

[Report 1957] / Medical Officer of Health, Newcastle-upon-Tyne City & County.

Contributors

Newcastle upon Tyne (England). City & County Council.

Publication/Creation

1957

Persistent URL

<https://wellcomecollection.org/works/gbzjb5xg>

License and attribution

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

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

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



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



CITY AND COUNTY OF NEWCASTLE UPON TYNE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1957





CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1957



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29905199>

CONTENTS.

	PAGE
HEALTH COMMITTEE AND SUB-COMMITTEE AS TO NATIONAL HEALTH SERVICE ACTS	5
STAFF OF PUBLIC HEALTH DEPARTMENT	6
INTRODUCTION	10
 I.—GENERAL.	
General Statistics.....	19
Natural and Social Conditions	22
Statistic Tables	25
 II.—SERVICES UNDER THE NATIONAL HEALTH SERVICE ACTS.	
Maternity and Child Welfare—Report of Child Welfare Medical Officer	35
Domiciliary Midwifery Service	40
Care of the Premature Infant	41
Health Visiting Service	43
Day Nurseries	45
Neglected Children—Special Cases Committee	46
Priority Dental Service	47
Report of Chief Nursing Officer	49
Domiciliary Midwifery Service	49
Home Nursing Service	50
Health Visiting Service	50
Vaccination and Immunisation	52
Ambulance Service	55
Health Education	59
Almoning Service	61
Home Help Service	62
Mental Health Services	64
National Assistance Acts 1948 and 1951	71

III.—INFECTIOUS DISEASE.

Notications, Deaths, Ward Distribution, etc.	75
Special Skin Clinic	82
Venereal Diseases	83

IV.—TUBERCULOSIS.

Notifications, Deaths, etc.	89
Report on Work of Chest Clinics	92
Almoning Service	98
Mass Radiography	98
Tuberculosis in Childhood	101

V.—SCHOOL HEALTH SERVICE

107

VI.—REPORT OF CHIEF PUBLIC HEALTH INSPECTOR

125

VII.—REPORT OF VETERINARY OFFICER

161

APPENDIX.

WORK OF THE NEWCASTLE UPON TYNE EXECUTIVE

COUNCIL	179
---------------	-----

HEALTH COMMITTEE

(As at December, 1957.)

THE LORD MAYOR,
ALDERMAN J. W. TELFORD.

Chairman:

Councillor MRS. I. McCAMBRIDGE, J.P.

Vice-Chairman:

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

Ald. J. Chapman, M.B.E.	Coun. R. M. Henderson, J.P.
Ald. Mrs. D. A. Fitzpatrick.	Coun. Mrs. E. E. Owens.
Ald. Mrs. V. H. Grantham.	Coun. Mrs. C. C. Scott, J.P.
Ald. Miss E. B. Temple.	Coun. Mrs. M. Shaw.
Coun. H. J. M. L. Criddle.	Coun. T. D. Smith.
Coun. A. Grey.	Coun. H. J. White.

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, 1957).

Medical and Dental Staff.

Medical Officer of Health and Principal School Medical Officer:

R. C. M. PEARSON, M.D., M.R.C.P.(Ed.), D.P.H.

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. (*full-time from 1.5.57*).

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 Anaesthetist (*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 Obstetrics (*in conjunction with the Regional Hospital Board*):

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

Advisor in Paediatrics (*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*),
(*died 11th January, 1958*).

Nursing and Allied Staffs:

Chief Nursing Officer:

Miss F. E. Hunt, S.R.N., S.C.M.
(*appointed 1st January, 1957*).

Deputy Chief Nursing Officer:

Miss N. Carr, S.R.N., S.C.M.
(*retired 31st March, 1957*).

Miss A. Y. Sanderson, S.R.N., S.C.M.
(*appointed 31st July, 1957*).

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

Non-Medical Supervisor of Midwives:

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

Assistant Supervisor, 1 Tutor, 45 Midwives, 9 Pupils, 3 Clerks.

District Nursing Supervisor:

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

Assistant Supervisor, 42 District Nurses, 8 Male Nurses, 4 Orderlies,
1 Clerk.

Domestic Help Organiser:

Miss L. M. Roddham.

Assistant Organiser, 2 Supervisors, 9 Clerks, 437 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 I. McMichael, M.A., A.M.I.A.

(appointed 6th May, 1957).

1 Clerk.

Lady Almoners—Tuberculosis:

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

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

(resigned 30th June, 1957).

4 Clerks (2 part-time).

Other Staffs:

Vaccination and Immunisation—4 Clerks.

B.C.G. Vaccination—2 Clerks.

Invalid Equipment—1 Clerk.

Priority Dental Service—1 Clerk.

Mental Health Staff.

Senior Duly Authorised Officers:

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

4 Duly Authorised Officers, 1 Mental Health Worker,

1 Occupation Centre Supervisor, 6 Assistant Supervisors.

1 Male Training Centre Supervisor.

1 Occupation Centre Helper.

Ambulance Staff.

Ambulance Officer :

H. M. Roberts.

Assistant Ambulance Officer, 29 Administrative, Supervisory and Clerical Staff. 79 Driver/Attendants.

Public Health Inspectors—Staff.

Chief Public Health Inspector:

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

Deputy Chief Public Health Inspector:

A. P. Robinson, M.R.S.H., M.A.P.H.I.

16 Inspectors, 9 Assistant Inspectors, 4 Pupil Inspectors,
10 Clerks.

Veterinary Inspectors—Staff.

Veterinary Officer:

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

Senior Meat Inspector, 4 Inspectors, 10 Rodent Operators, 2 Clerks.

General Administration—Staff.

Chief Clerk:

J. R. Gilhespy.

Deputy Chief Clerk:

D. H. Macpherson, Cert.R.S.H.

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

*To the Lord Mayor, 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 second Annual Report, the eighty-fifth in the series of Annual Reports of the Medical Officer of Health of this City. Looking through my introductory letter written just a year ago, I note that I indicated that at this time I hoped to be able to make constructive suggestions but I find that several of the suggestions I had in mind have already been accepted by the Health Committee and included in the service.

I have endeavoured to make the Report this year much briefer than on recent occasions except where it contains matters of vital current interest or immediate future planning. Every effort was made before this Report was written to see whether an abridged version could be presented in a form more readable and perhaps more easily understood, but in spite of an approach to various firms specialising in this type of work, I was unable to put forward a scheme which at a reasonable cost would meet both the requirements of the Minister of Health and what I had in mind as a way of presenting the facts about the health of the people in this city during the year 1957. In consequence, the Report follows much the same lines as previously and I would now like to draw your attention to a number of the more important aspects.

Once again, the infant mortality rate has fallen but linked with this the perinatal mortality rate shows little change. Plans for a national survey of perinatal mortality were being prepared at the end of the year but it is unlikely that further information on this most important subject will be available for some time to come. In the meantime, however, additional midwives have been trained in the care of premature infants in order to provide a closer cover throughout the city without so much travelling by the staff. It is also gratifying to note the continued fall in both the tuberculosis notification and death rates and to point to the fact that the great care which is now being taken with contact tracing, the protection of children and the specialised work of the Childhood Tuberculosis Medical Officer is bearing fruit. Immunisation against poliomyelitis has been an additional strain on the medical, nursing and administrative staff, but it is recognised that once the majority of children have been inoculated, it should be possible to fit those coming forward in later

years into the normal immunisation routine. I should point out that although at the moment the public interest lies with protection against poliomyelitis, the other infectious diseases such as diphtheria and whooping cough can be much more serious, and that protection of children against these diseases is of vital importance and of proved efficiency.

It has been said on many occasions that the National Health Service can only work smoothly and efficiently if there is a close link between its various parts. It is a pleasure, therefore, to record the close link which exists between the Health Department and the Local Medical Committee. At its monthly meetings a number of subjects have been discussed, which indicate the interest which the general practitioner of today takes in preventive medicine. These subjects included the control of tuberculosis by the routine chest examination of expectant mothers, the control of venereal disease by provision of an adequate follow-up service, the furtherance of health education by a discussion group meeting regularly to discuss plans and progress (on which a general practitioner serves), the link between the general practitioner, the district nurse and the district midwife, the blood testing of expectant mothers, the provision of transport for oxygen cylinders, and the support which should be given to the local health authority's campaign to make the relationship of smoking and lung cancer known to young persons before they establish the habit.

Another important example of the ever closer link that is required within the local authority services, is the approval given by the Health and Education Committees to the first steps towards combining the work of the school health and infant welfare sections into a child health service. Thus, by interchange of staff and by members all working together in the same building, the services to the children living in the Blakelaw area should become more closely linked and consequently more efficient.

From the Chief Public Health Inspector's section of the Report, it will be noted that important steps have been taken during the year towards the goal of the first Smoke Control Area in the city and it is a tribute to the careful way in which the survey was planned and carried out that the response from owners and occupiers of buildings made the work of the inspectors relatively easy. It is most important in this type of work that adequate preparation should be made before the work is undertaken. There is no doubt that if the scheme for promoting smoke control areas is pushed ahead during the next few years and other authorities on Tyneside do likewise, the number of

working days lost to industry could be reduced. Furthermore, the sickness rate from chronic bronchitis which brings so much relative poverty and unhappiness to families on Tyneside, would fall steadily.

Although little progress was made during the year in reducing the fall of grey dust on the western side of the city, discussions took place with the Central Electricity Generating Authority. This problem must be pursued until it is finally remedied.

For a number of years the rising incidence and death rate from lung cancer has been pointed out and its association with the smoking habits of both males and females suggested. As a result of accumulated evidence on this subject, this association has now been established beyond reasonable doubt and it therefore becomes important to draw the attention of young people to this matter and to point out the risks which lie ahead. The Health Committee took this matter very seriously and received the full support of the Newcastle upon Tyne Division of the British Medical Association, the Local Medical Committee and the Local Executive Council. It was decided to approach the Education Committee seeking its help; ask the Corporation Transport Authority to prohibit smoking in public service vehicles under its control; approach the staff organisations to display notices in the Town Hall and other Council Offices and to set an example to members of the public with whom they come in contact. It was also decided to get in touch with voluntary organisations and church authorities seeking their assistance. Appropriate posters are being prepared and a circular letter will be sent out to all parents of children aged 8 to 14 years, through the Education Authority.

Although work on the slum clearance programme continued steadily, it became clear towards the end of the year that it was getting ahead of the rehousing programme and in consequence some adjustments were required. One difficulty which arises from this delay is that landlords are naturally reluctant to continue maintaining property which is going to fall within a Slum Clearance Area in the near future.

The receipt of the Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency stimulated an even greater interest in this subject and the plans which had been agreed upon to increase the size of the occupation centre and to improve the facilities for the older age groups were carried out smoothly. A number of new admissions was possible and the work of the centre showed a distinct improvement and widened in its scope. Plans for

day hospital admissions by the St. Nicholas Hospital Management Committee were welcomed and authority given to support this enterprise with an adequate number of home helps and a transport service. Also during the year the Child Guidance staff from St. Nicholas Hospital spread their work into the infant welfare centres and thus came into close touch with the medical and health visiting staff working there. A most important point in the link between the clinic services of the hospital authority and the local authority is provided by the interchange of views on a number of subjects and enables family problems to be discussed, which might have far reaching benefits.

The general expansion of the home help service continued. Two home advisers were selected to work with families in acute difficulties and to support them as well as improve the standard of maternal care and home management. Also to meet the needs of parents in an emergency and to permit some relaxation by overworked mothers, a small number of vacancies existing in day nurseries were filled for short periods by 'casual' users on a fee paying basis. There was a little slackening of the required number of places in day nurseries so that the Woodland Crescent day nursery was reduced in size thus permitting the setting up of an infant welfare centre to take the place of one in a hired hall and allow further decentralisation of health visiting staff.

It has taken a considerable time to convince the hospital services that an efficiently co-ordinated ambulance service from a number of authorities is an absolute necessity if bed occupation is to be kept at a high level and the real travelling needs of the patient served. Co-ordination of several ambulance services at such large hospitals as the Royal Victoria Infirmary and the Newcastle General Hospital is impossible without adequate control, a subject which has been fully discussed by the officers concerned. A plan is awaiting the approval of the neighbouring local authorities.

In my 1956 Report the high incidence of maternal mortality in the northern region was commented upon, but no further steps have been taken to find out why this is so. It has been possible, however, through a Committee set up to survey the provision of antenatal services on Tyneside, to establish an agreed policy and a closer link between the hospital maternity services and those of the local authority. It was agreed that in-patient treatment of early toxæmia is essential but that at the present time there are not enough antenatal beds in maternity units for this purpose. The importance of the link

between the hospital and domiciliary services to provide diagnosis and follow-up of the early signs of toxæmia was stressed and pointed out to all concerned, so too was the necessity for blood testing during the antenatal period. The importance of health education particularly through the work of the antenatal services of the local authority became apparent and a number of recommendations were made. The full recommendations of the Committee were circulated to all those taking part in the antenatal care of the expectant mother. It is true to say that a very close link already exists between the hospital maternity service, the general practitioner obstetricians and the domiciliary midwifery service, but in spite of this, continued vigilance is essential if every case of early toxæmia is to be detected and appropriately treated in its early stages.

In this Report an attempt has been made to give an impression of the relief afforded by the district nursing service to the hospital service in saving the use of a hospital bed by patients who could be adequately nursed at home, but it never will be possible to support the impression by complete statistical data.

No survey of the present would be complete without looking at the requirements of the immediate future. Apart from those already mentioned probably the most important item is the provision of a new abattoir with all its ancillary services at which it should be possible to provide a complete service without the necessity for Sunday slaughtering. Plans are being drawn up.

Preliminary plans had been made before the end of the year for the setting up of a Home Safety Sub-Committee which would be responsible for the dissemination of knowledge regarding protection against fire hazards etc. and the accumulation of evidence which would be helpful to those responsible for the care of children at home.

Little has been said as yet about the ever pressing problem of the citizens who are ageing and need the support of both statutory and voluntary social services. To meet a limited but ever pressing necessity, plans were made to provide a laundry service for incontinent old people living at home, to provide more home help time so that old people could be looked after at home and live there as long as they so wish. Both Health and Welfare Committees have considered the possibility of surveying the services already provided for old people in the City and also linking to such a survey a progressive one which would keep this matter under review over a period of years. Plans are in the early stages as yet but it is hoped to go ahead fairly soon.

It should be stressed again that the Health Department office accommodation being widely scattered does make the administration of the department one of some difficulty. It has been found possible, however, with the help of the Welfare Committee to arrange the transfer of the Home Help section to 127 Pilgrim Street to avoid the necessity of old people climbing several flights of stairs but this move will inevitably mean a further spreading of office accommodation and consequently longer lines of communication.

Incidentally no progress has been made during the year with plans for a central ambulance depot, but careful consideration was given to alternative arrangements for providing larger peripheral stations and a smaller central unit as an alternative to a new large central depot. Future plans are held up pending the finding of a suitable site reasonably near the hospitals and also centrally sited within the city.

Due to the small amount of capital available nationally for building clinics, the plans for a combined clinic in the Kenton area are still not complete nor has it been possible to provide living accommodation on the same site for midwives and other nursing staff.

In many ways I feel a sense of urgency which I know is shared by all members of the Health Committee and many others who desire to see the development of medical science and research rapidly applied to the future health and happiness of the community. To see the vital statistics of Newcastle upon Tyne leading the northern figures is not enough; they must better the national averages and compete with the southern industrial areas. Climate plays a small part but there are so many environmental factors which could still be improved, all of which will cost large sums of money but the benefit will be seen in lessened sickness rates and increased productivity. A great deal of time and money is being spent on the young and no one denies that this policy is sound, but the producer consumer must not be forgotten and especially the age group of 45 years and upwards. This is the age group that feels the accumulated burden of poor environment.

It is a pleasure to welcome Miss F. E. Hunt, the Chief Nursing Officer who took up her duties in January, and to say how much the many years of service given by Miss N. E. Carr who retired from the appointment of Deputy Chief Nursing Officer in March, meant to the mothers and children in Newcastle upon Tyne.

My thanks are due to all medical and nursing staff in the department and particularly to my Deputy, Dr. G. H. Whalley, Dr. S. M. Livingston, the Senior Medical Officer for Child Welfare, Mr. L. Mair, Chief Public Health Inspector and Mr. J. R. Gilhespy, Chief Clerk, and many other members of the staff too numerous to mention individually, all of whom have shown enthusiasm and willingness to carry out their duties in spite of staff shortages.

Finally, I am most grateful to the Chairman and Members of the Health Committee for the support and encouragement they have given me throughout the year.

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.

2nd June, 1958.

CITY AND COUNTY OF NEWCASTLE UPON TYNE

I—GENERAL

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

IN SENATE,
January 10, 1907.
REPORT OF THE
COMMISSIONERS OF THE
DEPARTMENT OF
PUBLIC WORKS,
FOR THE YEAR
1906.

ALBION B. KENNEL, Mayor.
JOHN J. HENRY, President of the Board of Aldermen.
JOHN J. HENRY, President of the Board of Aldermen.

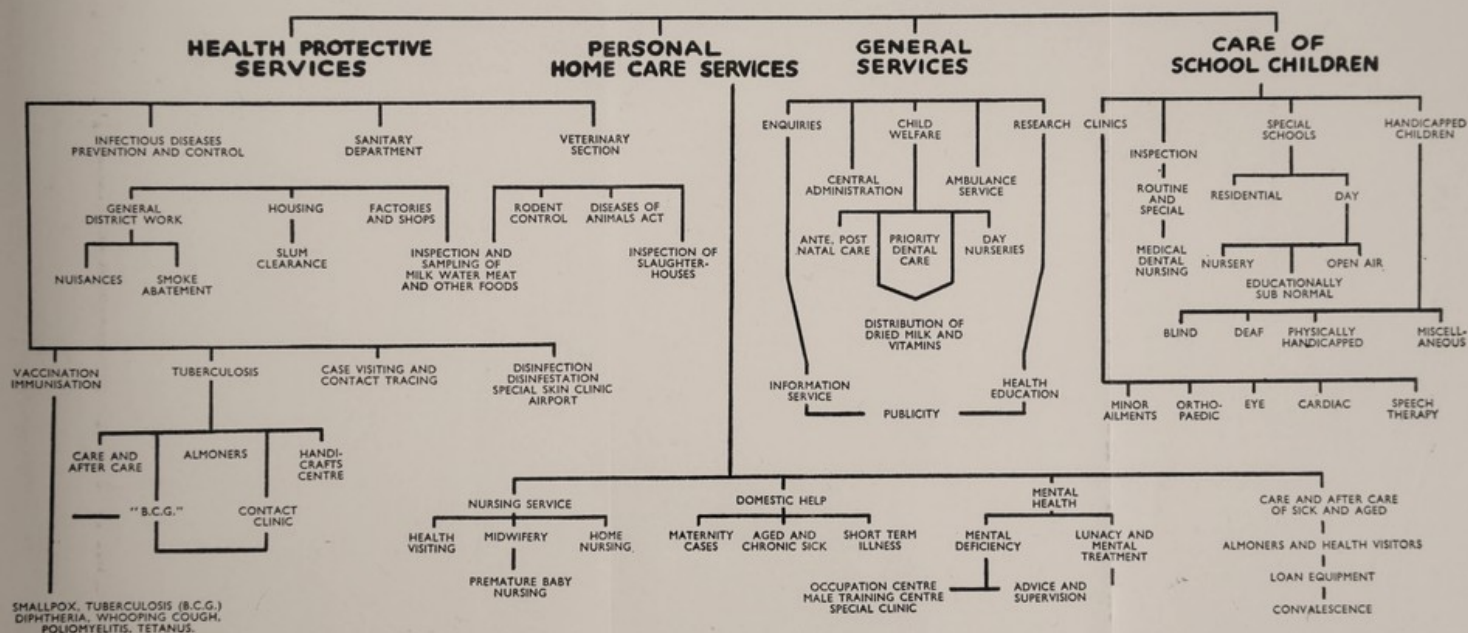
JOHN J. HENRY, President of the Board of Aldermen.
JOHN J. HENRY, President of the Board of Aldermen.
JOHN J. HENRY, President of the Board of Aldermen.

JOHN J. HENRY, President of the Board of Aldermen.
JOHN J. HENRY, President of the Board of Aldermen.
JOHN J. HENRY, President of the Board of Aldermen.

JOHN J. HENRY, President of the Board of Aldermen.
JOHN J. HENRY, President of the Board of Aldermen.
JOHN J. HENRY, President of the Board of Aldermen.

JOHN J. HENRY, President of the Board of Aldermen.
JOHN J. HENRY, President of the Board of Aldermen.
JOHN J. HENRY, President of the Board of Aldermen.

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



SUMMARY OF STATISTICS.

Population	...	...	...	...	275,100.
Area	...	...	...	...	11,401 acres.
Birth Rate	...	...	Crude	...	18·17 per 1,000 population.
Adjusted by Area Comparability					
Factor (0·96)	...	...	...	17·44	„ „ „
Death Rate	...	...	Crude	...	12·34 „ „ „
Adjusted by Area Comparability					
Factor (1·14)	...	...	...	14·07	„ „ „
Infant Mortality Rate	...	...	...	23·21	per 1,000 live births.
Neo-Natal Mortality Rate	...	...	...	16·21	„ „ „
Peri-Natal Mortality Rate	...	...	...	36·55	per 1,000 live and still births.
Maternal Mortality Rate	...	...	...	0·19	per 1,000 live and still births.

Tuberculosis Death Rate :—

All forms	...	...	...	0·130	per 1,000 population.
Pulmonary	...	...	...	0·127	„ „ „
Non-pulmonary	...	...	...	0·003	„ „ „

Cancer Death Rate:—

All forms	...	...	...	2·36	„ „ „
Lungs	...	...	...	0·16	„ „ „
Bronchus	...	...	...	0·37	„ „ „
Other sites	...	...	...	1·83	„ „ „
Infectious Diseases Death Rate	...	...	...	0·007	„ „ „
Marriage Rate	...	...	...	18·7	„ „ „
Inhabited Houses	...	...	...	87,788.	
Rateable Value	...	...	...	£4,483,365.	
Product of 1d. rate	...	...	...	£17,900	(estimated).

GENERAL STATISTICS.

Population.

The population, as estimated by the Registrar General, was 275,100, a decrease of 2,000 from 1956, and caused primarily by the re-housing of City families on estates outside the City boundary.

Births.

There were 4,998 live births recorded, representing a crude birth rate of 18·17 per 1,000 population, as compared with a rate of 17·73 for 1956. The City birth rate is higher than that for England and Wales—16·1.

In addition there were 118 stillbirths, representing a rate of 23·01, an improvement on the 1956 rate of 28·86.

SEX.	LIVE BIRTHS.			STILL BIRTHS.		
	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
Male ...	2,448	137	2,585	59	2	61
Female	2,287	126	2,413	52	5	57
Totals...	4,735	263	4,998	111	7	118

Deaths.

The net deaths amounted to 3,394 equivalent to a crude rate of 12·34 per 1,000 population, as compared with a rate of 11·83 for 1956. The death rate for England and Wales for 1957 was 11·5.

Infantile Mortality.

116 infants died before completing the first year of life, representing a rate of 23·21 deaths per 1,000 live births. This was 5 less than last year, when the rate was 24·63 and compares favourably with the England and Wales rate of 23·0.

Of the 116 infant deaths, 81 occurred before attaining the age of one month, making a neo-natal mortality rate of 16·21, as compared with the England and Wales rate of 16·5.

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

Maternal Mortality.

One maternal death occurred during the year giving a mortality rate of 0.19 per 1,000 live and still births, which is a considerable improvement on the 1956 rate of 1.19 (6 deaths). The England and Wales mortality rate for 1957 was 0.47.

Tuberculosis.

Thirty-six persons died from various forms of tuberculosis during the year, 35 being pulmonary and 1 being non-pulmonary, giving a death rate of 0.127 and 0.003 respectively, a total of 0.130 for all forms.

These rates are the lowest recorded for the City, but are still higher than the rate for England and Wales which during 1957 was 0.107 (all forms).

Infectious Diseases.

This again caused only a very small number of deaths, 2 during the year (excluding diarrhoea, pneumonia and tuberculosis) representing a rate of 0.007 per 1,000 population, one third of that for 1956.

Marriages.

2,506 marriages took place during the year, representing a marriage rate of 18.7 per 1,000 population, compared with 17.6 in 1956.

Accidents.

During the year 2,144 street accidents occurred, 6 more than last year, and as a result 1,076 were injured, 34 fatally. The total included 222 accidents to children under 15 years of age, 9 of which were fatal.

	Under 5 years.		5-10 yrs.		10-15 yrs.		Total.	
	1956	1957	1956	1957	1956	1957	1956	1957
Killed	4	4	4	3	...	2	8	9
Injured	56	63	120	118	61	41	237	222

Of the accidents which occurred at home, 84 came to the notice of Health Visitors during the course of their duties, 38 due to burns and scalds and 27 to falls etc. The registered deaths from accidental causes (other than motor vehicles) were 71, 16 being of children under 15 years of age.

Nursing Homes.

The establishment of a Nursing Home by the Marie Curie Foundation during the year brought the total registered in the City to seven, with a bed accommodation of 150, 30 of which are for maternity cases.

All Homes were inspected during the year.

Cremation.

During 1957, a total of 4,343 cremations were carried out, 125 fewer than last year. Of these, 1,397 (32%) were Newcastle residents.

The Medical Referee required 30 post-mortem examinations (17 in 1956), 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. No cases were referred to a Coroner or refused cremation.

NEWCASTLE AIRPORT—HEALTH CONTROL.

The volume of traffic between Newcastle Airport, Woolsington, and the Continent, showed a considerable decrease, and apart from a small number of specially chartered flights was limited to a regular weekly service to and from Dusseldorf and Amsterdam which operated from June until the end of the year. There were 58 landings from the Continent, 173 less than last year, and of the 519 passengers carried, 200 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. No medical examinations were requested by immigration officials.

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 1957 was somewhat warmer and dryer. Hours of sunshine in the City averaged just over 3 per month more, and over the year the rainfall was 6 inches less. Temperatures were generally higher, with June the warmest and sunniest 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 gauges make comparisons inequitable to some extent, but they serve to demonstrate the effect of the smoke haze which cuts off much of the City's sunshine, noticeably at the beginning and end of the year when the use of coal fires is at its maximum.

METEOROLOGICAL RECORDS, 1957

Month.	SUNSHINE HOURS.				RAINFALL AND TEMPERATURES.		
	King's College.	Hexham.	Cockle Park.	Gateshead.	LEAZES PARK.		
					Rainfall (inches).	Mean Max. Temp. °F.	Mean Min. Temp. °F.
January	17.3	40.2	57.1	54.5	1.03	48.35	34.29
February	54.9	96.2	101.3	111.9	1.91	44.00	30.82
March	55.9	86.8	81.3	90.4	1.15	53.20	39.00
April	100.0	126.5	134.5	141.3	0.43	55.46	37.20
May	124.8	115.2	194.9	199.5	1.53	65.48	39.54
June	222.2	240.0	256.3	280.6	2.08	71.06	45.86
July	65.1	116.8	109.5	111.8	3.48	70.84	52.50
August	87.3	125.2	123.3	129.4	3.29	66.71	50.13
September.....	117.3	130.5	135.1	153.1	3.69	60.10	44.57
October.....	63.0	85.3	89.0	103.3	1.75	56.80	41.13
November.....	38.6	51.5	68.7	63.7	1.43	47.50	37.56
December ...	6.8	41.8	44.1	47.0	1.71	43.81	31.83
Totals	953.2	1256.0	1395.1	1486.5	22.48	—	—
Averages.....	79.4	104.7	116.3	123.9	1.88	56.94	40.37
1956 Averages	76.1	100.6	113.9	118.5	2.40	54.70	39.20

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 138).

Sewerage.

There are 461.05 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, based upon the one per cent. extraction system adopted from the 1951 Census by the Registrar General, indicates the nature of the main types of occupation engaged in by the population of the City.

OCCUPATION ORDERS AND STATUS AGGREGATES (1951).

	Males	Females	
Total (aged 15 and over)	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 (excluding clerical)	8,700	5,900	14,600
Personal service (institutions, clubs, etc.)...	2,000	12,500	14,500
Transport and communication	11,600	—	11,600
Unskilled workers	9,600	1,700	11,300
Professional and technical	4,800	2,800	7,600

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.
14th January, 1957	2,566	913	3,479
9th December, 1957	2,105	620	2,725

Inhabited Houses.

There were 87,788 inhabited houses which, on the estimated population, showed an average of 3.1 persons per dwelling.

Rateable Value.

A penny rate produced £17,900, the gross rateable value being £4,483,365 compared with £4,861,310 in 1956.

Vital Statistics of Whole City during 1957, and previous years.

YEAR.	Population estimated to Middle of each Year.	LIVE BIRTHS.			TOTAL DEATHS REGISTERED IN THE CITY.		TRANSFERABLE DEATHS.		NET DEATHS BELONGING TO THE CITY.			
		Uncor- rected Number	Net.		Number	Rate.	of Non- res- idents regis- tered in the City	of Res- idents not reg- istered in the City	Under 1 Year of Age.		At all Ages.	
			Number	Rate.					Number	Rate per 1,000 Nett Births.	Number	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1917	278,107	6,548	6,495	23.4	4,646	16.7	718	246	732	113	4,174	15.0
1918	278,107	6,555	6,468	23.3	5,380	19.3	872	308	692	107	4,816	17.3
1919	275,099	6,793	6,674	23.3	5,358	19.5	737	234	806	120	4,855	17.6
1920	286,061	8,433	8,070	28.0	4,609	16.1	779	195	817	101	4,025	14.0
1921	278,400	7,720	7,284	26.2	4,602	16.5	817	142	699	96	3,927	14.1
1922	281,600	7,432	6,987	24.8	4,698	16.7	831	145	646	92	4,012	14.2
1923	283,800	6,961	6,367	22.4	4,298	15.1	789	150	623	98	3,659	12.9
1924	285,900	7,029	6,335	22.2	4,607	16.1	929	172	632	100	3,850	13.5
1925	286,300	7,031	6,215	21.6	4,732	16.5	989	165	550	88	3,908	13.6
1926	284,700	6,728	6,007	21.0	4,460	15.7	979	161	530	88	3,642	12.8
1927	288,500	6,215	5,395	18.7	4,468	15.5	1,058	178	474	88	3,588	12.4
1928	281,500	6,360	5,429	19.2*	4,683	16.6	1,178	179	447	82	3,684	13.1
1929	283,400	6,120	5,126	18.1	5,040	17.8	1,313	172	438	85	3,899	13.8
1930	283,400	6,190	5,223	18.4	4,665	16.5	1,232	133	384	74	3,566	12.6
1931	283,600	6,058	5,056	17.8	4,911	17.3	1,251	145	467	92	3,805	13.4
1932	285,100	6,006	4,883	17.1	4,579	16.0	1,174	134	370	76	3,539	12.4
1933	286,500	5,770	4,712	16.4	4,695	16.4	1,182	127	359	76	3,640	12.7
1934	287,050	5,848	4,695	16.4	4,823	16.8	1,322	145	389	83	3,646	12.7
1935	292,700†	5,895	4,666	16.0	5,040	17.3	1,489	121	400	86	3,672	12.6
1936	290,400	5,709	4,537	15.6	5,148	17.4	1,421	151	408	90	3,878	13.1
1937	290,400	5,996	4,796	16.5	5,107	17.6	1,403	160	435	91	3,864	13.3
1938	291,300	6,101	4,678	16.1	4,866	16.7	1,413	168	307	66	3,621	12.4
1939	293,400	5,855	4,646	15.8	4,804	17.0	1,328	185	289	62	3,661	12.9‡
1940	255,900	5,501	4,519	17.6	4,727	18.5	1,181	187	284	64	3,733	14.6
1941	254,960	4,599	4,176	16.4	4,905	19.2	1,208	254	315	76	3,951	15.5
1942	254,100	4,686	4,289	16.9	4,398	17.3	1,140	222	255	59	3,480	13.7
1943	254,890	5,162	4,548	17.8	4,759	18.7	1,235	185	291	64	3,709	14.6
1944	262,920	6,799	5,359	20.4	4,585	17.4	1,298	221	270	50	3,508	13.3
1945	265,990	5,950	4,836	18.2	4,469	17.7	1,234	200	192	40	3,435	13.0
1946	283,740	8,219	6,079	21.4	4,569	16.1	1,242	188	249	41	3,515	12.4
1947	290,470	8,512	6,449	22.2	4,726	16.3	1,190	211	286	44	3,747	12.9
1948	293,600	7,414	5,705	19.4	4,504	15.3	1,215	186	217	38	3,475	11.8
1949	294,540	6,916	5,377	18.3	4,740	16.1	1,215	232	213	39	3,757	12.7
1950	294,800	6,473	5,051	17.1	4,720	16.0	1,110	315	170	34	3,925	13.3
1951	291,700	6,053	4,803	16.5	4,535	15.5	976	341	166	34	3,900	13.4
1952	289,800	5,982	4,792	16.5	4,099	14.2	1012	337	140	29	3,424	11.8
1953	289,700	6,313	4,922	17.1	4,040	13.9	1018	137	132	27	3,159	10.9
1954	286,500	5,984	4,852	16.9	4,076	14.2	1,041	196	124	25	3,231	11.3
1955	281,000	5,910	4,705	16.7	4,285	15.2	1,053	245	158	33	3,477	12.4
1956	277,100	6,256	4,913	17.7	4,068	14.7	1,056	267	121	25	3,279	11.8
1957	275,100	6,506	4,998	18.2	4,299	15.6	1,186	281	116	23	3,394	12.3

* Calculated on a population of 282,200.

† Rates calculated on a population of 291,025.

[Civilians only

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

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1957

(REGISTRAR-GENERAL'S RETURN).

CAUSES OF DEATH.	Sex.	All ages.	0-	1-	5-	15-	25-	45-	65-	75-
1—Tuberculosis, respiratory	M. F.	25 10	... ...	... ...	... ...	... ...	7 4	10 4	7 2	1 ...
2—Tuberculosis other forms	M. F.	1 ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...
3—Syphilitic disease	M. F.	5 5	... ...	... ...	... ...	... ...	1 ...	2 1	2 1	... 3
4—Diphtheria	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
5—Whooping cough	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
6—Meningococcal infections	M. F.	1 ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
7—Acute poliomyelitis	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
8—Measles	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
9—Other infective and parasitic diseases	M. F.	2 4	... 1	... ...	... 1	... ...	1 ...	1 1	... ...	... 1
10—Malignant neoplasm, stomach	M. F.	61 39	... ...	... ...	... ...	... ...	3 1	26 5	21 19	11 14
11—Malignant neoplasm, lung, bronchus	M. F.	126 18	... ...	... ...	... ...	... ...	10 1	61 12	43 3	12 2
12—Malignant neoplasm, breast	M. F.	... 49	... ...	... ...	... ...	... ...	... 1	... 26	... 12	... 10
13—Malignant neoplasm, uterus	F.	26	...	...	...	...	3	7	10	6
14—Other malignant & lymphatic neoplasms	M. F.	175 141	... ...	... 1	... ...	2 1	12 7	55 53	49 35	57 44
15—Leukaemia, aleukaemia	M. F.	8 5	... ...	... ...	1 3	1 ...	1 ...	1 1	2 ...	2 1
16—Diabetes	M. F.	6 12	... ...	... ...	... ...	... 1	... ...	1 3	4 5	1 3
17—Vascular lesions of nervous system	M. F.	242 286	... ...	... ...	... ...	2 1	3 4	55 43	69 67	113 171
18—Coronary disease, angina	M. F.	371 213	... ...	... ...	... ...	... ...	8 1	155 38	122 88	86 86
19—Hypertension with heart disease	M. F.	25 49	... ...	... ...	... ...	... ...	... ...	7 7	12 17	6 25

Causes of Death at different periods of life for 1957—*continued*.

CAUSES OF DEATH.	Sex	All ages.	0—	1—	5—	15—	25—	45—	65—	75—
20—Other heart disease	M.	157	...	...	...	...	7	19	43	88
	F.	250	...	...	...	1	9	32	53	155
21—Other circulatory disease	M.	86	...	...	...	1	1	12	22	50
	F.	103	...	...	...	...	1	17	19	66
22—Influenza	M.	13	...	...	...	1	2	5	1	4
	F.	16	...	...	...	2	2	3	4	5
23—Pneumonia	M.	58	5	...	...	...	1	15	20	17
	F.	54	5	1	...	1	1	8	7	31
24—Bronchitis	M.	151	1	1	...	...	2	59	46	42
	F.	47	...	...	...	...	2	10	13	22
25—Other diseases of respiratory system	M.	14	...	...	...	...	...	9	2	3
	F.	12	2	...	...	...	1	1	2	6
26—Ulcer of stomach and duodenum	M.	23	...	...	...	...	...	7	11	5
	F.	5	...	...	...	...	...	...	3	2
27—Gastritis, enteritis and diarrhoea	M.	3	...	...	...	...	...	3	...	...
	F.	8	1	...	...	...	...	2	3	2
28—Nephritis and nephrosis	M.	9	...	...	...	...	1	3	2	3
	F.	21	...	...	...	...	4	6	7	4
29—Hyperplasia of prostate	M.	8	...	...	...	...	...	...	3	5
30—Pregnancy, child-birth, abortion	F.	1	...	...	...	...	1	...	...	...
31—Congenital malformations	M.	20	16	1	1	...	...	1	1	...
	F.	15	10	1	2	...	...	2	...	...
32—Other defined and ill-defined diseases	M.	127	38	3	4	1	8	32	19	22
	F.	135	23	2	...	1	7	19	28	55
33—Motor vehicle accidents	M.	24	...	4	3	4	3	6	...	4
	F.	11	...	1	2	3	...	4	1	...
34—All other accidents	M.	45	7	2	1	5	16	7	3	4
	F.	26	5	1	...	1	2	2	3	12
35—Suicide	M.	27	...	...	...	5	6	9	5	2
	F.	15	...	...	...	...	4	7	4	...
36—Homicide and operations of war	M.	2	...	...	...	...	...	1	1	...
	F.	3	1	1	...	...	...	...	...	1
All causes	M.	1815	68	11	10	22	93	563	510	538
	F.	1579	48	8	8	12	56	314	406	727

CANCER DEATHS AND DEATH RATES FROM 1937
AND DEATHS FROM CANCER OF RESPIRATORY ORGANS SHOWING AGE AND SEX DISTRIBUTION.

	Total Number of Cancer Deaths	Death Rate per 1,000 Popula- tion	RESPIRATORY ORGANS ONLY									
			Males.				Total	Females.				Total
			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	..	3
1938	444	1.52	..	7	20	10	37	1	..	7	2	10
1939	457	1.61	..	4	20	9	33	..	1	2	5	8
1940	474	1.85	..	5	37	6	48	..	1	6	4	11
1941	510	2.00	..	4	24	6	34	..	..	2	4	6
1942	510	2.01	..	5	33	12	50	1	2	7	6	16
1943	533	2.09	..	4	43	11	58	..	3	7	7	17
1944	519	1.97	..	3	30	19	52	..	1	4	4	9
1945	510	1.92	1	2	30	13	46	..	2	15	6	23
1946	538	1.90	1	5	37	19	62	..	..	12	5	17
1947	514	1.77	..	4	43	21	68	..	..	10	9	19
1948	590	2.01	..	7	56	22	85	..	1	7	9	17
1949	558	1.89	..	6	44	21	71	..	..	9	13	22
1950	644	2.18	..	3	55	34	92	..	..	10	7	17
1951	585	2.01	..	6	52	27	85	..	2	8	8	18
1952	614	2.12	..	5	58	30	93	..	1	10	10	21
1953	607	2.09	..	7	54	38	99	..	3	7	4	14
1954	554	1.93	..	6	74	28	108	..	1	4	11	16
1955	638	2.27	..	7	79	46	132	..	..	14	5	19
1956	591	2.13	..	4	61	46	111	..	2	8	6	16
1957	648	2.36	..	10	61	55	126	..	1	12	5	18

CANCER DEATHS IN AGES (MALE AND FEMALE)—1957.

29A

SITE.			Under 1 year		1 year & under 2 years		2 years & under 5 years		5 years & under 15 years		15 years & under 25 years		25 years & under 45 years		45 years & under 65 years		Over 65 years		TOTAL	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
141	Malignant neoplasm of tongue	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	3	..	
142	Do. salivary gland	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	
146	Do. nasopharynx	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..		
147	Do. hypopharynx	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..		
150	Do. œsophagus	..	..	..	..	..	..	..	..	..	..	..	5	3	9	1	14	4		
151	Do. stomach	..	..	..	..	..	..	..	..	..	3	1	26	5	32	33	61	39		
152	Do. small intestine including duodenum	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	1	1		
153	Do. large intestine except rectum	..	..	..	..	..	..	..	..	1	1	1	11	9	25	26	37	37		
154	Do. rectum	..	..	..	..	..	..	..	..	..	1	5	5	13	7	18	13			
155	Do. biliary passages and of liver (stated to be primary site)	..	..	..	..	1	..	..	..	..	..	..	..	..	4	5	4	6		
156	Do. liver (secondary and unspecified)	..	..	..	..	..	..	..	..	..	1	1	1	1	3	2	5			
157	Do. pancreas	..	..	..	..	..	..	..	..	..	..	5	6	8	8	13	14			
158	Do. peritoneum	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1			
160	Do. nasal cavities	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2				
161	Do. larynx	..	..	..	..	..	..	..	..	..	1	..	4	1	5	1				
162	Do. tracheæ & of bronchus & lung specified as primary	..	..	..	..	..	..	..	..	8	..	40	9	39	4	87	13			
163	Do. lung and bronchus unspecified as to whether primary or secondary	..	..	..	..	..	..	..	..	2	1	21	3	16	1	39	5			
170	Do. breast	..	..	..	..	..	..	..	..	..	1	..	26	..	22	..	49			
171	Do. cervix uteri	..	..	..	..	..	..	..	..	..	3	..	5	..	13	..	21			
172	Do. corpus uteri	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2				
174	Do. uterus unspecified	..	..	..	..	..	..	..	..	..	..	2	..	1	..	3				
175	Do. ovary fallopian tube and broad ligament	..	..	..	..	..	..	..	..	..	1	..	11	..	4	..	16			
176	Do. other unspecified female genital organs	..	..	..	..	..	..	..	..	..	..	1	..	2	..	3				
177	Do. prostate	..	..	..	..	..	..	..	..	..	..	2	..	18	..	20	..			
178	Do. testis	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..				
179	Do. other unspecified male genital organs	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..				
180	Do. kidney	..	..	..	..	..	..	..	..	1	..	3	..	2	2	6	2			
181	Do. bladder and other urinary organs	..	..	..	..	..	..	..	..	1	1	3	3	4	2	8	6			
190	Do. malignant melanoma of skin	..	..	..	..	..	..	..	..	1	1	..	..	..	2	1	3			
191	Malignant neoplasm of skin	..	..	..	..	..	..	..	..	..	..	1	1	3	2	4	3			
192	Do. eye	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1				
193	Do. brain and other parts of nervous system	..	..	..	..	..	..	..	..	2	..	5	3	..	2	7	5			
194	Do. thyroid gland	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..				
196	Do. bone including jaw bone	..	..	..	..	..	..	..	2	..	..	..	..	1	1	3	1			
198	Do. lymph nodes, secondary and unspecified	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1			
199	Malignant neoplasm of other and unspecified sites	..	..	..	..	..	..	..	..	3	1	5	..	2	4	10	5			
200	Lymphosarcoma and reticulosarcoma	..	..	..	..	..	..	..	..	..	..	4	3	3	1	7	4			
201	Hodgkin's disease	..	..	..	..	..	..	..	..	2	..	..	2	1	1	3	3			
203	Multiple myeloma	..	..	..	..	..	..	..	..	..	..	2	..	1	1	3	1			
204	Leukaemia and aleukaemia	..	..	..	..	1	3	1	..	1	..	1	1	4	1	8	5			
TOTALS			..	..	..	1	1	3	3	1	26	13	143	104	197	156	370	278		
COMBINED TOTALS			..	..	..	1	4	4	4	39	247	353	648							

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
1957 ...	560	1,278	337	84	148

WARD DISTRIBUTION OF BIRTHS, DEATHS, INFANT MORTALITY, TUBERCULOSIS AND OTHER
RESPIRATORY DISEASES, CANCER AND HEART DISEASE, 1957.

WARD.	Estimated Population.	Average Area (Less River 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 ..	13,080	239.6	54.5	321	24.5	188	13.8	5	15.6	15	1.15	1	0.08	2	0.15	..	..	18	1.38	30	2.29	54	4.13
Arthur's Hill.	13,550	318.1	42.6	202	14.9	256	18.9	7	34.6	10	0.74	5	0.36	1	0.07	..	..	24	1.77	38	2.88	82	6.05
Benwell	14,080	246.8	57.1	266	18.8	149	10.6	9	34.0	26	1.80	..	..	2	0.13	..	..	15	1.07	33	2.34	44	3.12
Byker	13,130	245.4	53.5	302	23.0	149	11.3	5	16.5	19	1.45	2	0.15	5	0.38	..	..	24	1.83	22	1.67	40	3.05
Dene	13,410	865.4	15.5	153	11.4	155	11.5	1	6.5	10	0.74	..	..	1	0.07	..	..	14	1.04	37	2.76	57	4.25
Elswick	13,320	215.0	61.9	234	17.5	184	13.8	3	12.8	15	1.13	2	0.15	4	0.30	..	..	12	0.90	43	3.98	65	4.88
Fenham	15,920	650.5	24.5	216	13.6	169	10.6	2	9.5	13	0.81	1	0.06	4	0.25	..	..	16	1.00	29	1.88	59	3.71
Heaton	13,950	315.3	44.2	188	13.5	192	13.7	7	37.2	16	1.15	..	..	..	..	..	..	14	1.00	29	2.11	69	4.95
Jesmond	15,200	416.6	36.5	173	11.5	218	14.3	1	5.8	7	0.47	..	..	6	0.40	..	..	16	1.05	42	2.76	79	5.20
Kenton	28,600	1938.0	14.8	553	19.3	266	9.3	9	16.2	35	1.23	6	0.21	8	0.28	..	..	22	0.77	55	1.92	77	2.69
St. Anthony's	13,070	240.9	54.2	245	18.7	153	11.7	2	8.2	10	0.76	3	0.23	2	0.15	..	..	14	1.07	35	2.68	44	3.83
St. Lawrence	14,210	315.3	45.7	253	17.8	148	10.4	8	31.6	6	0.42	1	0.07	3	0.21	..	..	25	1.75	40	2.82	36	2.53
St. Nicholas	9,030	438.2	26.1	196	21.7	135	14.9	6	30.6	17	1.88	1	0.11	3	0.33	..	..	16	1.77	35	3.88	39	4.32
Sandyford...	12,710	245.9	51.7	198	15.6	178	14.0	10	50.5	5	0.40	2	0.16	3	0.23	..	..	21	1.66	27	2.12	64	5.04
Scotswood ..	14,720	395.5	37.2	283	19.2	173	11.7	4	14.1	12	0.82	3	0.21	3	0.21	..	..	29	1.97	29	2.05	49	3.40
Stephenson..	15,300	310.2	49.3	457	29.9	180	11.7	23	50.3	20	1.31	2	0.13	1	0.07	..	..	25	1.63	32	2.09	41	2.68
Walker	15,600	499.9	31.2	333	21.3	173	11.1	9	27.0	17	1.09	2	0.13	7	0.45	1	0.07	27	1.73	32	2.05	64	4.18
Walkergate..	14,250	525.2	27.1	220	15.5	160	11.2	3	13.6	18	1.26	2	0.14	..	..	..	..	17	1.19	27	1.89	52	3.65
Westgate ...	11,970	293.6	40.8	205	17.1	168	14.0	2	9.7	16	1.34	2	0.16	4	0.33	..	..	16	1.34	33	2.89	50	4.18
CITY ...	275,100	8705.4	31.6	4,998	18.2	3,394	12.3	116	23.2	287	1.04	35	0.127	59	0.22	1	0.003	365	1.33	648	2.36	1065	3.87

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES.
1957.

	Newcastle upon Tyne.	Gateshead.	South Shields.	Sunderland.	Tynemouth.	Northumberland.	Durham.
R.G.'s estimated population	275,100	110,900	108,300	183,800	68,000	463,900	928,800
Comparability factor :—							
(a) births	0.96	0.96	0.93	0.94	0.95	0.99	0.97
(b) deaths	1.14	1.19	1.19	1.24	1.12	1.09	1.21
Crude birth rate per 1,000 population	18.17	18.6	19.52	21.73	18.23	16.68	18.4
Birth rate adjusted by factor	17.44	17.8	18.15	20.43	17.31	16.51	17.8
Crude death rate per 1,000 population	12.34	11.5	11.77	10.41	11.84	11.49	11.3
Death rate adjusted by factor	14.07	13.6	14.01	12.91	13.26	12.52	13.7
Infantile mortality rate per 1,000 live births	23.21	27.6	23.2	24.78	27.42	23.51	27.08
Neo-natal mortality rate per 1,000 live births	16.21	18.4	14.66	17.53	18.55	16.93	17.8
Stillbirth rate per 1,000 total births	23.01	28.2	26.26	28.22	27.45	25.31	25.3
Maternal mortality rate per 1,000 total births	0.19	0.47	—	—	0.80	0.76	0.63
Tuberculosis rates per 1,000 population :—							
Primary Notification :							
(a) respiratory	1.04	1.12	1.49	0.81	1.01	0.55	0.65
(b) non-respiratory	0.22	0.16	0.09	0.12	0.11	0.13	0.11
Deaths :							
(a) respiratory	0.127	0.171	0.17	0.08	0.11	0.056	0.13
(b) non-respiratory	0.003	0.009	0.01	0.02	—	0.015	0.01
Death rates from Cancer :							
(a) all forms (including leukaemia & aleukaemia).	2.36	2.00	2.29	1.79	2.30	1.93	1.92
(b) lungs and bronchus only	0.53	0.549	0.416	0.40	0.45	0.34	0.34

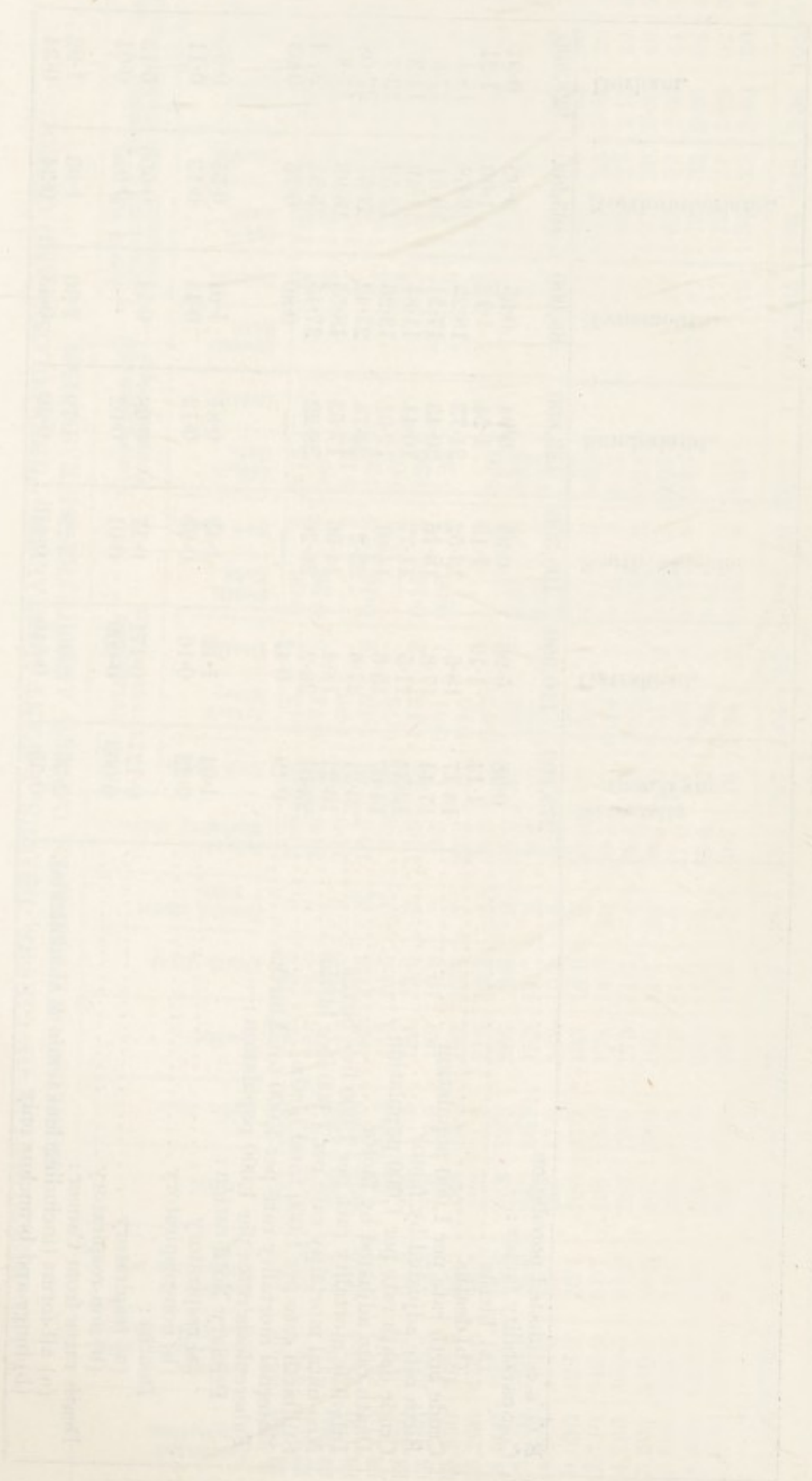


FIGURE 1. PERCENTAGE OF WATER VAPOR IN AIR AT VARIOUS DISTANCES FROM WATER SURFACE.

MATERNITY AND CHILD WELFARE

Report of the Department of Health, Education and Welfare, Office of the Assistant Secretary for Health, Education and Welfare

UNITED STATES

For the year ending June 30, 1964—1965 and for the year ending June 30, 1965—1966, the Department of Health, Education and Welfare has published a report on the activities of the Maternity and Child Welfare Division. Of these reports, 1/2 million and 1/2 million copies are available.

II.—NATIONAL HEALTH SERVICE ACTS

MATERNITY AND CHILD WELFARE

(Dr. S. M. Livingston, Senior Child Welfare Medical Officer).

Birth Rate.

There was a total of 4,998 live births—2,585 male births and 2,413 female births registered producing a crude birth rate of 18·17 per 1,000 population. Of these births 137 males and 126 females were illegitimate.

Still-birth Rate.

There were 118 still-births giving a still-birth rate of 23·01.

Infant Mortality and Perinatal Mortality Rates.

Eighty-one babies died in the first month of life and 35 between the end of the first month and the end of their first year. This gave an infant mortality rate of 23·21 and a neo-natal mortality rate of 16·21. The perinatal mortality rate was 36·55.

Maternal Mortality Rate.

There was only one maternal death during the year giving a mortality rate of 0·19 per 1,000 live and still births.

The number of births during 1957 has been very much the same as in 1956, with a slightly higher proportion of mothers having their babies in hospital.

Ante-Natal Care.

With the general shortage of hospital midwives more cases were discharged before the 14th day to be nursed at home and consequently it becomes even more important to make the fullest use of those maternity beds which are available, and to redirect our efforts to persuading mothers that in medically straightforward cases, with comfortable homes, home confinement has its advantages. The

domiciliary midwives, besides giving their routine ante-natal care, have played a greater part in the field of health education. Having themselves completed during the past year relaxation instruction classes given by the hospital physiotherapist, and a parentcraft course given by the midwives' tutor, they have played a greater part in group health talks and classes for expectant mothers. Although a great deal is being done for the mother during the ante-natal period there is still a need for more ante-natal hospital beds.

Premature Infant Nursing.

The overall efficiency of the Premature Nursing Service has been increased by the training, in this speciality, of three more domiciliary midwives. Each area now has its trained premature nurse, thereby reducing travelling time considerably. Towards the end of the year an Oxygenaire Incubator was added to the premature infant nursing equipment. This is for the transport of infants to hospital, and the required temperature can be maintained during transit in the ambulance.

Accommodation for midwives and district nursing staff becomes an increasing problem, particularly on new estates, and can probably only be solved satisfactorily by the Local Health Authority building its own houses as required. If it is considered that cars are required for efficient service then adjacent garages must be built also.

Perinatal Mortality.

The number of infant deaths was slightly lower than in 1956, but there was little difference in the number of perinatal deaths, i.e. those under the first week and still-births. The survey planned by a committee set up by the National Birthday Trust Fund in co-operation with the Ministry of Health and the Society of Medical Officers of Health to investigate the problem of perinatal mortality is something which is very welcome, and it is hoped that the knowledge gained from this may lead to a better understanding of the facts underlying this problem.

Child Welfare.

The year has brought several new developments as a result of a critical review of the service, some of these embodying fundamental changes, others a natural result of gradual and necessary progress.

Approval was granted for the appointment of two full-time medical officers to take the place of some of the sessional medical officers. These two medical officers will, by working in specific areas and in close touch with the School Health service, help to co-ordinate the School and Child Welfare services. A start has already been made at Blakelaw Centre, where the School Health service now hold their clinics, and the closer contact, particularly of the nursing personnel, at the centre makes for better working of the two services.

In February the Walkergate Clinic was transferred from the Conservative Association Hall in Walpole Street to what used to be the ground floor of the District Nurses' Hostel in Scrogg Road, and in September the Kenton/Fawdon Clinic was transferred from Coxlodge Mission Church to the Kenton Estate Tenants' Association Hall, behind Kenton Gardens. The new premises provide very much better facilities, but in the case of the Kenton/Fawdon Centre it is still a long way from the Fawdon area, and it is hoped that a new centre will be built in that area in the not too distant future to serve the people in that rapidly expanding district.

Towards the end of the year, owing to gradually diminishing attendances, one session per week at St. Anthony's Centre and one at Elswick were discontinued.

Arrangements were started at some of the centres for special toddler clinics, held monthly, and invitations are sent to the mothers to bring their children for birthday examinations.

Immunology.

Poliomyelitis vaccination took place at special clinics from time to time throughout the year, depending on the supply of vaccine available. The diphtheria-pertussis-tetanus antigen was offered in the place of the combined diphtheria-pertussis in all child welfare clinics from October onwards.

Child Psychiatry.

Towards the end of the year arrangements were made for the holding of child psychiatry sessions once a month at two of the child welfare centres—one at the west end and one at the east end. These are staffed by a psychiatrist and a psychiatric social worker from St. Nicholas Hospital, and the superintendent warden on the Day

Nursery staff, who is a trained nursery teacher, is available for the play therapy and group or individual discussions with the mothers. It is hoped that this will prove an effective service in the treatment of mental and emotional upsets in mothers and young children, and by creating an opportunity for the health visitors to come and discuss their cases in this field will also carry preventive treatment into the homes.

Prevention of Breakdown of Families.

In an attempt to help and support problem families and prevent their breakdown two "Home Advisers" were appointed and started work in November. These two women were carefully chosen from a small group who volunteered for this work. One had already had a good deal of experience as a home help with this type of family, and the other had had experience of working in dirty homes but largely with old people. They were selected because of their kindness, sympathetic understanding, tolerance and a sincere wish to help, as well as for their practical ability in the home. These two workers report monthly to a small sub-committee of the Special Cases Committee who have been delegated to supervise and review this work. Although there has been little time in which to judge, the results have on the whole been encouraging.

Day Nurseries.

There are now five nurseries in the City catering for a maximum (full-day) of 250 children compared with 12 in 1944 accommodating 600 children. During the year 373 children were admitted out of the 464 places offered, and 371 children were discharged.

The attendances at the day nurseries have been reviewed from time to time, and since September "casual users" have been accepted for the whole or part of a day in the week—children whose mothers were overburdened at home and who would benefit by this relief from part of their duties. The admissions are arranged between the matron of the nursery and the health visitor of that district, either on the recommendation of the health visitor, general practitioner, or other social worker. Although the numbers in this group have not been great as yet, the scheme is growing and proving worthwhile.

Another way in which the day nurseries have relieved mothers not necessarily wishing to work, has been by caring for handicapped

children, either full-time or for one or two days a week. Mongols and other mentally retarded children and spastics, who can be the cause of great strain on a mother, have done well in day nurseries among groups of normal children.

Staff.

During the year there have been several new appointments to key posts in the department. On the 3rd January Miss Elizabeth Hunt took up her post as Chief Nursing Officer, and on 6th May Miss I. McMichael started duty as Senior Almoner in the department. On the 1st July Miss A. Sanderson gave up her position as Health Visitor Tutor to take up the duties of Deputy Chief Nursing Officer, and Miss L. Willoughby was appointed as Health Visitor Tutor and started duties on 1st August. We welcome one and all and wish them many happy years of office.

CHILD WELFARE CLINICS.

The child welfare clinic at Walpole Street was transferred in February to Corporation premises at 45 Scrogg Road (formerly the Home Nurses' Hostel). Fawdon Child Welfare Clinic, previously held in a church hall, was transferred to Kenton Residents' Association Hut in September.

One of the seven School Health service areas is now based on Blakelaw Centre, having commenced during the Autumn term. This has led to closer co-operation of the two services in this area.

A monthly toddlers' clinic has been held at Shieldfield Centre since the beginning of May and is proving highly successful. It is hoped to extend this valuable service to other parts of the city in the near future.

In November a beginning was made in starting a Mental Health service for pre-school children in the city. A psychiatrist and a psychiatric social worker are now spending one afternoon per month at the Blakelaw and East End Clinics, to see children and their mothers who are referred by the doctors and the health visitors.

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)
1957	10,006	3,749	368	3,347	6,080	45,390	18,707	33
1956	9,442	3,643	384	3,077	5,212	43,140	18,355	32

MUNICIPAL MIDWIVES.

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.	
25,799	1,987	4	109	431	1,526	54,769

RETURN OF DEATHS UNDER ONE YEAR OF AGE DURING THE YEAR 1957.

41A

CAUSE OF DEATH.	AGE PERIODS—NET.																			
	Under 1 Week.		1 and under 2 Weeks.		2 and under 3 Weeks.		3 and under 4 Weeks.		Total under 1 Month.		1 and under 3 Months.		3 and under 6 Months.		6 and under 9 Months.		9 and under 12 Months.		Total under One Year	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Meningococcal Infections	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
Staphylococcal Septicaemia	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Haemangioma and Lymphangioma	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Neoplasm of Unspecified Organs.....	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Meningitis except Meningococcal and Tuberculous	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	2	..
Otitis Media without mention of Mastoiditis.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Acute upper respiratory infection of multiple or unspecified sites	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Bronchopneumonia	..	..	..	..	..	..	..	..	..	..	2	2	1	2	..	1	..	..	3	5
Pneumonia other and unspecified.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
Acute Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Gastro Enteritis and Colitis except Ulcerative	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Monstrosity	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Spina Bifida and Meningocele	..	2	3	1	1	1	..	..	4	4	..	..	..	..	1	..	..	..	5	4
Congenital Hydrocephalus.....	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Congenital Malformations of Circulatory System	4	..	1	..	..	..	..	..	5	..	1	..	..	1	..	..	..	..	6	1
Congenital Malformations of Digestive System	..	..	..	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	2	..
Other and Unspecified Congenital Malformations	3	1	..	1	..	..	..	..	3	2	..	..	..	..	..	..	..	..	3	2
Intracranial and Spinal Injury at Birth....	3	4	..	..	..	..	..	..	3	4	..	..	..	..	..	..	..	..	3	4
Other Birth Injury	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Post Natal Asphyxia and Atelectasis.....	6	6	..	..	..	..	..	..	6	6	..	..	..	..	..	..	..	..	6	6
Pneumonia of Newborn	1	1	..	..	..	..	1	..	2	1	..	..	..	..	..	..	..	..	2	1
Haemorrhagic Disease of Newborn.....	3	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	3	..
Ill Defined Diseases Peculiar to Early Infancy	..	2	..	..	..	..	..	..	..	2	..	1	..	..	..	..	..	..	..	3
Immaturity Unqualified	22	8	..	..	..	..	..	..	22	8	..	..	..	..	..	..	..	..	22	8
Inhalation and ingestion of food causing obstruction and suffocation	..	..	..	..	..	..	..	..	..	..	2	1	..	1	1	..	..	..	3	2
Accidental Mechanical Suffocation in Bed..	..	..	..	..	..	..	..	..	..	..	2	3	2	..	..	..	..	..	4	3
Assault	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
TOTAL	44	25	4	3	2	1	1	..	51	30	9	10	4	4	3	4	..	1	67	49

Still-Births.

There were 118 still-births the causes of which were as follows:—

Ante-partum haemorrhage	10	Post-maturity	2
Placental insufficiency	20	Prematurity	13
Foetal defects	21	Rh. negative	8
Malpresentation	1	Anoxia	14
Toxaemia of pregnancy	5	Other causes	11
Intra-uterine deaths	13		
		Total	118

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.
1957.....	1,880	27	1,372	27	5,897	27	10
1956.....	1,877	40	1,373	40	6,084	40	11

Puerperal Pyrexia.

Eighty-five cases were notified (70 city cases and 15 extra-mural cases). Of the 70 city cases 52 occurred in hospital and 18 were notified from the district.

Care of the Premature Infant.

There were 129 premature infants notified on the district as follows:—

110 live births.
19 still-births.

Of the 110 live births 3 infants died before the special nurse attended, one infant in the higher weight group was nursed by the midwife who delivered, and 21 infants were transferred to hospital within 14 days.

The 85 remaining infants were nursed at home by the premature infant special nurse and the results were as follows:—

Weight.	Total.	Survived 28 days.	Died.
Up to 2 lbs. 3 ozs.	—	—	—
2 lbs. 3 ozs.—3 lbs. 4 ozs.	—	—	—
3 lbs. 4 ozs.—4 lbs. 6 ozs.	12	11	1
4 lbs. 6 ozs.—4 lbs. 15 ozs.	27	25	2
4 lbs. 15 ozs.—5 lbs. 8 ozs.	46	45	1
	85	81	4

The age groups of the above 'specialled' babies who died were as follows:—

Under 24 hours.....	1
Over 24 hours and under 1 week	3
Over 1 week and under one month	—

WEIGHT GROUPS OF "SPECIALLED" PREMATURE INFANTS WHO DIED.

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

Births.

Of the 4,998 live births in families resident in Newcastle 2,916 occurred in institutions as shown in the following table:—

Nursing homes	11
Princess Mary Maternity Hospital	658
Hopedene Maternity Home	214
Newcastle General Hospital	1,395
Other outside hospitals	638
Total number of live births registered.....	4,998
Proportion of live births taking place in Institutions	59.0%
Proportion in Newcastle hospitals	46.0%

Care of Illegitimate Children.

Total number of illegitimate live births.....	263
Number of unmarried mothers admitted to Mother and Baby Homes for whom the Local Health Authority assumed financial responsibility	17

HEALTH VISITORS.

SUMMARY OF VISITS.

	Primary.	Subsequent.	Total.
Births and children under one year	5,654	23,186	28,840
Measles	5,192	2,738	7,930
Pneumonia	220	145	365
Whooping cough	233	199	432
Poliomyelitis	7	8	15
Expectant mothers	1,009	1,209	2,218
Aged persons	1,542	4,048	5,590
Orthopaedic work	156	882	1,038
Tuberculosis cases.....	826	5,755	6,581
Tuberculosis contacts	808	2,479	3,287
Children over one year.....	13,286	41,626	54,912
Hospital cases		78	78
Special visits		2,376	2,376
Housing		85	85
Unsuccessful visits (out and re-movals)	Primary and Subsequent	24,903	24,903
Venereal diseases—contacts		1,052	1,052
Home accidents		55	55
Sanitary defects		112	112
Totals	28,933	110,936	139,869
No. of households visited	21,364	51,291	72,655
Orthopaedic treatments	—	2,249	2,249

OTHER SERVICES.

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 1956:—

	<i>National Dried Milk.</i>	<i>Cod Liver Oil.</i>	<i>Vitamin A. & D. Capsules.</i>	<i>Orange Juice.</i>
1957	211,288 tins.	27,600 bottles.	14,577 boxes.	187,114 bottles.
1956	264,067 „	33,480 „	14,727 „	185,622 „

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	176
" " " " " for speech therapy	18
(including deaf or partially deaf).	

No. of children referred to Ear, Nose and Throat Hospital	18
" " " " " Eye Hospital	72
" " " " " Royal Victoria Infirmary	22
" " " " " Newcastle General Hospital ...	5
" " " " " Fleming Memorial Hospital ...	7

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	60				
Orthopaedic	235				
Spastic	12				
Mental	46				
Eyes	257	Blind	2	Partially Blind	4
		Squint	243	Other	8
		Heart	14	Hare lip and	
				Cleft palate	9
		Hare lip	4	Cleft palate...	8
				Other	28
Special	52	Epilepsy	12	Eczema	17
				Other	23
Deaf	7				

Sewing Classes.

A total of 209 classes were held at six centres. The number of attendances was 1,646—an average of eight mothers at each class.

DAY NURSERIES.

DAY NURSERY RETURNS.

Nursery.	No. of attendances 0—2 years.	No. of attendances 2—5 years.	Admissions during year.	Discharges during year.	Casual users (comm. 9.9.57) attendance.
Willow Avenue	1,444	4,968	71	71	63
Renwick Street	2,951	6,018	74	75	25
Woodland Crescent	3,083	3,197	69	70	36
West Parade.....	3,168	5,790	63	60	49
Gosforth Street	2,521	5,973	96	95	62
	13,167	25,946	373	371	235

Figures below show the total of children in the nurseries at the end of 1957, and the reasons for their admission:—

Unmarried mothers	34
Widows	11
Widowers	2
Separated or divorced	66
Mother ill	25
Financial difficulties	47
Confinements	1
Housing conditions	1
Difficult children	1
Special recommendations—doctors, health visitors etc.	26
Father ill	6
	220

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

Special Cases Committee.

During 1957, six meetings were held and 16 new cases were reported to the Special Cases committee. The constitution of the committee with the Medical Officer of Health as chairman and the Children's Officer as vice-chairman remained as previously.

Cases have been referred from the following sources:—

	1951	1952	1953	1954	1955	1956	1957	Total.
Co-ordinating Committee	3	—	—	—	—	—	—	3
Superintendent School Nurse...	3	14	7	7	11	4	6	52
Chief Nursing Officer.....	—	6	6	5	7	2	2	28
Lady Almoner, Maternity and Child Welfare Department...	—	1	1	—	—	—	—	2
Head Teachers' Representatives	—	—	—	1	2	1	1	5
Organiser of Child Care	—	—	—	—	2	—	1	3
Probation Service	—	1	1	—	—	—	—	2
National Society for the Preven- tion of Cruelty to Children.....	—	7	5	5	1	4	6	28
Paediatrician, Newcastle General Hospital	1	—	—	—	—	—	—	1
	<u>7</u>	<u>29</u>	<u>20</u>	<u>18</u>	<u>23</u>	<u>11</u>	<u>16</u>	<u>124</u>

The Committee continued its good work during the year and much help and guidance has been given to the families under its care.

During the year, two Home Advisers were appointed to advise mothers in the running of their households, giving guidance on the family budget, on the care of children, cooking, washing, etc. A sub-committee under the chairmanship of the Child Welfare Medical Officer, Dr. S. M. Livingston, meets monthly to report on the three families receiving this valuable help.

It is felt that this committee, with membership from officers of the local authority, the voluntary societies and government departments, is playing a vital part in the City services in assisting these families and especially the children, to obtain a reasonable standard of living.

Priority Dental Service for Nursing and Expectant Mothers and Children under School Age.

The work of the Maternity and Child Welfare Service as in former years was carried out at the Central Clinic and St. Anthony's by two part-time dental officers.

They were assisted in their clinical duties by the part-time services of an oral hygienist who also gave explanatory talks on the service and the care of the mouth and teeth to the health visitors and mothers.

The number of expectant and nursing mothers who attended the clinic during the year was about 20% greater than that seen in 1956, while the figures for children showed a slight drop on last year's total.

Response to offers of treatment throughout the year was fairly good where the young children were concerned, but response on the whole from the mothers was not as good as could be hoped for.

Most of the extractions were carried out under general anaesthetic and some 300 dentures were fitted during the year. Facilities for X-ray diagnosis were available at the Central Clinic and the arrangements with the Sutherland Dental Hospital for specialist advice and treatment worked smoothly.

Details of the work carried out are as follows:—

NUMBERS PROVIDED WITH DENTAL CARE DURING 1957

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	586	512	473	362
Children under five	1760	1090	989	738

FORMS OF DENTAL TREATMENT PROVIDED DURING 1957

	Ex- trac- tions.	Anæsthetics.		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	1887	..	241	295	50	..	2	37	226	85
Children under five	1232	..	627	277	..	417	..	..	..	..

NURSING SECTIONS

(Miss F. E. Hunt, Chief Nursing Officer).

Staff Appointments.

In January Miss Hunt took over her duties as Chief Nursing Officer to replace Miss E. Stephenson who left the previous year. Miss N. E. Carr who had been in the Service 32 years, for the last six of which she acted as Deputy Chief Nursing Officer, retired at the end of March and was replaced by the Health Visitor Tutor, Miss A. Y. Sanderson. A little later Miss L. Willoughby was appointed as Health Visitor Tutor.

With the exception of the appointment of an additional temporary district nurse, the establishment of the District Nursing service remains the same. There have been a number of staff changes mostly among the recently trained newer members who have left for domestic reasons.

Refresher Courses.

Six midwives, 6 district nurses and 6 health visitors attended refresher courses during the year.

MIDWIFERY SECTION.

Pupil Midwife Training.

Thirty-five pupil midwives were trained on the district; of these 34 were successful in passing the Central Midwives Board examination.

Premature Infant Care.

One premature infant special nurse was approved as a district midwife teacher by the Central Midwives Board. This midwife teaches all pupil midwives in the care of premature infants.

Three midwives attended the Newcastle General Hospital for one month's instruction in the care of the premature infant.

Staff Meetings.

Monthly meetings were initiated this year at Diana Street Infant Welfare Centre and were well attended. These meetings follow the same pattern as those of the health visitors and home nurses.

HOME NURSING SECTION.

After Care.

An exhibition of practical aids was held at the Newcastle General Hospital in April at a general practitioners' refresher course. Mr. Henry (male nurse) demonstrated the use of the nursing aids, many of which were made by members of the home nursing staff.

Nursing on the District.

It is not easy to assess the effectiveness of the Home Nursing service but an attempt has been made by grouping together cases nursed at home who seem to have required nursing skill and technique which could not easily have been provided by either the general practitioner or the relatives in attendance.

Under 1 year.	1—5 years.	5—15 years.	15—25 years.	25—45 years.	45—65 years.	Over 65 years.
MALE						
10	30	48	51	100	110	196
FEMALE						
10	28	45	50	110	128	200

The Catholic Nursing Society Charitable Trust donated £40 and Sir James Knott Charitable Trust donated £50 for Christmas extras for patients.

HEALTH VISITORS.

Surveys.

Two new surveys, each of which will last approximately one year, commenced during the year. The visits paid by the health visitors are in addition to their usual duties.

The first one, which commenced in May, is a poliomyelitis investigation, and the second one, which commenced in October, is in relation to the influenza vaccine trial.

Home Advisers.

The Home Advisory scheme commenced in November. Two advisers were appointed to work in the homes of problem families where it was felt that the mother would benefit from their example

and instruction. It is hoped that this experimental scheme will reduce the number of problem or potential problem families in the city.

Bath Orderlies.

The call upon bath orderlies increases as this service becomes more widely known. As the proportion of the elderly in the community increases it is felt that the service may have to be increased, and serious consideration should be given to the inclusion of male bath orderlies.

Staff Meetings.

Monthly staff meetings were held throughout the year, where discussions took place about matters arising from their work and in addition quarterly meetings were held and a speaker invited.

GENERAL SUMMARY.

The year 1957 was one of changes and new ventures in all sections of the nursing services. Co-operation and liaison among the individual members of each branch has steadily increased throughout the year. This pooling of ideas and knowledge, and the greater awareness of what one's colleagues are doing, has been of value to both the nurse and the community she serves.

As in previous years an increasing number of visitors and students from all fields were introduced to public health work by members of the nursing services:—

8 Diploma of Public Health students.	1 Social Science student.
154 Medical students.	12 International visitors.
279 Student nurses.	11 Schoolgirls.
5 Royal College of Midwives students.	1 Royal College of Nursing student.

The health visiting and midwifery services co-operated in providing a series of parentcraft talks to expectant mothers in three centres in the city. It is hoped to make this service available at all centres to expectant mothers who wish to participate.

In order to further co-operation among the domiciliary nursing staff, and to bring before them the many changes in the medical, nursing and social fields, monthly talks were held at Jubilee Road from September and will continue throughout the winter. Speakers were invited who were specialists in their own field, and these meetings have proved highly successful.

Despite the changes in both staff and work the high standard has been maintained throughout the whole of the domiciliary services.

VACCINATION AND IMMUNISATION

The wider scope of immunisation during the year made it advisable that immunisation procedures should be considered in the light of provoking poliomyelitis as a result, a review suggested by the Medical Research Council. Accordingly, after consultation with the Professor of Child Health at Durham University (Professor D. Court) and Dr. E. G. Brewis, Infectious Diseases Consultant, Newcastle Regional Hospital Board, a suggested procedure was recommended for the guidance of medical officers undertaking local authority work at child welfare clinics, and general practitioners in the city were advised of these recommendations. It was stressed, however, that they were no more than a guide, and that discretion as to the type of antigens to be used for each child was left to the medical officer carrying out the immunisation.

Smallpox Vaccination.

The following table gives the number of children who were vaccinated or re-vaccinated during the year either at clinics or by their own doctors; the total of 2,691 children under one year vaccinated represented a rate of 56%, an improvement on 1956 of 2%.

SMALLPOX VACCINATION.

NUMBER OF INDIVIDUALS ATTENDING FOR PRIMARY AND RE-VACCINATION
1957, DIVIDED INTO AGE GROUPS.

(1956 figures in brackets).

	1956-57 Under 1 yr. year.	1953-56 1 to 4 years.	1943-52 5 to 14 years.	Before 1943 over 15 years.	TOTAL.
<i>Clinics.</i>					
Primary ...	1,552 (1,329)	73 (60)	4 (2)	11 (2)	1,640 (1,393)
Re-vaccination	— (—)	4 (—)	1 (—)	153 (13)	158 (13)
<i>Private Practitioners</i>					
Primary.....	1,139 (1,233)	89 (111)	31 (27)	84 (50)	1,343 (1,421)
Re-vaccination	— (—)	9 (4)	32 (21)	156 (87)	197 (112)
<i>Totals—</i>					
Primary.....	2,691 (2,562)	162 (171)	35 (29)	95 (52)	2,983 (2,814)
Re-vaccination	— (—)	13 (4)	33 (21)	309 (100)	355 (125)

Diphtheria Immunisation.

As shown in the following tables, the number of children immunised against diphtheria showed a further decline, and no doubt the virtual absence of the disease is the cause of this apathy: the Immunity Index figure shows that only 37·9% of the child population under 15 years are protected compared with 38·1% last year.

Combined diphtheria and pertussis antigen was used throughout the year, and from November, triple antigen (diphtheria, whooping cough and tetanus) was available.

DIPHTHERIA IMMUNISATION.

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR RE-IMMUNISATION, DIVIDED INTO TWO AGE GROUPS (1956 figures in brackets).

	Under 5 years.	Over 5 years.	Total.
<i>Primary Immunisation—</i>			
Clinics	1,729 (1,926)	54 (52)	1,783 (1,978)
Private practitioners	1,065 (1,325)	31 (57)	1,096 (1,382)
<i>Re-immunisation—</i>			
Clinics	698 (812)	206 (312)	904 (1,124)
Private practitioners	419 (491)	185 (369)	604 (860)
Totals—			
Primary	2,794 (3,251)	85 (109)	2,879 (3,360)
Re-immunisations	1,117 (1,303)	391 (681)	1,508 (1,984)

IMMUNISATION IN RELATION TO MID-YEAR CHILD POPULATION.

NUMBER OF CHILDREN WHO HAVE COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION BETWEEN 1ST JANUARY, 1943 AND 31ST DECEMBER, 1957.

Age at 31/12/57, i.e., Born in Year.	Under 1 year 1957	1—4 years 1953-1956	5—9 years 1948-1952	10—14 years 1943-1947	Under 15 years Total
A. Number of Children whose last Course (Primary or Booster) was completed in period 1953-1957	613	10,534	12,761	420	24,328
B. Number of Children whose last Course (Primary or Booster) was completed in period 1952 or earlier	—	—	5,409	18,096	23,505
C. Estimated mid-year Child Population	4,810	17,890	41,500		64,200
Immunity Index	12·8%	58·8%	31·7%		37·9%

COMBINED IMMUNISATION.

NUMBER OF CHILDREN UNDER 15 YEARS PROTECTED AGAINST DIPHTHERIA AND/OR WHOOPING COUGH AND/OR TETANUS IN 1957 ARE COMPILED AS FOLLOWS:—

(Immunisation with Triple Vaccine commenced November, 1957 at Welfare Clinics).

Diphtheria.	Whooping Cough.	Diphtheria and Pertussis.	Diphtheria Pertussis and Tetanus.	Total Diphtheria.	Total Whooping Cough.
222	60	2,205	452	2,879	2,717

RE-IMMUNISATION.

Diphtheria.	Diphtheria and Pertussis.	Diphtheria Pertussis and Tetanus.	Total Diphtheria.	Total Whooping Cough.
1,083	316	109	1,508	425

Poliomyelitis Vaccination.

Vaccination against poliomyelitis commenced in March when supplies of vaccine became available at fairly regular intervals, and it was possible to deal with all children registered at this date. Those children to be immunised at child welfare clinics were completed by June, but throughout the summer months immunisation continued to be carried out at school clinics and by general practitioners on their own patients.

In June children born in 1955 and 1956 became registerable, and in November the Ministry of Health announced its plans for extending the offer of poliomyelitis vaccination not only to all children under 15 years but to expectant mothers, general practitioners and their families, including those holding hospital appointments, and ambulance staff and their families.

Before the end of the year consent forms had been distributed to parents of school children through the schools, and to expectant mothers and pre-school children mainly through the child welfare clinics, and at the end of December over 9,000 registrations had been received.

Vaccinations carried out during the year (excluding children done at school clinics) are given in the following table.

POLIOMYELITIS VACCINATION.
NUMBER OF CHILDREN WHO COMPLETED COURSE IN 1957.

Born in Year.	1947	1948	1949	1950	1951	1952	1953	1954	Total.
Welfare centres ...	—	—	—	—	1	157	182	140	480
Private practitioners	218	214	159	161	57	28	29	29	895
Total	218	214	159	161	58	185	211	169	1,375

In addition to the above, 6,807 school children completed a course of vaccination at school clinics during the year.

Vaccination against Influenza.

In October a small quantity of influenza vaccine was made available to the local authority for members of its staff in close contact with sick people, and for general practitioners. Vaccination was accepted by 178 health department employees.

Enteric Fever and Cholera.

Six persons were inoculated at the local authority's clinics against enteric fever, and four against cholera.

AMBULANCE SERVICE

(Mr. H. M. Roberts, Ambulance Officer).

The table set out below gives a summary of the work carried out by the section for the year under review, and comparisons with the previous year's figures are:—

	City.		Section 27 Other Authorities		Miscellaneous Mileage.		
	Cases.	Miles.	Cases.	Miles.	Ancillary.	Midwives.	Chargeable
1956	126,464	486,070	9,021	152,276	18,168	13,976	64,129
1957	113,190	474,941	3,407	62,463	15,099	11,918	74,237
Diff.	—13,274	—11,129	—5,614	—89,813	—3,069	—2,058	+10,108

	Total.	
	Cases.	Miles.
1956	135,485	734,619
1957	116,597	638,658
Diff.	—18,888	—95,961

The table shows a distinct falling off in the demands on the Service; of particular interest is the reduction in the number of City cases, as this is the first year since the beginning of the Service that this has occurred. Possibly, it is an indication that the peak has been reached and that the process of levelling out is now taking place. It will be interesting to note from the Annual Reports of the hospitals whether the same trend is occurring in their outpatient attendances.

Under the heading of 'City' there is included 388 cases involving 11,277 miles which is for the movement of persons who are not residents of the City, but due to the conditions of the National Health Act they are this Local Health Authority's responsibility.

The increased running which is indicated on the chart under Miscellaneous Chargeable Mileage is primarily the result of the work done in transporting the children to and from the Occupation Centres. The figures connected with this work show that 27,064 children were transported and 27,122 miles. The figure of 27,064 children is additional to the total number of cases carried by the Service throughout the year, and the reason that these are not included in the totals is because they are not Section 27 responsibilities. It is worth noting that the actual case mileage for the movement of the children is as low as 1.5 miles, and the mileage for patients moved under Section 27 works out to 4.1 miles per case. There is no doubt that where complete control of the planning of the movement of cases is in the hands of one authority rather than several departments of a hospital or more than one hospital the Service is more economical to operate.

The reduction of calls has of course reflected in the number of working hours, and this is down by 16,929 hours as compared with last year, and represents approximately 7.4 men less on the establishment. This has been dealt with by not filling vacancies that have occurred through normal staff wastage.

The fall in mileage is accounted for by the drastic reductions in the number of discharges transported for the outside authorities. Over the years this figure has been progressively falling; in 1950 363,946 miles were covered on their behalf, which indicates over 300,000 miles drop in seven years. It would be stressed, however that although considerably less cases were carried the administration of every discharged patient from hospitals in our area has to be handled. In this connection 18,521 cases have been co-ordinated which is an increase of 5,213 on last year and broadly balances with the decrease in the load.

Operational.

Following the report made by the Chief Advisor to the Minister of Health after his visit in late 1956, there has been during the latter part of the year some progress in arriving at closer liaison with the hospitals.

The Newcastle General Hospital has undertaken to provide suitable accommodation for a 'control centre' within the hospital and an officer has been appointed with part-time responsibility to co-ordinate the requests for transport within the various departments of the hospital, and to act as an agent between the hospital and the Local Health Authority's Services.

The Royal Victoria Infirmary have held a series of meetings on the same subject and it is anticipated that the outcome of these will provide for closer co-operation. Due to the greater usage of the Infirmary by patients not residing within the City boundaries, it has been decided that it would be beneficial that Northumberland and Durham Counties are represented in the 'ambulance control' at this hospital.

Miscellaneous.

Throughout the year the demands on this side of the work have remained constant and the Hospitals and Midwifery Service are continuing to depend upon it to carry out their duties at night. The work done on behalf of the Midwifery Service is part of the responsibility under Section 27, and therefore there is no charge raised on this account; however, all the other services are costed and payment recovered.

Vehicles.

The composition of the fleet has remained static with the exception that during the year four new vehicles were purchased to replace four that had completed their economic life. Three of the new vehicles are powered by the 3.4 B.M.C. Diesel Unit, a departure from the traditional petrol engine. There has not been sufficient running experience yet to comment on the advantage or disadvantage of this type of power unit. The four vehicles replaced will go over to Civil Defence work, releasing vehicles over 14 years old for disposal.

Maintenance.

The records of the activities of the workshop over the year reads:—

Overhauls. 10,000 miles.	Inspection 2,000 miles.	Miscellaneous Repairs.	Rebuilt Components.	Vehicle Repaints.
50	221	341	51	13

Both the mechanical and coachwork standards of the fleet are high and there is no doubt that the service's own workshop is responsible and is a great asset, both operatively and economically.

Premises.

As the development of the new Civic Centre materializes, the need for finding a new position for the Headquarters at Sandyford Road becomes urgent, particularly when it is realized that new buildings will very probably have to be provided. The Local Health Authority Committee during the year has been very active in endeavouring to find a site suitable to the requirements of the service, and acceptable to the overall planning of the Town and Country Planning Committee, and although there have been several sites suggested by the Local Health Authority nothing has yet been finalized.

Staff.

It is pleasing to be able to report that the efforts of the staff have been most commendable, they pull together as a very united team, and the letters of thanks received from the public certainly indicate that their efforts are appreciated.

First Aid.

The standards have been maintained, and during the year 64 members have passed their refresher course.

Sickness.

The operational staff lost 6,120 hours (765 days) out of a total of 224,275 hours, which compares favourably with last year's figures. Administrative staff lost 130 days against 135 days last year.

Safe Driving.

80 members of the driving staff were entered and 66 awards were gained.

Accidents.

There were 10 accidents during the year that involved claiming from the Insurance Company; this is an improvement on last year's figures.

Civil Defence.

As a result of last year's policy in allocating a part-time instructor to this work, the progress has been very good. More training and instruction has been given to volunteers than in previous years. The section competing for the Regional Tourney were successful and won the First Prize.

Owing to petrol rationing no driving instructions were given during the year, and the shortage of drivers in the section is one that gives rise to concern, as in the event of being mobilized at least 100 qualified drivers would be required immediately.

HEALTH EDUCATION

The need to promote "health consciousness" in the population is an important duty of a public health department and during the year a series of departmental meetings were inaugurated for the discussion and promotion of new ideas to further health education. Eight meetings were held, and as a result of this wider approach it is felt that the foundations for a more vigorous policy have been laid.

Exhibitions.

During July the department took part in a Mental Health Exhibition, organised by the Regional Hospital Board and Hospital Management Committees, the Ministry of Health, the Ministry of Labour and National Service and the Central Office of Information which had as its theme the facilities and treatment available to the mentally ill. Our own part was the demonstration of the services provided through the Local Health Authority, primarily by the use of illuminated charts and talks to interested attenders.

Accidents in the home provided the theme for the department's annual exhibition at the Corporation's Flower Show later in the year. Sets depicting those parts of a house where accidents most commonly occur were built and furnished, and accidents were

demonstrated by lay models. The exhibition was made possible by the ready co-operation of firms in the City in loaning to the department, furnishings, decorations and models, and received much favourable comment.

Two smaller exhibitions were also held during the year. The first, at a church garden fete, again stressed the prevention of accidents in the home, and the second, at the Home and Food Exhibition, took the form of a Food Advisory Bureau, where a staff of public health inspectors explained the exhibits and advised on the need for the hygienic handling and preparation of food.

Home Accident Prevention Conference.

A conference to discuss the question of accidents in the home and to which representatives of interested organisations were invited was convened by the Lord Mayor at the request of the Health Committee, and held in the Town Hall in December.

After the conference had been addressed by Mr. R. F. E. Howard Hodges and Miss B. Naish of the Royal Society for the Prevention of Accidents, it strongly recommended the formation of a Home Accident Safety Committee for the City and the matter is now being considered by the Health Committee.

Film Shows and Talks.

The employment of sound films and film strips as a medium of health educational propaganda, was put to full use throughout the year and many of the lectures and talks given by trained members of the staff were augmented by these and other visual aids.

Leaflets suitable to the topic being screened or talked about were usually distributed to audiences and it is both satisfying and encouraging to report that audience reaction has always been one of appreciation at the educational quality of the programme.

SUMMARY.

	<i>Number</i>	<i>Total Attendance.</i>	<i>Average Attendance.</i>
Films shown at Clinics	21	325	15
Films and Film Strips to Health Visitors, Nurses, Midwives etc.	26	756	29
Film Shows and Talks to various organ- isations	17	905	53
Film Strips and Talks at Clinics.....	9	120	13
Talks only	8	385	48
	81	2,491	31

ALMONER'S DEPARTMENT

At the end of 1956 there was no Almoner attached to the department and no applicants for the post. This position continued until May when a new Head Almoner was appointed. The assistant's post was still vacant at the end of the year. Appreciation is due to the Almoners at the two chest clinics for the work done by them for the central office between January and May and to the clerical staff at the central office for sorting out the many enquiries.

Before May, 104 cases were dealt with by the chest clinic Almoners. Since May, 371 cases were referred to the central office, of which 157 came from the general practitioners who continued to refer cases which did not come within the scope of the hospitals. The evidence suggests that social measures designed to relieve strain played a part in reducing the number of cases requiring admission. 112 were referred by health visitors, home nurses and other Local Authority officials; 26 by other statutory and voluntary societies and 76 came of their own accord.

In addition, 437 interviews were given and 169 domiciliary visits paid.

The Central Register for old people continues. There are 8,583 names on the Register, and the many voluntary organisations who give such help in the care of old people and in service to the community in general should be sincerely thanked.

The Almoner co-operates with the health visitors and other interested workers in attempts to rehabilitate the families with serious difficulties in living together in the community. She also plays a part in the training of health visitor students and pupil midwives.

Out of the total of 371 patients referred, 174 were advised on personal problems on a non-material kind, as many people are able to use such help in sorting out difficulties involving personal relationships; such difficulties being very much a feature of modern

life. Discussion may be followed by action of a practical nature but frequently, this is not indicated.

Other types of assistance given are detailed below:—

LIST OF MATERIAL ASSISTANCE ARRANGED.

Convalescence	154	Referred to Domestic Help	
Clothing.....	44	Service	11
Employment	1	Admission to home or hospital	18
Financial aid, permanent bedding,		Care of unmarried mothers.....	14
prams, cots and fireguards	43	Meals on Wheels	7
Arrangements for care of children	8	Chiropody	10
		Sitters-in and Visitors	19

Convalescence.

Arrangements for convalescence were made by this department for 154 patients. Of these, 14 were sent to homes maintained by voluntary funds or to free homes and 15 cancelled their vacancies. The Local Health Authority maintained the remaining 125 and a further 42 patients for whom arrangements were made by hospital almoners, chest clinic almoners and psychiatric social workers.

It is interesting to note that 75 cases out of the total, had diagnosis of severe general debility or anxiety neurosis which were frequently associated with social stress. The greatest other single diagnosis was of bronchitis (21).

HOME HELP SERVICE

The case-load of this very valuable and much needed service has continued to increase. At the end of 1957 there were 1,300 cases on the books compared with 1,260 at the end of 1956. The number of workers increased by 38 during the year, making a total of 439 at 31st December, 1957. Sickness among the workers is a constant problem, the rate being high probably on account of the age of the majority, and the exacting and sometimes depressing nature of the work.

In October a new schedule of assessment for charges was introduced, the principal change being the institution of a minimum charge of 5/- per week for all cases, with the exception of old age pensioners not in receipt of national assistance, and the registered blind. This entailed a great deal more work for which another assessing clerk was employed. The charge for maternity cases was increased under the new assessment and many mothers are now having only part-time help during their confinements. All have the right of appeal, however, if they consider the charges unreasonable. Long-term cases now have a reduced charge after the first four weeks.

In spite of the large number of cases served there were comparatively few really difficult or troublesome ones. Many were referred to the health visiting staff for further information and advice on medical and family problems in order to assess the real need for domestic help. Other cases were referred to the Welfare Department.

During the year 12 dirty homes were cleaned up by home helps working in pairs. This in most cases is necessitated by the mental or physical deterioration in an old person. In all these cases the workers are paid an additional sum of sixpence per hour.

Five training courses were held for home helps during 1957. These courses are made up of practical classes in cookery and housewifery as well as theoretical instruction. Forty-two workers completed the course satisfactorily and obtained certificates.

ANALYSIS OF CASES ATTENDED IN 1957 COMPARED WITH PREVIOUS YEARS.

	1957	1956	1955	1954	1953	1952
Maternity	249	305	333	387	459	367
Short-term illness	96	135	158	194	187	114
Long-term illness (under 65 years).....	344	295	360	287	336	270
Child care	78	67	71	60	21	30
Aged 65 years and over	1,641	1,608	1,416	1,141	884	719
Cancer	29	28	14	14	—	—
Tuberculosis	43	77	91	91	—	—
	<u>2,480</u>	<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 administration of these services continues as outlined in previous annual reports. There are 7 psychiatrists and doctors approved by the Local Health Authority for certification of patients under the Mental Deficiency Acts, and 12 approved by the Ministry of Health for making recommendations for voluntary and temporary treatment under the provisions of Sections 1(3) and 5(3) of the Mental Treatment Act 1930.

- (a) The Mental Health Sub-Committee is composed of 8 members of the Health Committee and 1 co-opted experienced social worker.
- (b) The numbers of staff are given in the staff particulars preceding the report.
- (c) Co-ordination with the Regional Hospital Board and Hospital Management Committee and the consultant staff is close and frequent.
- (d) There is no formal delegation of duties to voluntary associations.
- (e) No arrangements for training mental health workers were made during the year but are in mind for 1958.

II.—Work Undertaken in the Community.

- (a) UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946—
Prevention, Care and After-Care.

Every assistance and advice continues to be given to the general practitioners by domiciliary visits, by arranging appointments at specialist clinics and in escorting patients and advising relatives, whilst a real reciprocity exists with the psychiatric social workers on hospital staffs, particularly with relapsed and unco-operative patients in their homes.

This year records another drop in the number of cases of mental defectives ascertained. The modern approach is essentially preventive and early ascertainment is a great advantage, particularly to parents of low grade children who, when their children are not notified are thus debarred from certain forms of help which are available. Furthermore the Local Authority is handicapped when planning future needs.

Health publicity and talks (some with cine films) to various organisations were given to reduce public fears and misunderstandings about mental illness and disorder and mental deficiency. Regular monthly conference takes place between the Medical Officer of Health and the senior authorised officers.

The importance and need for training of mental defectives is insufficiently realised and cases still continue to come to notice through the courts, police and probation services and voluntary bodies. Of 7 cases appearing before the courts charged with various offences, orders were made in respect of four males and one female under Section 8, sending them to mental deficiency hospitals. Two of these males were fairly recently discharged from hospitals and charged with similar offences to those for which they had previously been dealt with.

Temporary hospital accommodation, providing a great boon to families during a time of emergency in the home or to enable them to have a holiday, was well utilized in mental deficiency hospitals under Circular 5/52 as the following figures show:—

	1952	1953	1954	1955	1956	1957
Males	6	10	20	12	17	22
Females	11	13	15	17	17	14
	17	23	35	29	34	36

Care of the Aged.

The problem of senile dementia may be eased somewhat under new legislation permitting admission to hospital without certification, but it remains one of increasing difficulty and has been discussed in previous reports. Sufficient facilities for temporary care would be of great assistance for the shorter term problems which arise.

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

Being the main hospital centre of the area, many cases living outside Newcastle require to be dealt with by the authorised officers in the city. Not all of these have been referred to hospital. The number of patients dealt with who are normally residents of other areas is shown below and totals 97 (100 cases in 1956).

Northumberland	45	Durham	16
Gateshead	5	Yorkshire	3
Sunderland	1	Scotland	6
South Shields	2	Darlington	1
No fixed abode	11	Other areas	7

Admissions to hospital arranged by the duly authorised officers have risen by 30%, largely as a result of increased voluntary admissions. This has been facilitated by the new Psychiatric Unit at Newcastle General Hospital and the new Collingwood Clinic at St. Nicholas Hospital. For some months throughout the year there was no waiting list, but towards the end of the year considerable pressure of cases occurred lasting several weeks, which overcrowded the Collingwood Clinic.

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

Admissions, 1957.	Psychiatric Unit General Hospital.		St. Nicholas Hospital.		Other Hospitals.		Totals.	
	1957	1956	1957	1956	1957	1956	1957	1956
Under Section 20— By duly authorised officers	205	113	262	215	4	3	471	331
Under Section 21— On Magistrate's Order	—	—	6	1	—	—	6	1
Certified at home before admission ...	—	—	111	99	10	14	121	113
Under Magistrate's Courts Act 1952 Certified	—	—	4	3	2	—	6	3
Voluntary	—	—	—	—	—	—	—	—
Voluntary cases	163	45	169	139	1	5	333	189
Temporary cases	—	—	—	4	—	1	—	5
	368	158	552	461	17	23	937	642

The following table shows mental hospital admissions, cases dealt with under order by the duly authorised officers, and domiciliary certifications before admission for the years 1951-1957:—

Year.	1957	1956	1955	1954	1953	1952	1951
Annual admissions to mental hospitals	937	642	542	613	639	677	703
Cases dealt with under order by duly authorised officers	477	332	266	311	365	411	434
Domiciliary certifications before admission	121	113	108	120	124	118	99

SUMMARY OF DISPOSAL OF HOSPITAL CASES.

	Psychiatric Unit, General Hospital.		St. Nicholas Hospital.		Other Hospitals.		Total.	
	1957	1956	1957	1956	1957	1956	1957	1956
To Mental Hospitals—								
(a) Certified cases removed	10	6	32	35	1	2	43	43
(b) Transfers from Sec. 20 to Voluntary Class	113	56	185	121	—	4	298	181
(c) Transfers from Sec. 20 to Temporary Class	—	—	—	1	—	1	—	2
	<u>123</u>	<u>62</u>	<u>217</u>	<u>157</u>	<u>1</u>	<u>7</u>	<u>341</u>	<u>226</u>
							Total.	
							1957	1956
To Home or Hospital from Section 20—								
(a) From Psychiatric Unit							29	21
From St. Nicholas Hospital							27	31
(b) Died in Hospital—								
Psychiatric Unit							—	5
St. Nicholas Hospital							97	78
(c) Discharges from Hospital—								
Psychiatric Unit							139	126
St. Nicholas Hospital							428	327
							<u>720</u>	<u>588</u>

In addition to the above removal investigations were carried out in 253 cases (349 in 1956).

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

The problem of finding hospital accommodation for mental defectives although far from satisfactory has been slightly easier this year although fewer admissions were needed. Figures for the waiting list at the end of 1957 and the annual hospital admissions, with the total ascertained yearly for comparison, are as follows:—

Year.	1957	1956	1955	1954	1953	1952	1951	1950
Waiting list	19	42	51	38	80	75	79	69
(Males)	(12)	(28)	(31)	(24)	(46)	(41)	(38)	(31)
Hospital Admissions	24	22	21	25	32	26	45	32
(Males)	(13)	(9)	(10)	(11)	(15)	(17)	(25)	(15)
Cases ascertained per year	53	67	60	90	55	59	55	89
(Males)	(32)	(40)	(28)	(57)	(36)	(26)	(26)	(49)

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

	Males.		Females.		Totals.	
	1957	1956	1957	1956	1957	1956
Cases awaiting vacancies in institutions	12	28	7	14	19	42
Cases removed to hospital.....	17	9	12	13	29	22
Cases ascertained	32	40	21	27	53	67
Cases reported	36	40	24	27	60	67
Percentage of ascertained to reported cases	—	—	—	—	88.3	69.9

SOURCES OF CASES REPORTED TO THE MENTAL DEFICIENCY SECTION.

	Males.		Females.		Totals.	
	1957	1956	1957	1956	1957	1956
Education Department	26	29	19	20	45	49
Hospitals	2	—	1	—	3	—
Police and Courts	3	—	—	—	3	—
Probation Service	1	3	—	—	1	3
Prison Officers	1	—	1	—	2	—
Other Sources	3	8	3	26	6	34
	36	40	24	46	60	86

DISPOSAL OF REPORTED CASES BY THE MENTAL DEFICIENCY SECTION.

	Males.		Females.		Totals.	
	1957	1956	1957	1956	1957	1956
To hospitals	5	2	3	3	8	5
To statutory supervision	25	33	18	24	43	57
To voluntary supervision	1	—	—	—	1	—
To Place of Safety	1	—	—	—	1	—
Action incomplete	3	3	3	—	6	3
Found not defective	1	1	—	—	1	1
Found not subject to be dealt with ..	—	1	—	—	—	1
	36	40	24	27	60	67

(ii) Guardianship and Supervision.

No change in the previous arrangements is reported.

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

	Males.		Females.		Totals.	
	1957	1956	1957	1956	1957	1956
Total cases under—						
Statutory Supervision	270	258	229	226	499	484
Voluntary Supervision	18	20	9	8	27	28
Guardianship	1	2	1	1	2	3
No. of Statutory Visits paid.....	—	—	—	—	1029	1052
Home and progress reports to hospitals after visiting	—	—	—	—	143	244
No. of petitions presented*	13	6	11	13	24	19
City Cases—						
In mental deficiency hospitals	301	296	244	240	545	536
In places of safety	—	—	—	—	—	—

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

Of those under supervision 110 males and 30 females are in good employment of various kinds. In 1957 no application was made to obtain a guardianship order.

(iii) Occupation and Training.

(a) *Occupation Centre, Jubilee Road.*

Whilst there is a full variety of training at this Centre it is continually reviewed. It is planned to increase physical training and open a homecraft section in 1958. There is a class for older girls and women and 6 classes for children up to about 16 years of age, inclusive of a nursery and post-nursery group which were begun during the year. The total on the register at the end of the year comprised 45 males and 48 females, inclusive of 4 adult females attending part-time.

Attendances are very good, no doubt assisted by the fact that the majority travel to and from the Centre by Ambulance Service transport. Tokens are provided for 7 adult females and 12 males from the Adult Male Centre, who travel by public transport.

(b) *The Adult Male Industrial and Training Centre, Jubilee Road.*

It is intended to increase the staff to permit an increase in the number of trainees, which at the end of the year totalled 14. The trainees receive school meals, and join the occasional social meetings for the adult females at the Occupation Centre.

III.—Out Patients' Clinics.

(a) *St. Thomas' Psychiatric Clinic.*

This clinic serves as an extension into the City of the three mental hospitals in the area, the building being provided by the Regional Hospital Board. There were 483 City patients who attended in 1957, the source being as follows:—

	1957	1956
General Practitioner.....	268	360
Probation Officers	20	23
School Health Service	32	42
Ex-hospital in-patients follow-up	146	76
Ministry of Labour	1	3
Duly Authorised Officers	5	19
Others.....	11	—
	483	523

(b) *Special Mental Deficiency Clinic, Wharncliffe Street Centre.*

The need for this clinic is considerably reduced as most of the cases are referred to hospital out-patient clinics.

NATIONAL ASSISTANCE ACTS, 1948 AND 1951

Duties under the above Acts are delegated to the Welfare Committee of the Local Authority and I am grateful to the Chief Welfare Officer (Mr. J. Bulmer) for the following information.

Residential Accommodation.

Permanent accommodation provided by the Welfare Committee remains the same, 319 persons being accommodated in homes administered by the Committee and 37 elsewhere.

These persons fall into the following categories:—

	<i>Male.</i>	<i>Female.</i>
(a) Aged but not materially handicapped by infirmity	76	43
Aged and physically or mentally handicapped...	67	69
(b) Blind	9	18
(c) Deaf or dumb	2	1
(d) Epileptic	13	2
(e) Crippled	6	5
(f) Physically infirm (not being aged)	8	10
(g) Mentally infirm (not being aged).....	13	14
Total	194	162

During the year 84 persons were admitted to residential accommodation but there still remained at the end of the year a large number of elderly persons known to be in urgent need of residential accommodation. These persons on the waiting list have been greatly assisted by the provision of home helps, bath orderlies, visits by district nurses and health visitors, as well as the assistance given with shopping, decorating, etc. by voluntary organisations, and the ' Meals on Wheels ' run by the Women's Voluntary Service.

Welfare of Blind Persons.

There are 342 males and 400 females on the blind register and 69 males and 73 females on the partially sighted register.

During the year, one person who had suffered from ophthalmia neonatorum was registered as a blind person.

Services for the blind have been fully reported elsewhere and require no repetition.

Welfare of the Deaf and Dumb.

There are 240 persons on this register, of which 126, 90 men and 36 women are available for and in employment.

Welfare of other Handicapped Persons.

There are 232 persons on this register, 13 of whom are in residential homes in the City. The Social Centre established in the west end of the City has proved a great help to these handicapped persons and it is hoped to establish a similar one in the east end shortly. The opportunity provided for a small group to go on holiday to Westgate in Weardale provided a most enjoyable fortnight.

General Facilities.

The 'Meals on Wheels' service provided 684 old people with meals and the 34 Old People's Clubs catered for a membership of over 4,000.

PREVALENCE, PREVENTION AND CONTROL.

III—INFECTIOUS DISEASE

FEVERS, FOOD POISONING
DISINFECTION, etc.

THE JOURNAL OF THE
AMERICAN MEDICAL ASSOCIATION
PUBLISHED WEEKLY
CHICAGO, ILL., U.S.A.

Volume 10, No. 1, January 1917

CONTENTS
The Medical Society of the State of New York
The American Medical Association
The American College of Surgeons
The American Association of Physicians
The American Association of Obstetricians and Gynecologists
The American Association of Radiologists
The American Association of Pathologists
The American Association of Bacteriologists
The American Association of Microscopists
The American Association of Anatomists
The American Association of Physiologists
The American Association of Pharmacologists
The American Association of Chemists
The American Association of Biologists
The American Association of Astronomers
The American Association of Geologists
The American Association of Meteorologists
The American Association of Climatologists
The American Association of Oceanographers
The American Association of Cartographers
The American Association of Surveyors
The American Association of Engineers
The American Association of Architects
The American Association of Engineers and Architects
The American Association of Engineers and Architects
The American Association of Engineers and Architects

General Index

The Medical Society of the State of New York
The American Medical Association
The American College of Surgeons
The American Association of Physicians
The American Association of Obstetricians and Gynecologists
The American Association of Radiologists
The American Association of Pathologists
The American Association of Bacteriologists
The American Association of Microscopists
The American Association of Anatomists
The American Association of Physiologists
The American Association of Pharmacologists
The American Association of Chemists
The American Association of Biologists
The American Association of Astronomers
The American Association of Geologists
The American Association of Meteorologists
The American Association of Climatologists
The American Association of Oceanographers
The American Association of Cartographers
The American Association of Surveyors
The American Association of Engineers
The American Association of Architects
The American Association of Engineers and Architects
The American Association of Engineers and Architects
The American Association of Engineers and Architects

III—INFECTIOUS DISEASE

REVIEW, FOOD POISONING
BACTERIOLOGY, etc.

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

(Figures in parenthesis refer to 1956).

There were 7,829 (6,959) confirmed notified cases of infectious disease exclusive of 346 cases of tuberculosis. Table A (page 80) shows cases and deaths by age groups and hospital admissions. Table B (page 81) shows the ward incidence and deaths from pneumonia and all forms of tuberculosis. Reading these tables it should be realised that Kenton Ward has about twice the population of some other wards.

Some reference is made under the heading of influenza to an appreciable incidence which occurred towards the end of the year in the second half of September and throughout October.

Of 132 deaths in 1957 from infective conditions there were 112 (140) from pneumonia (non-influenzal) and 17 (2) from pneumonia occurring with influenza. The only 3 deaths additional to these were due to meningococcal infection, acute infective encephalitis, and diarrhoea under the age of 2 years. There were 11 deaths under 1 year of age, 1 death from 1-5 years, no deaths from 5-15 and only 2 from 15-25.

Cases continue to be visited as before. No schools were closed in 1957 because of infectious disease. Surveillance was given as a result of information received from other local authorities, to 26 contacts of poliomyelitis and 1 of paratyphoid.

Chickenpox.

Incidence was fairly even over the year but most cases occurred in June and July. There were 33(46) primary cases in adults. One death occurred in 1953.

Diphtheria.

Immunisation particulars are given on page 53. Two deaths occurred in 1951.

Dysentery.

Again all cases were of mild Sonne type and most occurred in the first five months of the year. The incidence totalling 43(7) cases in the municipal day nurseries was 16, 11, 12 and 1 in Willow Avenue, Renwick Street, West Parade and Gosforth Street nurseries, respectively. Enquiry and bacteriological tests of contacts revealed 46 faecal carriers, of which 3 were persons employed in the handling of foodstuffs, and with the co-operation of the employers concerned, they were taken off actual food handling duties until considered free from infection. A death occurred in 1950 and 1952. Apart from 21 hospital admissions there were 17 from gastro enteritis.

Encephalitis.

33 deaths occurred between 1948 and 1957 and 7 between 1953 and 1957.

Enteric.

The female cases aged 21 and 4 years occurred in August and October, but without any apparent connection or source of infection. They were found free from infection after discharge from hospital. The last death occurred in 1948.

Food Poisoning.

Investigation of carriers revealed 5 faecal carriers of food poisoning organisms of which two were food handlers, who, with the co-operation of their employers, were temporarily taken off such work. One death occurred in 1952.

The organisms isolated from the various cases were *Salmonella typhi* murium, Heidelberg, Thompson, Anatum, Bredeney, and *Staphylococcus Aureus*.

A staphylococcal outbreak involved 4 members of a family and the causal organism was isolated in the remnants of a meal consisting of cold roast beef, potatoes and tinned peas, and from the empty tin of peas. All home cases and carriers of salmonella infection were under surveillance and bacterial tests until considered free from infection.

Influenza.

An appreciable incidence of influenza developed in the city in September, the virus of asian influenza having been identified several weeks before in Newcastle upon Tyne and the north east of England, and it continued to be found in the city, in the following months.

Notifications of influenzal pneumonia began with 5 cases in the last week of September which suddenly increased to 20 for the week ending 19th October, with 18 in the following week, by which time (over a period of five weeks) 53 cases out of a total of 60 for the year had been notified. In the 5 weeks preceding 26th October there were 16 influenzal deaths out of the 17 recorded as dying with pneumonia, and 21 pneumonia deaths (non-influenzal), compared with a total for the year of 112 cases.

From figures provided by the Ministry of Pensions and National Insurance, new claims for sickness benefit began to rise early in September from a figure of about 750 to 3,600 per week and indicated that the peak of the outbreak covered the last week in September with about as many falling sick in the first week in October. The maximum absence from schools ($4\frac{1}{2}$ times that of the normal figure) appears to have preceded the peak of new claims for sickness by about a week, but the school figures had largely returned to a normal level three weeks later by the end of the third week in October. New claims for sickness benefit which were also falling reached a steady figure of about 1,000 new cases a week by the first week of November and continued at this level until the end of the year.

Whilst the incidence of influenzal deaths over the city appeared to be fairly even the notifications of influenzal pneumonia indicated a considerable preponderance in the west end of the city, although this is only indicated to a small degree from claims for sickness benefit issued by the Ministry of Pensions and National Insurance.

It is interesting to note that during this period, there was little increase in sickness of the staff of the city's health services, although it increased in the period following. Enquiries revealed also that for most of this period the city Cleansing Department reported very little increase in sickness absence, whilst the city Transport Department found that except for some increase in one particular week, sickness absence remained within reasonable limits.

During the prevalence of influenza, all types of employment appeared to be affected and indoor and outdoor workers equally so, whilst the duration of absence in many cases was reported as

lasting for about one week. The general medical practitioners, however, were exceptionally busy with a big increase in respiratory illnesses, which were not generally very acute and were reported to be resolving in about a week in most cases.

Measles and Rubella.

Health visitors visited all notified cases and notified 56 of the total of 5,536 cases of measles which occurred without a death, of which 5,196 cases or 91.62% ran a normal course compared with 88.9% in 1956 and 94.9% in 1955. Between 1948 and 1953, 7 deaths occurred, but none thereafter, since when 11,332 cases have occurred.

Meningococcal Infection.

Of 8 cases notified, 2, 3, and 3 went to Walkergate Hospital, the Royal Victoria Infirmary and Newcastle General Hospital, respectively. The only death occurred in a baby of 8 months.

Pneumonia, including Influenzal Pneumonia.

Health visitors visited all the 246 (205) cases, which included 60 of influenzal pneumonia. From 1948—1957 there were 1,694 deaths, exclusive of influenzal pneumonia.

Poliomyelitis, polioencephalitis.

Three of the four cases occurring were paralytic (one was notified early in 1958). The ages of cases were, 6 months and 2, 5 and 15 years. The cases occurred in November and December. Also one city child, infected from a case in a child visiting from the south of England developed paralytic poliomyelitis on holiday. There were from 1948, 2 deaths in 1955 and in 1951 and 5 and 1950, a total of 9 in the decade.

Puerperal Pyrexia.

2 deaths occurred in 1950.

Scarlet Fever.

In 7 households 2 cases were notified. Incidence was fairly even through the year with more cases occurring before July.

Whooping Cough.

There were 175 (660) cases under 5, and 84 (378) between 5—15 years. The quarterly totals were 102, 74, 57 and 48. This is the lowest incidence recorded and surely reflects the results of immunisation, particulars of which are given on page 54.

Summary of work done by Public Health Inspectors.

	1957	1956
Visits paid	2,610	1,792
Visits to non-notifiable infectious disease.....	102	118
Total disinfections	99	173
Specimens examined bacteriologically	692	297
Visits in respect of tuberculosis.....	467	681
Disinfection for cases of tuberculosis.....	265	446

ADMISSIONS OF CITY PATIENTS TO WALKER GATE HOSPITAL.

Details of 528 admissions and 21 deaths for 1957 are as follows:—

Disease.	Cases.	Deaths.	Disease.	Cases.	Deaths.
Dysentery	25	—	Alimentary diseases	41	—
Cerebro spinal meningitis...	3	—	Blood diseases	6	—
Enteric fever	3	—	Cardio-vascular diseases...	26	4
Erysipelas	2	—	Genito-urinary diseases...	5	—
Gastro-enteritis	25	—	Respiratory diseases	108	3
Glandular fever	2	—	Meningitis & encephalitis	12	2
Influenza	25	—	Nasopharyngeal infections	5	—
Measles	18	—	New growths	4	1
Mumps	4	—	Rheumatism.....	7	—
Pertussis	7	—	Sepsis & skin conditions...	17	—
Pneumonia	80	10	Tonsillitis, etc.	19	—
Poliomyelitis	4	—	Tuberculosis—pulmonary	6	—
Puerperal fever	4	—	meningeal	2	—
Salmonella infections	10	—	No abnormality found ...	17	—
Scarlet fever	4	—	Healthy persons	6	—
Varicella	1	—	Unclassified	30	1

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 1957 AND ADMISSIONS
 TO HOSPITAL.

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 up-wards.		Ages not known.		1957.		1956.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Acute poliomyelitis including polio encephalitis	4	28	1	336	1	688	1	18	1	15	1	1	1	1	1	1	1085	3	1825	11
Chickenpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	21	13	..	89	..	64	..	17	..	34	..	11	..	3	..	..	231	..	61	..
Dysentery	2	..	..	1	..	..	..	1	..	..	..	..	..	6	..	..	2	..	4	..
Enteric fever	2	..	..	1	..	1	..	..	..	6	..	10	..	2	..	..	24	..	20	..
Erysipelas	16	2	..	4	..	1	..	..	..	6	..	6	..	1	..	..	21	..	10	..
Food poisoning	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1
Infectious encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	15	235	..	3244	..	2034	..	9	..	8	..	..	..	1	..	..	5531	..	683	..
Measles	8	3	1	4	..	..	..	..	..	1	..	..	..	..	..	..	8	1	12	1
Meningococcal infections	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..
Ophthalmia neonatorum	11	8	10	15	1	19	..	14	1	27	2	55	23	47	75	1	186	112	205	140
Pneumonia	..	1	..	1	..	2	..	6	2	23	4	19	6	8	5	..	60	17	31	2
Pneumonia (post influenzal)	3	..	..	..	..	..	..	27	..	43	..	..	..	..	..	..	70	..	37	..
Puerperal pyrexia	..	13	..	78	..	85	..	7	..	7	..	..	..	..	..	..	190	..	2810	..
Rubella	2	..	..	50	..	103	..	3	..	..	..	..	..	..	..	..	156	..	220	..
Scarlet fever	6	32	..	150	..	79	..	..	..	..	..	..	..	..	..	..	261	..	1057	1
Whooping cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	90	336	11	3974	1	3077	..	103	3	170	6	101	30	67	80	1	7829	131	6990	145

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

WARD.	Acute Influenzal Pneumonia.		Acute Primary Pneumonia.	Chickenpox.	Diphtheria.	Dysentery.	Enteric Fever	Erysipelas.	Food Poisoning	Infectious Encephalitis	Malaria	Measles.	Meningococcal Infections.	Ophthalmia Neonatorum.	Poliomyelitis.	Puerperal Pyrexia.	Rubella.	Scarlet Fever.	Tuberculosis (all forms).	Whooping Cough.	Total 1957	Total 1956	DEATHS.	
	Pneumonia.	Pneumonia.																					Pneu- monia	Tuber- culosis all forms.
St. Nicholas	..	4	17	..	..	1	..	..	..	..	..	240	..	..	1	1	5	..	20	5	294	241	6	1
Kenton	6	38	140	..	..	33	..	3	4	..	..	743	1	1	..	10	57	24	43	73	1176	975	4	6
Scotswood	6	28	60	..	..	17	..	2	1	..	..	365	1	..	..	5	18	20	15	22	560	466	6	3
Stephenson	13	4	33	..	..	40	..	2	..	..	..	336	1	..	..	12	2	6	21	17	487	272	7	2
Armstrong	4	9	16	..	..	9	..	..	1	..	..	410	..	..	..	5	8	6	17	22	507	277	7	1
Elswick	4	9	77	..	..	..	..	..	..	..	..	295	1	..	..	9	9	7	19	4	436	252	2	2
Westgate	..	2	118	..	..	20	1	..	1	..	..	294	..	..	..	1	12	17	20	7	493	253	5	2
Arthurs Hill	3	13	60	..	..	2	..	..	..	..	..	280	2	..	..	4	11	8	11	7	401	298	7	5
Benwell	7	9	144	..	..	7	..	2	2	..	..	310	..	..	1	6	10	13	28	18	557	402	4	..
Fenham	7	22	79	..	..	8	..	2	2	..	..	335	..	..	..	1	16	13	17	13	515	505	6	1
Sandyford	..	1	41	..	..	4	..	..	..	..	..	136	..	..	..	3	1	3	8	3	200	304	7	2
Jesmond	..	8	42	..	..	2	..	..	..	..	..	257	..	..	..	..	12	3	13	16	353	337	3	..
Dene	..	6	27	..	..	5	..	2	4	..	..	217	..	..	..	..	7	7	11	8	294	565	7	..
Heaton	1	4	32	..	..	2	..	2	1	..	..	188	1	..	..	..	7	3	16	5	262	369	5	..
Byker	4	4	37	..	..	16	1	..	..	..	..	285	1	..	..	4	2	3	24	8	389	420	9	2
St. Lawrence	2	5	25	..	..	14	..	2	..	..	..	266	..	..	..	3	6	7	9	7	346	309	10	1
St. Anthony's	1	8	18	..	..	9	..	1	2	..	..	166	..	..	..	4	6	8	12	6	241	318	4	3
Walker	..	2	86	..	..	37	..	3	3	..	..	288	..	..	1	..	..	4	24	16	464	432	9	3
Walkergate	2	10	33	..	..	5	..	1	..	..	..	120	..	..	..	2	1	4	18	4	200	373	4	2
Total 1957	60	186	1085	..	..	231	2	24	21	..	..	5531	8	1	3	70	190	156	346	261	8175	..	112	36
Total 1956	31	174	1825	..	..	61	4	20	10	2	..	683	12	2	11	37	2810	220	409	1057	..	7368	140	44

SPECIAL SKIN CLINIC

A total of 579 persons attended comprising 516 males and 63 females, compared with 541 in 1956. There were 466 cases of pediculosis (80.5%) of which only 9 were females, and 113 of scabies (19.5%). The rise in treatments was due to a 40% increase in scabies which needed more than one treatment. Special administrative action was taken when the increase in scabies was realized. Full family attendance for scabies treatment comprised 42 individuals.

The age distribution of those attending was:—

	1955	1956	1957	
0—1 year	2	1	2	} 55 were scabies cases.
1—5 years	22	9	20	
5—15 years	30	39	43	
15 years and over.....	512	492	514	56 were scabies cases.

Cases came mainly from the Salvation Army Hostel and the Prudhoe Street Mission, totalling 299. The Health Department referred 119 cases mainly from the only common lodging house. Most were for pediculosis but 19 were scabies cases. There were 50 cases self-referred, of which 43 were for pediculosis and included 3 of school age. Of sixteen family doctors referring cases two referred 17 patients. Of 37 cases from the two main city hospitals, 17 were for scabies. The School Health Service referred 28 cases, all of scabies. The City Welfare Department and the National Assistance Board referred 1 case each.

No condition required special baths or reference back to the doctor sending the case in, and only 1 case was referred from another authority. There were 3 double infestations of pediculosis and scabies but no case of flea infestation. Of pediculosis cases 9 were 'head' cases and 8 pubic infestations.

The following tables show (a) cases dealt with and treatment given over recent years and (b) monthly attendances throughout the year.

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

CASES AND TREATMENTS 1955-1957.

Year.	Patients Treated.				No. of Treatments.	Average No. of Treatments per patient.
	Scabies.	Pediculosis.	Other.	Total.		
1955.....	93	469	4	566	702	1.29
1956.....	79	462	—	541	631	1.17
1957.....	113	466	—	579	689	1.19

ATTENDANCES BY MONTHLY TOTALS.

	Jan.	Feb.	Mar	Apr.	May	June	July	Aug	Sep.	Oct.	Nov	Dec.	
Scabies ...	10	24	5	4	8	19	1	5	8	4	21	4	113
Pediculosis	47	38	33	40	48	31	33	40	42	45	39	30	466
Total ...	57	62	38	44	56	50	34	45	50	49	60	34	579

VENEREAL DISEASES

(Dr. W. V. MacFarlane, Physician in Charge).

Eight hundred and six new registrations were recorded in the Department of Venereology at Newcastle General Hospital during 1957. Compared with the previous year, a decrease (31) was mainly due to the slight downward trend in the incidence of gonococcal infection. This could be attributed almost exclusively to the excellent work done by the contact tracing unit.

A corresponding slight decrease in the incidence of non-gonococcal urethritis is also noted. The aetiology of this perplexing clinical entity, regarded by some authors as an infection sexually transmissible, is no nearer a solution, despite intensive research being carried out all over the world. It can cause great marital disharmony since the often maritally acquired infection from an apparently "healthy" wife can produce a clinical picture closely simulating that of gonorrhoea. Suspicion on the part of the husband, supported by ill-chosen remarks by a doctor, can have disastrous results, and it takes all the tact, persuasion and reassurance on the part of the venereologist before marital suspicion is removed.

During the latter part of the year efforts were made in conjunction with the Medical Officer of Health for Newcastle to assess the percentage of general practitioners who are treating venereal infections. First impressions lead us to believe that the number is small.

This is welcome news as it means the Department of Venereology's social unit has a better grip of the problem from the epidemiological standpoint. It is no exaggeration to say that an inefficient medico-social unit would see a sharp rise in the incidence of contagious venereal infection, probably by as much as 100%. To diagnose and treat contagious venereal disease is not enough since every patient implies another person somewhere undiagnosed and untreated.

The duty of the medico-social unit is therefore to locate those contacts or alleged sources of infection, who may not realise they are suffering from the disease, and persuade them to attend for examination and treatment. Approximately two-thirds of those individuals are found to be infected.

The percentage of new registrations found to be free from so-called venereal diseases remains static, i.e. approximately 70%, not only for Newcastle but for Tyneside as a whole.

Contagious syphilis remains conspicuous by its absence. This may be absolute or false. The latter is feasible since long acting penicillin preparations given for other conditions may hasten the incubating disease into a state of latency—the commonest and most treacherous of all types of syphilis. Time alone will tell, but it is disquietening to note that in certain parts of Great Britain the incidence of contagious syphilis is beginning to rise.

A total of 9,469 attendances made by Newcastle patients during 1957 was principally explained by 563 patients suffering from syphilis whose attendances for treatment and subsequent clinical and serological follow-up are far in excess of those made by patients suffering from other types of infections.

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

- (a) 24 infants were examined and their parents reassured that they were free from syphilis (including two pairs of twins);
- (b) there were no stillborn infants, but one died before tests could be carried out;
- (c) Of the remaining nine, 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. This figure includes one pair of twins, whose tests were not complete.

Laboratory Work.

Four thousand, five hundred and thirty nine specimens were examined, of which 1,740 were investigated in the laboratory at the Department of Venereology.

The value of the medico-social unit has already been stressed and the volume of work, not only relative to contact tracing but to encouraging patients to attend until cured, is well illustrated by the statistics for this section of the Department pertaining to 1957. No fewer than 1,107 visits were made.

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

No. of contacts named in Newcastle area	129 (including 17 men).
No. of contacts sought on reasonably adequate data	63 (including 4 men).
No. of contacts identified	50 (including 3 men).
No of contacts responsible for more than one infection	6 women*.
Therefore, the actual number of individuals identified	44 (including 3 men).
No. of identified contacts who were examined.....	39 (including 3 men).
No. of identified contacts who were infected	30 (including 2 men).

* They accounted for 12 infections.

Briefly then, statistics for 1957 were encouraging, but no grounds for complacency exist.

**CHEST CLINICS.
MASS RADIOGRAPHY.**

IV—TUBERCULOSIS.

**CONTACT CLINICS.
CARE AND AFTER CARE**

WEST CLINIC
RADIOGRAPHY

IV-TUBERCULOSIS.

CONTACT CLINIC
CARE AND AFTER CARE

TUBERCULOSIS

The downward trend in new cases of pulmonary tuberculosis which has been fairly constant for the past few years continued in 1957, when 287 cases—54 less than last year—were notified, giving an attack rate of 1.04 per 1,000 population. This was the lowest recorded for the City. Non pulmonary cases also kept pace with the trend, and 59 new cases notified was 9 less than in 1956, giving an attack rate of 0.22.

Parallel with the fewer new cases was the decline in deaths from the disease. Thirty six occurred, all but one being from pulmonary tuberculosis; this was 8 less than last year and the lowest number ever recorded for the City, giving a death rate of 0.127 and 0.003 respectively.

The decline in tuberculosis as a killing disease can best be illustrated by the fact that whereas in Newcastle only ten years ago it caused the death of almost one person in a thousand, now only one in ten thousand dies from the disease.

The number of cases on the register at the end of the year was 3,264 pulmonary tuberculosis and 511 non pulmonary, a total of 3,775.

Notifications.

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

<i>Lungs.</i>	<i>Other Forms.</i>	<i>Totals.</i>
287 (East 122)	59 (East 30)	346 (East 152)
(West 165)	(West 29)	(West 194)

There were also 20 second notifications which appear on the register as duplicates.

Sources of notifications were:—

	Total.	East.	West.
General Practitioners	113	83	30
Chest Physicians	174	38	136
Hospital Medical Staff	48	27	21
H.M. Forces	3	2	1
Death Returns	6	2	4
Posthumous Notifications	2	—	2
	346	152	194

In addition 81 notifications (76 lungs and 5 other forms) were received of cases previously notified elsewhere which had moved into the City during the year.

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING
1955, 1956 AND 1957.

		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 —	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
	1957	1	2	2	3	3	10	23	27	30	28	30	14	1	174
Females	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
	1957	..	1	3	5	6	19	22	23	15	8	5	5	1	113
Non-Respiratory—															
Males —	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
	1957	..	..	2	3	1	6	1	7	3	..	1	2	..	26
Females	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
	1957	1	1	4	1	1	6	3	8	3	3	..	2	..	33
Totals —															
	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
	1957	2	4	11	12	11	41	49	65	51	39	36	23	2	346

AGE DISTRIBUTION OF DEATHS DURING 1957.

	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	6	6	5	6	1	25
Females	..	..	..	..	..	..	..	..	4	2	2	2	..	10
Non-Respiratory—														
Males	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Females	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	..	..	..	1	10	8	8	8	1	36

RESPIRATORY TUBERCULOSIS—PERIODS OF NOTIFICATION BEFORE DEATH

	Deaths which occurred in these years :—											East.			West		
												M.	F.	Total.	M.	F.	Total.
	1950	1951	1952	1953	1954	1955	1956	1957									
								M.	F.	Ch.	Total.						
Persons not notified before death	22	14	19	12	11	6	9	3	1	..	4	2	..	2	1	1	2
Persons notified under 1 month ..	15	9	5	9	2	5	3	1	..	..	1	..	..	..	1	..	1
" between 1 and 3 months ..	9	5	3	1	3	1	2	..	..	..	..	..	..	..	..	..	..
" between 3 and 6 months ..	7	5	4	2	3	1	..	1	1	..	2	1	1	2	..	..	..
Total under 6 months before death	53	33	31	24	19	13	14	5	2	..	7	3	1	4	2	1	3
Persons notified between :—																	
6 and 12 months	8	11	7	7	7	1	1	..	..	..	..	..	..	..	..	..	..
12 and 18 months	15	8	6	2	5	..	..	4	..	..	4	2	..	2	2	..	2
18 and 24 months	13	6	6	5	5	3	2	1	..	..	1	..	..	..	1	..	1
2 and 3 years	20	14	8	12	11	2	2	2	1	..	3	1	..	1	1	1	2
over 3 years	74	38	36	31	30	29	22	13	7	..	20	3	3	6	10	4	14
Totals before death	183	110	94	81	77	48	41	25	10	..	35	9	4	13	16	6	22

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

	1953		1954		1955		1956		1957	
	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate
Newcastle upon Tyne	0.32	1.88	0.30	1.69	0.18	1.57	0.16	1.47	0.13	1.26
England and Wales..	0.20	1.05	0.18	0.99	0.15	0.88	0.12	0.80	0.10 *	0.73 *
Glasgow	0.47	2.45	0.42	2.25	0.37	2.26	0.36	1.95	0.35 *	3.80 *
Scotland	0.54	1.73	0.22	1.60	0.19	1.48	0.16	1.32	0.14	1.68 *

* Provisional figures.

The work of the Clinics.

The City is served by two Chest Clinics under the administration of the Regional Hospital Board, each with a Senior Physician in charge. They supervise the domiciliary visiting and preventive measures on behalf of the Local Health Authority, and I am indebted to them for most of the information in this section of the Report.

The clinics also serve areas adjacent to Newcastle and in consequence much of the information given is based on a population of 387,900 of which 112,800 or 32% do not live within the City boundary. Many of these were at one time residents of the City, but now live on estates which Newcastle, through scarcity of land within its own boundaries, has had to build within the areas of neighbouring authorities.

The work of the clinics during the year in the diagnosis of new cases, and the examination of contacts is given in their Annual Returns to the Ministry of Health on page 100.

EAST END CHEST CLINIC.

(Dr. C. Verity—Chest Physician).

The year 1951 was a milestone in the fight against tuberculosis, for in that year compared with 1949 the death rates from the disease were approximately halved, as a result of the extensive use of streptomycin. The expected fall in notifications has taken nearly

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1924.

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
1957	287	35	0.13	1.04	59	1	0.003	0.22	346	36	0.13	1.26

ten years to become apparent, but during the current year there has been approximately a 30% drop in notifications of the disease—both pulmonary and non-pulmonary so that one might expect to be able to say, in retrospect, that 1957 was indeed the year when the fruits of our labours became more apparent.

TOTAL OF NEWLY NOTIFIED CASES (NEWCASTLE ONLY).

	<i>Respiratory.</i>	<i>Non-Respiratory.</i>	<i>Total.</i>
1955	198	43	241
1956	167	33	200
1957	122	30	152

It is true that the total number of persons known to have had clinically recognisable disease, and still retained on Chest Clinic registers, had been steadily rising since the effects of chemotherapy became apparent, but, in the current year, this also showed a change, the gradient having flattened out. For the last three years the totals of such cases attending this Chest Clinic were:

	<i>Respiratory.</i>	<i>Non-Respiratory.</i>	<i>Total.</i>
1955	2,043	305	2,348
1956	2,180	292	2,472
1957	2,184	280	2,464

(These totals include patients living in the County Areas).

These figures, of course, are a composite total, influenced by many factors; the care with which the notification register is kept, the co-operation of those medical colleagues in hospital and general practice, who send so many patients, and last but not least, the policy of the Clinic Medical Staffs in removing the patient's name from the register as "cured" after the statutory period of quiescence. The tendency is towards retaining for annual supervision all those who have been once notified but it is doubtful whether this is a profitable policy. Up to date, very few patients have returned with active disease once they have been discharged from the register, though it is possible this source of infection may become important in the future.

Infectior Pool.

In an effort to measure the risk of infection in a population, various methods have been designed, not least figures compiled at the year end showing the number of cases of pulmonary tuberculosis known to have had tubercle bacilli in the sputum in the preceding six months. The size of this group of individuals is so largely dependent upon factors which vary widely between different groups of clinicians that comparison of these is of limited value. Nevertheless in a single clinic group with a more or less consistent policy and constant laboratory facilities, it is justifiable to use these returns as a rough measure of the trend.

Similarly, although the definition of "chronic infectior" is imprecise, comparison of annual figures within the same clinical teams should give a guide as to the trend of events.

	1955	1956	1957
T.B. in last six months	122	89	69
Chronic Infectors	232	196	178

Taking these two figures then for the last three years, it would appear that the known risk from such source is steadily diminishing. Is it as yet too early to say one might now look forward to the time when the infective case of tuberculosis is a real rarity?

In addition to the risk from these *known* sources there is the pool of unknown infectors.

Of this risk from the occult or undiagnosed infectious cases, only an intelligent guess can be made, as judged by the attack rate, incidence of inactive post primary lesions found at the M.M.R. and the after-death notifications of the disease.

However, preventive measures, to be effective, must clearly not only be directed towards rendering the infectious non-infectious, or at least less infectious, but also to reducing the unknown infectior pool by improved casefinding.

Whilst much attention has been focussed upon the individual's domicile, his place of work as a potential source of infection has received somewhat scant attention and many feel it might be profitable to concentrate for a time at least on this aspect of the problem.

No real assessment of the size of this problem has been made as individuals often live in one Local Health Authority area and work in another; this, and the movements of labour are sufficient to

account for this lack of clarification. Nonetheless, it should be a simple matter to create and maintain a "live index" of known cases at places of work within a given Local Health Authority area, and so find out the attack rates in different industrial conditions and how these compare with incidence of the disease in the general population of that area. Such a scheme would thereby pin-point any regular sources of infection.

Contact Examinations.

As pointed out in previous Reports, there has been much time, money and effort spent on routine examination of house contacts, with very limited yield in the form of new cases of tuberculosis. During the last three years the yield of new cases from this source has been 36, 30 and 38, even though the term "contact" has been gradually extended outside the immediate family. (These figures are less than those originally returned on official reports, for on closer scrutiny some were included which were not truly contacts of known cases of tuberculosis, e.g. one so-called index case proved to be a bronchial carcinoma).

It was therefore thought advisable to survey the position. It had been the practice to send routine appointments for chest x-ray (M.M.R.) six-monthly to all the house contacts. In each of the years under review about 50% of the cases found were discovered by routine appointment, within the first six months of notification of the index case. After the first appointment the failure to attend rate was very high and the remainder of the cases came largely through the efforts of the general practitioner, approximately half of those remaining, that is, one quarter of the total, being the people who persistently refused to co-operate.

DETAILS OF CONTACTS WHO WERE DIAGNOSED AS CASES OF TUBERCULOSIS DURING 1956 AND 1957.

Sent by:	Gen. Pract.		Routine.		Pul-mon'y.	Non-P'y.	Time elapse from notification of index case.		
	N/cle.	County.	N/cle.	County.			Under 6/12.	6 to 12/12.	Over 12/12.
1956...	17	0	9	4	30	0	15	2	13
1957...	17	4	16	0	34	3	15	2	20

In each of these two years :

1956— 5 } were symptomless : these were diagnosed by routine
 1957—10 } methods and within six months of notification of the
 } index case.

It would appear, therefore, that economically speaking routine appointments for contact examinations should not be sent out beyond the first, but rather reliance placed on the general practitioner sending the patient for a chest x-ray either to the Chest Clinic or the M.M.R. Unit.

Housing.

Recommendations for the rehousing of tuberculous families on the "points" system has proved very unsatisfactory, especially when one considers that, conscientiously working through the waiting list, there appeared to be a minimum waiting time of approximately four years. To overcome this, the system is being revised and placed on a more realistic basis, so that those in need on medical grounds can be offered more suitable accommodation after a much less waiting time.

It is probably now true to say that although tuberculosis is still a public health problem, much headway has been made, and many feel that it is at long last in sight of being kept under control. Nevertheless, even with chemotherapy, to those new cases notified each year it does remain an important problem, necessitating many months of illness and in invalidity of approximately one year,* and consequently it is still an economic drain upon our national resources.

References: *Tub. Statistics for England and Wales, 1938—55. H.M.S.O.

WEST END CHEST CLINIC.

(Dr. G. Hurrell—Chest Physician).

The Rehousing of Cases of Tuberculosis.

The rehousing of cases of pulmonary tuberculosis has always been a difficult problem in this city but the improvements that have taken place in the general housing conditions, and the change in the effects of the disease that have been brought about by treatment with modern drugs, have materially altered the position. During the year the problem was reviewed several times and a number of people on the waiting list were considered from the clinical aspects of their case at the present time. As a result of this it is hoped to commence a new and better system for the allocation of houses to tuberculous patients based upon the clinical condition of the patient and the danger of the spread of disease to other people in the house.

Register of Active Cases of Pulmonary Tuberculosis.

Towards the end of the year, preparation was made with a view to keeping a register of active cases of pulmonary tuberculosis attending the Chest Clinic. This register when complete, will be constantly corrected and amended. By its help it will be possible to concentrate the work of health visitors so that their visits can be paid to patients where preventive medicine will be beneficial. In the past, the tendency has been to visit cases at intervals in a routine way and many of these visits were perhaps not necessary by modern standards.

1925—1957.

I would like to quote figures for the deaths in this City for the year that I was appointed Tuberculosis Medical Officer, 1925. In that year there were 444 deaths from tuberculosis, 343 from respiratory and 101 from non respiratory. During 1957 there was a total of 36 deaths from tuberculosis, 35 from respiratory and 1 from non respiratory for the whole city with very little change in the total population.

With regard to the problem of tuberculosis as a whole without special reference to this Chest Clinic, I cannot do better than quote from the Report of the Ministry of Health on the State of the Public Health for 1956. Sir John Charles points out the improvements that have taken place and he says, and here I quote, "the striking improvement does not by any means justify the abandonment of the four primary epidemiological procedures of detection, isolation and treatment of the infectious person, and the examination of his contacts." This statement is a repetition of the basic principles laid down by Sir Robert Phillip when he founded the Edinburgh Tuberculosis Dispensary in 1887. The changes that have taken place in this scheme, by the fact that Tuberculosis Medical Officers have become Consultant Chest Physicians and that Tuberculosis Dispensaries have become Chest Clinics, have been very beneficial but they have also introduced many new physicians who, although well qualified, were not brought up in the preventive aspects of the disease such as existed in the old scheme started by Sir Robert Phillip and continued in the Health Departments of this country. There seems, therefore, to be some need for an improvement in this aspect of the work in which there should be more visiting by physicians to the homes of active cases of pulmonary tuberculosis.

CARE AND AFTER CARE.

A whole time Almoner employed by the Local Authority is attached to each Clinic primarily for the Newcastle cases but by arrangement their work includes those for whom Northumberland County Council is responsible, thereby ensuring a continuity of service to the many patients who are rehoused outside the City boundaries. In the latter half of the year, however, the resignation of the East End Clinic Almoner left a vacancy which it was not possible to fill, and it was necessary for the remaining Almoner to cover the whole City to the best of her ability.

During the year the Almoners interviewed 744 new patients, and in all gave some form of assistance in 842 cases. Convalescence was arranged for 57 cases for which the Health Committee accepted financial responsibility, and other assistance came from charitable organisations, including the local Voluntary Tuberculosis Care Council.

Close liaison with the Ministry of Labour Disablement Resettlement Officer was maintained throughout the year and 85 cases were referred to him. Twenty seven patients were placed in employment either with private firms or industrial rehabilitation units.

In addition occupational therapy classes were held on four afternoons per week.

Working in close co-operation with the Chest Clinics, district health visitors carried out the routine visiting of patients and contacts and during the year 1,634 primary and 8,234 subsequent visits were made.

MASS RADIOGRAPHY.

A 100 m.m. Odelca X-ray Unit was installed at the Mass Radiography Headquarters in the Newcastle General Hospital on the 13th February, 1957, replacing the 35 m.m. Unit. The advantages of this machine are many, but perhaps the two most important are:

- (a) The Unit can now remain open all day to operate "open sessions" for all groups, as time for large film recall X-rays is no longer needed, and
- (b) General practitioners referrals can be seen more quickly and can be referred to Chest Clinics much more rapidly. This applies also, of course, to other types of examinees requiring further investigation.

Less time was spent in the City during 1957 by the Mobile X-ray Unit than in 1956. In addition to surveys carried out in Gateshead and district the Mobile Unit also attended the Glasgow Mass Radiography Campaign. The Unit was absent from its base on this campaign from 6th March to 17th April; its contribution to the Community Survey being that of parent recall X-ray Unit to six miniature Units in the Central Sector of the City. During the 5 weeks of the Glasgow Campaign the Newcastle Unit carried out over 6,000 large film examinations.

The following table gives details of the work carried out in the City by the Unit during the year:—

<i>Group.</i>	<i>Nos. X-rayed.</i>	<i>Referred to Chest Clinic.</i>	<i>Active Cases (Notified).</i>
General Practitioner's Patients	14,558	1,198	105
Hospital Out-Patients	1,581	6	2
Hospital Staff	693	18	2
All other Groups (Including National Service Recruits, Chest Clinic Contacts, Industrial Groups, General Public, School Leavers & Staff, Ante-natal cases, etc.)	46,878	703	108
	<u>63,710</u>	<u>1,925</u>	<u>217</u>
			(3·4 per 1,000)

General practitioners continued to make full use of the Unit as an aid in diagnosis, and the results of the examination of patients referred by them over the past four years is given below:—

<i>Year.</i>	<i>Nos. referred.</i>	<i>Active cases.</i>	<i>Rate per 1,000 examined.</i>
1954	14,981	249	16·6
1955	16,281	200	12·3
1956	16,486	160	9·7
1957	14,558	105	7·2

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. Notified cases on Clinic Register at 1st January, 1957	1,937	1,647	283	3,867	102	180	237	519
B. Children transferred to adults during the year	16	12	..	28	6	8	..	14
C. No. of notified cases added to Register during the year.								
Not bacteriologically confirmed.								
Group I	39	46	36	121				
.. II	41	25	..	66				
.. III	5	6	..	11				
Bacteriologically confirmed.					19	35	17	71
Group I	15	11	..	26				
.. II	84	43	..	127				
.. III	20	10	..	30				
D. Transfers in during the year.....	55	43	2	100	5	5	2	12
Totals of A, B, C and D.....	2,212	1,843	321	4,376	132	228	256	616
E. No. of notified cases removed from Register during the year.								
(a) Recovered	52	44	14	110	21	10	11	42
(b) Died (all causes)	50	20	2	72	4	5	1	10
(c) Transfers out	63	65	7	135	6	7	2	15
(d) Others	18	10	..	28	..	2	..	2
F. Children transferred to adults during year	..	..	28	28	..	..	14	14
Total of E and F.....	183	139	51	373	31	24	28	83
G. Total remaining on Clinic Register at 31st December, 1957	2,029	1,704	270	4,003	101	204	228	533

TUBERCULOSIS IN CHILDHOOD

(Dr. Mary D. Taylor, Childhood Tuberculosis Officer).

This report is presented under the following headings:—

- (1) Tuberculin testing in schools.
- (2) Tuberculous Illness in Children.
- (3) The Work of the Contact Clinic.
- (4) B.C.G. Vaccination.
- (5) Remarks and Conclusions.

1. Tuberculin Testing in Schools.

The most important development in the prevention and control of tuberculosis in children has been the introduction of regular tuberculin testing in the schools. This is now carried out with parental consent at each routine medical inspection with the following aims:—

1. To identify and if necessary treat those children who are tuberculin positive, and thereby reduce the amount of tuberculous illness.
2. To find the infectors of tuberculin positive children by the investigation of their families, and to protect other children in these families.
3. To confirm that those children previously vaccinated with B.C.G. remain tuberculin positive: this reduces the need for supervision of many of these children at the Chest Clinics.
4. To find and compare the incidence of tuberculous infection at different ages from year to year. The tuberculin test is now the most sensitive index to the amount and trend of tuberculosis in the community as a whole.

Results :

About 70% of parents accepted testing for their children and it is hoped that a higher proportion will consent in future.

In the school entrants (aged 5—6 years), excluding those previously vaccinated with B.C.G., 66 of 3,185 children tested were positive reactors. 20 of these were already under supervision and all but one of the remainder were x-rayed and examined at the Contact Clinic, their adult contacts referred to Mass X-ray and their younger siblings tuberculin tested. Three children had active

lesions requiring treatment but one of these developed tuberculous meningitis before treatment actually started (see below). The father of one child was subsequently found to have pulmonary tuberculosis and infectors were known for 10 others.

In the "Juniors" (aged 9—10 years) 246 of 2,314 unvaccinated children tested were natural reactors but no cases of active disease were found and the families were not investigated further.

In the "leavers" (aged 13—15 years) 622 of 2,339 tested were reactors and 14 had abnormal mass x-ray films requiring further investigation. Five of these have been found to have active tuberculosis. All their families have been fully investigated and the father of one girl has been found to have pulmonary tuberculosis. The tuberculin negative children in this group have been vaccinated with B.C.G.

It is disappointing that 26% of children are infected before leaving school. It is likely however that this is a legacy from past years and that most of these children were infected in early childhood. Only 2% of 5—6 year olds were found infected compared with 7% in the "1,000 Family Survey" 5 years ago, and a third of these infected were already under medical care.

2. Tuberculous Illness.

Forty city children were notified as suffering from tuberculosis during 1957. Criteria for notification have been the same as in previous years, i.e. admission to hospital, and therefore the figures are comparable. The number is, of course, falling steadily but of greater interest is the fact that it is the age group 10—14 in which illness is decreasing.

There were 4 cases of tuberculous meningitis—always a potentially fatal disease and infection should have been avoided in 3 in whom infectors were known. There was one case of spinal disease and one of hip disease both infected by neighbours and both really avoidable. There were four cases of adult type pulmonary tuberculosis, three of whom were discovered at routine school testing and the other at a contact examination. There were other rare conditions i.e. one tuberculous pericarditis, one muscle abscess and one case of genito-urinary disease in a boy who had had tuberculous meningitis in 1948 at the age of 5 years.

No child died from tuberculosis.

3. The Work of the Children's Contact Clinic.

The administration and the clinical work of the Contact Clinic have been greatly helped by the use of the new premises at 23 St. Thomas Street. In addition to office accommodation there is a consulting room and an increasing number of children are being seen there. Clinics are also held as before in the General Hospital and at the East End Health Centre; the arrangements were fully described in the Reports for 1955 and 1956.

1,392 children were seen for the first time in 1957. This is more than in any previous year, and is in part due to the referral of 96 children by the School Health Service. It has also been encouraging to see how the majority of families already attending eagerly bring their newest babies for B.C.G. vaccination.

A comparison of the findings with those of recent years is seen in Tables I and II.

TABLE 1.

NEW CONTACTS UNDER 5 YEARS OF AGE IN THE YEARS 1952—1957, SHOWING THE NUMBER FOUND TO BE TUBERCULIN POSITIVE AND THE NUMBER VACCINATED WITH B.C.G.

	1952	1953	1954	1955	1956	1957
Number of children	427	577	655	786	941	1,182
Number tuberculin positive...	71	79	45	42	18	28
% Positive	16	14	7	5	2	2
No. vaccinated with B.C.G.*	103	234	390	541	762	871
% Vaccinated	24	40	69	68	81	74

*Figures include those vaccinated to the end of March in the following year

TABLE 2.

THE NUMBER OF NEW CHILDREN OVER 5 YEARS OF AGE SEEN IN THE CONTACT CLINIC IN THE YEARS 1952—1957.

	1952	1953	1954	1955	1956	1957
Number of children	71	63	70	82	75	210
Number Tuberculin Positive	33	21	14	25	12	80

Children infected or vaccinated in previous years have also attended and in all there were 4,640 attendances.

4. B.C.G. Vaccination.

The number of vaccinations has again increased both in the Contact Clinic and in the Maternity Hospitals. 94 of the latter belonged to areas outside the city.

TABLE 3.

THE NUMBER OF B.C.G. VACCINATIONS IN CONTACT CLINICS, CHEST CLINICS AND MATERNITY DEPARTMENTS IN THE YEARS 1952—1957.

1952	1953	1954	1955	1956	1957
187	454	716	1,001	1,117	1,230

TABLE 4.

THE NUMBER OF VACCINATIONS CARRIED OUT IN THE MATERNITY DEPARTMENT AT THE NEWCASTLE GENERAL HOSPITAL AND THE PRINCESS MARY MATERNITY HOSPITAL IN THE YEARS 1952—1957.

	1952	1953	1954	1955	1956	1957
Newcastle General Hospital	70	114	114	143	152	162
Princess Mary Maternity Hospital	—	37	71	133	122	169

Four children developed gland abscesses this year following vaccination but all healed satisfactorily, and a further 43 had palpable lymph nodes.

No vaccinated child has developed tuberculosis since the introduction of vaccination in 1951.

3,345 school children were vaccinated under the School Health Department scheme.

Three girls vaccinated at school had accelerated responses with early tuberculin conversion and one also had erythema nodosum. They all had normal chest x-rays but it is concluded that they were vaccinated in the pre-allergic phase of natural infection and all have been treated accordingly. This situation has not arisen in any child vaccinated as a contact—due to the care taken to postpone vaccination till all adult contacts have been x-rayed. It may be expected to occur occasionally in mass vaccination of schoolchildren.

It has not yet been necessary to revaccinate any child successfully vaccinated in previous years.

Comments:

There is still avoidable infection in children though this is steadily declining. Even this year six children were infected by mothers whose illness might have been diagnosed earlier had they had ante-natal x-rays.

Notification still presents difficulties. Some people would say that young children who are treated at home with chemotherapy should be notified. On the other hand much of this treatment is prophylactic and the children's activities are in no way restricted. They are not suffering from tuberculosis. For the moment therefore we have continued as before to notify any child with a complication of primary infection and those admitted to hospital but not to notify uncomplicated primaries treated entirely at home. These children are recorded in a register and in 1957 there were eight new entrants.

It is a matter of concern that only the Royal Grammar School among the independent and private schools provides facilities for vaccination similar to those provided by the Local Education Authority. It is hoped that in 1958 these measures will be adopted by the other independent schools.

**REPORT OF THE
SCHOOL MEDICAL OFFICER**

V—SCHOOL HEALTH SERVICE

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

REPORT OF THE
SCHOOL MEDICAL OFFICER

The following report was submitted to the Board of Education on the 15th day of June, 1915, by the School Medical Officer, Dr. J. H. Smith, in response to a resolution of the Board of Education, passed on the 10th day of May, 1915, relative to the health of the pupils of the public schools of the City of New York.

The report is divided into two parts, the first of which deals with the general health of the pupils, and the second with the health of the pupils who are suffering from chronic diseases.

The first part of the report shows that the general health of the pupils is good, and that there is no evidence of any epidemic disease. The second part of the report shows that there are a number of pupils who are suffering from chronic diseases, and that these pupils are being treated by the School Medical Officer.

V-SCHOOL HEALTH SERVICE

The following report was submitted to the Board of Education on the 15th day of June, 1915, by the School Medical Officer, Dr. J. H. Smith, in response to a resolution of the Board of Education, passed on the 10th day of May, 1915, relative to the health of the pupils of the public schools of the City of New York.

The report is divided into two parts, the first of which deals with the general health of the pupils, and the second with the health of the pupils who are suffering from chronic diseases.

The first part of the report shows that the general health of the pupils is good, and that there is no evidence of any epidemic disease. The second part of the report shows that there are a number of pupils who are suffering from chronic diseases, and that these pupils are being treated by the School Medical Officer.

REPORT OF REPORT COMMITTEE
EDUCATION COMMITTEE

THE SCHOOL HEALTH SERVICE

Co-ordination.

In the early part of the year a number of meetings between representatives of the Public Health and Education Committees were held to work out a scheme for the closer co-ordination of the Child Welfare and School Health Services. Ultimately it was agreed:—

1. To transfer the medical arrangements from Cowgate School Clinic to the Health Clinic at Blakelaw.
2. To appoint a Medical Officer to the Health Department for combined duties in the School Health and Maternity and Child Welfare Services.
3. That Dr. Hindmarsh devote certain sessions each week to work in the Maternity and Child Welfare Clinics.

It was anticipated that these arrangements would work for a trial period of one year and at the end of that time would be examined in the light of experience.

The transfer from Cowgate to Blakelaw Clinic took place in September 1957. The new accommodation for which the Education Committee has agreed to pay a rental of £225 per annum is excellent for present purposes. As in the case of the East End Health Centre the premises are used for ante-natal work on one session per week.

CLINICS.

School Clinics.

The distribution of School Clinics apart from the above remains similar to that in 1956. However, plans were made to open clinics at Ravenswood and Mountfield. After discussion at Ministry level the plans for Ravenswood were withdrawn and a request to include a clinic in the Kenton area in the building programme of the Ministry of Education was substituted. The Ministry stipulated that the cost of the proposed clinic should not exceed £15,000.

Difficulty has been experienced in replacing Atkinson Road Clinic by a more modern building. In the autumn of 1957 the upper part of the premises in which the Clinic is situated became vacant and were secured temporarily to increase present accommodation. The necessary measures to purchase a piece of land facing Lower Condercum Road and adjacent to Benwell Library are being taken. The land will be large enough to accommodate a combined clinic.

The Clinic at Brinkburn Street previously used for the administration of ultra-violet light by the staff of the General Hospital has been closed and certain premises have been secured by the Education Committee for use in treating minor ailments. There is an urgent need for this type of service in that area.

Facilities provided by the clinics are as follows:—

TABLE 1.

Clinic.	Con- sul- ta-tions.	Refrac- tions	Dress- ings.	Dental.	Ortho- paedic.	Speech Therapy	Special Skin Clinics.
Central	x	x	x	C.E.O.	x	x	x
Ashfield House ...	x		x			x	
Atkinson Road ...	x		x	C.E.	x		
Bentinck	x		x	C.E.	x		
Blakelaw	x		x				
Cowgate			x	C.			
East End.....	x	x	x	C.E.	x		
Middle Street ...	x	x	x	C.E.		x	

* Key to abbreviations.

C—Conservative. E—Extractions. O—Orthodontic.

The general work in the clinics is shown in the Table below:—

TABLE 2.
RETURN OF WORK PERFORMED IN CLINICS.

Defect or Disease.	Number of Children attending.	Total treatments given.
Skin—		
Septic	5,507	21,237
Scabies	98	299
Ringworm	150	998
Other.....	1,833	9,153
Ear Conditions—		
Wax in ears	94	303
Discharging ears	126	770
Eye conditions—		
Conjunctivitis	146	465
Other external eye conditions.....	689	2,017
Spectacles	252	—
Vision Tests	138	—
Tonsillitis	132	121
Acute infectious fevers	23	—
Injuries	1,898	3,788
Malaise	175	123
Follow-up inspections	679	85
Head inspections	4,644	798
Cleansing	165	671
F.F.I's. and manual workers	340	1
Miscellaneous	1,307	940

In addition to the School Clinics there are 13 clinics on school premises. The work done on these premises is as follows:—

TABLE 3.
RETURN OF WORK PERFORMED IN CLINICS ON SCHOOL PREMISES.

Defect or Disease.	Number of Children.	Total treatments.
Skin—		
Septic	6,983	12,147
Scabies	5	—
Ringworm	11	18
Other.....	1,878	3,207
Ear conditions—		
Wax in ears	64	110
Discharging ears	69	160
Eye conditions—		
Conjunctivitis	151	199
Other external eye conditions.....	340	478
Spectacles	99	—
Vision tests	174	—
Tonsillitis	48	35
Acute infectious fevers	2	—
Injuries	949	1,481
Malaise	154	159
Follow-up inspections	977	134
Head inspections	4,248	263
Cleansing	141	113
Miscellaneous	499	276

Inspections in School Clinics.

The following inspections were performed by Medical Officers in clinics:—

Consultations	5,094
Inspections performed under Section 18 of the Children and Young Persons' Act.....	673
Clearance from infection	311
Examination of Boarded-out Children under Children and Young Persons' Act 1948	265
Inspection of employees in school canteens.....	17
Examination of students of teachers' training colleges.....	166
Examination of staff for superannuation purposes:—	
(i) Manual	150
(ii) Non-manual	
Reports on staff in connection with Sick Pay	13
Screening pupils under Wood's Lamp—for ringworm	3,389

Special Forms of Treatment.

Special forms of treatment are provided as follows:—

1. Orthopaedic clinic.
2. Skin clinic.
3. Refractions.
4. Speech therapy.
5. Dental treatment including orthodontics.

Orthopaedic Clinic.

Throughout the year physiotherapists have proved difficult to obtain and there is still a vacancy for one therapist.

The work of the Department in outline is as follows:—

STATISTICS FOR THE YEAR 1957.

	School Medical Service.	Maternity and Child Welfare Service.
1. Attendances.		
New patients		
Boys 451	942	116
Girls 491	114	230
Total attendances at surgeon's clinics.....	2,739	747
Children on whom the surgeon's opinion was requested, but who failed to attend.....	138	6
Waiting list	10	1
2. Physiotherapy.		
Total number of attendances of physiotherapy clinics	13,220	3,419
Special therapies given for orthopaedic con- ditions:		
Swedish remedial exercises	7,595	1,210
Massage	266	205
Manipulations	2,281	887
Medical electricity	4,774	833
Radiant heat	32	41
Manipulations in patients' homes (congenital foot deformities)	—	31
Special therapy was also given to children with the following non-orthopae- dic conditions:		
Chest Conditions:		
Asthma	Patients	56
Bronchitis		
Bronchiectasis		
	Treatments	2,255
Non-Orthopaedic.		
Ultra Violet Light		
Alopecia	Patients	5
Debility		
Asthma		
	Attendances	155
	Treatments	213

Skin Clinic.

The numbers of children treated for skin conditions have always been higher in Newcastle than other parts of the country. The reason for this is not altogether clear; it may be that some other authorities do not provide nurses for the treatment of the more trivial types of skin trouble or it may be that much of this form of treatment is allocated to another category in the returns.

A typical week's work by the nurse operating in the Fawdon area is shown in Table 4.

TABLE 4.

Skin Condition.	School.			
	North Fawdon.	Edgefield.	Mountfield.	St. Cuthbert's.
Septic.				
Impetigo	5	—	1	—
Abrasions turned septic	17	7	32	5
Lacerations turned septic	1	1	1	—
Septic sores—unknown origin	14	2	32	11
Boils and carbuncles ...	—	—	1	3
Mouth ulcers	3	—	1	—
Herpes turned septic ...	3	1	9	3
Other.				
Herpes	1	—	4	3
Heat spots	2	1	3	2
Warts and verrucas ...	—	—	4	—
Scurvy patches—not ringworm	4	1	10	4
Chilblains	—	—	1	1
Chapped hands	—	—	5	—
Abrasions	4	4	—	4
Burns	2	—	—	—
Pressure sores from ill fitting footwear	2	1	5	2
Splinters	—	—	—	1
Urticaria	—	—	3	—

Skin Clinics.

Skin Clinics are held at the Central Clinic on two sessions per week by Dr. H. M. Dixon. The types of case treated during the year are shown below:—

TYPES OF CASES TREATED IN SKIN CLINICS.

	(Individual children.)
Plantar warts	243
Ringworm—body.....	62
scalp.....	17
contacts	66
Alopecia	11
Pyogenic infections	15
Allergic conditions	6
Seborrhoea	2
Psoriasis.....	1
Athlete's foot	1
Leuco melano derma	1
Monilia infections	1
Scabies	1
Other conditions	9

In addition the following animals were examined:—

Dogs	4
Cats	5
Mice	13

Plantar Warts.

It is possible that the members of the staff may be responsible in some measure for increased attendance at both hospital and school clinics by making children more aware of foot troubles. The numbers of children treated at the Central Clinic were:—

<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
64	179	243

Scabies.

Cases of scabies are preferably treated in School Clinics but a number of families are treated in their own homes with benzyl benzoate obtained from their private doctor.

In the early part of the year when it became apparent that this skin disease was increasing in the City, measures for treatment and control were tightened up, and as a result it now appears that cases are rather less numerous than formerly.

Variations in the numbers of children treated in School Clinics for certain contagious skin infections are shown in the Table below:—

TABLE 5.
CONTAGIOUS SKIN DISEASE TREATED IN SCHOOL CLINICS
1954—1957.

Year.	Scabies.	Ringworm.		Plantar Warts.
		Head.	Body.	
1954.....	29	120	139	143
1955.....	32	26	54	215
1956.....	84	26	17	169
1957.....	98	19	79	243

Ophthalmic Clinics.

The services of Mr. J. S. Arkle, O.B.E., were secured for an extra session per week during the last six months of the year. It was thus possible to expedite the examination of children who had elected to

be tested by ophthalmic medical practitioners at School Clinics. The numbers of children tested were as follows:—

By Ophthalmic Surgeons.....	1,608 children.
By School Medical Officers	360 children.

The numbers of children awaiting attention at the end of the year were as follows:—

New cases	112 children.
Old cases	360 children.

In addition, a large number of children are being tested by opticians employed by the Ophthalmic Services Committee and by the Hospital Service. The number of children known to have been treated by the Hospital Service was 44. The number of children treated under the Ophthalmic Services Committee scheme is not known as during 1957 there were no facilities for reporting these cases to the School Health Services.

SPEECH THERAPY.

Staff.

Miss J. M. Gates was appointed as single-handed Speech Therapist in February of this year—this post had been vacant since July, 1956. Miss M. Atkinson left in July, 1956, but returned in January to perform some sessional work for three months.

Children with speech defects were treated for the following:—

Stammer.....	72
Dyslalia	156
Retarded speech and language	28
Cleft palate	5
Dysarthria	11
Other defects	53
Total	325
Number of patients—Admitted	169
—Discharged	90
—Waiting	54
Number of treatments given	3,222

Audiometer Testing.

Children with suspected loss of hearing are referred to the Speech Therapist by School Medical Officers. This form of testing is particularly valuable in children retarded in scholastic work. Audiometer tests were carried out as follows:—

Number of children tested	63
---------------------------------	----

School Inspection.

In addition to statutory inspections in schools:

1. Children were inspected at the Convent of the Sacred Heart (Independent) Grammar School, and at
2. The Occupation Centre.

Periodic inspections of pupils in the three prescribed age groups were conducted in schools as follows:—

A.—PERIODIC MEDICAL INSPECTIONS.

Age groups inspected and number of pupils examined in each:

Entrants	4,115
Second age group	4,762
Leavers	3,038
Total	11,915
Additional periodic inspections	588
Grand Total	12,503

B.—OTHER INSPECTIONS.

Number of special inspections	5,281
Number of re-inspections	2,449
Total	7,730

Pupils found to require treatment were as follows:—

C.—PUPILS FOUND TO REQUIRE TREATMENT.

TABLE 6.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Age Groups Inspected. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table 3. (3)	Total individual Pupils. (4)
Entrants	65	286	329
Second age group	225	244	510
Leavers	121	127	225
TOTAL	411	657	1,064
Additional periodic inspections	47	55	82
GRAND TOTAL	458	712	1,146

TABLE 7.
RETURNS OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST
DECEMBER, 1957.

A. PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected). requiring	
		Entrants requiring.		Leavers requiring		Treat- ment. (7)	Obser- vation. (8)
		Treat- ment. (3)	Obser- vation. (4)	Treat- ment. (5)	Obser- vation (6)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	43	77	28	28	182	199
5	Eyes—						
	(a) Vision	65	155	121	280	458	854
	(b) Squint	52	78	13	50	165	262
	(c) Other	22	19	8	10	59	57
6	Ears—						
	(a) Hearing	24	29	9	10	54	69
	(b) Otitis media	8	66	5	13	27	131
	(c) Other	4	9	...	2	15	17
7	Nose and throat	83	281	9	40	150	518
8	Speech.....	24	64	5	86	57	175
9	Lymphatic glands	2	24	...	5	23	84
10	Heart	4	42	3	23	8	102
11	Lungs	24	94	6	21	46	196
12	Developmental—						
	(a) Hernia.....	7	9	...	...	18	18
	(b) Other	1	15	8	14	20	65
13	Orthopaedic—						
	(a) Posture	5	26	7	6	21	56
	(b) Feet	23	82	5	23	68	205
	(c) Other	34	95	35	52	136	312
14	Nervous system—						
	(a) Epilepsy	4	4	5	2	38	19
	(b) Other	2	21	...	4	8	46
15	Psychological—						
	(a) Development	2	14	1	8	6	40
	(b) Stability	4	46	1	5	17	120
16	Abdomen	...	2	...	...	5	4
17	Other	1	1	1	1	5	9

The physical condition of pupils was assessed as follows:—

TABLE 8.
CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE
AGE GROUPS RECORDED UNDER PERIODIC MEDICAL INSPECTIONS (Page 114)

Age groups inspected. (1)	Number of pupils inspected. (2)	Satisfactory.		Unsatisfactory.	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
Entrants	4,115	4,078	99.10	37	.90
Second age group	4,762	4,698	98.66	64	1.34
Leavers	3,038	3,023	99.50	15	.50
Additional periodic inspections	588	578	98.30	10	1.70
Total	12,503	12,377	98.99	126	1.01

HANDICAPPED PUPILS.

1. Summary of work—Education Act, Sections 34 and 57.

Ascertainment.

Pupils were examined and classified as follows:—

Category.	No. of children examined.	No. of children classified.
Partially sighted	3	3
Deaf	5	5
Educationally subnormal	146	76
Epileptic	4	2
Maladjusted	9	6
Physically handicapped	37	34
Delicate	23	23

The names of these children were duly submitted to the School Health Services and Child Care Sub-Committee, by whom the following decisions were made:—

Children to be placed in

Day Special School	95
Residential Special School	34

Children remain in Ordinary School 20

Children to be reported to Local Health Authority

As ineducable	16
For statutory supervision	32
Excluded from school as detrimental to others.....	1

Placement:

A. Places were obtained for handicapped pupils as follows:—

<i>Category.</i>	<i>Number of pupils placed in</i>	
	<i>Day Schools.</i>	<i>Residential Schools.</i>
Blind	—	—
Partially sighted	3	—
Deaf	—	2
Partially deaf	—	—
Educationally subnormal	59	14
Epileptic	—	4
Maladjusted	—	1
Physically handicapped	14	—
Delicate	37	4

B. At the end of the year Handicapped Pupils were maintained or otherwise educated as follows:—

<i>Category.</i>	<i>Number of Pupils in Schools.</i>		<i>Homes and Hospitals.</i>	<i>Home Teaching.</i>
	<i>Day.</i>	<i>Residential.</i>		
Blind	3	4	—	—
Partially sighted	21	1	—	—
Deaf	—	34	—	—
Partially deaf	—	1	—	—
Educationally subnormal	233	45	—	—
Epileptic	—	6	—	—
Maladjusted	—	13	—	—
Physically handicapped	10	3	51	9
Delicate	180	6	24	—

Review of Handicapped Pupils.

The aim is to review all Handicapped Pupils not less frequently than once in two years. Certain categories of Handicapped Pupils are reviewed at considerably shorter intervals. Others, for example, pupils in Residential Schools, who do not return home regularly for holiday, are reviewed as occasion permits. The following review examinations were undertaken:—

<i>Category.</i>	<i>No. of children examined.</i>
Partially sighted	27
Partially deaf	1
Educationally subnormal	265
Epileptic	1
Maladjusted	12
Physically handicapped	11
Delicate	180

Final Examinations prior to leaving School. Recommendations were made in respect of Handicapped Pupils as follows:—

Allowed to leave without supervision.....	8
Reported to Local Health Authority on reaching 16 years of age...	32
Excluded from school as 'Ineducable' before reaching the age of 16 years	9
Excluded from school as 'Detrimental' before reaching the age of 16 years	1
Children in respect of whom previous notification to Local Health Authority was cancelled	1

After Care of Handicapped Pupils.

The majority of educationally subnormal children are reported for statutory supervision by the Local Health Authority. Blind and partially sighted children are on leaving school reported to the Blind Welfare Committee, for the rest of Handicapped Pupils a special watch is kept by the Youth Employment Department where a register of children who have attended special schools is kept. At present there are the names of 419 boys and girls on this special cases register.

The types of disability are as follows:—

<i>Disability.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Educationally subnormal	53	24	77
Defective vision	61	11	72
Defective hearing	21	23	44
Epileptic	12	4	16
Physically handicapped	23	23	46
Pulmonary tuberculosis	3	31	34
Tuberculosis (other than chest)	3	5	8
Chest Ailments (other than tuberculosis)	23	27	50
Defective speech	4	4	8
Heart conditions	9	11	20
Spastic	2	2	4
Maladjusted	4	2	6
Other cases	18	16	34
	236	183	419*

*6 boys and 3 girls have more than one disability and are shown in each category.

Infectious Diseases.

There were no climatic conditions which could be held to favour the spread of communicable disease during the year.

During the early part of the year large numbers of children were absent from school on account of measles, mumps and respiratory diseases. In September as many as 50 per cent. of children were absent from school on account of influenza.

Ringworm.

Throughout the year close watch has been kept on ringworm. Screening has had to be done in the following Schools:—

North View; Walker Gate; Christ Church; East Walker; Mountfield and North Fawdon.

In all 3,205 children had to be examined.

Opportunity has been taken to provide experience under supervision to all but one Medical Officer of the staff and to a number of nurses in the use of a new portable lamp which was provided.

Whilst the number of cases of ringworm of the head remains satisfactory the number of cases of body ringworm has increased. The pupils who have been treated for this condition in School Clinics are relatively few, representing only a small proportion of those affected. This form of ringworm is derived from cats and dogs and there is good reason to believe that there are large numbers of vagrant and infected animals roaming the City to which attention should be paid. The numbers of cases of ringworm treated are as follows:—

Head — 19.

Body — 79.

Tuberculosis.

The number of children notified to be suffering from tuberculosis in 1957 was:—

(a) Respiratory	...	...	...	17
(b) Non-respiratory...	...	...	...	6

Prevention.

Active measures for the control of tuberculosis in school include:—

1. Routine tuberculin testing.
2. Investigation of contacts of known cases.
3. B.C.G. vaccinations.
4. Screening of staff.

1. **Routine Tuberculin Testing.** This now forms part of the periodic inspections of all children. Testing is done on a voluntary basis, parents being approached by letter for formal consent. Heaf testing is performed by a school nurse prior to the medical officer's visit to the school. The tests are read at the time of the inspection so that parents can be informed of the result. Those who are found to be positive are referred to the General Hospital for chest x-ray. Where the x-ray film is abnormal the child is referred to the Chest Clinic.

2. Investigation of contacts of known cases.

During the year contacts were tested in the following schools:—

Delaval Infants and Nursery	173 children.
Convent of the Sacred Heart	103 children.
Jesmond Dene Residential School	42 children.

3. B.C.G. Vaccination.

In their final year at school children receive B.C.G. vaccination. This is combined with the tuberculin testing of the third age group. Those who on testing give a negative reaction are automatically given protection with B.C.G. During the year 1,870 children were vaccinated with B.C.G.

The aim, however, has been to vaccinate at the age of 13 years, using the tuberculin test at the final Periodic Inspection as a measure to confirm that vaccination in the previous year was successful. Before Christmas it was possible to vaccinate 1,185 children in their thirteenth year leaving a small balance to complete this age group in 1958.

4. Screening of Staff.

All newly appointed staff are medically examined and in each case x-ray of chest arranged. In addition, periodic x-rays are recommended for all teaching staff and others, such as school meals staff.

Poliomyelitis.

During the year three children only were notified as suffering from poliomyelitis of whom one was non-paralytic.

In the early part of the year a number of batches of British vaccine failed to reach the necessary standard of safety and the work of immunisation was delayed. The decision to bring general practitioners into the scheme, made it necessary to reclassify all children who had been registered and this added considerably to clerical work. Consequently, the work of immunising the first registration of children born between the years 1947—52 proceed at a very slow pace but was completed as far as practicable before the end of 1957.

The total number of pupils inoculated in 1957 was 6,807.

Diphtheria.

No children have been notified as suffering from this form of illness during the year; the last cases notified were in 1952.

As in previous years a number of children who failed to receive " booster " doses prior to admission to school were inoculated in school clinics. The number so immunised was 214.

**VI—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 1957

CHIEF PUBLIC HEALTH INSPECTOR:

L. MAIR, M.R.S.H., F.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	{	East	... J. BROWN, M.A.P.H.I.
		Central	... L. SMALLEY, M.A.P.H.I.
		West	... J. R. SHIPLEY.

District Inspection Section	{	East	... O. BURNS, M.A.P.H.I.
		Central	... Vacant.
		West	... M. G. WINTRINGHAM, D.P.A.

Inspectors 20 (12 vacancies, nine of which are filled temporarily by unqualified Assistant Inspectors).

Pupil Public Health Inspectors ... 4

Clerks 1 Senior Clerk.
9 Clerks (1 vacancy).

A measure of restrained satisfaction may be experienced in looking back over the past year but much greater progress must be achieved before the effectiveness of the environmental hygiene services of the City can be regarded as matching the ever increasing problems which exist now and which will continue to arise in this field of health promotion. The continually expanding scope of public health inspection will inevitably bring new problems but it is a source of satisfaction to know that as this challenge is met and the difficulties surmounted so are we achieving higher standards of environment in the home, in the factory, and in the surroundings spent in leisure.

The pattern of sanitary administration today would be unrecognisable to those stalwart pioneers, the "Inspectors of Nuisances," of half a century ago whose efforts were mainly concerned with drains, disinfectants and dirty dwellings. The citizens of today owe a debt to those worthy protagonists of environmental hygiene and if the same degree of progress is achieved during the next fifty years the efforts of today will have been more than worthwhile.

Whilst action during 1957 continued to be pressed unremittingly in slum clearance and atmospheric pollution with gratifying results, opportunity was taken during the year to direct attention to some much needed reorganisation in the District Inspection Section of the Department. It was in this Section that difficulties arising from staff shortages were particularly felt and with the increasing proportion of new and inexperienced officers taking up duties on districts, the Health Committee decided to divide the City into three divisions, each staffed by a Senior District Inspector and three District Inspectors. When full establishment in this Section is ultimately achieved a higher standard of supervision and inspection will undoubtedly result despite the fact that this reorganisation has resulted in a reduction of one Inspector in the establishment of this Section.

An interesting development during the year was the substantial fall in the number of complaints relating to dwelling houses and the consequent reduction in the number of notices served. This welcome relief to a depleted staff was undoubtedly associated with the steady progress in dealing with houses by way of clearance as it was such areas as Railway Street, Blandford Street, Noble Street, Shieldfield and similar districts which provided a high proportion of these complaints. Another influence which possibly has reduced the number of complaints has been the effect of the Rent Act, 1957 under the provisions of which considerable repair work has been and is being carried out.

It is hoped that in 1958 conditions will allow a survey to be commenced of tenemented property or houses let-in-lodgings as this problem is increasing in magnitude as the years pass. With the demolition of such property, either in clearance areas or as individual unfit houses, it is almost certain that many of the larger houses remaining in or near these areas and which hitherto had been occupied as "one family" residences are now occupied as tenements. An example of this development probably exists in the area north of Cambridge Street and the firm application of the code of standards

for such dwellings approved by the Health Committee in 1956 will be needed to prevent a deterioration of conditions in such dwellings.

In my last report I referred to the desirability of carrying out an organised and systematic inspection of dwelling houses under the Housing Act, 1936 for the purpose of securing the repair of unfit houses. Hitherto attention has been directed mainly to dealing with the clearance of unfit houses and in this field the Health Committee has cause for satisfaction in keeping slightly ahead of the scheduled clearance programme. However, the increasing time lag between representation of unfit houses and the ultimate demolition and rehousing of the occupants suggests that the work of the Slum Clearance Section may, with advantage, during 1958, be diverted to some extent to operating the provisions of Section 9 of the Housing Act, 1957 and in this way preventing the further deterioration of unfit houses which are at present capable of being made fit at a reasonable expense. Such a proceeding will not be free from difficulty but with an adequate labour force available to execute repairs and with increased rents now available to owners the policy is worthy of earnest consideration.

During the year the appointed day for the purpose of Section 15 of the Newcastle upon Tyne Corporation Act, 1956 was declared as the 1st April, 1958. After that date persons carrying on the business of a hairdresser's or barber's shop, together with the premises, must be registered by the Corporation. That there is a health hazard associated with unhygienic conditions in hairdressing establishments, not only in respect of the transmission of skin infections, is generally accepted and the purpose of this new legislation is to remedy the unsatisfactory conditions which undoubtedly exist in a number of these establishments. Within the City there are 179 known premises on which the business of hairdressing is carried on of which 78 may be described as "one man" businesses. The number of cases where hairdressing is carried on in private dwellings for profit or gain is not known and can only be established by means of the registration provisions referred to above. It is known that the incidence of pediculosis in school children remains high, particularly in certain localities, and all measures possible should be taken to prevent risks of spread of infestation by such children during a visit to the hairdresser.

Staff shortages continued to impede the work of general inspection during 1957 and although it is hoped that during 1958 a number of qualified recruits will emerge from the existing staff in the Department there will probably be an equal number of Inspectors retiring,

some of whom have reached retiring age and others who have passed it. Should no improvement in the staffing position become apparent during 1958 consideration could be given to increasing, even if only temporarily, the pupil establishment from 4 to 6 pupils.

HOUSING ACT, 1936 AND HOUSING ACT, 1957

On 1st September, 1957, the Housing Act, 1957, came into operation. The purpose of this Act was to consolidate all enactments relating to housing with the exception of certain provisions concerning financial matters and for all practical purposes the procedure in respect of housing remains unaltered.

Slum Clearance.

The staff of the Housing (Slum Clearance) Section continued to render excellent service but liaison between this Section, which operates from offices in New Bridge Street, and the administration in the Town Hall, continued to be difficult and unavoidably time wasting.

During the year there was again an increase in the number of enquiries from tenants, owners, intending vendors and purchasers, house agents and solicitors, electrical contractors and others seeking information in relation to slum clearance proposals and it now seems to be standard procedure to consult this Section before buying or selling a house, building a factory, wiring a house for electricity or applying the increase of rent under the Rent Act, 1957.

It is pleasing to note that at 31st December, 1957 the Department was 9.78% ahead of the scheduled programme thus very slightly increasing the lead established during the previous year. So far as the Health Committee is concerned it may now be said that the back of the slum clearance problem has been broken but a very disturbing feature is the slow rate of rehousing from confirmed clearance areas particularly in Shieldfield.

During 1957 inspection work was carried out during the early months in the large Sycamore Street areas, in the summer months the Elswick East Terrace and the Diana Street Areas were in progress and towards the end of the year the large area in Melbourne Street had been completed. The work of inspection proceeded smoothly throughout although a certain amount of effort was unavoidably wasted as the work of representation was concerned not only with

securing the demolition of obviously unfit houses but also with the more "border line" dwellings because of the imperative need of devising areas of shapes and sizes suitable to the Housing Committee for redevelopment purposes. At the beginning of the year the dilapidated condition of the dwellings in the proposed Railway Street Area still presented an urgent problem but the position was greatly improved before December by dealing with the worst houses by way of individual action. It is expected that during 1958 this area will be represented and thus, so far as the Health Committee is concerned, one of the blackest spots in the City will have been dealt with.

At the close of the year only 12 families remained to be rehoused from pre-war clearance areas as compared with 41 at December, 1956.

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

<i>Represented to Health Committee—</i>					Houses.	Families.
(a) Unfit houses in Areas	...	...	...	...	410	765
(b) Individual Unfit Houses	...	...	...	...	102	227
Totals					512	992
<i>Orders Made—</i>					Houses.	Families.
(a) Shieldfield C.P.O. No. 2—						
Pink	...	...	...	162	363	
Grey	...	...	...	29	53	
					191	416
(b) Mitchell Street and Whitworth Street C.O.	...	...	...	...	49	130
(c) Demolition Orders (Individual Unfit Houses)	...	...	...	...	71	163
(d) Closing Orders (Individual Unfit Houses)	...	...	...	...	14	23
Totals					325	732
<i>Orders Not Necessary (Corporation Properties)—</i>						
(a) Unfit houses in Areas	...	...	...	...	—	—
(b) Individual Unfit Houses	...	...	...	...	11	30
Totals					11	30
<i>Orders Confirmed by Minister—</i>					Houses.	Families.
(a) Shieldfield C.P.O. No. 1—						
Pink	...	...	...	142	264	
Grey	...	...	...	—	—	
					142	264
(b) Shieldfield C.P.O. No. 2—						
Pink	...	...	...	161	361	
Grey	...	...	...	30	55	
					191	416
(c) Fisher Street C.O.	...	...	...	...	12	45

<i>Areas (Corporation Properties)—</i>						Houses.	Families.
(d) Walker Areas	...	...	...	...	...	194	619
Totals						539	1,344

In April and September the Minister of Housing and Local Government held public inquiries in respect of Shieldfield C.P.O. No. 1 and Shieldfield C.P.O. No. 2 respectively and these Orders were subsequently confirmed with only very negligible modifications. A further public inquiry was held in November in respect of Mitchell Street C.O. and the result was still awaited at the end of the year.

Housing Subsidies Act, 1956.

The provisions of the above Act enables the Corporation to receive a subsidy in respect of each family rehoused from a dwelling subject to a Demolition or Closing Order if an individual house, or a Compulsory Purchase Order or Closing Order in respect of houses in areas. As no Orders can be made in respect of unfit property belonging to the Corporation, the Minister accepts in lieu thereof a Certificate of Unfitness and during the year under review 32 such Certificates relating to 67 houses were issued to the Housing Manager.

In the case of an owner willing to undertake in writing to demolish or close an individual unfit house in lieu of the appropriate Orders being made under the Housing Acts, a subsidy is similarly payable in respect of each family rehoused from such houses and during the year 7 such undertakings were received in respect of 14 houses.

Condemned Houses—Rehousing.

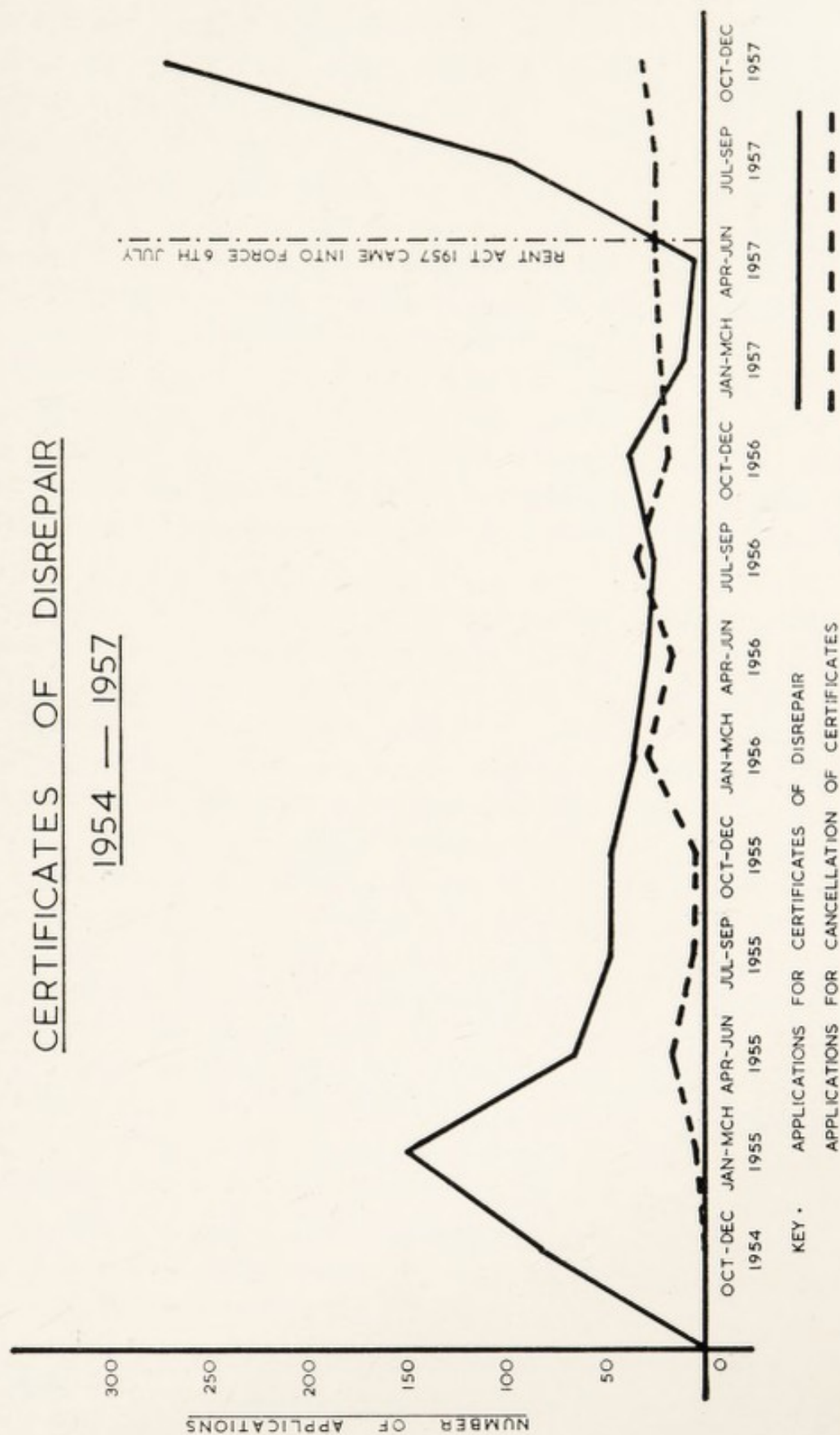
A total of 716 families were rehoused by the Housing Department from condemned houses from the various areas and individual unfit houses distributed throughout the City and in each case of rehousing the disinfection of household furniture and effects of the tenants proceeded smoothly. During the year 160 unfit dwelling houses were demolished.

Certificates of Disrepair.

On 6th July the Rent Act, 1957, came into force and it is hardly to be expected that legislation of such a controversial nature should be placed on the statute book without attracting much acrimonious discussion and criticism. It must be borne in mind, however, that the Rent Act, 1957, was an attempt to remove some of the anomalies

CERTIFICATES OF DISREPAIR

1954 — 1957



Showing marked increase in demand for Certificates of Disrepair after operation of Rent Act, 1957,



which have existed under the numerous and extremely complicated Rent Restriction Acts dating back to the early days of the first world war although this does not mean to say that the change has been effected in the best or only way.

Since the introduction of rent control in 1915 it has always been the duty of the sanitary authority to issue certificates of unfitness where the circumstances have warranted it. Under previous Acts it was the sanitary authority to say what should be included in the "Certificate of Unfitness" or, as they are called now "Certificates of Disrepair". A fundamental change in the 1957 Act is that this duty is imposed in the first instance upon the tenant who must, in the prescribed form, notify the landlord that the dwelling is in disrepair by reason of the defects specified and that those defects ought reasonably to be remedied having regard to the age, character and locality of the dwelling—an onerous enough task for those versed in the intricacies of property surveys but quite beyond the capabilities of the vast majority of occupants living in rent controlled houses.

How many tenants who, when faced with the problem of filling in the now well-known Form G, finally abandoned the idea will never be known, but not all were deterred by the strict formality of the wording appearing at the head of the notice. When the first copies of Form G began to arrive it became apparent that a wide interpretation would need to be placed upon some of the items classed as items of disrepair but it was not found to be impracticable or unduly difficult when making out Form J to adjust the phraseology of Form G in such a way as to express more explicitly the intention of the applicant. That there has been so few complaints testifies as to the strictly impartial manner in which this work has been done by the staff. In practice, despite much foreboding and a few initial teething troubles, there have not been any undue difficulties "in making the Act work" and while it has increased the volume of work in the Department the serving of the various forms has now resolved itself into a normal everyday routine task.

While it is too early to state categorically the effect of the Rent Act for good or ill some comparison with the Housing Repairs and Rents Act, 1954 may not be out of place.

During the 34 months that the 1954 Act was in operation 560 applications for Certificates of Disrepair were received of which number 200 were received in the first six months. In the six months that the 1957 Act has been in operation 372 applications have been

received. When one considers the large number of houses which still remain subject to rent control this is a remarkably low number and one can only assume either that many are not bothering to exercise their rights under the Act or that they are unaware that they can at any time apply for a Certificate of Disrepair.

In retrospect there can be no doubt that the 1954 Act was a failure as far as keeping houses in a good state of repair was concerned. There is every indication that the 1957 Act will be more successful but it can only become so if there is a determination by both landlord and tenant to implement to the full the spirit and intention of the Act.

Houses let in lodgings.

The provisions in the Housing Repairs and Rents Act, 1954, relating to the registration and inspection of tenemented houses were repealed during the year and substituted by Section 36 of the Housing Act, 1957.

During the year 105 such houses were removed from the register leaving a total of 938 at 31st December, 1957, but it is doubtful if this figure is a true indication of the actual number of houses occupied as let in lodgings. Until a thorough survey of all houses let in lodgings in the City is carried out control of this type of accommodation will not be exercised to a maximum effect.

During 1957, 358 inspections of these premises were carried out as compared with 360 during 1956.

District Public Health Inspectors' Total Summary for the Year 1957.

Complaints received	...	...	...	...	3,644
Nuisances found on District	...	...	...	...	169
<i>Inspections of Dwelling Houses—</i>					
Under Public Health Acts	...	...	...	...	3,723
Housing Acts	...	...	...	...	8,634
Overcrowding, etc.	...	...	...	...	98
Certificates of Disrepair, etc.	...	...	...	...	508
Houses let-in-lodgings	...	...	...	...	358
Supervision of work in progress	...	...	...	...	972
Revisits	...	...	...	...	10,488
Miscellaneous visits	...	...	...	...	7,106
<i>Inspections of Other Premises—</i>					
Offices and shops	...	...	...	...	300
Pet Animals Act, 1951	...	...	...	...	15
Hairdressers	...	...	...	...	23
Hotels, cinemas, etc.	.....	...	...	...	872
Stables, piggeries, etc.	...	...	...	...	23
Tents, vans and sheds	...	...	...	...	589
Accumulations, streams, etc.	...	...	...	...	47

Inspections of Other Premises—continued

Public Conveniences	...	...	...	...	95
Smoke Control Survey	...	...	...	...	3,084
Smoke Observations	...	...	...	...	183
Visits to Boiler Plant	...	...	...	...	127
Supervision of work in progress	...	...	...	...	110
Revisits	...	...	...	...	28
Rodent control	...	...	...	...	27
Exhumations	...	...	...	...	4
Offensive trades	...	...	...	...	9
Miscellaneous visits	...	...	...	...	161

Inspection of Food Premises—

Dairies and cowsheds	...	...	...	...	32
Retail milk shops	...	...	...	...	592
Ice cream	...	...	...	...	628
Retail food shops	...	...	...	...	2,542
Street Traders	...	...	...	...	1,752
Bakehouses	...	...	...	...	53
Catering establishments	...	...	...	...	340
Food factories	...	...	...	...	78
Fried fish shops	...	...	...	...	208
Supervision of work in progress	...	...	...	...	19
Miscellaneous Visits	...	...	...	...	189
Total	...	...	...	...	43,834

PUBLIC HEALTH ACT, 1936**Nuisances.**

The major proportion of the working time of the District Inspectors is devoted to the detection, investigation and abatement of conditions constituting "statutory nuisances" under the terms of the Public Health Act, 1936. The volume of work in this sphere is, however, decreasing due no doubt to the elimination of some of the worst houses by way of clearance. Nevertheless there still remain the problems caused by the continued deterioration of conditions in houses in confirmed or proposed clearance areas, particularly in the Shieldfield and Sycamore Street districts, where the dilapidated condition of occupied unfit houses is aggravated by the unsightly, and often dangerous, derelict and abandoned buildings in the vicinity.

The total number of nuisances dealt with was 3,813 involving the service of 2,323 informal notices, 1,428 statutory notices and 450 summons letters, and in only 7 cases was it found necessary to institute legal proceedings in respect of failure to comply with the requirements of statutory notices served under the Public Health Act, 1936. In 4 of these cases the work required was completed before the date of the hearings and in the remaining 3 cases fines totalling £8 with 9 guineas costs were imposed.

In the early months of the year an unusual occurrence caused a nuisance at the rear of dwelling houses in Walkerville. While a consignment of fuel oil was being delivered at a large factory in the north east of the City, a quantity of this oil, estimated at approximately 1,300 gallons, accidentally ran to waste and passed into a surface water drainage system which eventually discharged into a small burn passing behind the houses in Walkerville. The banks of the burn in the rear gardens of these houses were fouled due to the sudden rise in the level of the flow but the City Engineer's staff quickly and effectively dealt with the matter by clearing the burn of all obstructions and thus facilitating the even flow of oil and water.

Complaints of nuisance are still being made from time to time in respect of two potato crisp manufacturing establishments situated in the central and north east districts of the City. In the centrally situated crisp factory positive efforts are being made to neutralise the odour of hot fat by the introduction of a chemical formulation into the vapour outlet but with only limited success. This factory, however, is being transferred to new premises outside the City and it is hoped that the removal will be completed before the end of 1958.

In regard to the north east factory progress in odour elimination has reached a standstill without any apparent reduction in the degree of nuisance and this matter must, in due course, be given further consideration with a view to applying the legal remedy which is available.

Under the provisions of the Newcastle upon Tyne Corporation (General Powers) Act, 1935, 415 notices were served in respect of defective drains, waste pipes and water closets and in 62 instances the work required was efficiently carried out in default by the City Engineer's staff at a total recoverable cost of £157 5s. 4d.

Places of Public Entertainment.

There was no change during the year in the total number of places of entertainment which comprises 5 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.

During the year a total of 264 routine inspections of such premises were made as compared with 174 in the previous year. It was noted that conditions in respect of ventilation, heating, lighting, cleanliness and sanitary accommodation were maintained at a satisfactory standard.

Offensive Trades.

The routine supervision of the scheduled offensive trades was continued throughout the year, in the course of which a total of 9 inspections were made. The number of offensive trades carried on during the year comprised the following:—

Rag and bone dealers	8	Fat boilers	2
Tripe boilers	5	Glue makers	2
Gut scrapers	2	Soap boilers	1
Hide and skin dealers.....	2	Blood boilers	1
Bone boilers	2	Fish curers	1

Tents, Vans and Sheds.

In June the showmen took up their annual three weeks residence on the Town Moor for the Temperance Festival. The number of living caravans totalled 511, accommodating 470 families comprising 1,552 persons being an increase over the previous year when 469 caravans, 431 families of 1,138 persons were accommodated.

For many years past criticism has been directed to the arrangement and use of sanitary accommodation provided in connection with this event and it is consequently gratifying to state that during the 1957 Festival a most striking improvement was obvious and the standard of hygiene of these amenities has never been higher. In particular, the new block of ladies' temporary conveniences received many favourable comments by the users and a substantial improvement was obtained by the introduction of temporary flagging in the gents' conveniences although some odour nuisance was experienced towards the end of the week, which, having regard to the exceptionally warm weather at that time, was not entirely unexpected. On occasion nuisance was caused by deposits of decomposing vegetable refuse near the Exhibition Park but prompt action by the City Engineer's staff effected immediate remedy.

Numerous enquiries were again received during the year from caravan dwellers seeking parking accommodation in the City and in every case the enquirers were directed to sites in neighbouring authorities. The absence of a caravan park near the City centre undoubtedly causes considerable inconvenience to legitimate caravan dwellers, particularly those associated with the theatrical profession who are forced to station their living caravans some miles from their theatre.

Common Lodging Houses.

There still remains only one common lodging house on the register, and this house provides accommodation for 58 male lodgers. The highest nightly use of beds was 58, the lowest 51, and the average 56. This house is very old and is nearing the end of its useful life and recent discussions with the owner indicate that its use as a common lodging house may be brought to an end in 1958.

New Buildings and Alterations.

The Factories Section continued to deal with the examination of plans received from the City Engineer for perusal before submission to the Town Improvement and Streets Committee. During the year 174 plans were examined and the City Engineer informed of improvements or objections relevant to legislation administered by the Health Department.

Disinfestation.

During the year 880 tenants were notified to the Health Department by the Housing Manager for disinfestation of their household effects prior to rehousing, a substantial increase over 1956 when the total number of tenants notified was 322. As in recent years the process of spraying every article of furniture with a liquid insecticide and submitting all bedding to a process of steam disinfestation was continued. The rehousing of the 880 tenants involved the treatment of the contents of 1,855 rooms and approximately 1,600 articles of bedding were put through the process of steam disinfestation. The majority of the tenants were rehoused from the Scotswood Road, Blandford Street, Walker Road, and Church Street Areas. The major difficulty arising out of the disinfestation process lies in the fact that the day and time of removal is entirely at the discretion of the tenant. As most tenants seem to prefer the weekend particularly Saturday (the steam disinfectant closes down at noon) there were times when the capacity of the bedding van and the steam disinfestation plant were taxed to their limit. However, with the willing co-operation of the staff concerned all disinfestations were carried out on time, but it has become apparent that in the future some method of controlling the removal of tenants may have to be adopted otherwise there is a danger of the whole process breaking down.

Relating to the policy of disinfestation prior to rehousing from slum clearance areas, it is interesting to note that although a fair proportion of the homes of families being rehoused are dirty and

neglected and even deplorably filthy the number showing evidence of actual verminous infestation is extremely small. It would appear from information received in the Department that this is also the experience of other Local Authorities and the reason for this low degree of verminous infestation may be due to any one, or a combination, of the following factors.

1. The effectiveness and comparative cheapness of modern insecticides.
2. Tenants, although neglectful of their home surroundings, are at least concerned for their personal comfort and use these insecticides.
3. The higher living standard and hire purchase tend to the quick discarding of verminous furniture.
4. Many of the dwellings from which tenants are rehoused have, at some previous time, been subject to disinfestation by the Health Department.

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 and tends to increase. Applications from householders totalled 347 and from business firms 19. In all 693 rooms were disinfested, the treatment, varying according to the type of insect concerned, being liquid, powder, or smoke fumigation separately or in combination. As is usual, the bed bug and cockroach continue to be responsible for the major number of requests for assistance, other insects dealt with including fleas, lice, wood beetle, spider beetle, blow flies, house flies, moths, wasps and bees.

A total of 1,971 visits were made in connection with the work of disinfestation.

Workplaces.

Workplaces, which include offices and other premises not being factories, in which persons are employed, were visited during the year in the course of which 697 inspections were carried out.

The following defects were found to exist and were remedied:—

Lack of cleanliness	7
Defective or unsuitable sanitary accommodation	2
Inadequate ventilation.....	1
Other nuisances	16
	26

Water supply.

The supply of water to the City continued to be satisfactory in quality and quantity and was not liable to have plumbo-solvent action.

At long last it is gratifying to record that the last three remaining houses on the north west boundary of the City, which hitherto obtained their water supplies from wells, are now connected to the public main and so far as is known every house in the City now has a mains supply.

Bacteriological Examination.

Samples of water are now taken from the specially installed sampling points evenly distributed throughout the City to ensure an overall assessment of the bacteriological condition of the water as it leaves the mains prior to being distributed to the general public. During the year samples were taken each week from the domestic water supply.

BACTERIOLOGICAL EXAMINATION OF WATER SUPPLIES.

	Class 1	Class 2 1-2 b.coli.	Class 3 3-10 b.coli.	Class 4 over 10 b.coli.	TOTAL.
Mains Sampling Points	153	3	—	1	157
Domestic Supplies	154	3	—	2	159
Public Baths.....	64	—	—	2	66
Total	371	6	—	5	382

A total of 33 visits were made to the various Public Baths in the City in order to test the amount of available chlorine and the pH value in the bath water. These tests are carried out in order to ensure that the water is of sufficient purity for bathers. One test proved unsatisfactory due to a lack of chlorine but further samples, however, proved satisfactory.

Chemical Analysis.

Each month during the year 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 the water was bright and clear and suitable for a public supply.

ATMOSPHERIC POLLUTION.

Measurement.

It is gratifying to record for the first time for many years a substantial reduction in the calculated amount of solid impurities deposited on the 17·81 square miles within the City boundaries. This amount during 1957 totalled 3,349 tons being a decrease of 866 tons below that of 1956, but it is probable that this apparent improvement is due not so much to an actual reduction in the quantity of deposited matter but to a lower averaging of results due to the more uniform redistribution of deposit gauges referred to in the Report for 1956.

Although calculated figures are subject to the vagaries of weather, the strength and direction of wind and other disconcerting influences, it is felt that the new siting of gauges will produce a more accurate picture of deposited pollution and will eventually give reliable indication of pollution trends in the various parts of the City.

It will be seen from the table on page 142 that the proportions of ash in the total deposits recorded by the gauges at Denton Road, Westgate Cemetery, Benwell Reservoir, Wingrove Hospital, and Pendower School are higher than at the gauges situated elsewhere, a feature which lends support to the feeling of unrest among those West End residents who have endured with patience the "grey dust" nuisance during the past few years.

The measurement of the reactivity of the sulphur dioxide content of the atmosphere of our City showed a substantial increase with a daily mean concentration of ·082 parts per million compared with ·057 during the previous year.

Towards the end of the year the Health Committee was invited to co-operate with the British Empire Campaign Cancer Research in providing facilities for the installation and operation of two volumetric filter gauges. These gauges will be installed at the Wharncliffe Street Clinic and at the Shields Road East End Clinic and it is anticipated that these appliances will be brought into operation early in 1958. The actual work involved to the Department will be quite small and will necessitate the attention of a District Public Health Inspector only a few minutes weekly for the purpose of changing filter papers, and any useful contribution to the fight

against lung cancer can receive only approbation from everyone interested in the promotion of health.

Clean Air Act, 1956.

Very satisfactory progress was achieved during the year in completing the preliminary work required in connection with the establishment of the Newcastle upon Tyne Smoke Control Area No. 1. After receiving, in February, the necessary approval of the Minister of Housing and Local Government a detailed survey of the Area was commenced in May. The field work involved in this survey was carried out by a team of six investigators appointed temporarily for the task and who worked under the immediate supervision of a Senior Inspector.

The actual work of survey was preceded by a short period of training concerning atmospheric pollution matters generally and the law relating to smoke control areas, the identification of fuel burning appliances and other relevant matters sufficient to enable them to carry out the work of inspection and to discuss, when necessary, with occupiers of premises, questions which might arise.

The area was divided into 27 clearly defined blocks of property and the survey was completed in October. Much assistance and co-operation were extended by the occupiers of premises and the invaluable assistance of the local press contributed greatly to the smooth accomplishment of the whole operation of survey.

At the end of the year a full detailed report with the recommendations of the Health Committee was awaiting submission to the Council and it is anticipated that the Smoke Control Order will be made and submitted to the Minister for confirmation during the early months of 1958.

During the year the Chief Public Health Inspector or a Senior Inspector attended meetings of various bodies to discuss atmospheric pollution matters or to deliver explanatory talks relating to the proposed smoke control area among which bodies were included the Regional Advisory Committee of the Ministry of Power, the Northern Regional Board for Industry and local political associations. It was felt that benefit was derived from a series of articles on the Clean Air Act which the Chief Public Health Inspector contributed to the official organ of the Tyneside Chamber of Commerce and in many other ways every opportunity was taken to promulgate the aims of the Health Committee in the cause of a cleaner atmosphere.

Prior Approval of Furnaces.

Section 3 of the Clean Air Act empowers local authorities to grant "prior approval" in respect of the installation of new furnaces. Early in the year a Prior Approval Advisory Panel consisting of a technical consultant, an industrialist and the Chief Public Health Inspector was set up by the Health Committee for the purpose of considering, and making recommendations in respect of, plans and specifications of furnaces submitted by applicants for approval. This method of dealing with this important matter operates excellently and a splendid spirit of co-operation is shown by industry and commerce in implementing the provisions of Section 3 and thus preventing avoidable smoke pollution of the future. During the year, 2 notifications of intention to install furnaces were received and 8 applications were made to the Committee for prior approval in respect of 10 coal fired furnaces and 12 oil fired installations, all of which were subsequently approved.

Smoke Nuisances.

A total of 183 recorded observations of chimneys were made in 1957 and on 16 occasions emissions of black smoke for aggregate periods exceeding three minutes were noted. Letters of caution were sent, on the instruction of the Health Committee, in appropriate cases. It is anticipated that the provisions of the Clean Air Act imposing more stringent restrictions in respect of such smoke emissions will be brought into operation by the Minister of Housing and Local Government during 1958 and a substantial improvement is expected to arise therefrom.

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	2.04	0.18	1.45	4.24	5.26	11.13	1.54	1.15	0.35
	Annual	24.48	2.19	17.40	50.94	63.13	133.66	18.57	13.87	4.19
Westgate Cemetery	Monthly	2.13	0.19	3.98	11.09	7.88	23.16	2.60	0.85	0.61
	Annual	23.48	2.10	43.83	122.06	86.77	254.76	28.66	9.38	6.76
Welbeck Reservoir	Monthly	1.49	0.20	1.84	5.01	6.31	13.37	1.94	0.93	0.46
	Annual	16.44	2.22	20.26	55.20	69.41	147.09	21.43	10.28	5.06
Benwell Reservoir	Monthly	1.92	0.18	2.65	12.91	6.76	22.51	2.17	1.16	0.42
	Annual	21.17	1.97	29.20	142.08	74.40	247.65	23.90	12.76	4.66
Wingrove Hospital	Monthly	1.86	0.20	2.68	8.36	6.42	17.67	2.06	1.03	0.41
	Annual	20.52	2.20	29.53	92.01	70.65	194.39	22.68	11.39	4.55
Freeman Road	Monthly	1.94	0.15	1.35	2.78	4.64	8.93	1.32	0.86	0.21
	Annual	21.33	1.66	14.85	30.59	51.14	98.24	14.57	9.49	2.37
Pendower Open-Air School	Monthly	1.96	0.20	1.83	9.37	6.86	18.26	2.29	1.04	0.47
	Annual	21.54	2.20	20.13	103.12	75.48	200.93	25.20	11.48	5.26
Denton Road	Monthly	1.92	0.18	5.15	14.26	7.95	27.64	2.17	1.30	0.49
	Annual	23.12	2.19	61.89	171.16	95.44	331.76	26.12	15.66	5.88
Walkergate Hospital	Monthly	1.95	0.16	1.97	4.70	5.84	12.67	1.50	1.07	0.34
	Annual	21.49	1.76	21.72	51.74	64.24	139.46	16.53	11.79	3.77
Walker Naval Yard	Monthly	1.77	0.17	2.02	4.99	4.80	12.04	1.57	0.90	0.42
	Annual	19.55	1.95	22.31	54.92	52.88	132.46	17.32	9.91	4.65
Average per Gauge	Monthly	1.898	0.181	2.492	7.771	6.272	16.738	1.916	1.029	0.418
	Annual Calculated	21.312	2.044	28.112	87.382	70.304	188.040	21.498	11.601	4.715
TOTAL DEPOSIT ON THE CITY DURING 1957.										
TOTAL DEPOSIT ON THE CITY DURING 1957	Monthly		3.223	44.382	138.401	111.704	298.103	34.123	18.326	7.444
	Annual Calculated.		36.403	500.674	1556.273	1252.114	3348.992	382.879	206.613	83.974

THE FOOD AND DRUGS ACT, 1955.

Sampling of Food and Drugs.

During the year 530 formal samples and 294 informal samples were taken and submitted to the Public Analyst. Six of these samples, all formal, were found to be unsatisfactory, representing 0.72 per cent. of the total samples as compared with 1.9 per cent. during the previous year. The non-genuine samples comprised 5 milk samples and one sample of bread and butter.

Fewer milk samples, namely 433, were procured for analysis. Two of the deficient milk samples were taken "in course of delivery" to a pasteurising plant in the City. Both of these samples contained extraneous water and were from the same farmer who was prosecuted and fined £15 and costs for each offence. Further samples have been taken from this producer and all have been certified as genuine.

The other three unsatisfactory milk samples were from Tuberculin Tested (Farm Bottled) milks from Jersey cows. Under the Milk and Dairies (Channel Island and South Devon Milk) Regulations, 1956, milk produced by the Jersey Breed of cows and sold as Jersey milk must contain a minimal limit of 4.0 per cent. milk fat as compared with a minimal limit of 3.0 per cent. for ordinary milk as laid down by the Sale of Milk Regulations, 1939. Two well known herds of Jersey cows were concerned with these deficient samples and the two farmers were sent caution letters. Since then monthly samples taken from these producers have shewn a very high standard of milk fat.

The unsatisfactory sample of bread and butter contained 46 per cent. of butter fat but no action was taken against the cafe proprietor on whose premises the sample was taken as the menu stated that margarine was added to the butter when served with meals.

As usual meat pies shewed great variation in meat content. Apart from the great demand for small pies in shops and cafes, many public houses have a large trade in these delicacies and it is thought that the time has now come when a minimum standard for meat content in pies ought to be fixed by law.

All sausage samples, in the opinion of the Public Analyst, were found to be genuine and had an average meat content of 65.8 per cent. All samples of fish cakes were found to comply with the Food Standards (Fish Cakes) order.

Food adulteration is gradually decreasing in the City. This is due, to a great extent, to the fact that many foods are now sold in a prepacked condition and have to comply with the Labelling of Food Orders. The multiple firms who sell foodstuffs, in many cases, have their own factories where their commodities are prepacked in small quantities under strict laboratory control. Formerly the small shopkeeper bought many of his foodstuffs in bulk and this, in some cases, led to adulteration. Now he buys nearly all his goods in sealed prepacked containers from reputable manufacturers who have hygienic factories and modern laboratories staffed by qualified analytical chemists.

**AVERAGE COMPOSITION OF MILK SAMPLES
SUBMITTED TO THE PUBLIC ANALYST.**

Designation.	No. Taken.	Average Analysis.	
		Milk Fat.	N.F.S.
		%	%
Tuberculin Tested (Farm Bottled)	49	4.57	9.22
Tuberculin Tested (Pasteurised)...	69	3.69	8.94
Pasteurised	222	3.74	8.79
Sterilised	79	3.66	8.69
Undesignated	14	3.34	8.69
Total	433		

The undesignated milk samples were taken "in course of delivery" from farmers and two were found by the Public Analyst to be deficient in non-fatty solids. As described elsewhere the producer of these samples was convicted and fined for selling milk containing extraneous water.

THE BACTERIOLOGICAL EXAMINATION OF MILK.

Designation.	No. Taken.	Methylene Blue Test.		
		Satisfactory.	Unsatisfactory.	% Unsatisfactory.
T.T. (Farm Bottled)	169	145	24	14.20
Tuberculin Tested	91	76	15	16.48
Undesignated	342	242	100	29.24
Total	602	463	139	23.09
T.T. (Pasteurised)	183	178*	2	1.09
Pasteurised	224	220*	2	0.80
Total	407	398	4	0.98

The percentage of satisfactory samples of raw milk was much higher than in 1956.

*5 samples of pasteurised milk were void owing to the temperature exceeding 65°F.

The Phosphatase Test.

A total of 407 samples of pasteurised milk (214 processed in the City and 193 outside) were submitted to the Bacteriologist to establish whether or not heat treatment had been efficiently carried out. One sample failed to comply with this test

PHOSPHATASE TEST.

Designation.	No. Taken.	Satisfactory.	Unsatisfactory.	% Unsatisfactory.
T.T. (Pasteurised)	183	183	Nil.	Nil.
Pasteurised	224	223	1	0.45
Total	407	406	1	0.24

THE TURBIDITY TEST FOR STERILISED MILK.

Designation.	No. Taken.	Satisfactory.	% Satisfactory.
Sterilised	96	96	100
Total	96	96	100

Tuberculous Milk.

During the year 368 samples of milk were submitted to the Bacteriologist for biological examination and of this total only one was found to be infected with tubercle bacilli. This sample was from a farm in Northumberland and notification was sent to the controlling authority in that County.

No pasteurised milks and only 28 tuberculin tested milks were submitted for biological examination because, as pointed out by the Bacteriologist last year, such milks are very unlikely to contain tubercle bacilli. Thus, nearly 100 more undesignated milks were sampled and yet only one sample was found to be positive. Producers of undesignated milks are becoming fewer every year and it would appear that within the next decade all milk coming into the City will be from tuberculin tested herds.

TUBERCULOUS MILK.

Designation.	No. Taken.	Negative.	Positive.	% Positive.
T.T. (Farm Bottled)	9	9	—	—
Tuberculin Tested	19	19	—	—
Undesignated	340	339	1	0.29
Total	368	367	1	0.27

Milk and Dairies Regulations, 1949-1954.

All dairies were subject to routine inspection and were found to be generally satisfactory. During the year 25 applications were received for registration as retail distributors of milk and after inspection and approval these were granted. Also 33 shops ceased to sell milk and were removed from the register.

The total number of premises registered at the end of the year was 852 a decrease of 8 under 1956.

Milk (Special Designation) Regulations, 1949.

The number of licences granted during the year to deal in designated milks decreased by 6 to 1,238.

ICE CREAM.

Thirty-four samples of ice cream were purchased and submitted to the Public Analyst who certified that all satisfied the provisions of the Food Standards (Ice Cream) Order, 1953. This Order lays down a minimal limit of 5.0 per cent. fat and the average fat content of these samples was found to be 9.77 per cent.

85 samples were submitted to the Bacteriologist and it was found that the bacteriological condition of the ice cream sold in the City continues to be very good as 83.54 per cent. of the samples were found to be satisfactory.

Most of the samples were taken from manufacturers in the City who produce a "soft" ice cream for immediate consumption whilst the big manufacturers with premises outside the City sell "hard" prepacked ice cream.

The "cold mix" method of ice cream production has now ceased in the City. This method was at one time, unless carried out with the utmost care, a likely source of contamination.

PUBLIC ANALYST.

Number of Samples.	Manufactured.		Fat Content (Between).
	In City.	Outside City.	
1	1	..	5 and 6 per cent.
3	3	..	6 and 7 "
2	2	..	7 and 8 "
8	8	..	8 and 9 "
4	4	..	9 and 10 "
5	2	3	10 and 11 "
6	3	3	11 and 12 "
5	..	5	over 12 "
34	23	11	Average Fat Content 9.77%

BACTERIOLOGIST.

Provisional Grade	Manufactured in City.		Manufactured Outside City.		TOTAL.	
	No. of Samples	%	No. of Samples	%	No. of Samples	%
1	47	66.2	12	85.7	59	69.42
2	10	14.08	2	14.3	12	14.12
3	7	9.86	—	—	7	8.23
4	7	9.86	—	—	7	8.23
	71	—	14	—	85	100%

Five samples of ice lollies were taken and all were certified by the Public Analyst to be genuine whilst the Bacteriologist stated that they were all free from harmful organisms.

Preservatives in Food.

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

Public Health (Condensed Milk) Regulations, 1923-1953.

Five samples of condensed milk were purchased during the year and submitted to the Public Analyst. All were certified as genuine samples of condensed milk.

Bakehouses.

The number of bakehouses on the register at the end of the year decreased from 142 to 136, one of which was a certified Basement Bakehouse. At the meeting of the Health Committee which considered the withdrawal of the certificate of suitability issued in respect of this bakehouse it was resolved to hold the matter in abeyance until the termination of the quinquennial period which ends in 1958.

During inspections of the other 135 bakehouses conditions were found to be generally satisfactory.

Food Hygiene Regulations, 1955.

The overall position in the City in regard to the hygiene standards in cafes and restaurant kitchens has for some years been regarded as reasonably satisfactory and it is therefore very pleasant to record a further improvement in this sphere during 1957. The improvement has been gradual but apparent and the few infringements detected were of a minor character. Food handlers in the catering industry have realised the significance of the Food Hygiene Regulations and the co-operation of both managements and workers was extended to the Department throughout the year.

A very different attitude is encountered when dealing with the street trading fraternity and the utter indifference of food vendors selling from stalls and barrows continues to cause much concern. Constant pressure was maintained on such vendors with a view to raising the deplorably low standard of hygiene observed on some of the stalls but with only very temporary success. During the year 5 outdoor food traders were prosecuted in respect of 21 contraventions of the Regulations and a total of £50 14s. 0d. in fines and costs was imposed. Such financial loss as was incurred by these traders in this way was merely shrugged off as an additional overhead expense which had to be expected.

From the point of view of food hygiene, street trading in this City is a very serious problem and no lasting improvement can be expected until and unless the Minister of Agriculture, Fisheries and Food acting jointly with the Minister of Health exercise their powers under Section 21 of the Food and Drugs Act, 1955 and make Regulations enabling local authorities to grant licences in respect of



The portable insulated hotwater container in use in Newgate Street.



A scene behind the scenes in the Bigg Market one of the many unsatisfactory features of street trading

the use of vehicles and stalls for the sale of food. Only in this way can the undesirable, unhygienic person be prevented from selling food to the public with a complete disregard for the most elementary rules of hygienic handling.

Whilst the standards of food hygiene in premises were generally much higher than in the outdoor food trade a number of unsatisfactory features were found to exist, but the conditions found to prevail in a "hot dog" preparation premises in Scotswood Road defy adequate description. In this case legal proceedings were instituted and the defendant fined a total of £18 with 3 guineas costs in respect of 6 contraventions. It is unlikely that such penalties will have any real effect in bringing about a lasting improvement in respect of the premises in question.

Informal talks on food hygiene continued to be given to food handlers in the catering trade from time to time and a number of organised lectures and addresses were delivered to trade associations. Further useful publicity in the cause of food hygiene was gained during the Food and Home Exhibition held in the Northumberland Hall in November. A stand was set up as a Food Hygiene Advisory Bureau staffed by Public Health Inspectors and many enquiries were received and answered on problems connected with the Food Hygiene Regulations. Some 25,000 persons attended this Exhibition during the course of which 2,500 food hygiene leaflets were distributed and 50 showings of the Department's film on this subject were given.

TOTAL NUMBER OF FOOD PREMISES.

Type of Business.	Number.
1. Bakehouses	136
2. Food Manufacturing	157
3. Food Packing	76
4. Food Storing	99
5. Catering	260
6. Grocery and Provision	308
7. Butcher	340
8. Fishmonger	76
9. Fish Fryer	109
10. Fruiterer and Greengrocer	291
11. General Dealer	637
12. Confectioner	343
13. Licensed Premises	378
14. Cinemas and Theatres selling food	39
15. Miscellaneous premises not mentioned above...	227
Total	3,476

Premises Registered under Section 16, Food and Drugs Act, 1955, and Section 4 Newcastle upon Tyne Corporation (General Powers Act), 1935.

During the year 45 applications for the registration of premises for the manufacture or sale of ice cream, or the preparation of sausages or potted, pressed, pickled or preserved food were received and after inspection and approval these applications were granted.

At the end of the year the total number of such premises so registered was:—

Type of Business.	No. of Premises.	No. of Inspections.
Ice Cream manufacturing or sale	964	628
Manufacturing sausages, etc.	265	840
Total	1,229	1,468

Factories Act, 1937-1948.

The number of factories on the register at the end of the year again fell to 1,941 being a decrease of 12 and the total number of inspections carried out by the Factories, etc. Section was 4,771 as compared with 4,012 during 1956. During a major part of 1957 one of the three Inspectors in this Section was seconded to atmospheric pollution work which included the organisation and supervision of the survey of the proposed smoke control area.

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

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

PREMISES. (1)	NUMBER OF		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories with mechanical power.....	1,954	61	—
Factories without mechanical power ...	413	12	—
Other premises under the Act (including works of building and engineering construction but not including out-workers premises)	131	2	—
Total	2,498	75	—

2.—DEFECTS FOUND.

Particulars. (1)	NUMBER OF DEFECTS.			Number of defects in respect of which Prosecutions were instituted. (5)
	Found. (2)	Re-medied. (3)	Referred by H.M. Inspector. (4)	
Want of cleanliness (S.1)	51	48	9	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	3	3	1	—
Inadequate ventilation (S.4)	5	2	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—
Sanitary Conveniences (S.7) {	(a) insufficient	19	23	3
	(b) unsuitable or defective.....	44	37	23
	(c) not separate for sexes.....	—	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.)	42	41	2	—
Total	164	155	38	—

Outworkers.

The number of lists of outworkers submitted biannually by occupiers of factories totalled 8 and the number of outworkers in the City fell by 101 to a total of 54. During the year 47 inspections were made of outworkers' premises.

OUTWORKERS.

(Factories Act, 1937: Sections 110 and 111).

NATURE OF WORK.	No. of Outworkers.	No. of cases of default in sending lists to the Council.	Prosecutions.
Making wearing apparel	27	—	None.
Paper bags	27	—	None.
Total	54	—	—

MISCELLANEOUS MATTERS.

Rag Flock and Other Filling Materials Act, 1951.

Number of samples taken: 16.

Rag Flock	9
Woollen Felt	2
Coir Fibre	3
Hair (Natural)	2
	16

131 inspections were made during the year and the requirements of the Act were found to have been carried out in all cases. Nine samples of Rag Flock and seven samples of Other Filling Materials were submitted to the Prescribed Analyst and all were found to comply with the standards of cleanliness as set out in the Regulations. Nearly all the manufacturers of these materials are members of the National Federation of Bedding and Allied Trades, membership of which organisation is subject to compliance with the standards of cleanliness prescribed by the British Standards Institution.

Agricultural Produce (Grading and Marking) Acts.

Four premises are registered for the cold and chemical storage of eggs. One of these premises kept 2,500 cases of eggs (360 per case) during the months of March, April and May when the supply of eggs exceeded the demand. All these eggs were marked in the prescribed manner before being released for sale. The other three premises did not have any eggs in storage during the year.

Fertiliser and Feeding Stuffs Act, 1926.

Fourteen samples consisting of 8 Feeding Stuffs and 6 Fertilisers were taken and submitted to the Agricultural Analyst and all the samples were found to comply with the requirements of the Act and Regulations.

Merchandise Marks Acts, 1926.

A total of 216 inspections of shops, stalls and hawker's barrows were made in order to see that the indication of origin was marked on those foodstuffs required to be so marked.

Shopkeepers present little difficulty but stallholders and hawkers are prone to label Channel Islands produce as English. Verbal cautions were given to those hawkers who failed properly to describe the origin of their tomatoes and apples.

Pharmacy and Poisons Acts, 1933-1941.

At the end of the year 120 sellers of Part II poisons were listed being 7 less than the previous year due to 2 new registrations and 9 cancellations.

During the year 172 inspections of premises were made and conditions were found to be satisfactory. The number of Listed Sellers again shews a decrease owing to the lack of sales of Part II poisons in small retail shops.

Shops Act, 1950—Section 38.

Routine visits to shops continued throughout the year and the number of inspections totalled 192 as compared with 229 during the previous year.

Pet Animals Act, 1951.

During the year 24 applications were received for the renewal of licences and 3 for new licences in respect of the sale of pet animals all of which were granted.

Exhumations.

Two exhumations and reinterments were carried out during the year under the usual supervision of the District Public Health Inspector to ensure compliance with the conditions imposed by the terms of the Home Office Licence.

Overseas Visitors.

In November a civic party from the County Borough of Londonderry, Northern Ireland, which included the Public Health Inspector and other officials of that local authority visited Newcastle upon Tyne for the purpose of obtaining guidance in dealing with slum clearance problems in their own district. After being received by the Lord Mayor and Town Clerk they were addressed by the Chief Public Health Inspector on the technical aspects of dealing with areas of unfit houses. This was followed by a visit to the Noble Street and Mitchell Street Clearance Areas and the following morning was spent at the public inquiry into the Mitchell Street Clearance Order held in the Council Chamber.

Later in the same month three overseas public health students from British Guiana, Nigeria and Uganda visited the Department over a period of a fortnight and received a short and intensive course of instruction in Public Health Inspection as administered in this City.

All of these visitors were extremely appreciative of the assistance given to them and for the facilities made available during their pleasant stay in our City.

STAFF.

The shortage of inspectorial staff, which existed throughout the year, continued to impede real progress in many spheres, but it is a matter for congratulation that no further deterioration in the position occurred during 1957. Nevertheless, although actual numbers were maintained, the loss of too many valuable and well experienced officers during recent years, who are now serving other authorities, was still keenly felt.

The six temporary Assistant Housing Inspectors employed in the Slum Clearance Section are in their final year of the approved course of training and will be entering the qualifying examination of the Public Health Inspectors' Education Board in April, 1958. It is hoped that at least the majority of these candidates will be successful, in which event, the depleted ranks of the District Inspection Section will welcome their services.

Staff Appointments.

Vacancies for District Inspectors were advertised during the year but, as in previous recent years, no application was received. Arising from the reorganisation of the District Inspection Section vacancies for 3 Senior District Inspectors were advertised and 2 of these vacancies were filled by Messrs. M. G. Wintringham (by promotion), and O. Burns of Gateshead. The remaining vacancy was still unfilled at the end of the year.

In April, Mr. J. C. Mullarkey, Pupil Public Health Inspector passed the qualifying examination and was forthwith appointed to the staff of the District Inspection Section.

Resignations.

In December, Mr. L. McCowie resigned his appointment as District Inspector to take up a similar post with the South Shields County Borough Council.

Obituary.

It is with profound regret that the sudden death of Mr. L. Wade, District Inspector is recorded. Mr. Wade, who was 65 years of age, had served the Department for 30 years and his quiet unassuming manner and willingness to help others at all times had made him one of the most popular members of the staff.

Extension of Service.

Mr. J. Brown, Senior Inspector in the Factories Section, who had attained the age of 65 in November, 1956, continued in the service of the Health Committee, and his extensive experience and knowledge of Factories legislation continued to be available to the Department with advantage.

Pupil Public Health Inspectors.

The vacancy in the Pupil Training Section created by the promotion of Mr. J. C. Mullarkey was filled by Mr. P. Yeats, formerly a clerk in the Department, thus maintaining full establishment in this Section.

Refresher Training.

At the close of the year most of the Inspectorial staff had taken advantage of the two-day courses of intensive training, organised by the Coal Utilisation Council, in the design, selection and installation of modern fuel burning appliances, with special reference to smoke control areas. Earlier in the year 4 selected members of the staff attended a special refresher course in smoke inspection conducted by the National Industrial Fuel Efficiency Service in co-operation with the Association of Public Health Inspectors, and much valuable information was obtained thereby.

To the Coal Utilisation Council and the National Industrial Fuel Efficiency Service the grateful appreciation of the Department is extended for the facilities made available to the members of the staff concerned.

Conclusion.

Although the year ends with many problems unresolved there emerges, nevertheless, a feeling of accomplishment when reviewing in retrospect the position as it was twelve months ago. Slum clearance and atmospheric pollution control have proceeded smoothly and food supervision, despite the frustration experienced in some quarters in respect of food hygiene, has remained satisfactory. Despite the difficulties of improvisation and adaptation required to maintain reasonable coverage in the District Inspection Section the staff concerned have worked wholeheartedly to meet and dispose of the tasks in hand and for their ready co-operation I am grateful. If, as seems possible, the worst of our staffing problems are behind us, a continuation of the present team spirit will undoubtedly overcome the arrears of work which at present exist.

My thanks are due to the Senior Inspectors for their readiness to ensure the success of the reorganisation of duties and for their assistance in compiling statistical material for this report. To the Senior Clerk I am indebted for his patience and industry which has at all times been apparent throughout the year, frequently in circumstances which surely must often have been trying.

In closing this report, it is with sincerity that I express gratitude to the Health Committee and the Medical Officer of Health for their assistance and unfailing support upon which the efficiency of the Public Health Inspection Service is so dependent. Without this sustaining interest many obstacles in the path of progress would have been insurmountable.

L. MAIR,

Chief Public Health Inspector.

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

VII—VETERINARY OFFICER.

ANIMALS SLAUGHTERED, CARCASSES CONDEMNED,
RATS AND MICE DESTROYED.

INCLUDING REPORTS OF

DEPARTMENT OF ANIMALS AND

INSPECTION OF MEAT AND OTHER FOODS

The following report was received from the Department of Animals and Fisheries, New York City, dated June 1, 1914:

On June 1, 1914, the undersigned, in company with the undersigned, inspected the premises of the undersigned, and found that the same were in compliance with the provisions of the laws of the City of New York, relating to the sale of meat and other foodstuffs.

The undersigned, in company with the undersigned, inspected the premises of the undersigned, and found that the same were in compliance with the provisions of the laws of the City of New York, relating to the sale of meat and other foodstuffs.

The undersigned, in company with the undersigned, inspected the premises of the undersigned, and found that the same were in compliance with the provisions of the laws of the City of New York, relating to the sale of meat and other foodstuffs.

VII-VETERINARY OFFICER

The undersigned, in company with the undersigned, inspected the premises of the undersigned, and found that the same were in compliance with the provisions of the laws of the City of New York, relating to the sale of meat and other foodstuffs.

ANIMALS SLAUGHTERED, CARCASSES CONDEMNED.

HAYS AND MICE DESTROYED.

ANNUAL REPORT OF THE VETERINARY OFFICER

for the Year 1957.

To the Medical Officer of Health.

SIR,

I have pleasure in submitting the following Report for the Year 1957.

DISEASES OF ANIMALS.

Diseases of Animals Act, 1950.

During the year 1957, one outbreak of scheduled disease, namely, fowl pest, occurred within the City.

Foot and Mouth Disease.

No outbreaks of foot and mouth disease occurred within the City during the year, but in consequence of an outbreak of the disease in Jarrow, in February, an Infected Area which included the City and County of Newcastle upon Tyne was declared by the Ministry of Agriculture, Fisheries and Food. No movement of animals out of the Infected Area was permitted, and movement of animals into and within the Area was controlled by licence, only necessary movements being allowed. As the holding of markets within the Infected Area was prohibited except by licence granted by the Local Authority, the Newcastle Cattle Market was accordingly licensed and operated under restrictions, these being withdrawn when the city became a Free Area after a period of approximately three weeks. During the restrictions 740 licences were granted for the movement of animals, in accordance with Orders made by the Ministry.

Within Great Britain 184 outbreaks of the disease were confirmed, necessitating the slaughter of 30,425 animals, compared with 162 outbreaks during the previous year, in which 28,505 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 two animals found in the City slaughterhouses both proving negative.

Within Great Britain 318 outbreaks were confirmed, 345 animals being attacked by the disease, compared with 1,245 outbreaks during the previous year, involving 1,330 animals. The public health dangers of cutting infected carcasses and shedding the blood were stressed in the Veterinary Officer's Annual Report for 1956, and it was suggested that legislation might well be introduced which would make it an offence to dress for food any animal which has died, irrespective of the cause of death.

Swine Fever.

No outbreaks of swine fever occurred within the city during the year 1957. Within Great Britain, 960 outbreaks occurred, 182 swine being slaughtered, compared with 741 outbreaks during the previous year, in which 129 swine were slaughtered.

Visits were made to piggeries in connection with swine movements under the Regulation of Movement of Swine Order of 1954, and also in connection with certain requirements under the Foot and Mouth Disease (Packing Materials) Orders of 1925-26, the Diseases of Animals (Waste Foods) Order of 1957, and the Movement of Animals (Records) Order of 1925. Licences totalling 1,523 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 one outbreak of this disease occurred within the City, necessitating the slaughter of 1,809 birds. Within Great Britain a further increase in the number of outbreaks was reported, there being 1,034 as compared with 956 during 1956.

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, 201 visits were made to the Cattle Market and the railway cattle docks during the year. The cleansing and disinfection were found to have been carried out efficiently. One cow found ill in the Cattle Market was sent to the slaughterhouse and one pig found dead was sent to the Official Destructor after inspection.

TABLE 1.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1957

Railway Cattle Docks.	Cattle Market.	Piggeries.	Transport Wagons & Records Books.	Cattle & Pig Lairs.
70	131	10	490	68

TABLE 2.
OUTBREAKS OF SCHEDULED DISEASES WITHIN THE CITY.

	ANTHRAX.			SWINE FEVER.		FOOT AND MOUTH DISEASE.										PARASITIC MANGE.		FOWL PEST		TUBERCULOSIS. DAIRY COWS SLAUGHTERED.
	Number of Outbreaks.	Diseased Animals.	Diseased Carcasses.	Number of Outbreaks.	Number Diseased, Dead or Slaughtered as Exposed to Infection.	NUMBER OF OUTBREAKS.						ANIMALS DISEASED.				PARASITIC MANGE.		Number of Outbreaks.	Number of birds Slaughtered.	
						Cattle Lairs.	Pig Lairs.	Slaughterhouses.	Registered Cowsheds.	Farms.	Cattle.	Sheep.	Pigs.	Beef.	Pork.	Number of Outbreaks.	Number of Horses found diseased.			
*1938...	..	..	..	..	205	..	..	..	..	..	..	..	..	..	..	..	..	4		
1939...	..	..	..	2	336	..	..	..	..	..	..	..	..	..	..	..	..	4		
1940...	2	1	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1941...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1942...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1943...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1944...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1945...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1946...	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1947...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1948...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1949...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1950...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1951...	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..		
1952...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1953...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1954...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1955...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
1956...	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..		
1957...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1809	..		

*Years prior to 1938 are given in previous Annual Reports

LIVESTOCK EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

As will be seen in table 3 the number of animals exhibited in the Newcastle Cattle Market again shows an increase as compared with the previous year. The number of cattle exhibited increased from 21,442, in 1956, to 22,507 in 1957, calves 88 to 137, sheep 116,216 to 117,139 and swine 12,238 to 13,521. A veterinary examination is made of all animals exhibited at the Cattle Market.

TABLE 3.

NUMBER OF ANIMALS EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

Year.	Cattle.	Calves.	Sheep.	Swine.	* Dairy Cows.
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	..
1957	22,507	137	117,139	13,521	..

* 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 278,386 in 1956, to 292,310 in the year under review, cattle having increased from 40,154 to 45,235, sheep from 162,425 to 163,731 and pigs from 71,763 to 79,827. This total of 292,310 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, for during the year under review 2,940 calves and 577 horses were slaughtered, compared with 3,320 calves and 724 horses during the previous year. Of the total number of horses slaughtered during 1957, about one half of the carcasses of these animals were 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.

During the year 23 separate premises within the City were licensed for the slaughter of animals for human consumption. The meat from these slaughterhouses not only furnishes a supply to the inhabitants of the City but also to the surrounding population, and these animals, irrespective of the destination of the meat, are examined by the meat inspection staff of the Corporation. By virtue of this service rendered to neighbouring local authorities, the Ministry of Agriculture, Fisheries and Food have now decided that financial recognition would be made to those local authorities which carry out inspection of meat surplus to that required for the population of its own area. A grant of approximately £2,000 has been made to the Corporation for such services carried out in the 1956/57 financial year, but it is pointed out that the scheme is a provisional measure subject to review in the light of the general reorganisation of the structure and finance of local government.

Because of the number of licensed slaughterhouses operating in the City a severe burden is placed on the inspectorial staff and makes it impossible to ensure a thoroughly satisfactory ante and post-mortem inspection of animals intended for human food. It is therefore encouraging to report that active steps are being taken to provide a public abattoir within the City, and a site has been acquired in the Paradise area, Scotswood, suitable for the erection of an abattoir, meat market and a cattle market for the sale of live animals. Preliminary discussions have already been held with the various sections of the trade and with representatives of the local authorities adjoining and in the neighbourhood of the City.

One of the most serious diseases encountered in routine meat inspection is tuberculosis, and it is encouraging to report that the position regarding this disease continues to improve. 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 1957, 4,491 cows were slaughtered and in only 65 cases, i.e., 1·4 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 whereas in Great Britain there were 2,000,000 animals in attested herds and attested areas in October, 1950 (when the Area Eradication Plan was introduced), by the end of 1957 there were 7,500,000 in attested herds and attested areas. Approximately 76 per cent. of cattle in Great Britain are now attested; in England 70 per cent., in Wales 93 per cent. and in Scotland 92 per cent., and on the 1st March, 1960, it is the intention of the Ministry of Agriculture, Fisheries and Food to declare the two final areas of England, which include the County of Northumberland, as Tuberculosis Eradication Areas. There are, therefore, good prospects that the whole of Great Britain will be an attested area and virtually free of bovine tuberculosis by the year 1961.

Reference to table 7 will show how the Tuberculosis Eradication Scheme has had an influence on the proportion of beef carcasses condemned in the City on account of tuberculosis. Thus in 1950, of the 414 carcasses of beef condemned for all causes, 81·88 per cent. of these were condemned on account of generalised tuberculosis, whereas in 1957, of the 171 carcasses condemned for all causes the percentage condemned for tuberculosis had fallen to 67·83. Because of the rapid rate at which tuberculosis is now being eradicated from the cattle population of Britain it should inevitably follow that this percentage figure will continue to fall, so that by 1961 the percentage of bovine carcasses condemned on account of tuberculosis, as compared with the total condemned for all causes, will have reached negligible proportions.

Though the amount of tuberculosis found in pigs during slaughterhouse examination also shows a fall, the complete eradication of the disease from these animals by 1961 cannot be expected, for in the case of the pig the disease is not only acquired from tuberculous cattle but also from the droppings of poultry affected with the disease. During the year 1957, 79,827 pigs were slaughtered in the City but only 15 were found to be suffering from generalised tuberculosis thus necessitating their total condemnation.

TABLE 4.

ANIMALS SLAUGHTERED ON LICENSED PREMISES WITHIN THE CITY.

	YEAR.				
	1957	1956	1955	1954	1953
Cattle	*45,235	40,154	35,647	32,843	31,069
Calves	2,940	3,320	3,899	4,501	3,536
Sheep	163,731	162,425	136,170	139,581	139,666
Pigs	79,827	71,763	47,231	33,710	21,848
Horses	577	724	876	773	1,064
Total Animals	292,310	278,386	223,823	211,408	197,183

* Includes 4,491 cows, 23,371 heifers, 17,144 bullocks and 229 bulls.

TABLE 5.

COMPARISON BETWEEN TUBERCULOSIS AND OTHER DISEASES AS CAUSES OF TOTAL CONDEMNATION OF CARCASSES OF ANIMALS SLAUGHTERED WITHIN THE CITY, BETWEEN THE YEARS 1954 AND 1957.

TUBERCULOSIS.

Year.	Cows.	Other Bovines.	Calves.	Sheep.	Pigs.	Horses.	Total all animals.
1957	65	51	...	...	15	...	131
1956	40	25	...	...	22	...	87
1955	54	26	...	...	13	...	93
1954	77	61	1	...	21	...	160

OTHER DISEASED CONDITIONS.

1957	40	15	14	78	73	...	220
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	1,061	(125)	647	(1,248)	—	(—)	1,708	(1,373)
Other Conditions ...	75	(41)	—	(—)	2	(—)	77	(41)
LUNGS—								
Tuberculosis	1,713	(369)	27	(14)	—	(—)	1,740	(383)
Other Conditions ...	3,097	(72)	2,812	(213)	38	(37)	5,947	(322)
HEARTS—								
Tuberculosis	237	(31)	2	(—)	—	(—)	239	(31)
Other Conditions ...	213	(1)	743	(—)	50	(—)	1,006	(1)
LIVERS—								
Tuberculosis	248	(175)	2	(—)	—	(—)	250	(175)
Other Conditions ...	8,320+	(785)	1,925	(80)	162	(111)	10,407+	(976)
	24,531 lbs.						24,531 lbs.	
PLUCKS—								
Tuberculosis	—	(—)	93	(83)	—	(—)	93	(83)
Other Conditions ...	—	(—)	2,218	(45)	499	(30)	2,717	(75)
UDDERS—								
Tuberculosis	16	(—)	—	(—)	—	(—)	16	(—)
Other Conditions ...	112	(—)	—	(—)	—	(—)	112	(—)
THICK SKIRTS—								
Tuberculosis	311	(—)	—	(—)	—	(—)	311	(—)
Other Conditions ...	207	(—)	—	(—)	—	(—)	207	(—)
SPLEENS—								
Tuberculosis	136	(—)	—	(—)	—	(—)	136	(—)
Other Conditions ...	193	(—)	—	(—)	—	(—)	193	(—)
STOMACHS & MESENTERIES & INTESTINES—								
Tuberculosis	247	(24)	6	(—)	—	(—)	253	(24)
Other Conditions ...	25	(—)	9	(239)	5	(—)	39	(239)

NOTE.—The figures in brackets indicate condemnations during 1939, and the increased condemnations during 1957 may be attributed to the fact that slaughtering is now concentrated in fewer slaughterhouses and therefore a higher percentage of post-mortem inspections is rendered possible. The table does not include organs condemned for decomposition or contamination. Organs and parts condemned for these conditions are detailed in table 6.

TABLE 7.

CARCASES OF BEEF CONDEMNED WITHIN THE CITY FOR ALL CAUSES DURING THE PAST TWENTY YEARS.

Total Condemned.		Numbers condemned on account of Tuberculosis.	Percentage Tuberculous.
Year.	Carcases.	Carcases.	Per cent.
*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	66.32
1955	131	80	61.06
1956	92	65	70.65
1957	171	116	67.83

* Years prior to 1938 are given in previous Annual Reports.

Food and Drugs Acts, 1938-1955 and Public Health (Meat) Regulations of 1924.

Visits numbering 16,149 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 83 vessels arriving from Denmark, Holland and Germany and one from Australia were examined:—

SALTED PIG OFFALS.

CASKS.—Livers 200, maws 67, casings 26 and tongues 13 plus 28 cwts.

FROZEN MEAT.

BEEF.—Hindquarters 1,361 and Crops 2,355.

OFFALS (packages).—Cheeks 33, tongues 87, hearts 9, kidneys 413 and skirts 28.

SHEEP OFFALS (packages).—Tongues 20 and hearts 11.

PORK (packages).—Loins 116, tongues 27, lungs 2,299, kidneys 1,638 and maws 81.

OTHER GOODS.

722,096 sides Danish and Dutch bacon, 20,333 cases bacon and hams and 235,719 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 8.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1957.

Slaughterhouses.	Central Market			Meat Shops		Fish Shops		Provision Shops.		Fruit Shops.		Wharves and Vessels.	Cold Stores.	Stalls, Carts, &c.
	Meat and Provisions.	Fruit and Vegetables.	Fish.	Wholesale.	Retail.	Wholesale.	Retail.							
4,616	648	540	454	3597	653	64	8	1026	914	1312	3	317	12	1985

TOTAL WEIGHT OF MEAT AND OTHER FOOD-STUFFS CONDEMNED.

The total weight of meat and other foodstuffs condemned during the year 1957 was 260 tons, 15 cwts., 2 qrs., 15 lbs. as compared with 233 tons, 2 cwts. 23 lbs., during the previous year.

	tons.	cwts.	qrs.	lbs.
Beef, Veal, Mutton and Pork.....	61	5	2	18
Offals	110	18	1	25
Provisions	61	9	2	12
Fish	...	12	1	12
Fruit and Vegetables	26	9	2	4
	260	15	2	15

Condemnation Certificates.

Certificates granted in respect of carcasses, offals, provisions, etc., condemned during the year, numbered 5,183.

Bacteriological Examinations.

As will be seen in table 9, continued use has been made of bacteriological tests in the assessment of the fitness or otherwise of certain carcasses for human food, particularly in those cases in which there is some suspicion that organisms pathogenic to man might be present in the flesh or organs. During the year specimens from six carcasses of beef, one carcass of mutton and six carcasses of pork were submitted for bacteriological examination but the results were such that only in two cases, namely a carcass of beef and a carcass of pork, was it necessary to condemn the entire carcass. Thus five carcasses of beef, five carcasses of pork and one carcass of mutton were released after bacteriological examination, the market value of these carcasses being £267, which represents a saving, for the carcasses would have had to be condemned if bacteriological aids had not been available. Ninety-eight samples of other foodstuffs, i.e. liquid whole egg, egg yolks, egg albumen and corned beef, were also examined bacteriologically, and of these pathogenic organisms were found in 24 samples.

TABLE 9.

Carcase.			Type of Animal.	Disease suspected.	Bacteriological findings.
Beef.	Pork.	Mutton.			
1	...	...	Cow	Septicaemia	Haemolytic streptococci belonging to Group 'C' found.
1	...	...	Cow	Toxaemia	No pathogenic organisms found.
1	...	...	Cow	Toxaemia	do.
1	...	...	Cow	Toxaemia	do.
1	...	...	Cow	Toxaemia	do.
1	...	...	Bullock	Toxaemia	do.
...	1	...	Pig	Toxaemia	do.
...	1	...	Pig	Toxaemia	do.
...	1	...	Pig	Toxaemia	do.
...	1	...	Pig	Septicaemia	do.
...	1	...	Sow	Erysipelas	Organisms of 'Haemophilus Influenza' type found.
...	1	...	Sow	Septicaemia	No pathogenic organisms found.
...	...	1	Ewe	Toxaemia	do.
OTHER FOODS.					
Material examined.		Number of samples submitted.		Bacteriological findings.	
Egg yolk (hen)		16		No pathogenic organisms found.	
Egg Whites (hen)		15		do.	
Whole egg (hen)		20		Pathogenic organisms not found in 15; Salmonella typhi-murium present in 5.	
Frozen liquid whole egg (hen)		6		Pathogenic organisms not found in 5; Salmonella typhimurium present in one.	
Frozen whole egg (duck)		40		Pathogenic organisms not found in 22; Salmonella typhi-murium present in 18.	
Corned beef		1		No pathogenic organisms found.	

SLAUGHTERHOUSES.

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

All the slaughterhouses have been regularly inspected, a total of 4,616 visits being made during the year.

Licensed Slaughtermen.

Under the Slaughter of Animals Act, 1933, 10 slaughtermen's licences were granted during the year, making a total of 81 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, 7,178 visits were made to a total of 3,265 premises, including 3,045 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 1,955, the remaining 1,310 being found free from evidence of infestation. Third Party Control work (i.e., baiting, etc.) was carried out on all of the infested premises.

TABLE 11.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Number of reports notified by occupiers	3,045
Number of properties where evidence of the presence of rats or mice was found	1,955
Number of visits made.....	7,178
Number of poisoned baits laid	27,683

TYPE OF PROPERTY.				
	Dwelling Houses.	Agricultural.	All other (including Business and Industrial).	Total.
Number of properties inspected	1,474	3	1,788	3,265
Number of properties found to be infested by rats	512	3	343	858
Number of properties found to be infested by mice	501	..	596	1,097
Number of infested properties treated by the Local Authority.....	1,013	3	939	1,955

Number of " block " control schemes carried out.....	85
--	----

H. THORNTON,

Veterinary Officer.

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, 1958, there were 208 doctors (128 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors’ lists was 286,850 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 rehousing programme—persons on removing outside the boundaries not selecting a new doctor or securing acceptance on their doctors’ Northumberland lists.

1,662,579 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 £456,297.

During the year maternity medical services were provided for 3,414 patients, in which the doctor providing the service was in attendance at the confinement in 1,601 cases. The gross fees paid to doctors for these services was £21,069. The Medical Officer of Health is a member of the Local Obstetric Committee.

Under the supplementary ophthalmic service, 50,404 sight tests were given during the year, 1,263 to children under arrangements made with the Local Authority. 41,479 pairs of glasses were supplied during this period in addition to 5,148 pairs of bifocals and 1,002 single lenses. Approximately 43% 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 31st March, 1958, was as follows:

	£
General Medical Services	394,450
Pharmaceutical Services	457,754
General Dental Services	238,338
Supplementary Ophthalmic Services	89,188
Administration	15,287
	£1,195,017

Based on the Registrar-General's estimate of population at 30th June, 1957, this represents an expenditure of £4 6s. 10d. 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 Authority served on the Executive Council during the period, viz.: Coun. A. Grey, Coun. Mrs. I. McCambridge, J.P., Coun. Dr. D. R. Milligan, Coun. Mrs. E. E. Owens, Coun. Mrs. C. C. Scott, J.P., Coun. Mrs. M. Shaw, Ald. J. W. Telford, Ald. Miss E. B. Temple, and the Medical Officer of Health.



