

DISEASES OF ANIMALS.

Diseases of Animals Act, 1950.

During the year 1956, two outbreaks of scheduled disease, namely, swine fever, occurred amongst the animals within the City.

Foot and Mouth Disease.

No outbreaks of foot and mouth disease occurred within the City during the year, but in other parts of Great Britain there were 162 outbreaks of the disease, necessitating the slaughter of 28,505 animals, compared with 9 outbreaks during the previous year, in which 1,623 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, microscopical examinations of blood smears from the carcasses of 9 animals found in the City slaughterhouses all proving negative.

Within Great Britain 1,245 outbreaks were confirmed, 1,330 animals being attacked by the disease, compared with 764 outbreaks during the previous year, involving 826 animals. The total of 1,245 outbreaks occurring in Great Britain during 1956 was the highest for any year since 1910, and it is disturbing to report that in no less than 135 of these outbreaks infected carcasses were cut and the blood was shed, while in 22 cases the animals were slaughtered because they

appeared to be ailing. Both these practices are highly dangerous and there is undoubtedly a weakness in Public Health legislation, for provided a slaughterman does not suspect that the cause of death of an animal is anthrax there is nothing to prevent him dressing the carcase of a dead animal for human food. When one considers the public health dangers of such a practice it is surprising that the dressing of any dead animal for human food is permissible in Britain at the present day, and there is urgent need for legislation making it an offence to dress for food any animal which has died, irrespective of the apparent cause of death. The introduction of such legislation would cause little or no financial hardship to the owner of the animal, for the carcase of any animal which has died and has then been dressed for food is invariably condemned by the meat inspector on the grounds of the potential danger of the meat and the fact that it will undergo rapid decomposition.

Swine Fever.

During routine meat inspection on the 3rd September, 1956, swine fever was found to exist in a carcase in one of the City slaughterhouses, and on the 5th September the disease was found to exist in a second carcase in another slaughterhouse. These carcasses were from pigs sent from a district outside the City to be sold by auction in the Newcastle Cattle Market. Restrictions under the Swine Fever Order, 1938, were applied immediately and the Ministry of Agriculture notified, who subsequently confirmed the existence of the disease in the two carcasses and also on the premises outside the City where the pigs had been housed.

Within Great Britain during the year, 741 outbreaks occurred, 129 swine being slaughtered, compared with 1,403 outbreaks during the previous year, in which 324 swine were slaughtered.

Visits were made to piggeries in connection with swine movements under the Regulations 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 1,555 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 956 as compared with 906 during 1955.

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, 241 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. Animals shown in the following table were found as indicated and after inspection permission was granted for their removal for destruction.

TABLE 1.
DEAD, DISEASED, OR INJURED ANIMALS FOUND AND HOW DISPOSED OF.

	How found	Oxen	Sheep	Swine
Sent from Cattle Docks to slaughterhouse	Alive	1	1	1
Sent from slaughterhouse to knacker's yard.....	Dead	1	..	..
Sent from Town Moor to knacker's yard.....	Alive	1	..	..
Sent from Cattle Market to knacker's yard.....	Dead	1	..	..
Sent from Cattle Market to slaughterhouse	Alive	..	1	..
Sent from slaughterhouse to Official Destructor	Dead	..	1	1
Total.....		4	3	2

TABLE 2.
NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1956

Railway Cattle Docks.	Cattle Market.	Piggeries.	Transport Wagons & Records Books.	Cattle & Pig Lairs.
81	160	20	320	110

TABLE 3. OUTBREAKS OF SCHEDULED DISEASES WITHIN THE CITY.

	ANTHRAX.			SWINE FEVER.		FOOT AND MOUTH DISEASE.								PARASITIC MANGE.		TUBERCULOSIS. DAIRY COWS SLAUGHTERED. Under the Tuberculosis Orders, 1938.		
	Number of Outbreaks.	Diseased Animals.	Diseased Carcasses.	Number of Outbreaks.	Number Diseased, Dead or Slaughtered as Exposed to Infection.	NUMBER OF OUTBREAKS.					ANIMALS DISEASED.			Number of Outbreaks.	Number of Horses found diseased.			
						Cattle Lairs.	Pig Lairs.	Slaughterhouses.	Registered Cowsheds.	Farms.	Cattle.	Sheep.	Pigs.				CARCASSES DISEASED	
																	Beef.	Pork.
*1937...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6		
1938...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4		
1939...	..	..	..	2	205	..	..	..	..	..	..	..	..	..	..	4		
1940...	2	1	2	4	336	..	..	..	..	..	..	..	..	..	..	..		
1941...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4		
1942...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6		
1943...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8		
1944...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8		
1945...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18		
1946...	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	8		
1947...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7		
1948...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4		
1949...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2		
1950...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1951...	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	1		
1952...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1		
1953...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1954...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1955...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1956...	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..		

•Years prior to 1937 are given in previous Annual Reports

LIVESTOCK EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

If table 4 is referred to it will be seen that the number of animals exhibited in the Newcastle Cattle Market showed an all-round increase as compared with the previous year, particularly in the number of cattle exhibited, which increased from 14,697 to 21,442, and of sheep which increased from 88,885 to 116,216. A veterinary examination is made of all animals exhibited at the Cattle Market and though a proportion of these are purchased by wholesale and retail butchers slaughtering within the City, a considerable proportion of the stock is purchased by butchers who have slaughtering facilities in neighbouring districts.

TABLE 4.

NUMBER OF ANIMALS EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

Year.	Cattle.	Calves.	Sheep.	Swine.	* Dairy Cows.
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	..
1956	21,442	88	116,216	12,238	..

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

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

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

INSPECTION OF MEAT AND OTHER FOODS.

Animals slaughtered within the City.

The total number of animals slaughtered on licensed premises within the City has increased from 223,823, in 1955, to 278,386 in the year under review, cattle having increased from 35,657 to 40,154, sheep from 136,170 to 162,435 and pigs from 47,231 to 71,763. This total of 278,386 is the highest ever recorded with the exception of the

year 1938, when 309,896 animals were slaughtered. Only in the case of calves and horses is there a fall in the numbers slaughtered compared with the previous year, and the fall in the number of calves slaughtered is related to the fact that the farmer now receives financial encouragement from the Government to rear his young stock. As most of the calves slaughtered within the City were young, unweaned animals of dairy breed the transporting of them considerable distances to the City by road or rail was undesirable and likely to cause unnecessary suffering; there can therefore be little or no dissatisfaction on humane grounds at the diminution in this trade. Of the 724 horses slaughtered in the City during 1956, which takes place in one licensed slaughterhouse, about one half of the carcasses of these animals are consigned to the Continent of Europe, namely Belgium, by boat. The importation of these carcasses into Belgium is not permitted unless the carcasses and their organs are stamped and accompanied by a certificate indicating that they have been inspected by a qualified officer of the Local Authority and passed as fit for human consumption.

The fact that 23 separate premises within the City were relicensed during the year for the slaughter of animals for human consumption continues to place a heavy responsibility on the meat inspection staff, for the meat from these slaughterhouses not only furnishes a supply to the inhabitants of the City but also to the surrounding population. With this number of slaughterhouses distributed over a wide area in the City it is virtually impossible to ensure that the carcasses and organs of every animal slaughtered are inspected, and a public abattoir continues to be an urgent public health need. Indeed, from the form of the draft Slaughterhouse Regulations which, with modifications, are expected soon to become law, it appears likely that a number of premises in the City will not only fail to comply with such Regulations but it will be impossible to render them suitable even after structural alterations. Obviously, when the interim period expires and these Regulations come to be enforced the position will be a chaotic one unless adequate slaughtering facilities of a modern type have in the meantime been provided.

With regard to bovine tuberculosis encountered in the City slaughterhouses, each year shows a gradual but progressive fall in the number of animals condemned for this disease. Thus, in 1950, out of 6,283 cows slaughtered within the City, 273, i.e., 4·3 per cent. were condemned for generalised tuberculosis, whereas in 1956, 4,128 cows were slaughtered and in only 40 cases, i.e., 0·968 per cent., was the disease generalised necessitating total condemnation. This fall is

directly related to the progress of the Attested Herd Scheme which is operating throughout the country and has as its aim the complete eradication of tuberculosis from the bovine population. The scheme has already achieved gratifying results, for the proportion of tuberculous cattle in herds in the country has shown a yearly reduction since 1950, when the present scheme was introduced, and at the end of 1955 (the last year for which figures are available) there were in Great Britain 6,052,000 cattle in officially tubercle-free herds, this number representing 62 per cent. of the total population. The momentum of the rate of Attestation is being maintained throughout the country and there is every reason to hope that by 1960 bovine tuberculosis in Great Britain will, for all practical purposes, be a thing of the past. The amount of tuberculosis in pigs has also shown a marked fall and in 1950, out of 4,317 pigs slaughtered within the City, 20 carcasses were condemned for the disease whereas in 1956, 71,763 were slaughtered and only 22 required total condemnation. The complete eradication of tuberculosis from these animals is, however, not likely to occur for many years inasmuch as tuberculosis in pigs is not only acquired from tuberculous cattle but also from the droppings of domestic poultry affected with the disease.

TABLE 5.

ANIMALS SLAUGHTERED ON LICENSED PREMISES WITHIN THE CITY.

	YEAR.				
	1956	1955	1954	1953	1952
Cattle	*40,154	*35,647	32,843	31,069	31,888
Calves	3,320	3,899	4,501	3,536	5,271
Sheep	162,425	136,170	139,581	139,666	127,763
Pigs	71,763	47,231	33,710	21,848	19,832
Horses	724	876	773	1,064	1,390
Total Animals ...	278,386	223,823	211,408	197,183	186,144

* Includes 4,128 cows, 20,872 heifers, 14,794 bullocks and 360 bulls.

TABLES 6.

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.	Horses.	Total all animals.
1956	40	25	..	..	22	..	87
1955	54	26	..	..	13	..	93
1954	77	61	1	..	21	..	160

OTHER DISEASED CONDITIONS.

1956	17	10	11	75	60	1	174
1955	37	14	19	136	80	..	286
1954	46	9	78	124	84	..	341

NUMBER OF DISEASED ORGANS CONDEMNED.

	Bovine		Swine.		Sheep.		Total.	
HEADS (including Tongues)—								
Tuberculosis	907	(125)	883	(1,248)	—	(—)	1,790	(1,373)
Other Conditions	62	(41)	1	(—)	—	(—)	63	(14)
LUNGS—								
Tuberculosis	1,773	(369)	35	(14)	—	(—)	1,805	(383)
Other Conditions	2,167	(72)	4,101	(213)	68	(37)	6,336	(322)
HEARTS—								
Tuberculosis	160	(31)	20	(—)	—	(—)	180	(31)
Other Conditions	125	(1)	733	(—)	55	(—)	913	(—)
LIVERS—								
Tuberculosis	322	(175)	—	(—)	—	(—)	322	(175)
Other Conditions	7,927 + 25,632 lbs.	(785)	2,156	(80)	129	(111)	10,212 + 25,632 lbs.	976
PLUCKS—								
Tuberculosis	—	(—)	199	(83)	—	(—)	199	(83)
Other Conditions	4	(—)	1,901	(45)	503	(30)	2,404	(75)
UDDERS—								
Tuberculosis	11	(—)	—	(—)	—	(—)	11	(—)
Other Conditions	77	(—)	—	(—)	—	(—)	77	(—)
THICK SKIRTS—								
Tuberculosis	247	(—)	—	(—)	—	(—)	247	(—)
Other Conditions	133	(—)	—	(—)	—	(—)	133	(—)
SPLEENS—								
Tuberculosis	81	(—)	—	(—)	—	(—)	81	(—)
Other Conditions	108	(—)	—	(—)	(—)	—	108	(—)
STOMACHS & MESENTERIES & INTESTINES—								
Tuberculosis	260	(24)	13	(—)	—	(—)	273	(24)
Other Conditions	61	(—)	14	(239)	6	(—)	81	(239)

NOTE.—The figures in brackets indicate condemnations during 1939, and the increased condemnations during 1956 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.

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

	Carcases, etc.						Lungs.					Hearts.	
	Beef.	Veal.	Mutton.	Pork.	Venison.	Horse.	Sets Ox.	Sets Calf.	Sets Sheep	Sets Pig.	Sets Horse	Ox.	Sheep.
Tuberculosis	65½+	..	..	22	..	..	1,770	3	..	35	..	160	..
Johne's disease with emaciation ..	6,213 lbs.	1	..	..	..	..	..	..	..	..	..	..	..
Johne's disease	..	..	..	..	..	..	..	..	..	..	..	..	..
Swine erysipelas	..	..	..	1	..	..	..	..	..	..	..	..	..
Necrosis	20 lbs.	..	..	..	..	..	..	..	..	..	..	..	..
Actinobacillosis	..	..	..	..	..	..	1	..	..	..	..	..	..
Actinomycosis	..	..	..	..	..	..	..	..	..	..	..	..	..
Pyrexia	1	..	1	7	..	..	..	..	..	..	..	..	..
Pyæmia	3	..	1	5	..	..	..	..	..	..	..	..	..
Pericarditis	..	..	..	..	..	..	..	..	..	..	86	..	45
Septic conditions	10+	1	8+	25+	..	..	..	..	..	..	..	..	..
Toxaemia	417 lbs.	..	71 lbs.	135 lbs.	..	..	212	..	..	4	..	15	..
Jaundice	4	1	1	7	..	..	..	..	..	..	..	..	..
Gangrene	..	1	..	1	..	..	..	..	..	..	..	..	..
Uraemia	1	..	1	1	..	..	..	..	..	..	..	..	..
Tumours	2	..	..	..	..	..	..	..	..	..	..	..	..
Lymphatic Leukaemia	..	..	..	..	..	..	9	..	..	..	..	..	..
Pneumonia	..	..	..	1	..	..	..	..	..	..	..	..	..
Pleurisy	..	..	..	..	..	..	35	2	..	2,207	..	..	..
Pleurisy and Pneumonia	30 lbs.	..	182 lbs.	40 lbs.	..	..	365	..	44	1,867	..	..	..
Pleurisy and Peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Peritonitis	3	1	3	10	..	..	..	..	..	..	..	..	..
Mastitis	4 lbs.	..	16 lbs.	34 lbs.	..	..	..	..	..	..	..	..	..
Cirrhoisis	..	..	..	16 lbs.	..	..	..	..	..	..	..	..	..
Cavernous Angioma	..	..	..	..	..	..	..	..	..	..	..	..	..
Oedema and Emaciation	15+	1	49	..	1	..	..	..	..	..	..	..	..
Anaemia and Oedema	18 lbs.	..	..	..	..	..	..	..	..	..	..	..	..
Parasites, (distomatosis, cysts, etc.) ..	1	..	..	..	..	..	..	..	..	..	..	..	..
Cysticercus Bovis	..	..	..	..	..	..	1,528	..	24	23	20	..	..
Imperfect bleeding, congestion, etc. ..	..	..	..	..	..	..	..	..	..	..	..	1	..
Melanosis	..	..	7 lbs.	7	..	..	17	..	..	..	..	23	55 68
Muscular Fibrosis	..	..	..	..	..	..	..	..	..	..	..	..	..
Immaturity	123 lbs.	..	..	..	..	..	..	..	..	..	..	..	..
Arthritis	..	5	..	..	..	..	..	..	..	..	..	..	..
Arthritis and Oedeema	..	..	170 lbs.	306 lbs.	..	..	..	..	..	..	..	..	..
Traumatism	..	..	..	1	..	..	..	..	..	..	..	..	..
Moulds	1,214 lbs.	..	1+	469 lbs.	..	..	..	..	..	..	..	..	..
Decomposition	..	..	80 lbs.	..	..	..	..	..	..	..	..	..	..
Contaminated	1+	1	3+	2+	100	..	177	..	..	4	..	11	.. 15
Unmarketable (including animals from centres of infection of scheduled disease)	1,765 lbs.	..	188 lbs.	106 lbs.	lbs.	..	2	..	..	..	..	4	..
	283 lbs.	..	8 lbs.	..	..	..	..	..	..	..	..	..	..

HUMAN CONSUMPTION DURING THE YEAR 1956.

Livers.					Heads.				Kidneys.		Plucks.			Sets Stomachs & Intestines.		Mesenteries & Intestines.							
Ox.	Calf.	Sheep.	Pig.	Horse.	Ox.	Sheep.	Pig.	Horse.	Ox.	Pig.	Calf.	Sheep.	Pig.	Ox.	Pig.	Ox Stomachs.	Ox.	Sheep.	Ox Fat.	Udders.	Thick Skirts.	Ox Spleens.	Ox Tails.
322	..	..	..	..	907	..	883	..	..	..	..	..	199	54	13	58	148	..	1 + 20 lbs.	11	247	81	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	35	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	46	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
790 + 90 lb.	..	2	1	..	1	..	1	..	..	..	..	7	..	..	..	2	..	3	..	..	10	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9	..	..
..	..	..	..	..	..	..	..	..	..	..	..	2	516	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	8	150	..	..	..	..	..	..	..	46	4	..
..	..	..	..	..	..	..	..	..	..	..	..	..	42	..	..	..	..	..	..	..	15	..	..
..	..	..	..	..	..	..	..	..	..	..	..	12	635	..	..	..	..	..	..	..	58	61	..
70	..	1	67	2	..	..	..	..	..	..	..	..	..	15	14	5	3	3	..	77	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
885 + 24,879 lbs. 103	..	6	47	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
76	10	120	2,022	39	..	..	..	..	..	5	..	458	108	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	..	..	19	..	..	..	..	..	4	..	4	16	470	..	..	..	..	..	..	..	4	33	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
163 lbs. 60 + 72 lbs 1	..	11 + 10 lb	3	..	102	80	..	2	78 lbs.	..	5	45	116	..	..	..	..	..	32 lbs.	1	16	96	20 + 55 lb 2
..	..	..	..	..	..	..	3	..	..	..	..	8	..	..	..	..	..	..	..	4	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	50	..	..	..	..	..	..	..	..

TABLE 8.
CARCASSES OF BEEF CONDEMNED WITHIN THE CITY DURING THE
PAST TWENTY YEARS.

Total Condemned.		Numbers condemned on account of Tuberculosis.	Percentage Tuberculous.
Year.	Carcases.	Carcases.	Per cent.
*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
1956	92	75	81.05

* Years prior to 1937 are given in previous Annual Reports.

Public Health (Meat) Regulations of 1924.

Visits numbering 9,422 were made to slaughterhouses, 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.

IMPORTED FOODSTUFFS.

During the year routine visits were made to the Quayside, and a percentage of the following meat, foodstuffs, etc., from 91 vessels arriving from Denmark and Holland, and one from Australia were examined:—

SALTED PIG OFFALS.

CASKS.—Livers 250, kidneys 159, maws 321, casings 85 and mixed offals 279.

FROZEN MEAT.

BEEF.—Forequarters 2,197, hindquarters 2,900.

OFFALS (packages).—Livers 50 and lungs 6.

SHEEP OFFALS (packages).—Livers 174 and kidneys 174.

PORK (packages).—Loins 151, tongues 64, lungs 2,934, kidneys 315 and maws 320.

OTHER GOODS.

708,953 sides Danish and Dutch bacon and 240,411 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 disclosed a number of minor contraventions, a verbal caution in each case being given.

TABLE 9.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1956.

Slaughterhouses.	Central Market			Meat Shops		Fish Shops		Provision Shops.		Fruit Shops.		Wharves and Vessels.	Cold Stores.	Stalls, Carts, &c.	Food Preparing Factories.
	Meat and Provisions.	Fruit and Vegetables.	Fish.	Wholesale.	Retail.	Wholesale.	Retail.	Wholesale.	Retail.	Wholesale.	Retail.				
4,549	666	531	417	3486	701	63	10	961	467	1110	55	302	20	1305	131

TOTAL WEIGHT OF MEAT AND OTHER FOODSTUFFS CONDEMNED.

The total weight of meat and other foodstuffs condemned during the year 1956 was 233 tons, 2 cwts., 23 lbs., as compared with 615 tons, 14 cwts, 18 lbs., during the previous year.

	tons.	cwts.	qrs.	lbs.
Beef, Veal, Mutton and Pork	42	11	2	13
Offals	111	6	2	25
Provisions	45	19	..	22
Fish	..	5	15	25
Fruit and Vegetables	32	15	2	22
	233	2	0	23

Condemnation Certificates.

Certificates granted in respect of carcasses, offals, provisions etc., condemned during the year 1956, numbered 4,372.

Bacteriological Examinations.

Reference to table 10 will show how the use of bacteriological aids has been invoked during the year, not only in the examination of animals slaughtered within the City slaughterhouses but also in examination of other foodstuffs, such as luncheon meat, tinned tongue, skimmed milk, liquid whole egg and egg albumen. In the case of the carcasses of slaughtered animals a bacteriological examination is applied when on post-mortem examination there is slight suspicion that the animal was ill at the time of slaughter and that pathogenic organisms might be present in the tissues and organs and might give rise to human illness of a gastro-intestinal nature if these were consumed. During the year specimens from 16 carcasses of beef and 7 carcasses of pork were submitted for bacteriological examination but the results were such that only in one case, namely a carcass of beef, was it necessary to condemn this in its entirety. Thus 15 carcasses of beef and 7 carcasses of pork were released after bacteriological examination, the market value of these carcasses being £739, this sum representing a considerable saving, for the carcasses would have had to be condemned if bacteriological aids had not been available. Of the other bacteriological examinations 146 were made of various foodstuffs and in 132 of these no pathogenic organisms were found.

TABLE 10.

Carcase.		Type of animal.	Disease suspected.	Bacteriological findings.
Beef.	Pork.			
1	..	Bullock	Septicaemia	No pathogenic organisms found
1	..	Bullock	do.	do.
1	..	Cow	do.	Corynebacterium pyogenes, micrococci and B. coli found.
1	..	Heifer	do.	No pathogenic organisms found.
1	..	Cow	do.	Streptococcal and aerobic spore bearing bacilli found.
1	..	Bullock	Toxaemia	No pathogenic organisms found.
1	..	Bullock	do.	do.
1	..	Cow	do.	do.
1	..	Heifer	do.	do.
1	..	Bullock	do.	do.
1	..	Cow	do.	do.
1	..	Bullock	do.	do.
..	1	Pig	do.	do.
..	1	Sow	do.	do.
..	2	Pig	do.	do.
..	1	Pig	do.	do.
1	..	Cow	Septic Mastitis	do.
1	..	Cow	do.	do.
1	..	Cow	do.	do.
1	..	Cow	Acute Mastitis	do.
..	1	Pig	Swine Erysipelas	do.
..	1	Pig	do.	do.

OTHER FOODS.

Material examined.	Number of samples submitted.	Bacteriological findings.
Luncheon Meat	2	No pathogenic organisms found.
Tinned Tongue	2	Aerobic spore bearing bacilli found in one sample; gram-negative bacilli and micrococci in second sample.
Chinese liquid whole egg.	12	No pathogenic organisms found.
do.	12	do.
do.	12	do.
do.	12	do.
do.	12	do.
do.	12	do.
do.	12	Salmonella pullorum found in one sample.
German liquid egg albumen	12	No pathogenic organisms found.
South African frozen whole egg	12	do.
do.	12	do.
Tinned machine skimmed milk	10	do.

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 4,549 visits being made during the year.

Licensed Slaughtermen.

Under the Slaughter of Animals Act, 1933 6 slaughtermen's licences were granted during the year, making a total of 71 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, 5,834 visits were made to a total of 2,550 premises, including 2,393 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 1,614, the remaining 936 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 12.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Number of reports notified by occupiers	2,393
Number of properties where evidence of the presence of rats or mice was found	1,614
Number of visits made	5,834
Number of poisoned baits laid	24,468

TYPE OF PROPERTY.				
	Dwelling Houses.	Agricultural.	All other (including Business and Industrial).	Total.
Number of properties inspected	1,227	3	1,320	2,550
Number of properties found to be infested by rats	311	3	287	601
Number of properties found to be infested by mice	595	..	418	1,013
Number of infested properties treated by the Local Authority	906	3	705	1,614

Number of " block " control schemes carried out	53
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LEGAL PROCEEDINGS.

On the 6th February, a South Shields butcher bought four pigs in the Newcastle Cattle Market, two of which were moved out of the Market to the Public Abattoir, South Shields, without a licence being first obtained. On the instruction of the Health Committee a letter of caution was sent to the butcher concerned.

At the Newcastle Police Court on the 20th April a horse slaughterer was fined £30 and 3 guineas costs for failing to ensure that so far as was practicable blood and refuse were removed from the slaughterhouse occupied by him within the City and used for horse slaughtering, in such a way that animals awaiting slaughter could not see or smell such blood or refuse.

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.

H. THORNTON,

Veterinary Officer.

**REPORT OF THE
SCHOOL MEDICAL OFFICER**

VII—SCHOOL HEALTH SERVICE

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

REPORT OF THE
SCHOOL MEDICAL SERVICE

VII—SCHOOL HEALTH SERVICE

STATEMENT OF REPORT SUBMITTED TO
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE REPORT, 1956.

SUMMARY.

With the close of the year 1956 the School Health Service in the country as a whole has completed its first half century, and it would be interesting to glance back over the period at past achievements and take stock of present potentialities. In Newcastle the name of Dr. George Foggin will for long be associated with the Service. The reason is obvious when one looks at the line of its Medical Officers.

Dr. Rutherford, School Medical Officer, 1893-1903.

Dr. George Foggin, Principal School Medical Officer .. 1903-1946.

Dr. W. S. Walton, ,, ,, ,, ,, .. 1946-1956.

Dr. R. C. M. Pearson, ,, ,, ,, ,, .. 1956 to
present time.

The Service before 1907. The Annual Report of 1909 gives an interesting picture of school work in Newcastle during the years immediately before the Education (Administrative Provisions) Act of 1907. School nurses and school clinics were as yet unknown. School dentists were barely contemplated. The Medical Officer visited each school once a term to report on the standard of hygiene and to examine children presented by the head teacher. The majority of children were found to need treatment and in this connection the head teacher largely undertook the work of the present day school nurse by approaching the parent, and arranging for it to be obtained from private doctor or hospital, or often in the home with simple remedies purchased from the local chemist for a few pence. Whilst there was no organised provision for free medical treatment, funds derived from weekly collections from pupils in school were available, out of which necessary treatment might be had. It was the teacher too, who frequently undertook dressings in school.

Outside the school, the Medical Officer examined pupils in their homes, in institutions, or at his own chambers.

Inspections. In 1908 inspections were limited to school entrants and leavers. The task of inspecting all children within prescribed age groups appeared formidable indeed. In succeeding years a staff was collected to undertake the inspection of children of 7 and 12 year age groups. In 1920 inspections were extended to secondary schools and in 1936 to independant schools. The scope of the examinations remained virtually unchanged until 1948.

In 1956 the following inspections were undertaken :—

Periodic Inspections :	1st Age Group	4,782
	2nd Age Group	4,232
	3rd Age Group	2,869
Re-inspections		2,002
Special inspections		6,102
Other inspections		755
Examined under Section 18 of the Children and Young Persons Act, 1933		709
Clearance from Infection		370
Examination of Boarded-out children		120

The defects which came to light in periodic inspections were as follows :—

TABLE 1.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1956.

Defect or Disease.	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected). requiring	
	Entrants requiring		Leavers requiring		Treat- ment.	Obser- vation.
	Treat- ment.	Obser- vation.	Treat- ment.	Obser- vation.		
Skin	70	59	23	15	196	131
Eyes—						
(a) Vision	62	76	209	40	560	357
(b) Squint	81	91	5	6	225	177
(c) Other	28	17	11	7	65	35
Ears—						
(a) Hearing	26	43	6	9	55	76
(b) Otitis Media ...	20	71	12	9	46	130
(c) Other	5	12	7	3	16	25
Nose and Throat ...	68	319	30	45	137	598
Speech	56	58	2	4	99	84
Lymphatic Glands ..	1	66	2	4	10	122
Heart	2	37	4	9	12	94
Lungs	39	168	10	22	71	294
Developmental—						
(a) Hernia	6	13	2	—	6	33
(b) Other	4	31	1	36	9	147
Orthopaedic—						
(a) Posture	8	29	8	7	48	82
(b) Feet	27	96	21	16	86	232
(c) Other	31	236	57	35	156	475
Nervous system—						
(a) Epilepsy	2	15	3	1	11	23
(b) Other	1	18	3	2	10	39
Psychological—						
(a) Development ..	—	7	1	1	4	27
(b) Stability	3	87	—	1	9	161
Abdomen	2	6	1	—	3	7
Other	6	6	23	12	37	22

The number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) were as follows :—

TABLE 2.
PUPILS FOUND TO REQUIRE TREATMENT.

Age Groups Inspected.	For defective vision (excluding squint).	For all other Conditions.	Total individual Pupils.
Entrants	62	416	442
2nd Age Group	260	417	587
Leavers	209	229	424
Total	531	1,062	1,453
Additional Periodic Inspections	29	123	143
Grand Total ...	560	1,185	1,596

By way of contrast with these findings we see on looking back over past reports that :—

1. Rickets is now virtually extinct.
2. Rheumatism is much less prevalent.
3. Children are not merely taller and heavier, they are well up to the national average which their predecessors of 50 years ago were not.
4. Great improvement has taken place in the nutrition of school children.
5. The incidence of pediculosis has fallen from 35% in 1909 to 8%, leaving room for considerable improvement yet.

School Clinics.

The distribution of clinics in the City remains unchanged from last year. Their upkeep in decoration, furnishings and equipment continues satisfactorily.

Clinics on school premises are playing an increasingly important part in making medical facilities accessible to children in school. The number of such clinics has been increased to 15 during the year.

The facilities offered in school clinics are shown in the following table :—

Clinic.	Consult- ations.	Refractions	Dressings.	Dental.	Ortho- paedic.	Speech Therapy.	Special Skin Clinics.
Central	*	*	*	C.E.O.	*	*	*
Ashfield House .	*		*			*	
Atkinson Road .	*		*	C.E.	*		
Bentinck	*		*	C.E.	*		
Cowgate	*		*	C.			
East End	*	*	*	C.E.	*		
Middle Street ..	*	*	*	C.E.		*	

Key to abbreviations.

C—Conservative. E—Extractions. O—Orthodontic.

Attendances in Clinics were as follows :—

Clinic.	Individual Cases.	Total Attendances.
Ashfield House	2,299	3,543
Atkinson Road	2,733	8,309
Bentinck	2,906	5,320
Central	1,916	2,642
Cowgate	1,675	5,362
East End	1,688	3,685
Middle Street	3,339	7,003
Totals	16,566	35,864

Attendances at Clinics on School Premises.

Parent Clinic.	No. of Clinics per week	Total Attendances.
Ashfield House	1	1,825
Atkinson Road	2	3,172
Bentinck	2	2,480
Central	5	6,605
Cowgate	1	1,347
East End	2	1,611
Middle Street	1	560
Totals	14	17,600

The general work of the Clinics was as follows :—

Defect or Disease.	Total No. Children.	Total Treatments.
Skin—		
Septic	7,162	26,017
Scabies	63	270
Ringworm	26	225
Other.....	1,196	4,407
Ear Conditions—		
Wax in Ears	174	425
Discharging Ears.....	198	816
Eye Conditions—		
Conjunctivitis	114	304
Other External Eye Conditions	701	1,851
Spectacles	237	—
Vision Tests	338	—
Tonsillitis	171	128
Acute Infectious Fevers	15	—
Infections	1,157	2,089
Malaise	69	35
Follow-up Inspections	502	137
Head Inspections	3,376	279
Cleansing	215	749
F.F.I.'s and Manual Workers ..	266	45
Miscellaneous	1,834	1,573
Totals	17,814	39,350

Pediculosis.

No. of pupils inspected in class	97,836
No. of new pupils found to be infested.....	4,257
No. of notices issued under Section 34 (2)	
Education Act	117

Consultations.

The number of children brought to medical officers for examination and advice was 5,945.

Special Clinics.

Skin Clinic. Two sessions are allocated to the treatment of skin conditions at the Central Clinic. The work completed was as follows :—

(i)	Plantar Warts...	No. of children diagnosed ...	169
		No. treatments given	705
(ii)	Ringworm	No. children examined	247
		No. animals examined	8
		No. treatments given	531
		No. cultures taken	429

Impetigo has been less frequent during the past year.

Scabies. An increase in scabies has been noted in the later months of the year. Cases were widely scattered. No single cause of the increase has been discovered and precautions have been tightened to keep the conditions under control.

Ringworm. In October an incompletely treated case of ringworm of the scalp led to a spread in a children's home in the City. Immediate scrutiny of children in nearby schools prevented further spread.

Ophthalmic Clinics.

An additional session worked by an ophthalmic surgeon has helped to meet the demands of children who require an eye examination. These demands can only be completely met by more school medical officers sharing in the work.

Children treated were as follows :—

No. of children treated—by School Medical Officers.....	433
—by Ophthalmic Medical Practitioners	1,514
No. of spectacles prescribed	1,364
No. of spectacles repaired or replaced	1,112

Speech Therapy.

Miss Atkinson terminated her appointment during the year and Miss Clutterbuck succeeded to the post of senior therapist. The post of a speech therapist was vacant at the end of the year. The work of the therapists was as follows :—

Types of Cases treated.

Stammer	78 children.
Dyslalia	129 „
Retarded Speech	23 „
Cleft Palate	5 „
Dysarthia	9 „
Other defects	44 „

Attendances were as follows :

No. children admitted	46 boys.	28 girls.
„ „ discharged	109 „	54 „
„ „ on waiting list	88 „	30 „
„ „ treated	2125 „	1208 „
„ Audiometer tests	47	

Orthopaedic Clinics.

Miss Hogg retired during the year and was replaced by Miss Webb. Physiotherapists have proved difficult to obtain and staff has been depleted.

The work of the department in outline, was as follows :—

Total attendances at Surgeons' Clinics	2,115
New patients	1,109
Discharges	827
Admitted to the Sanderson Orthopaedic Hospital	55

Treatments given :—

Remedial exercises	10,284
Massages	98
Manipulation	1,793
Medical Electricity	5,621
Radiant Heat	79
Ultra Violet light	27
Children splinted	266
Surgical boots supplied	36

The Educational Treatment of Children.

Increasing emphasis has been placed upon the need for the Education Authority to provide a system of education adjusted to the need of individual children. It has fallen to the School Health Service to discover which children suffering from some disability of mind or body, require special education, provided either in an ordinary school or by transfer to a special school.

The number of children classified were as follows :—

Blind	None.
Partially Sighted	2
Deaf	1
Partially Deaf	—
Educationally Subnormal	66
Maladjusted	9
Physically Handicapped	9
Delicate	55
Epileptic	5

The number of children being treated in Special Schools were as follows :—

School.	Day.	Residential.
Blind	3	6
Partially Sighted	19	1
Deaf	—	33
Partially Deaf	—	1
Educationally Subnormal	244	45
Maladjusted	—	15
Physically Handicapped	40	3
Delicate	110	8
Epileptic	—	8

During the year attention was given to the question of teaching in hospitals. At present such teaching is restricted to the Royal Victoria Infirmary and the Sanderson Orthopaedic Hospital. The number of children receiving teaching at home was 7.

Infectious Illness.

The control of infectious disease in school children has been the major objective of the School Medical Service from its inception. The Table below illustrates the trends in the incidence of the more notable diseases over the past 50 years.

NOTIFICATIONS OF INFECTIOUS DISEASE—1909-1956.
(Yearly averages in decennial periods).

Year.	Scarlet Fever.	Diphtheria.	Cerebro- spinal Meningitis.	Polio- myelitis.	Tuber- culosis.
1909-1916	674	268	2	1.0	116
-1926	516	120	2	1.5	164
-1936	681	92	7	1.5	134
-1946	349	172	5	0.3	85
-1956	130	—	2	10.0	31

In recent years **Scarlet Fever** has been for the most part a mild disease. Before the second World War it was recognised to be an important cause of middle ear infections. Today, persistent streptococcal infection among contacts of cases of the disease constitutes one of its less desirable features.

Whooping Cough is still a serious disease all too frequently giving rise to structural changes in the lungs, except where the severity of the infection is reduced by previous immunisation, or the infection treated in its early stages with chloromycetin.

Immunisation against **Diphtheria** is now offered to all children in the first year of life and again at 3-4 years of age. To children who enter school as yet unprotected, a further offer of immunisation is made. Unfortunately the number of parents who accept immunisation is unsatisfactory. In 1956 the number of all children who were immunised in school was :—

Primary Immunisation	63
Booster Doses	50

Poliomyelitis.

This is a disease which is becoming more frequent in spite of improvements in living conditions. Peak notifications occurred in

1947 and 1950. Vaccination against the disease was introduced in 1956. The vaccine supplied by the Ministry of Health consists of the following strains :—

Brunhilde Modified Type I.

M.E.F.T. Type II.

Saukett Type III.

This was offered to children born between 1947 and 1954. Supplies have been restricted and vaccination was suspended during the months June to November. The initial operation placed considerable strain on the clerical staff of the Service.

Statistics of work done were as follows :—

Number of parents offered vaccination by personal letter	21,000
Number of parents who gave consent to vaccination	10,618
No. of General Practitioners informed that their patients had been inoculated	196
Number of children sent for :—	
(a) Maintained Schools	1,030
(b) Private Schools.....	26
Number of children who received full inoculation :—	
(a) Maintained Schools	915
(b) Private Schools.....	25

Tuberculosis.

The remarkable decline in the incidence of tuberculosis which has taken place in the past seven years among children of school age is as follows :—

Year.	Notifications.	Deaths.
1950	61	3
1951	56	2
1952	49	1
1953	51	1
1954	45	1
1955	35	—
1956	31	—

This has been brought about by a number of measures designed to eliminate the disease from the population as a whole and included :—

1. The control of food, particularly milk. All milk supplied to schools is pasteurised. Samples are regularly taken and subjected to phosphatase and methylene blue tests to ensure that the product is clean and efficiently processed.
2. The control of adult tuberculosis. The adult carrier constitutes a serious risk to children. Thus all child contacts of adult cases are called to the Contact Clinic for investigation, whether they show symptoms suggestive of the disease or not. For some years now all teachers and members of the Education Staff whose employment brings them into contact with children have an x-ray examination before appointment.
3. The endeavour of the Service to help each pupil to reach and maintain his or her optimum physical condition is a means of resisting the in-roads of the disease upon the child making contact with it. Since 1953 tuberculin tests have been used on an increasing scale to provide the means of identifying which children have been infected. Children who give a positive reaction are recommended for chest x-ray. Where an abnormal film is obtained, the child is referred to the Chest Clinic for further investigation and where necessary, treatment.

In the final year at school, in addition to chest x-ray of positive reactors, B.C.G. vaccination is offered to children who are negative. The numbers of children who were successfully vaccinated in 1956 was :—

No. of parents to whom vaccination was offered	3,060
No. of parents who accepted	1,648
No. of children successfully vaccinated	1,041
No. of children referred for x-ray	493

Dr. Mary Taylor of the Contact Clinic has helped considerably in the organisation of this work.

The Control of Infectious Disease in Schools.

During the year the third revision of the Memorandum on "Closure of Schools and Exclusion from School on account of Infectious Illness" was issued by the Ministry of Health and Education. This Memorandum is published as a guide to teachers and medical practitioners. In matters of difficulty the Medical Officer of Health is always willing to offer advice concerning the exclusion or otherwise of children from school.

The new edition shows certain changes in direction from those of its predecessor, particularly in scarlet fever, where child contacts are no longer excluded, although food handlers are included. In the case of diphtheria it is recommended that current absentees from school should be followed up. In the case of tuberculosis, control is brought up to date by the investigation of close family contacts of all known cases.

Infectious Disease in 1956.

On the whole the year was not a good one ; the actual figures were as follows :—

Disease.	Children aged 5 and under 10 years.	Children aged 10 and under 15 years.
Scarlet Fever	130	14
Diphtheria	—	—
Paratyphoid	—	—
Chicken Pox	1,092	115
Meningococcal Infections	—	1
Poliomyelitis	2	1
Erysipelas	—	1
Measles	346	22
Rubella	1,686	286
Dysentery	18	4
Food Poisoning	2	1
Pneumonia	14	7
Whooping Cough	387	9
Acute Encephalitis	1	—

Deaths of School Children.

The following deaths were recorded during the year.

Cause of Death.	No. of Children.	Age.
Myocarditis	1	7 years.
Steatorrhea	1	7 „
Cirrhosis of Liver	1	8 „
Henoch Purpura	1	13 „
Tumor Kidney	1	6 „
Violence	8	5-12 „

REPORT ON THE SCHOOL DENTAL SERVICE

for the Year 1956.

Staff.

The vacancy for an assistant dental officer with special experience in orthodontics remained unfilled throughout the year, and it is becoming apparent that, at the salary offered, it is unlikely that an applicant for this appointment will be forthcoming. The demand for this rather specialised type of treatment is increasing each year, as parents and children become more "tooth conscious," and the present arrangements for providing it must be considerably augmented and expanded if the obligation to provide a comprehensive service is to be met.

At present the treatment of these regulation cases is being undertaken by Mr. Crombie and Mr. Sissons, each of whom attended a short refresher course on the subject during the summer, while arrangements are in force with the Dental Hospital, whereby the more difficult cases may be referred for consultant advice and treatment if necessary.

The amount of work, however, in this field is such that additional help is required urgently and it is felt that the matter should be considered without delay.

Only one resignation was received during the year—that of Miss Robinson, who left us at the end of May, to take up a similar appointment nearer her home.

This vacancy could not be filled by another full time officer, and in the latter half of the year the work at Bentinck Clinic was undertaken by two part-time officers, working on a sessional basis.

Dental Examinations.

As in former years, one session each week, as far as possible, was given over to the inspection of the children's teeth at school by each dental officer. In this way, it was possible to cover the majority of the schools in the course of the year, and those schools which were missed will be taken early in the following year.

Once again more than fifty per cent. of the parents attended their children's first examination, and had the opportunity of meeting the dental officer, who at these examinations would normally give the parents a short talk on the school dental service, and the care of their children's teeth.

Further instructions and demonstrations on oral hygiene were given in the schools by Miss Blyth, the dental hygienist. These talks were given chiefly to the junior departments, and have been well received by both teaching staff and children, particularly so when the demonstrations have been accompanied by the presentation of a short film on the prevention of dental disease.

Treatment.

Over the year, out of 25,000 children examined, some 16,000 were found to be in need of dental attention.

This proportion is much the same as last year, and while it may seem to be higher than one would wish, it must be borne in mind that all age groups including those where deciduous teeth are being lost make up the total.

Conservation work, as in former years, was concentrated on the second dentition and it was noticeable that attendances for fillings were usually stepped up from a school which had been recently visited by the oral hygienist.

The majority of the extractions were undertaken under general anæsthesia, and in this connection it is stressed that the facilities for the recovery of patients from gas in some of the clinics, notably Atkinson Road, are still far from satisfactory.

Nearly 200 children were fitted with orthodontic appliances, while 78 received artificial dentures. These two last types of treatment, together with work on crowns and inlays, are undertaken at the Central Clinic, where laboratory facilities are available.

Arrangements for collaboration with the General Hospital and the Royal Victoria Infirmary worked very satisfactorily, and as with the regulation cases, specialist advice and treatment was always available when required from the Sutherland Dental Hospital.

Details of the work for the year are as follows :—

1.	Number of pupils inspected	(a) Periodic age groups . . .	20,732
		(b) Specials	4,306
2.	Number found to require, and offered, treatment		15,745
3.	Number referred for treatment		8,948
4.	Number actually treated		7,857
5.	Attendances made for treatment		19,078
6.	Half-days devoted to	(a) Inspection	146
		(b) Treatment	2,938
7.	Fillings	(a) Permanent teeth	9,808
		(b) Temporary teeth	560
8.	Number of teeth filled	(a) Permanent teeth	8,424
		(b) Temporary teeth	521

9.	Extractions	(a) Permanent teeth.....	3,911
		(b) Temporary teeth	8,482
10.	Administrations of general anæsthetics.....		4,749
11.	Other operations	(a) Permanent teeth.....	3,208
		(b) Temporary teeth	595
12.	Number of children fitted with artificial dentures.....		78
13.	Number of children fitted with orthodontic appliances..		171
14.	Number of children fitted with crowns.....		13
15.	Number of inlays		5

ORTHODONTICS.

1.	Cases commenced during the year	82
2.	Cases carried forward from previous year.....	59
3.	Cases completed during the year	54
4.	Cases discontinued during the year	27
5.	Pupils treated with appliances	72
6.	Removable appliances fitted	165
7.	Fixed appliances fitted.....	4
8.	Total attendances	1,026

APPENDIX.

APPENDIX.

APPENDIX.

WORK OF THE NEWCASTLE EXECUTIVE COUNCIL.

*(Contributed by K. N. Ogden, Esq., F.C.I.S.,
Clerk of the Executive Council).*

It is the statutory duty of the Executive Council under Part IV of the National Health Service Act, 1946 (as amended) to :—

- (a) make arrangements with medical practitioners for the provision of personal medical services (including maternity medical services) for all persons in Newcastle who wish to take advantage of the arrangements—these services are known as “general medical services” ;
- (b) make arrangements for the supply of sufficient drugs and medicines and prescribed appliances necessary for the treatment of all persons who are receiving general medical services and for the supply of prescribed drugs and medicines necessary for the treatment of persons who are receiving general dental services ;
- (c) make arrangements with dental practitioners under which any person may, when required, receive dental treatment and appliances—these services are known as “general dental services” ; and
- (d) make arrangements with ophthalmic medical practitioners and ophthalmic opticians for the testing of the sight of all persons requiring such a test and for the supply of glasses thereafter found to be necessary—these services are known as the “supplementary ophthalmic services”.

On 1st January, 1957, there were 211 doctors (129 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors' lists was 286,836, a figure which is in excess of the population of Newcastle based on the Registrar-General's estimate. This apparent inflation of doctors' lists is probably due, at least in part, to the re-housing programme—persons on removing outside the boundaries not selecting a new doctor or securing acceptance on their doctor's Northumberland list.

1,844,728 prescriptions were dispensed during the year by City chemists and appliance contractors of which, at 1st January, there were 108. The total cost of these prescriptions to the National Health Service was £440,580.

During the year maternity medical services were provided for 3,032 patients, in which the doctor providing the service was in attendance at the confinement in 1,467 cases. The gross fees paid to doctors for these services was £21,308. The Medical Officer of Health is a member of the Local Obstetric Committee.

Under the supplementary ophthalmic service, 52,729 sight tests were given during the year, 1,290 to children under arrangements made with the Local Authority. 43,129 pairs of glasses were supplied during this period in addition to 4,883 pairs of bifocals and 1,167 single lenses. At least 43 per cent. of the applicants for sight tests and glasses reside outside the City boundaries.

The total expenditure on the various services administered by the Council during the year ended on 31st March, 1957, was as follows :—

	£
General Medical Services	374,792
Pharmaceutical Services	453,075
General Dental Services	221,569
Supplementary Ophthalmic Services	87,895
Administration	14,993
	£1,152,324

Based on the Registrar-General's estimate of population at 30th June, 1956, this represents an expenditure of £4 3s. 2d. per head but it should be remembered, particularly of the general dental services and the supplementary ophthalmic services, that residents in surrounding areas come into the City and take advantage of the facilities available.

The following members of the Local Health Authority served on the Executive Council during the period, viz. : Alderman J. Chapman, Alderman Miss E. B. Temple, Alderman J. W. Telford, the late Councillor Mrs. R. A. Dixon, Councillor Mrs. I. McCambridge, Councillor Dr. D. R. Milligan, Councillor Mrs. C. C. Scott and the Medical Officer of Health.

