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CITY AND COUNTY OF NEWCASTLE UPON TYNE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1958





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HEALTH COMMITTEE

(As at December, 1958.)

THE LORD MAYOR,
MRS. D. A. FITZPATRICK.

Chairman:

Councillor MRS. C. C. SCOTT, J.P.

Vice-Chairman :

Alderman J. CHAPMAN, M.B.E.

| | |
|-----------------------------------|---|
| Ald. R. C. Brown. | Coun. Mrs. G. Robson, J.P. |
| Ald. T. W. Collins. | Coun. H. Russell, M.B., Ch.B., B.Hy., D.P.H. |
| Ald. Miss E. B. Temple. | |
| Coun. P. Charlton. | Coun. Mrs. M. Shaw. |
| Coun. R. M. Henderson, J.P. | Coun. H. J. White. |
| Coun. Mrs. I. McCambridge, J.P. | Coun. Mrs. A. Wynne-Jones. |
| Coun. D. R. Milligan, M.B., Ch.B. | |

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:*

W. C. Mitchell, Esq., O.B.E., M.B., Ch.B.

Representing Voluntary Associations:

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

STAFF OF PUBLIC HEALTH DEPARTMENT.

(as at 31st December, 1958).

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.

16 General Practitioners attend Clinics on a sessional basis.

Childhood Tuberculosis Medical Officer :

Mary D. Taylor, M.D.

Assistant Medical Officers of Health:

G. V. Griffin, M.B., B.S. (*appointed 3rd February, 1958*).

A. R. Buchan, M.B., B.S. (*appointed 17th February, 1958*).

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.

Adviser in Paediatrics (*in conjunction with Durham University Department of Child Health*):

F. J. W. Miller, M.D., F.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.

Nursing and Allied Staffs:

Chief Nursing Officer:

Miss F. E. Hunt, S.R.N., S.R.F.N., S.C.M., H.V. & P.H.N.A. Certs.

Deputy Chief Nursing Officer:

Miss A. Y. Sanderson, S.R.N., S.C.M., H.V. & H.V.T. Certs.

Health Visitor Tutor, 40 Health Visitors, 3 Assistant Nurses,
Orthopaedic Nurse, 12 Students, 12 Clerks.

Non-Medical Supervisor of Midwives:

Mrs. E. Walker, S.R.N., S.C.M.,
(*resigned 31st July, 1958*).

Mrs. M. L. Marshall, S.R.N., S.C.M.,
(*appointed 1st August, 1958*).

Assistant Supervisor, 1 Tutor, 42 Midwives, 10 Pupils, 3 Clerks.

District Nursing Superintendent:

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

Assistant Superintendent (*Vacant*), 41 District Nurses, 8 Male
Nurses, 4 Orderlies, 1 Clerk.

Domestic Help Organiser:

Miss L. M. Roddham.

Assistant Organiser, 2 Supervisors, 9 Clerks, 434 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).

Almoning Department—Maternity and Child Welfare:

Miss I. McMichael, M.A., A.M.I.A.
(resigned 6th April, 1958).

Miss J. M. Reader, Social Case Worker,
(appointed 27th October, 1958).
 1 Clerk.

Almoning Department—Tuberculosis:

Miss E. J. Woll, A.M.I.A.
(resigned 31st August, 1958).
 Miss M. G. C. Neilson, Social Case Worker,
(appointed 1st September, 1958).
 Mrs. J. H. Crowthers (Sessional), Almoner,
(appointed 27th January, 1958).
 4 Clerks (2 part-time).

Other Staffs:

Vaccination and Immunisation—5 Clerks.
 B.C.G. Vaccination—2 Clerks.
 Invalid Equipment—1 Clerk.
 Priority Dental Service—1 Clerk.
 2 Dental Technicians (in conjunction with Education Committee).

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, 8 Assistant Supervisors.

1 Male Training Centre Supervisor.

1 Male Assistant Supervisor.

1 Occupation Centre Helper.

Ambulance Staff.

Ambulance Officer:

H. M. Roberts.

Senior Superintendent, 30 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.

25 Inspectors, 3 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, 13 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 third Annual Report, the eighty-sixth in the series of Annual Reports of the Medical Officer of Health of this City.

Ten years from the beginning of the National Health Service is an opportune time to summarise the progress up to date. Rather than set out in detail the services as they exist today, I have included in the General Section of the Report the progress which has been made since 1952 when a detailed statement of the first four years was included.

It is customary at this stage to mention the incidence of infectious disease and make a note on the infant mortality figures.

Infant
Mortality.
(page 53, 58).

The steady downward progress continues, but there must be occasional breaks in this trend; 1958 was one of those years, but the slight rise is not in itself of any significance.

Diphtheria.

Infectious
Diseases.
(page 105).

A child died of diphtheria diagnosed post-mortem, coming from a home where there was no protection against the disease and an area where few children had been immunised. The stage was set for an outbreak of what is obviously still a very dangerous disease. The way in which the staff of the Department went to work and the help which was given by the Public Health Laboratory Service led to the identification of a carrier and no further cases (although a mild case occurred some months later in the same area). There was an immediate rush for diphtheria immunisation but the incident was very soon forgotten and figures fell away within a short time. It is a great pity that such tragedies as this still occur and it only indicates how vital it is to be aware of the fact that diphtheria still exists and can strike when it is least expected.

The assistance given by the Press on this occasion was most welcome and most helpful and there seems to be no doubt that it led to the full co-operation of all concerned within a very short time. The B.B.C. and the two Television Services were equally helpful.

Poliomyelitis.

With the increased availability of vaccine, both tested in this country and in its country of origin, arrangements for the vaccination of the priority groups went ahead rapidly. By the end of the year those registered were being vaccinated and it was thus possible to make arrangements for booster doses, a wider scope of priority and 'Walk In' Clinics where registration and the first inoculation could take place at the same time. A great deal of planning went into these arrangements and the care taken by Mr. D. H. Macpherson, Deputy Chief Clerk, ensured that everything worked smoothly.

Consideration was given to the purchase of a mobile clinic in order to stimulate interest in immunisation and vaccination generally, but it was thought wise to pursue further investigations before adopting a method which has proved effective elsewhere but might not do so in this area.

Tuberculosis.

Dr. M. Taylor in her report on the Childhood Tuberculosis Service stresses the need for continued vigilance in pregnancy to find the early case of tuberculosis amongst parents or even grandparents. It seems that the knowledge of tuberculosis is at least spreading through the community who are becoming aware that much can be done and respond more readily to consent for testing in schools with B.C.G. vaccination as necessary.

An enquiry into the arrangements made by the hospital authorities for the protection of nursing, medical, auxiliary and domestic staff in hospitals revealed a most satisfactory position, but, although the staff seem to be well protected, notification of cases admitted to General Hospital wards is sometimes slow in reaching the Department.

The Housing Management Committee has always appreciated the necessity for rehousing infectious cases of tuberculosis living in overcrowded and insanitary conditions and decided this year to try out an allocation of houses for this purpose, recommendations

being made by a small Committee of Chest Physicians working with the Housing Manager and the Medical Officer of Health. This arrangement seems to be working admirably and is being extended with slightly different membership of the Investigating Committee to applicants suffering from physical handicaps.

Care of the
Elderly.

A significant development took place when the Health and Welfare Committees decided to set up a Joint Sub-Committee to consider the needs of the elderly people living in the community and to undertake discussions with Voluntary Organisations on methods of co-ordination and finance. This Sub-Committee also considered the services provided for the handicapped person living in the community and is still pursuing their needs with the Regional Hospital Board, the Welfare Committee having made arrangements for occupational therapy.

Home Safety.
(page 88).

Another example of liaison between statutory and voluntary organisations led to the setting up of a Home Safety Sub-Committee of the Health Committee, with a Women's Advisory Committee, to assist with the National Campaign 'Guard That Fire.' The Campaign was reasonably successful and led to an increase in the sale of fireguards together with a general awareness of the danger of fire. No campaign of this nature is sufficient in itself but must lead to further activities and constant pressure on the parents of young children.

Capital
Expenditure.

Very slowly the two major schemes are going ahead but it seems to take a very long time to build a Central Ambulance Station and a Public Abattoir. On reflection, of course, this is probably wise because much research and planning has got to go into buildings which will have to last for many years.

To a lesser degree it was gratifying to receive the approval of the Ministry of Education to the inclusion of the Kenton Combined Clinic in the 1959/1960 programme.

Mental
Health.
(page 92).

It may be possible in a few years' time to look back on 1958 as the year during which the foundations were laid of a Mental Health After Care Service of which the City will be justly proud. Visits were made to Nottingham and York and consultations took place with the St. Nicholas Hospital Management Committee and the Regional Hospital Board officers so that eventually a scheme was drawn up and a decision made to put money in next year's estimates.

An effort was made to assist the arrangements for a Day Hospital at St. Nicholas Hospital by the provision of transport and Home Helps for those who required these services, but due to staffing difficulties the scheme could not be operated.

The very close liaison which exists between the City Health Department and St. Nicholas Hospital (which have now set up a Joint Committee to discuss the After Care Scheme) is most welcome, so too is the advice which Dr. J. P. Child is able to give to the Mental Cases Sub-Committee on plans for the future.

It is worth recording a failure. Plans were made to provide accommodation for the very severely mentally handicapped child who is awaiting hospital treatment and must be a considerable burden to its parents, but it only goes to show that in spite of this offer, no parents were willing to avail themselves of it, a fact which in itself is perhaps most commendable, but means that the mothers of these children shoulder a very heavy burden.

With the approval of the Welfare Committee, the Home Help Service which had occupied the third floor of the Health Department, exchanged ground floor premises with the Mental Health Section in Pilgrim Street, thus saving many old people the necessity of climbing three flights of stairs.

It is interesting, even in such schemes which might be considered to involve only planning experts, that the Health Department can play its part. Appreciation of the fact that people are going to live many years in houses and are going to use shops, community halls and other amenities in the new districts which are to rise from the slums of the past, brought together those who had something to contribute towards community living and in such an atmosphere a number of most useful discussions took place. It was possible to provide quite a lot of relevant information which in time will be rewarded in sound community living.

Redevelopment Areas.
(page 157).

The amount of grey dust deposited particularly in the west end of the City gave considerable concern, not only to the Health Committee but to the inhabitants of the area. A number of conferences took place and the help given by Professor R. C. Browne of the Nuffield Department of Industrial Health at the University was much appreciated. There is no doubt that some experimentation is necessary with the electro-static precipitators at

Atmospheric
Pollution.
(page 170).

the Power Stations but it seems that even when working to the highest possible efficiency there will still be some escape of dust. The Health Committee is most anxious that an investigation should take place into the long-term effects on the health of the people of such deposits in an area of this size and have pressed the Ministry of Health for an assurance on these lines.

The Smoke Control area in the centre of the City was confirmed on 30th September, 1958, and became operative six months later. It should be recorded again that the way in which this essential piece of public health legislation has been received by the owners and occupiers of premises in the central area reflects great credit on the approach to them by the inspectors who carried out the work. On the basis of this Area, plans were drawn up to extend smoke control to adjacent areas and finally throughout the City. It must be admitted that it will take some years before the atmosphere covering the City can be rendered reasonably free of smoke pollution, but at least a beginning has been made. One has only got to consider the years of ill health suffered by so many residents to appreciate how vital it is that every Authority on Tyneside should play its part in smoke control.

The Clean Air Exhibition opened by Sir Hugh Beaver in the Northumberland Baths Hall, although starting somewhat slowly, built up as the interest of the general public developed and could be counted a very definite success. The work put into this Exhibition by the Chief Public Health Inspector and his staff was very considerable and it is sincerely hoped that it will make the progress of smoke control throughout the City somewhat easier as the plan unfolds.

Legislation.
(pp. 178, 183).

Bye-laws requiring the registration of hairdressers, and making spitting on pavements an offence were approved and consideration was given to the necessity of controlling the hygiene side of street trading. Discussions took place with the Ministry of Health but no real progress was made to control the activities of such traders by licensing, which appeared to the Committee to be the most satisfactory method of achieving reasonable hygienic conditions.

Ante-Natal
Services.
(page 53).

A review of the City's ante-natal services indicated to the Committee that a concentration of several clinics into three main centres would provide a satisfactory service for those mothers to be confined at home who required ante-natal supervision which

was not being undertaken by their general practitioners. Arrangements were made to appoint three general practitioner obstetricians with higher qualifications for this purpose and then the remaining clinics were staffed by midwives and health visitors, stressing the educational side of ante-natal care.

Some years ago, general practitioners were offered facilities to bring their own booked patients to ante-natal clinics which would then be suitably staffed by the Local Health Authority, but it was not until the ante-natal services were re-organised that a real interest developed and a number of most satisfactory arrangements were made.

It was regretted that the use of St. Anthony's Clinic by the staff of the Princess Mary Maternity Hospital had to cease for the time being due to the small number of mothers attending. It was possible late in the year to begin the development of ante-natal sessions at the East End Clinic for mothers to be confined at the Newcastle General Hospital, to be attended by one of the consultant obstetricians. It seems likely that a development of this type will not only bring Hospital and Local Authority staff together but will be to the ultimate benefit of the expectant mothers.

Stress has been laid in recent years on the necessity of hospital accommodation for expectant mothers having their fourth or later pregnancy and in all such cases this advice is given and the maternity units do their best to find a bed. Looking into this matter more closely, reveals the fact that over 350 mothers within this very vulnerable group booked for district confinements and over 50 of them had to be admitted to a maternity unit as an emergency. Surely the time will come when such mothers will accept the advice given them, appreciating nevertheless how difficult it often is to leave their families, in spite of the services provided for family care by the Local Health Authority. It is the future of the mother and her child that matters, very much more than the immediate upheaval of leaving the home, but it is a point which is never easy to get across.

A further review of the day nursery attendances indicated that at Woodland Crescent not all the places provided were really required, so this nursery was re-organised and the building also used as an infant welfare centre and for health visitor purposes.

It seemed to the Committee that it might to be helpful to provide a service which would enable mothers who needed a rest on the grounds of ill health or to attend a hospital out-patient department to place a child in the safety of a day nursery. It was in this way that a 'Casual User Service' developed and is being gradually built up to meet this need.

The scheme to provide a Child Minders Service as a possible alternative to day nursery care was considered but thought to be unworkable, and unlikely to meet the real needs of the children whose parents have to go out to work for a number of reasons.

These points are mentioned to show that the Health Committee is fully aware that the Day Nursery Service is a very expensive one but at the same time is vital in order to provide full child care for those bringing up children in circumstances where day care is required.

Public
Relations.

It may be truly said that many citizens using the services provided by the Health Department receive their first impression by the way in which they are received on making an enquiry and the atmosphere and surroundings at the entrance to the Department. In an old building such as the Town Hall it is very difficult to create the type of welcome which every Health Department needs. A scheme was drawn up for new counter provision as well as interviewing space in reasonable warmth and privacy, but had to be dropped finally on the grounds of cost and the likelihood of removal to better premises in the next few years.

In another way relations were established with many families by an attempt to draw their attention to the association between smoking and lung cancer, not to mention other chest diseases. Whether the distribution of literature to parents of school children and the press publicity which was so willingly given, had any lasting effect on this most difficult matter of health education, it is impossible to say, nevertheless these campaigns must continue for many years to come if the very high incidence of lung cancer is to be brought in any way under control. There may be other factors which bring their influence to bear, but here at least is one which if its dangers were realised could be reduced considerably.

In-Service
Training.
(page 79).

The series of winter lectures and discussions, started in 1951, was planned again for the winter of 1958-1959 and the staff are indebted to Professor Martin Roth who with his staff arranged

such an interesting course. This type of training brings together members of the staff with different outlooks and undertaking varied types of work, but each with a common interest for the well being of their families and it goes a long way, not only to good staff relationships, but to the development of knowledge which can be immediately used for the benefit of everyone.

Much has been said in past Reports on this subject, but just to show how in many small ways there is still room for further development reference should be made to the fact that in the Annual Report of the Local Medical Committee a record was made of the number of subjects discussed which related to the two Services and which in the end helped to establish a better understanding on both sides.

Liaison.

The Ambulance Authorities in the area are indebted to the Board of Governors for the very valuable help given in designing and building a new Control Centre at the Royal Victoria Infirmary and for the assistance of their administrative staff and those of the Regional Hospital Board in the development of a plan for the services which would be required in the event of a major accident, should one occur within the City.

Ambulance
Services.
(page 80).

The 'Thousand Families Survey' continues and forms a very strong bond of association between the Child Health Department at the Royal Victoria Infirmary and both the Child Welfare and School Health Departments in the City. Other investigations such as the assistance given to the Public Health Laboratory in checking the incidence of poliovirus in the child community all helped towards keeping the three parts of the National Health Service working as one complete whole.

Research.

It would be difficult to continue developing the Services in the many branches of the Health Department without the enthusiasm and wholehearted support of all its members and there is no doubt that this exists.

Staff of the
Health
Department.

To develop further the control of tuberculosis by establishing links with the places of employment of new cases and the more concentrated follow up within families as well as to establish a closer link with voluntary organisations, the Health Committee decided to establish a new appointment of Senior Medical Officer (Administration).

Realising that the health visiting staff could not be kept up to strength throughout the year, a small number of state registered nurses were employed to undertake the regular visiting and social work required by old people living in their own homes and to assist the district nurses the service provided by bath orderlies was extended and authority sought to employ a male bath attendant.

As the Home Help Service is never without a waiting list, sometimes leading to inconvenience and even distress, the Health Committee approved the extension of this Service in the autumn. There seems no doubt that if adequate facilities are to be provided for old people who live at home, then home helps while becoming keenly aware of their responsibilities beyond just that of domestic care will increase year by year for some time to come.

Plans were made to provide housing accommodation with garages for midwives whose duty requires their residence on corporation housing estates. In this way houses let to the Health Committee by the Housing Management Committee can be handed back to the Housing Management Committee. This in itself was a method of insurance for the future as well as a help to the people who live on the estates.

One duly authorised officer was sent away on a course and a decision reached to continue the same procedure annually. Also looking ahead to the new Mental Health Service, arrangements were made for pupil training in the Occupation Centre and for the present supervisor to be fully trained in her work.

In a City such as this there is still a lot of time wasted in travelling on public transport by nursing and other welfare staff so that a decision of the Committee to provide car allowances for the nursing staff and the duly authorised officers is one to be commended and should prove its worth very quickly.

After twenty one years service with the Local Authority, but with a greater number of years in her profession, Mrs. E. Walker the Non-Medical Supervisor of Midwives retired in July. Few people could have had such an influence on the development of a Service to the community as Mrs. Walker had in this City and it was with the best wishes of the Committee and the staff of the Department for many more years of useful voluntary work, that she retired.

To all members of the staff my grateful thanks are due for the support they have given me and for the way in which they have worked during the year, and I trust that those not mentioned individually will understand that they have all played their part in the not inconsiderable advances which have been made during the past year.

Acknowledgements.

I am very grateful indeed to Councillor Mrs. I. McCambridge and to Councillor Mrs. C. C. Scott who succeeded her as Chairman, and to all members of the Health Committee who have supported my plans for the development of the Services. It was only when I came to look back through the achievements of the past year that I realised how much new work had been undertaken and how many plans have been made for still further development.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

R. C. M. PEARSON,

*Health Department,
Town Hall,
Newcastle upon Tyne, 1.
1st June, 1959.*

Medical Officer of Health.

It is the object of this study to determine the effect of the various factors which enter into the production of the human mind. The object is not to determine the effect of the various factors which enter into the production of the human mind, but to determine the effect of the various factors which enter into the production of the human mind.

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CITY AND COUNTY OF NEWCASTLE UPON TYNE

I—GENERAL

THE FIRST TEN YEARS OF THE NATIONAL HEALTH SERVICE ACT,
MORTALITY TABLES,
SOCIAL CONDITIONS, CLIMATOLOGY,
WATER SUPPLY, CREMATION, etc.

THE FIRST TWO YEARS OF THE LIFE OF A CHILD

GENERAL

THE FIRST TWO YEARS OF THE LIFE OF A CHILD

GENERAL

SOCIAL CONDITIONS, CLIMATE, AND

WATER SUPPLY, ENVIRONMENT AND

THE FIRST TWO YEARS OF THE LIFE OF A CHILD

THE FIRST TEN YEARS

Introduction.

In his Annual Report for 1952, Dr. W. S. Walton included a very full survey of the Local Health Authority's Services provided under the National Health Service Acts for the City and County of Newcastle upon Tyne. The report was very detailed and gave a number of ways in which the Services provided for the City were at that time unique. Since then, such services as the domiciliary premature infant service have been copied in other centres of population, not only in this country but elsewhere in the world.

I do not intend on this occasion to go into many details, but rather to support and bring up to date the 1952 Survey. There have been some instances where pioneer services have been thought out and put into operation, but there are others where due to financial difficulties it cannot be said that everything is satisfactory yet.

Perhaps at this time, after nearly three years in the Newcastle upon Tyne Health Services, it is opportune for me to sit back and review the Services with the object really of looking forward in order to plan further extensions which will be of benefit to those who need and use the Services. There is no doubt at all that the Services have been built on a very solid foundation, so that whatever changes become necessary, they will be largely a matter of expansion, a change in detail, or a tie-up between Services (not necessarily keeping within the particular parts of the Act).

There is a fundamental fact which makes the administration of the services in this City somewhat easier than in other parts of the country and that is the willingness of the administrative officers to see each other's point of view and to work together. This seems to be founded on a knowledge of each other's work and difficulties and the determination to produce the best possible. These are facts, not only noted personally in the last three years but which have been drawn to my attention by many of the visitors who have journeyed to Newcastle upon Tyne with the sole object of finding out what it is that makes the Service work.

It can be definitely said now that those working under all Sections of the Act have drawn closer together and perhaps nowhere is this more true than the happy relationship which exists between

the Medical Officer of Health, his staff, and the General Practitioners. I feel I can say this now because it is partly due to the way in which the Service has developed, but is largely due to Dr. H. F. Wattsford who has been Chairman of the local Medical Committee since 1948, Dr. F. J. Robertson, the Secretary, and Dr. W. S. Walton, my predecessor, all of whom worked towards this end. Mr. Linton Snaith, Consultant Obstetrician and Dr. F. J. W. Miller, Consultant Paediatrician, who were previously on the staff of the Local Authority, have maintained their keen interest in the work of all sections of the National Health Service and in this way have drawn the services together in a manner which would have been difficult if everything had had to be developed from scratch.

My further remarks will follow the same general outline as the 1952 Report.

GENERAL.

1. Administration.

Centrally little change has taken place but one new Section has been set up, the details of which will follow under the heading 'Prevention, Care and After Care.' This section—Childhood Tuberculosis—has proved itself very valuable in the control of tuberculosis generally in the city and I have no doubt will continue to play its part towards the ultimate elimination of this disease.

Almost at the end of the ten years, the Health and Education Committees decided that a much closer integration of the National Health Service sections in the Health Department and the School Health Service in the Education Department could be brought about by interchange of medical, nursing and clerical staff. Experiments are commencing and further plans will be made to put this plan into operation, but it must develop as staff changes take place and in the light of future findings. The School Health Service will remain part of the Education Department and will be responsible to the Education Committee.

Arrangements by which consultants in midwifery, child health, mental health and mental deficiency are available to give advice to the Health Committee and the Medical Officer of Health have proved to be most valuable and on many occasions the advice of these consultants has assisted the Committee in reaching a decision.

It has been realised that the efficiency of the Service depends to a large extent on the knowledge of all its members and for that

purpose the Health Committee has been most anxious to send its senior staff to study courses, its nursing staff to refresher courses and to provide within the Service each year a regular series of in-service training lectures and study groups.

The 'Thousand Families Survey' in the City has shown the way towards better liaison between everyone working in the Health Services and has given an opportunity to members of the Hospital Service to appreciate some of the difficulties which can arise in the domiciliary and educational worlds outside.

A number of research projects, not quite so ambitious as the 'Thousand Families Survey' have also drawn together the hospital and domiciliary services and each one has been established with the full co-operation of the general practitioners.

2. Co-ordination and co-operation with other parts of the National Health Service.

Little change has taken place in the cross representative arrangements with the exception that the Medical Officer of Health is now a member of the St. Nicholas Hospital Management Committee. He has also found his way on to a number of voluntary organisations and attends the medical staff meetings at the Maternity Unit in the Newcastle General Hospital. The development of regular monthly meetings with a number of heads of departments working under various sections of the National Health Service, as well as intersectional conferences within the Health Department has developed a closer understanding of the work of all concerned.

Arrangements by which general practitioners can see their own booked cases at ante-natal clinics provided by the Local Health Authority and staffed with a midwife and a health visitor is not only bringing the general practitioners and the domiciliary nursing staff together, but is providing better facilities for the expectant mothers themselves. It may be possible in the near future to extend this type of service into the realms of child welfare, immunisation and vaccination.

The Health Department Handbook has been revised and distributed to all concerned in these Services. The mailing list to which Health Department circulars are sent has been extended so that not only is urgent information easily transmitted but the knowledge of what is going on in the Health Department has become more widely known.

3. Joint Use of Staff.

The amount of time which the consultant staff in the Child Health Department of the Royal Victoria Infirmary have been able to spend in child welfare centres provided by the Local Health Authority has had to be reduced but the contact still remains at a more junior level. It should not be thought that this is in any way a severing of the connection between the Child Health Department and the Health Department because these ties are as strong as ever. It is quite essential for the smooth working of the Service that the paediatric consultants know intimately the work of the Child Welfare and School Health Services and can approach medical officers working in these Sections direct concerning a particular child. The transmission of letters is secondary to personal contact. To this end, the formation of the North of England Paediatric Society should prove most valuable when one considers that it is composed entirely of paediatric consultants, medical officers of health and their deputies, senior and assistant medical officers working in both Child Welfare and School Health Services.

On the ante-natal clinic side, the clinic at St. Anthony's staffed by the Princess Mary Maternity Hospital fell away in numbers and was eventually closed, but towards the end of the period, the Maternity Unit at the Newcastle General Hospital was able to establish a flourishing ante-natal clinic at the East End Centre for the mothers booked for a hospital confinement but residing in the east end of the City. This arrangement has brought together the medical and nursing staff in the Maternity Unit and the health visiting staff from the Health Department and has given an opportunity to midwives in the east end of the city to visit the clinic, and eventually it is hoped the general practitioners will call in to discuss with the consultant the progress of their own patients.

4. Voluntary Organisations.

There is little additional to report.

PARTICULAR SERVICES.

5. Care of Expectant and Nursing Mothers and Children under school age.

A careful review of the ante-natal and child welfare clinic arrangements was made in 1958 and as a result it was decided to hold three

ante-natal sessions each week in the City to which general practitioners could refer their cases for supervision, blood testing etc. and where midwives' booked cases could be examined by the medical officer, there being no general practitioner obstetrician booked for the confinement. These clinics are staffed by general practitioner obstetricians holding additional qualifications in obstetrics. The remaining ante-natal sessions in the City are now midwives' clinics only.

In 1958 the Health Committee decided to appoint two full-time assistant medical officers of health and to replace a number of the part-time sessional medical officers working in child welfare centres. This was the beginning of the tie-up between the medical staffing of the Child Welfare and School Health Services.

It has never been easy throughout the period to maintain continuity in the health visiting service as so many young health visitors trained, stayed for a while and then moved on again for further experience, but nevertheless the necessity is there and the work carried out in this Section has been magnificent. Selective health visiting has enabled concentration to be employed where advice and help are most necessary and a close liaison exists now between most of the groups of health visitors and the general practices throughout the City. It has so far not been possible to provide a health visitor for the sole use of any group practice but experiments are being thought out which may go some way towards this end.

Reference has already been made to the provision of ante-natal services for general practitioners' patients, but stress may here be laid on the educational value of such arrangements.

It is still necessary to provide maternity beds for City mothers as far away as the Dilston Maternity Unit at Corbridge. This cannot in any way be considered a satisfactory arrangement in view of the travelling distance and the staff time which is necessary to see that the mothers reach their destination in a sound condition for their confinement.

The Premature Baby Service continues to develop. Although at first only two specially trained midwives were employed, arrangements are now in practice for a specially trained premature baby midwife to be available in each group of midwives working in the City with one midwife to oversee the service, train the pupils and

provide cover throughout the City. A special incubator service is available for the transport of premature babies to hospital, when required.

Towards the end of the period a decision was reached to provide ambulance transport for the nursing staff and equipment of the Flying Squad based at the Newcastle General Hospital. There is no doubt that by this arrangement a more efficient Flying Squad becomes available with quicker turn-out and in constant contact with its own maternity ward by the short wave radio installed in the vehicle.

It cannot be said that the dental care of mothers and young children has been all that would be desired due to staffing difficulties, but nevertheless the Service has been provided throughout the period.

As it became more and more apparent that one of the main needs of health education in child welfare was in the sphere of the mental and emotional development of the child, arrangements were made for Child Psychiatry Clinics to be held once a month in each of two centres in the city. This is more a preventive service than a treatment service, as it provides opportunities for the mothers to discuss their problems in the early stages, and it is linked to play therapy groups which the children attend.

In the Day Nursery Service the demand has greatly decreased so that at the end of the ten years only five nurseries were required, one of which had been reduced in the number of places available. As the demand decreased a decision was reached to admit to the spare places, children whose mothers needed a rest, had to attend hospital, or for any other temporary reason. This 'Casual User' Service has proved itself a great boon to many parents and it has in no way disturbed the other children in the nurseries, nor does it appear to have raised the infection rate. The Play Room Nurseries organised by a voluntary committee have been reduced from three to two, but the full-time nursery organised by another voluntary committee in New Bridge Street continues its good work.

One child welfare centre has been completed at Blakelaw and a further two, i.e. at Kenton and Fawdon are being developed and will be ready for occupation within the next year or two.

Staff accommodation for midwives, district nurses and health visitors working on the new estates, some distance from the centre

of the City, has always been difficult and the help of the Housing Management Committee is much appreciated. It is hoped that accommodation will be built adjacent to the new clinics for this purpose and that midwives' flats will be provided in the Redevelopment Areas where slum clearance is taking place.

In the last two years of the period a small number of home advisers recruited from the Home Help and Bathing Orderly Services were provided to work in the homes of 'families with a problem' where it was thought that by educational methods and example, the parents could be persuaded to improve their way of living and raise their standard of hygiene. A certain degree of success was attained but as this is a long term project, little further can be said at the moment.

6. Domiciliary Midwifery.

The domiciliary midwifery staff has decreased to 42 midwives as well as the non-medical supervisor, her deputy and the superintendent of the pupil midwives' hostel, and car allowances are now available to all. There is no doubt that this arrangement will improve the mobility and efficiency of the staff.

At the end of the period, very few expectant mothers to be confined in their own homes booked a midwife only. It would seem that the acceptance by the expectant mother of her own doctor if he undertakes midwifery, is one of the most useful changes which have taken place since the inception of the Service.

The Pupil Midwives' Hostel was changed over from Scrogg Road to Osborne Road in 1952, and 48 pupils now receive their training annually.

7. Health Visiting.

The staff at the end of the ten year period was 40, with in addition, 1 chief nursing officer, 1 deputy chief nursing officer, 1 tutor and 3 state registered nurses, and a limited number of car allowances were about to be provided for health visitors working in outlying areas.

The arrangement by which health visitors were grouped and centred on outlying infant welfare centres continued and was extended as further premises became available. This arrangement reduced travelling time and provided a better service. Whilst close liaison has been maintained with the nursing staff in the

School Health Service no appointments are yet of a combined nature. Joint use of clinic premises however, has been established at Blakelaw and Byker and it has existed for some time at the East End Centre. The new clinic at Kenton will be provided by the Education Authority with premises set aside for maternity and child welfare purposes.

Arrangements were made with St. Nicholas Hospital for one of the health visitors to receive special training in mental health, but so far the care and after care arrangements in the community have not progressed very far.

9. Home Nursing.

The number of staff at the end of the ten year period was 1 superintendent, 34 female state registered nurses, 8 male state registered nurses and 7 female state enrolled assistant nurses, and car allowances were made available for all members. The number, however, who desire to run a car still remains too small for the full efficiency of the Service.

It has been possible to establish a close liaison with the hospital services and it seems likely that the consultants in charge of wards will come to appreciate that with a highly efficient Home Nursing Service it should be possible to discharge patients earlier from hospital into the care of their general practitioners, thus saving the provision of additional hospital beds and increasing the turn-over of those already available.

In June, 1955, two women were appointed as bath orderlies to assist in the care of elderly people in their own homes—people who were not necessarily under the care of the district nurse. By the end of the 10 year period the number had been increased to four.

Right at the end of the period, the need for night sitters to assist relatives of aged persons ill at home and to be available for those who lived alone and did not wish to go into hospital towards the end of their days, became apparent. Arrangements were in progress for setting up such a Service.

9. Vaccination and Immunisation.

The work of this most important Section has continued, but rather than keep it separate from the Child Welfare Service, much

of the work has now been included in the normal weekly child welfare sessions. The programme is subject to review shortly because it must be established that this arrangement has not in any way interfered with the normal routine work of the child welfare centres.

From 1956 onwards the arrangements for poliomyelitis vaccination have thrown a great deal of extra work on this Section, but perhaps the opportunity of working a closely integrated arrangement between the general practitioners and the clinic service has brought about better understanding by the general practitioners of the difficulties of administration in a large Health Department.

It should also be mentioned that triple antigen came into use in 1956 and that the administrative arrangements for booster doses were reviewed and put on to a firm basis. A programme of immunisation and vaccination was drawn up and circulated as a guide to general practitioners and local authority medical officers, in 1957.

10. Ambulance Service.

Since the report was made in 1952, the number of patients carried has increased, but the number of miles travelled and the staff establishment have slightly decreased, and the establishment of vehicles in the Service has remained static.

The reason for this change in pattern is, no doubt, accounted for by the fact that the neighbouring authorities have been in a better position to carry their own cases from the hospitals and medical centres situated in the City, and indeed, this is portrayed in the following table which shows the changing demands upon the City's Service and is particularly noticeable in the increase of co-ordinated cases.

| Year. | Co-ordinated Cases. | Patients. | Mileage. | Number of Staff. |
|-------|---------------------|-----------|----------|------------------|
| 1953 | 9,373 | 134,740 | 736,183 | 111 |
| 1954 | 11,034 | 153,253 | 728,561 | 114 |
| 1955 | 11,308 | 169,632 | 771,294 | 116 |
| 1956 | 13,308 | 159,127 | 734,619 | 116 |
| 1957 | 18,521 | 143,661 | 638,658 | 109 |
| 1958 | 16,687 | 149,892 | 692,743 | 109 |

In a centre where the major hospitals cover a much wider area, it is never easy to establish a close liaison with the surrounding authorities to the satisfaction of all concerned, both from the administrative and financial points of view. Whatever is done must be to the benefit of the patients and this has been the guiding principle throughout the period. It can be said that good relations now exist and that the assistance given by the hospital authorities, particularly the Board of Governors of the Teaching Hospital in providing control centre facilities where the staff of the two counties and the City can work side by side with a view to arranging the conveyance of patients with the maximum efficiency, is a step in the right direction. The radio control of vehicles and the link of hospitals by direct telephone lines have also helped but direct telephone communication between Authorities would save some expense and probably establish better relationships.

The ambulance staff must be commended on the research they have carried out into the types of ambulance most suited to the demand, the size of vehicle required and the loading arrangements to make it easy for both the patient and the ambulance staff. Much of this work is now bearing fruit and will no doubt be copied by other authorities when ordering new vehicles.

The new ambulance station at Millers Road was opened in 1956 and plans for a new central depot at Blandford Street were being thought out at the end of the period. It will be necessary within a very short time to move first of all to temporary premises and then to a central ambulance depot built for the purpose, such a move being necessitated by the building of the new Town Hall and the consequent demolition of the central depot in Sandyford Road.

With the assistance of the Board of Governors and the Regional Hospital Board, a detailed plan was drawn up in 1957-1958 which would enable a major accident to be dealt with efficiently and with speed. A great deal of planning was required and this need itself brought about a better understanding between the Services.

11. Prevention, Care and After Care.

(1) TUBERCULOSIS.

The work of the Children's Tuberculosis Contact Clinic, begun in 1941, became more than ever important with the introduction of effective treatment in 1947 and of B.C.G. vaccination in 1950 and

so, in 1952, a medical officer was appointed to supervise and develop this service. This officer had experience of both tuberculosis and paediatrics and has worked in close association with chest physicians and paediatricians; she now also advises and helps in the School Health Services arrangements for the prevention and control of tuberculosis in schools and school children.

The work of the Contact Clinic has changed in character; fewer children are infected and more are protected by B.C.G. vaccination; all child relatives and contacts of tuberculous patients whether or not they live in the household, are offered testing and vaccination; children found to be tuberculin positive at school are investigated for the source of infection. The number of new children seen in the clinic has increased from 63 in 1941 to 498 in 1952 and over 1,700 in 1958.

Regular meetings took place quarterly with the Chest Physicians and this in itself is proving a most useful method of maintaining contact between the Health Department and the chest services as well as permitting some experimentation with the employment of staff and the future developments of an after care service. Some changes have been made so that the health visitors can be actively employed in the follow-up of cases of tuberculosis.

Arrangements were considered and approved for the employment of a medical officer, part of whose time would be taken up in the follow-up of contacts in factories, workshops, etc. in which a case of tuberculosis had recently been found. Such an arrangement will continue the close relationship between the Health Department and the Chest Services and further assist in the reduction of the incidence of tuberculosis.

Heaf testing at the ages of 5, 10 and 14 years was established in Local Education Authority schools and in 1958 extended to private schools in the City. B.C.G. vaccination for negative reactors whose parents desired it, was provided at the age of 13-14 years.

(2) ILLNESS GENERALLY.

It has not been possible to maintain continuity in the staffing of the Almoner's Department but when available this staff has been able to give a most useful supportive service to the general practitioners as well as provide a link in the Health Department between domiciliary care and convalescence, between statutory services

and voluntary help and has generally provided a social case work service for families in difficulties.

Towards the end of the period the Health Committee approved the appointment of a social case worker to fill the almoner vacancy and a similar appointment was made at one of the Chest Clinics.

The Invalid Loan Service continued to provide equipment and has been considerably expanded in amount if not in type.

12. Domestic Help.

This Service has become one which not only provides assistance in the home when it is most required, but has enabled the Health Department to extend its care into a number of homes where perhaps it would not otherwise have found a way. There is no doubt at all that the actual help provided within the household—cooking, shopping, collection of pensions, etc. has proved itself over and over again a sound method of maintaining old people in their own homes and the saving of hostel accommodation. A considerable expansion has taken place since 1952 so that at the end of the period approximately 1,394 persons were being served each week and 218 maternity cases each year.

Considerable care has been taken with the staffing of this Service because it is realised that the home help can render considerable service to old people quite beyond her work in the domestic field and to this end training courses have been established and are attended on a voluntary basis.

Home helps work in close touch with the Welfare Department.

Changes have been made in the assessment scale from time to time and a sub-committee deals with any applications which seem to fall outside the ordinary scale or where there are extenuating circumstances.

13. Health Education.

It has become generally established that the Health Department marquee at the Annual Flower Show on the Town Moor should portray one particular subject each year and in the last three years a considerable number of people have seen a section of the Health Department's work and have learnt something which may assist them in the future.

A Home Safety Sub-Committee has been established by the Health Committee with a number of members from voluntary organisations and this sub-committee itself has been much assisted by the setting up of a committee of delegates from women's voluntary organisations who can discuss projects and give advice. Both Committees meet in alternate months.

Periodic staff meetings are held to discuss matters of health education and publicity.

14. Mental Health.

The administration and staffing arrangements of this Service remain much the same as in 1952. It should be stressed that the very close relationships which exist between the Department of Psychological Medicine at the Royal Victoria Infirmary, the St. Nicholas Hospital and the new Observation Unit at the Newcastle General Hospital have all contributed towards the establishment of an after care service which if it can be operated in the way that has been planned, might well prove to be a prototype for other areas to copy. There is no shortage of goodwill towards the establishment of such a service, the main difficulty is one of finance for the appointment of staff and the finding of suitable persons to fill the vacancies. The next few years will show whether the plans which have been made are suitable for the purpose, although it must be stressed that experiments in this field are essential before a full service can be established.

The Occupation Centre Service has been expanded with the development of Jubilee Road Occupation Centre for children under 16 and on the same premises male and female training centres for those over 16. The work of these centres has developed rapidly so that there is accommodation now for 100 under 16, 40 older males and 30 older females. New methods of occupation and training have been tried as experiments but so far it has not been possible to develop a link with industry so that work carried out in the training centres can be useful to the community.

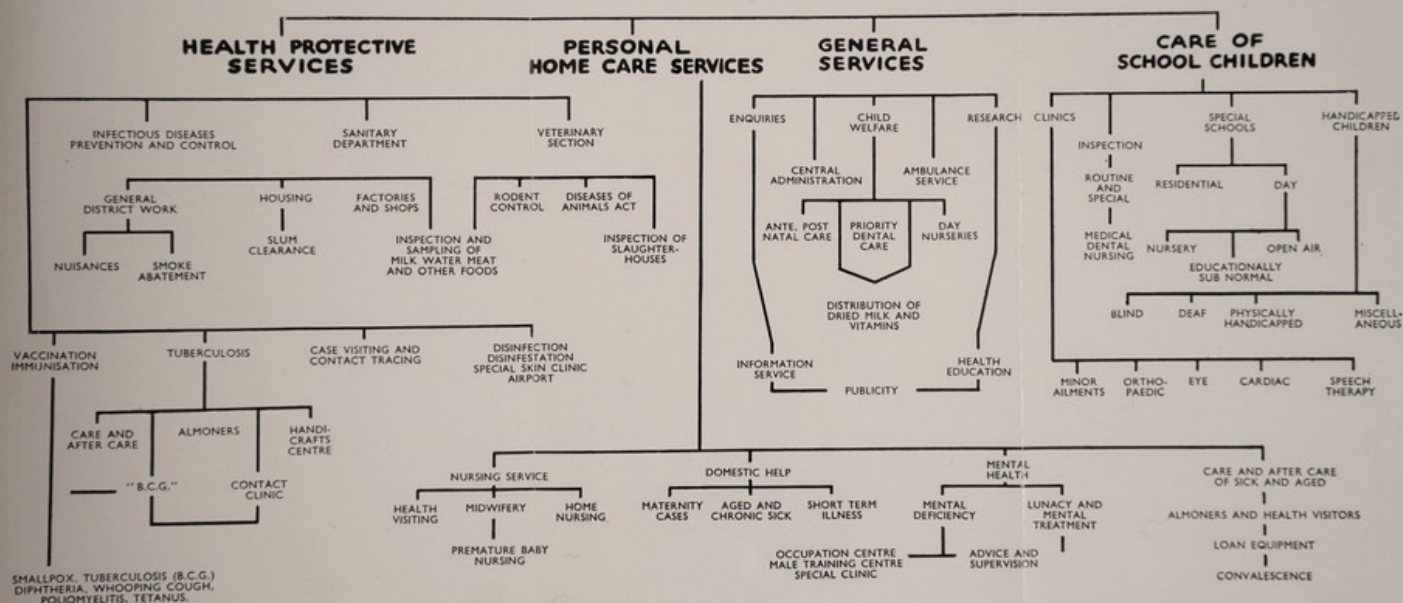
The assistance given by the mental deficiency hospitals to provide temporary care for defectives is proving most useful and is much sought by their relatives. In a way perhaps this method of assessing the requirements of cases for institutional and other treatment has been an improvement on out-patient observation.

VITAL STATISTICS.

(Set out in the order laid down in Ministry of Health Circular 22/58).

| | | | | | |
|---|-----|-----|-----|-----|---------------------------------------|
| Live Births | ... | ... | ... | ... | 5,069. |
| Live Birth Rate (Crude) | ... | ... | ... | ... | 18.61 per 1,000 population. |
| Live Birth Rate (Corrected) | ... | ... | ... | ... | 18.05 „ „ „ |
| Stillbirths | ... | ... | ... | ... | 113 |
| Stillbirth Rate | ... | ... | ... | ... | 21.81 per 1,000 live and stillbirths. |
| Total Live and Stillbirths | ... | ... | ... | ... | 5,182. |
| Infant Deaths | ... | ... | ... | ... | 126. |
| Infant Mortality Rate— | | | | | |
| Total | ... | ... | ... | ... | 24.86 per 1,000 live births. |
| Legitimate only | ... | ... | ... | ... | 24.79 „ „ „ „ |
| Illegitimate only | ... | ... | ... | ... | 26.02 „ „ „ „ |
| Neonatal Mortality Rate | ... | ... | ... | ... | 16.77 „ „ „ „ |
| Illegitimate Live Births per cent of | | | | | |
| total Live Births | ... | ... | ... | ... | 5.31. |
| Maternal Deaths (including abortion) 2. | | | | | |
| Maternal Mortality Rate | ... | ... | ... | ... | 0.386 per 1,000 live and stillbirths. |

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



OTHER STATISTICS.

| | | | | | |
|--------------------------------|-----|-----|-----|-----|--|
| Population | ... | ... | ... | ... | 272,400. |
| Area | ... | ... | ... | ... | 11,401 acres. |
| Deaths | ... | ... | ... | ... | 3,408. |
| Death Rate (Crude) | ... | ... | ... | ... | 12.51 per 1,000 population. |
| Death Rate (corrected) | ... | ... | ... | ... | 14.14 „ „ „ |
| Peri-Natal Mortality Rate | ... | ... | ... | ... | 34.54 per 1,000 live and still births. |
| Tuberculosis Death Rates— | | | | | |
| All Forms... | ... | ... | ... | ... | 0.113 per 1,000 population. |
| Pulmonary | ... | ... | ... | ... | 0.106 „ „ „ |
| Non-Pulmonary | ... | ... | ... | ... | 0.007 „ „ „ |
| Cancer Death Rates— | | | | | |
| All Forms... | ... | ... | ... | ... | 2.44 „ „ „ |
| Lung and Bronchus | ... | ... | ... | ... | 0.62 „ „ „ |
| Other Sites | ... | ... | ... | ... | 1.82 „ „ „ |
| Infectious Diseases Death Rate | ... | ... | ... | ... | 0.022 „ „ „ |
| Marriage Rate | ... | ... | ... | ... | 17.55 „ „ „ |
| Inhabited Houses | ... | ... | ... | ... | 88,370. |
| Rateable Value | ... | ... | ... | ... | £4,510,424. |
| Product of 1d. rate | ... | ... | ... | ... | £17,600 (estimated). |

GENERAL STATISTICS.

Population.

The population, as estimated by the Registrar General, was 272,400. The decrease of 2,700 since 1957 was due primarily to the re-housing of City families on estates outside the City boundary.

Births.

There were 5,069 live births recorded, representing a crude birth rate of 18·61 per 1,000 population, as compared with a rate of 18·17 for 1957. The City birth rate is higher than that for England and Wales—16·4.

In addition there were 113 stillbirths, representing a rate of 21·81, an improvement on the 1957 rate of 23·01.

| SEX. | LIVE BIRTHS. | | | STILL BIRTHS. | | |
|-----------|--------------|---------------|--------|---------------|---------------|--------|
| | Legitimate. | Illegitimate. | Total. | Legitimate. | Illegitimate. | Total. |
| Male ... | 2,480 | 136 | 2,616 | 48 | 3 | 51 |
| Female | 2,320 | 133 | 2,453 | 59 | 3 | 62 |
| Totals... | 4,800 | 269 | 5,069 | 107 | 6 | 113 |

Deaths.

The net deaths amounted to 3,408 equivalent to a crude rate of 12·51 per 1,000 population, as compared with a rate of 12·34 for 1957. The death rate for England and Wales for 1958 was 11·7.

Infantile Mortality.

126 infants died before completing the first year of life, representing a rate of 24·86 per 1,000 live births. This was 10 more than last year, when the rate was 23·21. The England and Wales rate for 1958 was 22·5.

Of the 126 infant deaths, 85 occurred before attaining the age of one month, making a neo-natal mortality rate of 16·77, as compared with the England and Wales rate of 16·2.

Maternal Mortality.

Two maternal deaths occurred during the year giving a mortality rate of 0.386 per 1,000 live and still births, which is higher than the 1957 rate of 0.19 (1 death). The England and Wales mortality rate for 1958 was 0.43.

Tuberculosis.

Thirty-one persons died from various forms of tuberculosis during the year, 29 being pulmonary and 2 being non-pulmonary, giving a death rate of 0.106 and 0.007 respectively, a total of 0.113 for all forms. The pulmonary rate is the lowest recorded for the City but that for other forms is an increase over last year.

The provisional national rate for all forms of tuberculosis is 0.099 per 1,000 population.

Infectious Diseases.

There were during the year 6 deaths due to infectious diseases (excluding diarrhoea, pneumonia and tuberculosis) representing a rate of 0.022 per 1,000 population, as compared with a rate of 0.007 for 1957.

Marriages.

2,391 marriages took place during the year, representing a marriage rate of 17.5 per 1,000 population, compared with 18.7 in 1957.

Accidents.

During the year 2,215 street accidents occurred, 71 more than last year, and as a result 1,188 were injured, 43 fatally. The total included 214 accidents to children under 15 years of age, 3 of which were fatal.

| | Under 5 years. | | 5-10 yrs. | | 10-15 yrs. | | Total. | |
|---------------|----------------|------|-----------|------|------------|------|--------|------|
| | 1957 | 1958 | 1957 | 1958 | 1957 | 1958 | 1957 | 1958 |
| Killed | 4 | 2 | 3 | 1 | 2 | — | 9 | 3 |
| Injured | 63 | 47 | 118 | 104 | 41 | 63 | 222 | 214 |

Of the accidents which occurred at home, 98 came to the notice of Health Visitors during the course of their duties, 53 due to burns and scalds and 32 to falls. The registered deaths from accidental causes (other than motor vehicles) were 67, 18 being of children under 15 years of age.

Nursing Homes.

There are 7 Nursing Homes registered in the City, with a bed accommodation of 145, 31 of which are for maternity cases.

All Homes were inspected during the year.

Cremation.

During 1958, a total of 4,327 cremations were carried out, 16 fewer than last year. Of these, 1,418 (32·8%) were Newcastle residents (32% in 1957).

The Medical Referee required 35 post-mortem examinations (30 in 1957), 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. One case was referred to a Coroner for lack of clear evidence of cause of death. Refusal to authorise cremation occurred in two instances. New arrangements with the Pathology Department at the Newcastle General Hospital were instituted for post-mortem examinations.

NEWCASTLE AIRPORT—HEALTH CONTROL.

As a result of the extended programmes of the various companies using Newcastle Airport, Woolsington, the volume of traffic to and from the Continent showed a considerable increase during the year, particularly during the summer months. Whereas in 1957 Continental flights were limited to Dusseldorf and Amsterdam, last year's schedules also included Hamburg, Brussels, Ostend, Barcelona, Palma, Marseilles, Paris, Bilbao, Santander, Basle and Bergen. There were 100 landings from the Continent, 42 more than in 1957, and of those passengers landing, 483 were aliens.

The routine attendance of Health Department staff to carry out the duties imposed by the Public Health (Aircraft) Regulations 1952-54 and the Aliens Order 1953 continued. No medical examinations were requested by the 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 1958 was somewhat cooler and there was more rain. Hours of sunshine in the City averaged over 3 per month less, and over the year the rainfall was 7 inches more. Temperatures were generally lower, with July the warmest and sunniest month and January 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, 1958

| Month. | SUNSHINE HOURS. | | | | RAINFALL AND TEMPERATURES. | | |
|----------------|--------------------|---------|-----------------|-----------------|----------------------------|------------------------|------------------------|
| | King's College. | Hexham. | Cockle Park. | Gates- head. | LEAZES PARK. | | |
| | | | | | Rainfall (inches). | Mean Max. Temp. °F. | Mean Min. Temp. °F. |
| January | 37.9 | 58.9 | 85.8 | 75.0 | 1.67 | 40.35 | 28.71 |
| February | 52.8 | 58.7 | 71.7 | 62.7 | 4.67 | 42.28 | 30.57 |
| March | 75.4 | 87.2 | 92.4 | 89.7 | 3.21 | 42.77 | 30.19 |
| April | 86.3 | 135.2 | 152.7 | 134.3 | 1.23 | 53.43 | 35.37 |
| May | 114.8 | 143.0 | 172.0 | 148.6 | 3.08 | 61.03 | 40.77 |
| June | 96.4 | 116.5 | 119.5 | 126.6 | 2.58 | 67.27 | 45.07 |
| July | 134.1 | 152.7 | 154.2 | 168.3 | 3.49 | 73.77 | 49.58 |
| August | 116.7 | 113.5 | 129.4 | 144.4 | 2.54 | 71.00 | 49.93 |
| September..... | 81.9 | 108.2 | 107.2 | 125.1 | 1.63 | 65.53 | 48.03 |
| October..... | 69.5 | 112.5 | 112.2 | 118.9 | 1.25 | 56.29 | 40.93 |
| November..... | 27.3 | 50.2 | 69.5 | 55.0 | 0.48 | 47.63 | 34.73 |
| December ... | 17.8 | 37.2 | 42.3 | 37.8 | 3.74 | 43.32 | 32.84 |
| Totals | 910.9 | 1173.4 | 1308.9 | 1286.4 | 29.57 | — | — |
| Averages..... | 75.9 | 97.8 | 109.1 | 107.2 | 2.46 | 55.39 | 38.89 |
| 1957 Averages | 79.4 | 104.7 | 116.3 | 123.9 | 1.88 | 56.94 | 40.37 |

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 168).

Sewerage.

There are 462.73 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. |
|--------------------------|--------|----------|--------|
| 13th January, 1958 | 2,751 | 719 | 3,470 |
| 8th December, 1958 | 3,078 | 1,026 | 4,104 |

Inhabited Houses.

There were 88,370 inhabited houses which, on the estimated population, showed an average of 3.1 persons per dwelling.

Rateable Value.

A penny rate produced £17,600 (estimated), the gross rateable value being £4,510,424 compared with £4,483,365 in 1957.

Vital Statistics of Whole City during 1958, and previous years.

| AR. | Population estimated to Middle of each Year. | LIVE BIRTHS. | | | TOTAL DEATHS REGISTERED IN THE CITY. | | TRANSFERABLE DEATHS. | | NET DEATHS BELONGING TO THE CITY. | | | |
|-----|--|----------------------------|--------|-------|--|-------|--|--|--------------------------------------|---|--------------|--------|
| | | Uncor- rected Number | Net. | | Number | Rate. | of Non- resi- dents regis- tered in the City | of Resi- dents not reg- istered in the City | Under 1 Year of Age. | | At all Ages. | |
| | | | Number | Rate. | | | | | Number | Rate per 1,000 Nett Births. | Number | Rate. |
| | | | | | | | | | | | | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| 17 | 278,107 | 6,548 | 6,495 | 23.4 | 4,646 | 16.7 | 718 | 246 | 732 | 113 | 4,174 | 15.0 |
| 18 | 278,107 | 6,555 | 6,468 | 23.3 | 5,380 | 19.3 | 872 | 308 | 692 | 107 | 4,816 | 17.3 |
| 19 | 275,099 | 6,793 | 6,674 | 23.3 | 5,358 | 19.5 | 737 | 234 | 806 | 120 | 4,855 | 17.6 |
| 20 | 286,061 | 8,433 | 8,070 | 28.0 | 4,609 | 16.1 | 779 | 195 | 817 | 101 | 4,025 | 14.0 |
| 21 | 278,400 | 7,720 | 7,284 | 26.2 | 4,602 | 16.5 | 817 | 142 | 699 | 96 | 3,927 | 14.1 |
| 22 | 281,600 | 7,432 | 6,987 | 24.8 | 4,698 | 16.7 | 831 | 145 | 646 | 92 | 4,012 | 14.2 |
| 23 | 283,800 | 6,961 | 6,367 | 22.4 | 4,298 | 15.1 | 789 | 150 | 623 | 98 | 3,659 | 12.9 |
| 24 | 285,900 | 7,029 | 6,335 | 22.2 | 4,607 | 16.1 | 929 | 172 | 632 | 100 | 3,850 | 13.5 |
| 25 | 286,300 | 7,031 | 6,215 | 21.6 | 4,732 | 16.5 | 989 | 165 | 550 | 88 | 3,908 | 13.6 |
| 26 | 284,700 | 6,728 | 6,007 | 21.0 | 4,460 | 15.7 | 979 | 161 | 530 | 88 | 3,642 | 12.8 |
| 27 | 288,500 | 6,215 | 5,395 | 18.7 | 4,468 | 15.5 | 1,058 | 178 | 474 | 88 | 3,588 | 12.4 |
| 28 | 281,500 | 6,360 | 5,429 | 19.2* | 4,683 | 16.6 | 1,178 | 179 | 447 | 82 | 3,684 | 13.1 |
| 29 | 283,400 | 6,120 | 5,126 | 18.1 | 5,040 | 17.8 | 1,313 | 172 | 438 | 85 | 3,899 | 13.8 |
| 30 | 283,400 | 6,190 | 5,223 | 18.4 | 4,665 | 16.5 | 1,232 | 133 | 384 | 74 | 3,566 | 12.6 |
| 31 | 283,600 | 6,058 | 5,056 | 17.8 | 4,911 | 17.3 | 1,251 | 145 | 467 | 92 | 3,805 | 13.4 |
| 32 | 285,100 | 6,006 | 4,883 | 17.1 | 4,579 | 16.0 | 1,174 | 134 | 370 | 76 | 3,539 | 12.4 |
| 33 | 286,500 | 5,770 | 4,712 | 16.4 | 4,695 | 16.4 | 1,182 | 127 | 359 | 76 | 3,640 | 12.7 |
| 34 | 287,050 | 5,848 | 4,695 | 16.4 | 4,823 | 16.8 | 1,322 | 145 | 389 | 83 | 3,646 | 12.7 |
| 35 | 292,700† | 5,895 | 4,666 | 16.0 | 5,040 | 17.3 | 1,489 | 121 | 400 | 86 | 3,672 | 12.6 |
| 36 | 290,400 | 5,709 | 4,537 | 15.6 | 5,148 | 17.4 | 1,421 | 151 | 408 | 90 | 3,878 | 13.1 |
| 37 | 290,400 | 5,996 | 4,796 | 16.5 | 5,107 | 17.6 | 1,403 | 160 | 435 | 91 | 3,864 | 13.3 |
| 38 | 291,300 | 6,101 | 4,678 | 16.1 | 4,866 | 16.7 | 1,413 | 168 | 307 | 66 | 3,621 | 12.4 |
| 39 | 293,400 | 5,855 | 4,646 | 15.8 | 4,804 | 17.0 | 1,328 | 185 | 289 | 62 | 3,661 | 12.9† |
| 40 | 255,900 | 5,501 | 4,519 | 17.6 | 4,727 | 18.5 | 1,181 | 187 | 284 | 64 | 3,733 | 14.6 [|
| 41 | 254,960 | 4,599 | 4,176 | 16.4 | 4,905 | 19.2 | 1,208 | 254 | 315 | 76 | 3,951 | 15.5 [|
| 42 | 254,100 | 4,686 | 4,289 | 16.9 | 4,398 | 17.3 | 1,140 | 222 | 255 | 59 | 3,480 | 13.7 [|
| 43 | 254,890 | 5,162 | 4,548 | 17.8 | 4,759 | 18.7 | 1,235 | 185 | 291 | 64 | 3,709 | 14.6 [|
| 44 | 262,920 | 6,799 | 5,359 | 20.4 | 4,585 | 17.4 | 1,298 | 221 | 270 | 50 | 3,508 | 13.3 [|
| 45 | 265,990 | 5,950 | 4,836 | 18.2 | 4,469 | 17.7 | 1,234 | 200 | 192 | 40 | 3,435 | 13.0 [|
| 46 | 283,740 | 8,219 | 6,079 | 21.4 | 4,569 | 16.1 | 1,242 | 188 | 249 | 41 | 3,515 | 12.4 |
| 47 | 290,470 | 8,512 | 6,449 | 22.2 | 4,726 | 16.3 | 1,190 | 211 | 286 | 44 | 3,747 | 12.9 |
| 48 | 293,600 | 7,414 | 5,705 | 19.4 | 4,504 | 15.3 | 1,215 | 186 | 217 | 38 | 3,475 | 11.8 |
| 49 | 294,540 | 6,916 | 5,377 | 18.3 | 4,740 | 16.1 | 1,215 | 232 | 213 | 39 | 3,757 | 12.7 |
| 50 | 294,800 | 6,473 | 5,051 | 17.1 | 4,720 | 16.0 | 1,110 | 315 | 170 | 34 | 3,925 | 13.3 |
| 51 | 291,700 | 6,053 | 4,803 | 16.5 | 4,535 | 15.5 | 976 | 341 | 166 | 34 | 3,900 | 13.4 |
| 52 | 289,800 | 5,982 | 4,792 | 16.5 | 4,099 | 14.2 | 1012 | 337 | 140 | 29 | 3,424 | 11.8 |
| 53 | 289,700 | 6,313 | 4,922 | 17.1 | 4,040 | 13.9 | 1018 | 137 | 132 | 27 | 3,159 | 10.9 |
| 54 | 286,500 | 5,984 | 4,852 | 16.9 | 4,076 | 14.2 | 1,041 | 196 | 124 | 25 | 3,231 | 11.3 |
| 55 | 281,000 | 5,910 | 4,705 | 16.7 | 4,285 | 15.2 | 1,053 | 245 | 158 | 33 | 3,477 | 12.4 |
| 56 | 277,100 | 6,256 | 4,913 | 17.7 | 4,068 | 14.7 | 1,056 | 267 | 121 | 25 | 3,279 | 11.8 |
| 57 | 275,100 | 6,506 | 4,998 | 18.2 | 4,299 | 15.6 | 1,186 | 281 | 116 | 23 | 3,394 | 12.3 |
| 58 | 272,400 | 6,778 | 5,069 | 18.6 | 4,221 | 15.5 | 1,115 | 302 | 126 | 25 | 3,408 | 12.5 |

* 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 1958

(REGISTRAR-GENERAL'S RETURN).

| CAUSES OF DEATH. | Sex. | All ages. | 0- | 1- | 5- | 15- | 25- | 45- | 65- | 75- |
|--|----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 1—Tuberculosis, respiratory | M. F. | 23 6 | ... ... | ... ... | ... ... | ... ... | 2 3 | 13 2 | 7 1 | 1 ... |
| 2—Tuberculosis other forms | M. F. | ... 2 | ... ... | ... 1 | ... ... | ... ... | ... 1 | ... ... | ... ... | ... ... |
| 3—Syphilitic disease | M. F. | 7 4 | ... ... | ... ... | 1 ... | ... ... | 1 1 | 3 2 | 1 ... | 1 1 |
| 4—Diphtheria | M. F. | ... 1 | ... ... | ... ... | ... 1 | ... ... | ... ... | ... ... | ... ... | ... ... |
| 5—Whooping cough | M. F. | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... |
| 6—Meningococcal infections | M. F. | 1 2 | 1 2 | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... |
| 7—Acute poliomyelitis | M. F. | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... |
| 8—Measles | M. F. | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... | ... ... |
| 9—Other infective and parasitic diseases | M. F. | 1 5 | 1 1 | ... ... | ... 1 | ... ... | ... ... | ... ... | ... 1 | ... 2 |
| 10—Malignant neoplasm, stomach | M. F. | 68 49 | ... ... | ... ... | ... ... | ... ... | 4 ... | 30 14 | 22 16 | 12 19 |
| 11—Malignant neoplasm, lung, bronchus | M. F. | 142 27 | ... ... | ... ... | ... ... | ... ... | 6 3 | 77 13 | 47 5 | 12 6 |
| 12—Malignant neoplasm, breast | M. F. | ... 41 | ... ... | ... ... | ... ... | ... ... | ... 4 | ... 20 | ... 7 | ... 10 |
| 13—Malignant neoplasm, uterus | F. | 35 | ... | ... | ... | ... | 6 | 13 | 7 | 9 |
| 14—Other malignant & lymphatic neoplasms | M. F. | 162 128 | ... ... | 1 ... | 1 ... | 3 1 | 10 10 | 50 49 | 55 36 | 42 32 |
| 15—Leukaemia, aleukaemia | M. F. | 7 7 | ... ... | ... ... | ... 1 | 1 ... | 1 1 | 4 2 | 1 1 | ... 2 |
| 16—Diabetes | M. F. | 5 12 | ... ... | ... ... | ... ... | ... ... | ... 1 | 1 3 | 2 6 | 2 2 |
| 17—Vascular lesions of nervous system | M. F. | 241 258 | ... ... | ... ... | ... ... | ... ... | 2 1 | 49 31 | 63 81 | 127 145 |
| 18—Coronary disease, angina | M. F. | 375 240 | ... ... | ... ... | ... ... | ... ... | 14 1 | 159 50 | 104 86 | 98 103 |
| 19—Hypertension with heart disease | M. F. | 25 44 | ... ... | ... ... | ... ... | ... ... | ... ... | 5 5 | 12 16 | 8 23 |

Causes of Death at different periods of life for 1958—*continued*.

| CAUSES OF DEATH. | Sex | All ages. | 0— | 1— | 5— | 15— | 25— | 45— | 65— | 75— |
|---|----------|--------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 20—Other heart disease | M. F. | 152 215 | ... 1 | ... ... | ... ... | ... 1 | 5 7 | 30 32 | 35 33 | 82 141 |
| 21—Other circulatory disease | M. F. | 94 104 | ... ... | ... ... | ... ... | ... ... | 1 ... | 15 12 | 19 15 | 59 77 |
| 22—Influenza | M. F. | 7 14 | ... ... | ... ... | ... ... | ... ... | 1 ... | 3 2 | 3 3 | ... 9 |
| 23—Pneumonia | M. F. | 79 68 | 6 6 | ... ... | ... ... | ... ... | 1 2 | 12 10 | 26 17 | 34 33 |
| 24—Bronchitis | M. F. | 150 67 | 2 1 | ... 1 | ... ... | ... ... | 3 2 | 55 14 | 55 19 | 35 30 |
| 25—Other diseases of respiratory system | M. F. | 20 9 | 2 ... | ... ... | ... ... | ... ... | 1 ... | 8 2 | 6 3 | 3 4 |
| 26—Ulcer of stomach and duodenum | M. F. | 17 6 | ... ... | ... ... | ... ... | ... ... | 1 1 | 6 1 | 9 1 | 1 3 |
| 27—Gastritis, enteritis and diarrhoea | M. F. | 8 3 | 1 ... | ... ... | ... ... | ... ... | ... ... | 3 1 | 2 ... | 2 2 |
| 28—Nephritis and nephrosis | M. F. | 11 9 | ... ... | ... ... | ... ... | 1 ... | 2 1 | 7 2 | ... 3 | 1 3 |
| 29—Hyperplasia of prostate | M. | 15 | ... | ... | ... | ... | ... | 2 | 3 | 10 |
| 30—Pregnancy, child-birth, abortion | F. | 2 | ... | ... | ... | ... | 2 | ... | ... | ... |
| 31—Congenital malformations | M. F. | 21 18 | 18 13 | ... 1 | ... 1 | ... ... | ... ... | 3 2 | ... ... | ... 1 |
| 32—Other defined and ill-defined diseases | M. F. | 114 145 | 37 20 | 1 1 | 1 2 | 1 2 | 4 5 | 22 34 | 21 21 | 27 60 |
| 33—Motor vehicle accidents | M. F. | 22 11 | ... ... | 2 ... | 1 ... | 2 2 | 6 1 | 5 1 | 3 3 | 3 4 |
| 34—All other accidents | M. F. | 37 30 | 8 6 | ... 2 | 2 ... | 2 ... | 6 3 | 8 6 | 6 6 | 5 7 |
| 35—Suicide | M. F. | 19 20 | ... ... | ... ... | ... ... | 1 ... | 2 4 | 7 7 | 5 5 | 4 4 |
| 36—Homicide and operations of war | M. F. | 2 1 | ... ... | ... ... | ... ... | 1 ... | 1 1 | ... ... | ... ... | ... ... |
| All causes | M. F. | 1825 1583 | 76 50 | 4 6 | 6 6 | 12 6 | 74 61 | 577 330 | 507 392 | 569 732 |

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 ... | 528 | 1,254 | 365 | 69 | 153 |
| 1958 ... | 499 | 1,249 | 415 | 54 | 142 |

CANCER DEATHS IN AGES (MALE AND FEMALE).

47A

| SITE. | Under 1 year | | 1 year & under 2 years | | 2 years & under 5 years | | 5 years & under 15 years | | 15 years & under 25 years | | 25 years & under 45 years | | 45 years & under 65 years | | Over 65 years | | TOTAL | |
|---|-----------------|----|------------------------------|----|-------------------------------|----|--------------------------------|----|---------------------------------|----|---------------------------------|-----|---------------------------------|-----|------------------|-----|-------|----|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| 141 Malignant neoplasm of tongue | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | .. | .. | .. | 2 | .. |
| 142 Do. salivary gland | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | 1 |
| 144 Do. other parts of mouth & mouth unspecified | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | 1 | 1 | .. |
| 145 Do. oral mesopharynx .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 2 | .. | 3 | .. |
| 146 Do. nasopharynx | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | 1 |
| 148 Do. pharynx (unspecified) .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | 2 | .. | 2 | 1 | .. |
| 150 Do. oesophagus | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 | 1 | 7 | 4 | 11 | 5 | .. | .. |
| 151 Do. stomach | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 | .. | 31 | 14 | 33 | 35 | 68 | 49 | .. |
| 152 Do. small intestine includ- ing duodenum | .. | .. | .. | .. | .. | .. | 1 | .. | .. | 1 | .. | .. | .. | .. | .. | 1 | 1 | .. |
| 153 Do. large intestine except rectum | .. | .. | .. | .. | .. | .. | .. | .. | 3 | 1 | 10 | 12 | 15 | 14 | 28 | 27 | .. | .. |
| 154 Do. rectum | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 8 | 1 | 15 | 5 | 24 | 6 | .. | .. |
| 155 Do. biliary passages and of liver (stated to be primary site)... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 4 | 1 | 4 | 2 | .. | .. |
| 156 Do. liver (secondary and unspecified) | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | 3 | 1 | 4 | .. | .. |
| 157 Do. pancreas | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 9 | 4 | 12 | 9 | 21 | 13 | .. | .. |
| 158 Do. peritoneum | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 | .. | 1 | .. | 4 | .. | .. |
| 160 Do. nasal cavities | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | 1 | .. | .. | .. |
| 161 Do. larynx | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 | .. | 4 | .. | 7 | .. | .. | .. |
| 162 Do. trachea & of bronchus & lung specified as primary | .. | .. | .. | .. | .. | .. | .. | .. | 5 | 3 | 66 | 8 | 43 | 11 | 114 | 22 | .. | .. |
| 163 Do. lung and bronchus unspecified as to whether primary or secondary | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 13 | 3 | 15 | 2 | 28 | 5 | .. | .. |
| 164 Do. Mediastinum | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | .. |
| 170 Do. breast | .. | .. | .. | .. | .. | .. | .. | .. | .. | 5 | .. | 18 | .. | 18 | .. | 41 | .. | .. |
| 171 Do. cervix uteri | .. | .. | .. | .. | .. | .. | .. | .. | .. | 6 | .. | 10 | .. | 10 | .. | 26 | .. | .. |
| 172 Do. corpus uteri | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 3 | .. | 4 | .. | .. | .. |
| 174 Do. uterus unspecified .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | .. | 3 | .. | 5 | .. | .. | .. |
| 175 Do. ovary fallopian tube and broad ligament .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 14 | .. | 6 | .. | 21 | .. | .. |
| 176 Do. other unspecified fe- male genital organs .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | .. | 2 | .. | .. |
| 177 Do. prostate | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 | .. | 17 | .. | 20 | .. | .. | .. |
| 179 Do. other unspecified male genital organs .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | 1 | .. | .. | .. |
| 180 Do. kidney | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | 1 | 2 | 4 | 4 | 5 | .. | .. |
| 181 Do. bladder and other urinary organs | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | 4 | 1 | 9 | 7 | 15 | 8 | .. | .. |
| 190 malignant melanoma of skin | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | .. | .. | .. | 1 | 1 | .. | .. |
| 191 Malignant neoplasm of skin | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | .. |
| 193 Do. brain and other parts of nervous system .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | 1 | 1 | 2 | .. | .. | 2 | 3 | .. | .. |
| 194 Do. thyroid gland | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 | .. | .. | .. | 3 | .. | .. | .. |
| 195 Do. other endocrine glands | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. |
| 199 Malignant neoplasm of other and unspecified sites | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 4 | 4 | 2 | 4 | 7 | .. | .. | .. |
| 200 Lymphosarcoma and reticulosarcoma | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | 1 | .. | 3 | 1 | 5 | 2 | .. | .. |
| 201 Hodgkin's disease | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 2 | .. | 2 | 1 | .. | 1 | 2 | 3 | .. |
| 203 Multiple myeloma | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | 1 | 1 | 2 | 1 | 2 | 3 | .. | .. |
| 204 Leukæmia and aleukæmia | .. | .. | .. | .. | .. | 1 | 1 | .. | 1 | 1 | 4 | 2 | 1 | 3 | 7 | 7 | .. | .. |
| TOTALS | .. | .. | 1 | .. | .. | 2 | 4 | 2 | 18 | 24 | 166 | 109 | 190 | 150 | 379 | 287 | .. | .. |
| COMBINED TOTALS | .. | .. | 1 | .. | .. | 2 | 6 | .. | 42 | .. | 275 | .. | 340 | .. | 666 | .. | .. | .. |

CANCER DEATHS AND DEATH RATES FROM 1938
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 | |
| 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 |
| 1958 | 666 | 2.44 | .. | 6 | 77 | 59 | 142 | .. | 3 | 13 | 11 | 27 |

WARD DISTRIBUTION OF BIRTHS, DEATHS, INFANT MORTALITY, TUBERCULOSIS AND OTHER
RESPIRATORY DISEASES, CANCER AND HEART DISEASE, 1958.

| WARD. | Estimated Population. | Acreage (Less River Area and Open Spaces) | Density of Population per Acre. | Births. | Birth Rate. | Deaths. | Death Rate. | Deaths under 1 year. | Infant Mortality Rate. | PULMONARY TUBERCULOSIS. | | | | NON-PULMONARY TUBERCULOSIS | | | | OTHER RE- SPIRATORY DISEASES. | | CANCER (All Forms) | | HEART DISEASE. | |
|----------------|--------------------------|---|---------------------------------------|---------|-------------|---------|-------------|-------------------------|---------------------------|----------------------------|-----------------|---------|----------------|-------------------------------|-----------------|---------|----------------|-------------------------------------|----------------|-----------------------|----------------|-------------------|--|
| | | | | | | | | | | New Cases | Attack Rate. | Deaths. | Death Rate. | New Cases | Attack Rate. | Deaths. | Death Rate. | Deaths. | Death Rate. | Deaths. | Death Rate. | | |
| Armstrong ... | 13,000 | 239.6 | 54.3 | 363 | 27.9 | 188 | 14.5 | 13 | 35.8 | 22 | 1.69 | 5 | 0.38 | 5 | 0.38 | 25 | 1.92 | 30 | 2.31 | 44 | 3.38 | | |
| Arthur's Hill. | 13,350 | 318.1 | 42.0 | 191 | 14.3 | 219 | 16.4 | 4 | 20.9 | 12 | 0.90 | 1 | 0.07 | 1 | 0.07 | 22 | 1.65 | 38 | 2.85 | 62 | 4.64 | | |
| Benwell | 14,100 | 246.8 | 57.1 | 268 | 19.0 | 166 | 11.8 | 7 | 26.1 | 25 | 1.77 | 2 | 0.14 | 2 | 0.14 | 27 | 1.91 | 31 | 2.20 | 48 | 3.40 | | |
| Byker | 12,980 | 245.4 | 52.9 | 281 | 21.6 | 147 | 11.3 | 6 | 21.4 | 13 | 1.00 | 1 | 0.08 | 2 | 0.15 | 28 | 2.16 | 28 | 2.16 | 43 | 3.31 | | |
| Dene | 13,140 | 865.4 | 15.2 | 144 | 10.0 | 160 | 12.2 | 2 | 13.9 | 7 | 0.53 | 1 | 0.08 | 1 | 0.08 | 15 | 1.14 | 39 | 2.97 | 65 | 4.95 | | |
| Elswick | 13,140 | 215.0 | 61.1 | 227 | 17.3 | 200 | 15.2 | 2 | 8.8 | 14 | 1.06 | 1 | 0.07 | 2 | 0.15 | 21 | 1.60 | 46 | 3.50 | 61 | 4.64 | | |
| Fenham | 15,790 | 650.5 | 24.3 | 225 | 14.2 | 183 | 11.6 | 5 | 22.2 | 11 | 0.70 | 2 | 0.13 | 1 | 0.06 | 12 | 0.76 | 39 | 2.47 | 74 | 4.69 | | |
| Heaton | 13,820 | 315.3 | 43.8 | 189 | 13.7 | 175 | 12.7 | 5 | 26.5 | 13 | 0.94 | 1 | 0.07 | 2 | 0.13 | 21 | 1.52 | 30 | 2.17 | 56 | 4.05 | | |
| Jesmond ... | 14,900 | 416.6 | 35.8 | 184 | 12.3 | 257 | 17.2 | 1 | 5.4 | 13 | 0.87 | 1 | 0.07 | 2 | 0.13 | 27 | 1.81 | 40 | 2.68 | 87 | 5.84 | | |
| Kenton | 29,350 | 1938.0 | 15.1 | 642 | 21.9 | 290 | 9.9 | 12 | 18.7 | 28 | 0.95 | 4 | 0.14 | 9 | 0.31 | 28 | 0.95 | 64 | 2.18 | 84 | 2.86 | | |
| St. Anthony's | 13,120 | 240.9 | 54.5 | 218 | 16.6 | 150 | 11.4 | 9 | 41.3 | 16 | 1.22 | 1 | 0.07 | 1 | 0.08 | 27 | 2.06 | 29 | 2.21 | 53 | 4.04 | | |
| St. Lawrence | 14,030 | 315.3 | 44.5 | 248 | 17.7 | 166 | 11.8 | 5 | 20.2 | 11 | 0.78 | 1 | 0.07 | 1 | 0.08 | 18 | 1.28 | 39 | 2.78 | 56 | 3.99 | | |
| St. Nicholas . | 8,840 | 438.2 | 20.2 | 224 | 25.3 | 114 | 12.9 | 1 | 4.5 | 11 | 1.24 | 3 | 0.34 | 1 | 0.08 | 17 | 1.92 | 24 | 2.71 | 31 | 3.51 | | |
| Sandyford... | 12,400 | 245.9 | 50.4 | 217 | 17.5 | 187 | 15.1 | 10 | 46.1 | 10 | 0.81 | 1 | 0.08 | 1 | 0.08 | 24 | 1.93 | 31 | 2.50 | 64 | 5.16 | | |
| Scotswood .. | 14,610 | 395.5 | 36.9 | 277 | 18.9 | 137 | 9.4 | 6 | 21.7 | 17 | 1.16 | 2 | 0.14 | 2 | 0.14 | 18 | 1.23 | 31 | 2.12 | 36 | 2.46 | | |
| Stephenson . | 14,990 | 310.2 | 48.3 | 451 | 30.1 | 158 | 10.5 | 13 | 28.8 | 29 | 1.93 | 4 | 0.27 | 2 | 0.13 | 21 | 1.40 | 29 | 1.93 | 38 | 2.53 | | |
| Walker | 15,210 | 499.9 | 30.4 | 310 | 20.4 | 169 | 11.1 | 13 | 41.9 | 25 | 1.64 | 2 | 0.13 | 4 | 0.26 | 20 | 1.31 | 40 | 2.63 | 48 | 3.15 | | |
| Walkergate.. | 13,950 | 525.2 | 26.6 | 211 | 15.1 | 181 | 13.0 | 6 | 28.4 | 7 | 0.50 | 1 | 0.07 | 6 | 0.43 | 24 | 1.72 | 32 | 2.29 | 55 | 3.94 | | |
| Westgate ... | 11,680 | 293.6 | 39.8 | 199 | 17.0 | 161 | 13.8 | 6 | 30.1 | 14 | 1.20 | 1 | 0.07 | 4 | 0.34 | 20 | 1.71 | 26 | 2.23 | 46 | 3.94 | | |
| CITY | 272,400 | 8705.4 | 31.3 | 5069 | 18.6 | 3408 | 12.5 | 126 | 24.9 | 298 | 1.09 | 29 | 0.11 | 45 | 0.17 | 2 | 0.007 | 666 | 2.44 | 105. | 3.86 | | |

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES.
1958.

| | Newcastle upon Tyne. | Gateshead. | South Shields. | Sunderland. | Tynemouth. | Northumberland. | Durham. |
|--|-------------------------|------------|----------------|-------------|------------|-----------------|---------|
| R.G.'s estimated population | 272,400 | 109,900 | 108,600 | 185,100 | 68,700 | 470,300 | 935,800 |
| Comparability factor :— | | | | | | | |
| (a) births | 0.97 | 0.96 | 0.93 | 0.94 | 0.95 | 0.98 | 0.96 |
| (b) deaths | 1.13 | 1.19 | 1.20 | 1.24 | 1.12 | 1.10 | 1.21 |
| Crude birth rate per 1,000 population | 18.61 | 18.05 | 19.13 | 20.86 | 17.96 | 17.08 | 18.6 |
| Birth rate adjusted by factor | 18.05 | 17.3 | 17.80 | 19.61 | 17.06 | 16.74 | 17.9 |
| Crude death rate per 1,000 population | 12.51 | 11.7 | 12.16 | 10.88 | 12.11 | 12.05 | 11.3 |
| Death rate adjusted by factor | 14.14 | 13.9 | 14.60 | 13.49 | 13.56 | 13.26 | 13.6 |
| Infantile mortality rate per 1,000 live births | 24.86 | 30.2 | 23.58 | 25.37 | 32.41 | 24.03 | 25.4 |
| Neo-natal mortality rate per 1,000 live births | 16.77 | 23.1 | 19.25 | 17.09 | 29.17 | 18.30 | 17.9 |
| Stillbirth rate per 1,000 total births | 21.81 | 29.3 | 16.56 | 24 | 26.81 | 22.75 | 23.2 |
| Maternal mortality rate per 1,000 total births | 0.386 | 0.48 | 1.41 | 0.76 | 0.78 | 0.24 | 0.67 |
| Tuberculosis rates per 1,000 population — | | | | | | | |
| Primary Notification : | | | | | | | |
| (a) respiratory | 1.09 | 1.11 | 1.363 | 1.0 | 0.77 | 0.52 | 0.60 |
| (b) non-respiratory | 0.17 | 0.1 | 0.074 | 0.1 | 0.07 | 0.11 | 0.09 |
| Deaths : | | | | | | | |
| (a) respiratory | 0.106 | 0.20 | 0.16 | 0.092 | 0.06 | 0.06 | 0.11 |
| (b) non-respiratory | 0.007 | 0.00 | 0.01 | 0.022 | 0.01 | 0.01 | 0.02 |
| Death rates from Cancer : | | | | | | | |
| (a) all forms (including leukaemia & aleukaemia) | 2.44 | 2.0 | 2.37 | 2.04 | 1.82 | 2.08 | 1.93 |
| (b) lungs and bronchus only | 0.62 | 0.47 | 0.52 | 0.52 | 0.46 | 0.41 | 0.38 |

MATERNITY AND CHILD WELFARE

By J. H. Thompson, Under Secretary, Federal Bureau of Investigation

Early Births.

There was a total of 1,035 live birth-1934 and 2,437
deaths-1934, which in the estimated population of 25,000,
represented a birth rate of 12.5. Of these births, 1,035
were live births.

Infant Mortality.

II.—NATIONAL HEALTH SERVICE ACTS

Infant Mortality.

Of the 1,035 live births, 1,035 were live births in the first year,
which in the estimated population of 25,000 represented a
birth rate of 12.5.

Infant Mortality.

Of the 1,035 live births, 1,035 were live births in the first year,
which in the estimated population of 25,000 represented a
birth rate of 12.5.

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Mortality.

Of the 1,035 live births, 1,035 were live births in the first year,
which in the estimated population of 25,000 represented a
birth rate of 12.5. Of these births, 1,035 were live births.

MATERNITY AND CHILD WELFARE

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

Birth Rate.

There was a total of 5,069 live births—2,616 male and 2,453 female—registered, which in the estimated population of 272,400 produced a crude birth rate of 18·61. Of these births 136 males and 133 females were illegitimate.

Still-Birth Rate.

There were 113 still-births giving a still-birth rate of 21·81.

Infant Mortality, Neo-Natal & Perinatal Mortality Rates.

Eighty-five babies died in the first month of life: 41 between the end of the first month and the end of the first year. This gave an infant mortality rate of 24·86, and a neo-natal mortality rate of 16·77. Of the 85 babies dying in the first month 66 died in their first week of life. This gave, with the still-births, a perinatal mortality rate of 34·54.

Of the 269 illegitimate live births only three died in the first year, giving an illegitimate infant mortality rate of 26·02 compared with 24·79 for the legitimate births.

Maternal Mortality Rate.

There were two maternal deaths and the maternal mortality rate therefore was 0·39.

CARE OF MOTHERS AND YOUNG CHILDREN.

Ante-Natal Care.

With the gradual change of function of the ante-natal clinics over the past 10 years, when expectant mothers have received their medical care from their general practitioners rather than at the ante-natal centre, it was felt that there might be greater co-operation

between the local authority and general practitioner services if the medical care was not duplicated at the local authority clinics. Consequently the existing service of sessional medical officers was terminated at the end of July. It was necessary to provide medical supervision at the ante-natal clinics for those women who had not booked a general practitioner or who preferred, with his permission, to attend a clinic, and for taking of blood specimens, and arrangements were made for this by the appointment, on a sessional basis, of a general practitioner obstetrician to three of the nine centres in the city as from the beginning of August. The remainder of the ante-natal clinics are run by midwives and health visitors, and concentrated mainly on mothercraft teaching. This arrangement has proved satisfactory and at most centres clinic attendances have increased.

The Public Health Laboratory Service has now kindly agreed to carry out haemoglobin estimation on blood specimens sent from all ante-natal centres, and this is proving very satisfactory.

Towards the end of November an out-patient ante-natal clinic for the maternity unit of the Newcastle General Hospital was started at the East End Centre to reduce travelling distances for expectant mothers living in the East End of the city and booked for their confinement at the General Hospital. This is a joint scheme between the Hospital Management Committee and the Local Authority. It is administered by the medical and midwifery staff from the maternity hospital, and the Local Authority provide the premises, the majority of the equipment, and a health visitor is in attendance.

Child Welfare.

At the beginning of the year two full-time assistant medical officers were appointed. One of these—Dr. A. Buchan—has worked entirely on Local Health Authority work, and the other—Dr. G. V. Griffin—has worked partly in child welfare centres and partly in the School Health Service. The latter arrangement is part of an interchange of duties between the Local Authority Child Welfare Service and the School Health Service, one of the medical officers on the latter staff giving half time to the Local Health Authority. These new appointments necessitated the termination of the sessional duties of many of the part-time medical officers.

In February the child welfare centre at Norland Road, Scotswood, was transferred to the ground floor of Woodland Crescent Nursery,

RETURN OF DEATHS UNDER ONE YEAR OF AGE DURING THE YEAR 1958.

54A

| 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 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | 1 | .. | .. | .. | .. | .. | 1 | 2 |
| Staphylococcal Infection | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | 1 | .. |
| Acute Infectious Encephalitis | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | 1 |
| Cerebral Thrombosis | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | 1 | .. |
| Meningitis except Meningococcal and Tuberculous | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. |
| Acute upper respiratory infection of multiple or unspecified sites | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | .. | .. | .. | 1 | .. | 2 | 1 |
| Bronchopneumonia | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | 1 | 1 | 1 | 2 | 2 |
| Pneumonia other and unspecified | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | 1 |
| Acute Bronchitis | .. | 1 | .. | .. | .. | .. | .. | .. | .. | 1 | 1 | 1 | .. | .. | .. | .. | .. | .. | 1 | 2 |
| Gastro Enteritis and Colitis except Ulcerative | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | 1 | .. |
| Spina Bifida and Meningocele | 1 | 2 | 3 | 1 | .. | .. | .. | .. | 4 | 3 | .. | .. | .. | .. | .. | 1 | .. | .. | 4 | 4 |
| Congenital Hydrocephalus | .. | .. | 2 | .. | .. | .. | .. | .. | 2 | .. | .. | 1 | .. | .. | .. | .. | .. | .. | 2 | 1 |
| Congenital Malformations of Circulatory System | 1 | .. | .. | .. | .. | 1 | .. | .. | 1 | 1 | 1 | 3 | 2 | .. | .. | .. | .. | .. | 4 | 4 |
| Congenital Malformations of Digestive System | 4 | .. | 1 | 1 | .. | .. | .. | .. | 5 | 1 | 1 | .. | .. | 1 | .. | .. | .. | .. | 6 | 2 |
| Other and Unspecified Congenital Malformations | 3 | .. | .. | .. | .. | .. | .. | .. | 3 | .. | .. | 1 | .. | .. | .. | .. | .. | .. | 3 | 1 |
| Intracranial and Spinal Injury at Birth | 6 | 1 | 1 | .. | .. | .. | .. | .. | 7 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 7 | 1 |
| Other Birth Injury | .. | 1 | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| Post Natal Asphyxia and Atelectasis | 12 | 6 | .. | .. | .. | .. | .. | .. | 12 | 6 | .. | .. | .. | .. | .. | .. | .. | .. | 12 | 6 |
| Pneumonia of Newborn | 1 | .. | .. | 4 | 1 | .. | .. | 1 | 2 | 5 | .. | .. | .. | .. | .. | .. | .. | .. | 2 | 5 |
| Hæmolytic Disease of Newborn | 1 | 1 | .. | .. | .. | .. | .. | .. | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1 |
| Hæmorrhagic Disease of Newborn | 2 | 2 | .. | .. | .. | .. | .. | .. | 2 | 2 | 1 | .. | .. | .. | .. | .. | .. | .. | 3 | 2 |
| Ill Defined Diseases Peculiar to Early Infancy | 5 | .. | .. | .. | .. | .. | .. | .. | 5 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 5 | .. |
| Immaturity Unqualified | 8 | 7 | .. | .. | .. | .. | .. | .. | 8 | 7 | .. | .. | .. | .. | .. | .. | .. | .. | 8 | 7 |
| Inhalation and ingestion of food or other object causing obstruction and suffocation | 1 | .. | .. | 1 | .. | 1 | .. | .. | 1 | 2 | 2 | .. | 2 | 1 | .. | .. | .. | .. | 5 | 3 |
| Accidental Mechanical Suffocation in Bed | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | 3 | 1 | .. | .. | .. | .. | .. | 3 | 3 |
| Therapeutic Misadventure in Anæsthesia | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | 1 | .. |
| TOTAL | 45 | 21 | 7 | 7 | 1 | 2 | 1 | 1 | 54 | 31 | 10 | 13 | 7 | 2 | 3 | 3 | 2 | 1 | 76 | 50 |

the latter having been reduced to half strength because of the smaller demand for nursery places.

Immunology.

The immunology picture is dominated throughout the year by poliomyelitis vaccination. This went very smoothly but involved so much clerical work that it was necessary to appoint two more clerks. By the end of the year vaccinations were almost keeping pace with registrations, apart from a comparatively small number who had opted for British vaccine.

Child Psychiatry and Play Therapy.

The psychiatric service in child welfare centres which was introduced towards the end of 1957 has been gradually built up during the year. A psychiatrist from St. Nicholas Hospital has attended monthly at Blakelaw and East End Centres, and a weekly play therapy session, supervised by the superintendent warden on the day nursery staff, has been held at each centre.

Cases have been referred by medical officers at child welfare centres and health visitors, with the approval of the general practitioners. The reasons for referral included difficult and aggressive behaviour, disturbance of sleep, fears and anxiety and habit disorders. The age range was from 15 months to 5 years. There was a considerable variation in the degree of disturbance present. It is hoped that cases will be referred in their early stages so that the service will be mainly of a preventive nature.

The majority of the cases seen by the psychiatrist have been referred by him to the weekly play therapy group. In the playroom, outlet for aggression and opportunity for emotional release have been provided by the variety of play materials available. In certain cases where a psychiatric consultation has been felt to be unnecessary, direct referral to the play therapy group was made. Typical reasons for such referrals were difficult behaviour, resulting from lack of playing space in the home, only children lacking companionship, and inadequate or over anxious mothering.

Towards the end of the year the weekly attendances at the play therapy sessions increased sufficiently to warrant the appointment of a second member of staff. Two part-time nursery nurses were appointed for this purpose and to supervise informal play groups held during maternity and child welfare sessions. These appointments have enabled group discussions to be held with the mothers

during the play therapy sessions. A feature of the cases referred has been the number of mothers suffering from nervous strain. The opportunity for an informal discussion of their problems is already proving of value.

Accurate assessment of progress is difficult in the comparatively short period since the inauguration of the service, but certain conclusions can be drawn. The most noticeable improvement has occurred where the full co-operation of the mother has been obtained and regular attendance maintained. A three year old boy referred because of aggressive behaviour and persistent biting, has attended regularly since April. His general behaviour has greatly improved and no biting has occurred in the last four months. The improvement in the mother's health has been outstanding. A three year old girl referred as unmanageable in August has made 21 consecutive attendances. Her behaviour at home is now reported to be normal.

Of the 34 cases seen during the year six have shown a complete cessation of symptoms and 14 have shown definite improvement. In 11 cases the mother has been unable or unwilling to continue attendance, or has made only occasional visits. Three children were referred to day nurseries.

Details of sessions and attendances are shown in the table below.

East End Centre—

| | | |
|----------------------|--------------------------|-----|
| No. of Sessions..... | Psychiatric Clinic | 11 |
| | Play Therapy Group | 34 |
| No. of Cases | | 19 |
| Attendances | | 115 |

Blakelaw Centre—

| | | |
|----------------------|--------------------------|-----|
| No. of Sessions..... | Psychiatric Clinic | 12 |
| | Play Therapy Group | 46 |
| No. of Cases | | 15 |
| Attendances | | 171 |

Day Nurseries.

Since the charges for day nursery users were altered in July, 1957, and a sliding scale operated there have been very few children taken into day nurseries where both parents are working, because the combined income puts them in the higher charge group. In 24 cases of real hardship fees have been reduced.

As the demand for places dropped the position was again reviewed and it was decided to close half of Woodland Crescent Nursery at the end of January, 1958. With the reduction in the number of day

nurseries the whole question of nursery training was considered and it was decided, not only from the point of economy in staffing but because of diminishing prospects for girls completing this further education course, to cease training students for the Nursery Nurses' Diploma after the Summer of 1959. No junior students were therefore accepted in 1958.

During the year greater use has been made of the Casual User Service for harassed or overburdened mothers. This service has been of particular benefit to mothers of difficult children with behaviour problems, and some children have been referred for either full-time or part-time attendance at the day nurseries from the child psychiatry clinics. Apart from the rest afforded to the mother every effort is made by the staff to guide her in the management of her child, so as to reduce to a minimum the behaviour difficulties. The mother, where possible, may spend some time in the nursery observing the type of play provided and the attitudes and technique of the staff in handling the children.

Other families who may benefit from the Casual User Service, or perhaps the Nursery Service on a full-time basis, are those with mentally backward or spastic children. These children naturally take up more staff time, but where it is possible this can be a valuable service to both the mothers and the children.

Prevention of Breakdown of Families.

At the end of 1957 two "Home Advisers" were appointed to work in the homes of problem families where there were young children who might suffer from lack of parental care. The advisers were sent into homes only when it was considered the families might be teachable and benefit from the help and support given. If they were found after a few months' trial period to be unteachable the home adviser was removed and the family kept under supervision by the officers concerned, working in close collaboration. The results have not been spectacular. In some cases they have been distinctly disappointing, but in others the work has been encouraging and the families have definitely improved. On reviewing objectively the year's work it seems that perhaps it might have been better to give more time at first to each family so that they and the worker could establish a really friendly relationship more quickly, gradually reducing the help after a reasonable trial period. This is difficult to carry out in practice with only two workers, and with a really bad

case it can be an almost unbearable task for the worker if she has no relief at all in the form of more pleasant cases. Probably more workers will be needed if this scheme is to do lasting good.

During the year 16 cases were considered for help. Of these two flatly refused to have the home adviser, and in another the husband refused to have the home adviser back after six weeks' help. One of the most difficult families had a home adviser full-time for four months, then half time for four months, then reduced to two half days per week. There was no real improvement and the mother made it quite plain that she did not intend to alter her way of living so the home adviser was finally withdrawn and the case left in the hands of the health visitor and N.S.P.C.C. Inspector.

In four other cases the home adviser was withdrawn after only a short time because it was considered that the families would never benefit from any help or teaching. Two other cases have improved so much that the home adviser became unnecessary and the other six cases are still having help and although they have their "ups and downs" are on the whole showing co-operation and improvement.

Registration of Births.

Of the 5,069 live births in families resident in Newcastle 2,939 occurred in institutions as shown in the following table:—

| | |
|---|-------|
| Nursing Homes | 16 |
| Princess Mary Maternity Hospital | 760 |
| Hopedene Maternity Home | 241✓ |
| Newcastle General Hospital | 1,282 |
| Other outside hospitals | 640 |
| Total number of live births registered..... | 5,069 |
| Proportion of live births taking place in institutions... | 58% |
| Proportion in Newcastle hospitals | 40.9% |

Deaths of Infants.

The number of infant deaths between 1 month and 12 months was unusually high. Ten of these were due primarily to congenital defects incompatible with life, but many of the babies dying from infections and other causes had congenital defects which were no doubt contributory causes. These were 11 accidents, 5 due to inhalation of vomit during sleep, and 6 to suffocation in bed or pram. Some, at least, of the former had a history of being unwell just before death and death was probably a result of respiratory infection, but most of the others were avoidable accidents.

Care of Illegitimate Children.

| | |
|--|-----|
| Total number of illegitimate live births | 269 |
| Number of unmarried mothers admitted to Mother and Baby Homes for whom the Local Health Authority assumed financial responsibility | 20 |

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. |
| 1958 | 1,970 | 11 | 1 304 | 11 | 5,867 | 11 | 11 |
| 1957 | 1,880 | 27 | 1,372 | 27 | 5,897 | 27 | 10 |

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) |
| 1958 | 10,308 | 3,636 | 387 | 3,249 | 6,355 | 45,495 | 19,933 | 36 |
| 1957 | 10,006 | 3,749 | 368 | 3,347 | 6,080 | 45,390 | 18,707 | 33 |

Sewing Classes.

A total of 224 classes were held at six centres. The number of attendances was 2,082—an average of nine mothers at each class.

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 1957:—

| | <i>National Dried Milk.</i> | <i>Cod Liver Oil.</i> | <i>Vitamin A & D Capsules.</i> | <i>Orange Juice.</i> |
|------------|---------------------------------|---------------------------|--|--------------------------|
| 1958 | 191,992 tins | 17,810 bottles | 12,447 boxes | 122,742 bottles |
| 1957 | 211,288 „ | 27,600 „ | 14,577 „ | 187,114 „ |

This table showing the “take-up” of National Dried Milk and other welfare foods indicates a general fall in distribution. The fall in the distribution of National Dried Milk is due to the increase in price, as it is now almost as economical to buy the cheapest proprietary dried milk and take the fresh cow’s milk at reduced cost as it is to take National Dried Milk and pay full cost for fresh milk used for the household.

The fall in “take-up” of Vitamin D products is probably due to the fact that there is a general feeling that this vitamin is provided to a certain extent in many other infant and toddler foods, and that there is a certain risk of overdozing with Vitamin D. The reduction in distribution of Orange Juice is a direct result of Ministry policy in withdrawing it from the 3—5 year old group. This may also have affected the Cod Liver Oil distribution, as mothers who would otherwise have taken Cod Liver Oil for their toddlers may not bother to collect it when Orange Juice is not available for them.

Specialist Treatment.

Children referred from child welfare clinics, with the approval of the family doctor, to various clinics and hospitals for specialist advice and treatment:—

| | |
|---|-------|
| Newcastle General Hospital | 101 |
| Royal Victoria Infirmary | 33 |
| Royal Victoria Infirmary (Speech Therapy) | 13 |
| Fleming Memorial Hospital | 8 |
| Child Guidance Clinic—East End..... | 4 |
| Central Clinic—City Road | 1 |
| Skin Clinic—City Road | 1 |
| Orthopaedic Department—City Road | 155 |
| Ear, Nose and Throat Hospital | 19 |
| | <hr/> |
| | 335 |

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 — 45.

Orthopaedic — 202.

Eyes — 303.

| | |
|----------------------------------|-------|
| Blind | 6 |
| Partial blind | 7 |
| Astigmatism | 3 |
| Nystagmus | 3 |
| Ptosis | 3 |
| Cataracts | 5 |
| T.B. keratitis | 1 |
| Hypermetropia | 5 |
| Bilateral epicanthal folds | 2 |
| Myopia | 2 |
| Squint | 266 |
| | <hr/> |
| | 303 |

Mentally Backward — 50.

| | |
|-------------------------|-------|
| Mongol | 10 |
| Mentally backward | 34 |
| Cretinism | 1 |
| T.B. meningitis | 1 |
| Hydrocephalus | 4 |
| | <hr/> |
| | 50 |

Epileptic 14

Spastic 9

Congenital Defects

| | |
|---------------------------------|-------|
| Naevus | 3 |
| Hare lip and cleft palate | 10 |
| Hare lip | 3 |
| Cleft palate | 8 |
| Dislocated hip | 4 |
| Talipes | 3 |
| Heart | 12 |
| Others | 12 |
| | <hr/> |
| | 55 |

Special — 30.

| | |
|--------------|-------|
| Eczema | 25 |
| Asthma | 5 |
| | <hr/> |
| | 30 |

Deaf 11

Other Defects 18

Total

737

DAY NURSERIES.

The number of children in the nurseries at the end of 1958 was 169 as compared with 220 at the end of 1957. 413 admissions were arranged, all eligible for nursery places, but only 310 were admitted. 361 children were discharged during the year. 225 places are provided.

| Nursery. | No. of places provided. | No. of attendances 0—2 years. | No. of attendances 2—5 years. | Admissions during year. | Discharges during year. | Casual users No. of $\frac{1}{2}$ -day attendances. |
|---------------------|-------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|---|
| Willow Avenue ... | 50 | 3,023 | 4,715 | 65 | 73 | 539 |
| Renwick Street..... | 50 | 2,128 | 6,069 | 46 | 60 | 925 |
| Woodland Crescent | 25 | 1,122 | 2,070 | 31 | 54 | 955 |
| West Parade..... | 50 | 3,060 | 6,146 | 79 | 79 | 1,297 |
| Gosforth Street ... | 50 | 2,558 | 5,889 | 89 | 95 | 735 |
| | 225 | 11,891 | 24,889 | 310 | 361 | 4,451 |

Figures below show the total number of children in the nursery at the end of 1958, and the reasons for their admission:—

| | |
|--|-----------------|
| Unmarried mothers | 26 |
| Widows | 12 |
| Widowers | 2 |
| Separated or divorced | 72 |
| Mother ill | 26 |
| Financial difficulties..... | 6 |
| Confinements | 5 |
| Housing conditions | 1 |
| Difficult children | 6 |
| Special recommendations—doctors, health visitors, etc. | 10 |
| Father ill | 3 |
| | <hr/> 169 <hr/> |

The 4,451 “casual user” attendances were made by 261 individual children, the main reasons for their admission being as follows:—

Mother attending hospital.

Mother needing a rest.

To relieve the mother and help the child in cases where the child is spastic, mentally sub-normal or having behaviour difficulties.

NURSERIES & CHILD-MINDERS REGULATION ACT, 1948.

There were four nurseries and five child-minders registered with this Authority under this Act, together caring for 164 children.

MIDWIFERY.

On the 13th August, 1958, the Midwifery Department removed from the premises in 37, Groat Market, to more commodious premises on the first floor of 10, Bigg Market. This is very much more convenient, being more accessible to the rest of the Maternity and Child Welfare staff.

There was an increase in domiciliary births in 1958, these being 2,130, compared with 2,070 in 1957.

There was a sharp fall in the number of bookings for Dilston Hall in 1958, due to an acute shortage of nursing staff. However, during the last two months the position improved and more beds are now available for Newcastle residents who cannot be accommodated in the city hospitals. On the other hand bookings for "delivery only" at the Newcastle General Hospital increased from approximately 100 in 1957 to 148 in 1958.

The number of hospital discharges before the fourteenth day still creates a lot of work for the midwives, these post-natal visits having increased from 1,841 in 1957 to 1,939 in 1958.

The domiciliary bookings in Fawdon, North Kenton, Byker and Westgate areas increased during the past year. It was, however, possible to cover the extra work without more staff as four more midwives were running cars for duty: they were more mobile and could extend their area of practice.

SUMMARY OF MUNICIPAL MIDWIVES WORK.

| No. of ante-natal visits. | No. of post-natal visits. | No. of clinic visits by mid-wives. | NUMBER OF BIRTHS. | | | | No. of nursings |
|---------------------------|---------------------------|------------------------------------|--|--|---|--|-----------------|
| | | | Doctor not booked. | | Doctor booked. | | |
| | | | Doctor present at time of delivery of child. | Doctor not present at time of delivery of child. | Doctor present at time of delivery of child (either the booked Dr. or another). | Doctor not present at time of delivery of child. | |
| 23,210 | 3,009 | 1,954 | 5 | 89 | 400 | 1,672 | 56,135 |

Premature Infant Nursing Service.

There are now nine midwives qualified to give special care to premature infants, which provides a specially trained midwife for each area. There has been a slight decrease in the number of premature infants notified in the past year, accompanied by a decrease in the number of premature still-births.

There were 119 notified on the district—110 live births and 9 still-births.

Of this total 105 were attended by premature infant special nurses. Sixteen infants were transferred to hospital within 14 days of birth. One premature infant was attended by a general practitioner, no midwife being requested to attend either the delivery or at any subsequent time. The baby died within 24 hours of birth.

The 93 remaining infants were nursed at home by the premature infant special nurses, and the results were as follows:—

| Weight. | Total. | Survived 28 days. | Died. |
|-----------------------------------|--------|-------------------|-------|
| Up to 2 lbs. 3 ozs. | 1 | — | 1 |
| 2 lbs. 3 ozs.—3 lbs. 4 ozs. | — | — | — |
| 3 lbs. 4 ozs.—4 lbs. 6 ozs. | 14 | 13 | 1 |
| 4 lbs. 6 ozs.—4 lbs. 15 ozs. | 23 | 23 | — |
| 4 lbs. 15 ozs.—5 lbs. 8 ozs. | 55 | 54 | 1 |
| | 93 | 90 | 3 |

Age groups of “specialled” babies who died:—

| | |
|----------------------|------|
| Under 24 hours | 3 |
| Over 24 hours | Nil. |

Still-Births.

| | |
|--|-----|
| Total | 113 |
| City births | 102 |
| City residents delivered outside the city..... | 11 |

The causes of the 102 city still-births were as follows:—

| | | | |
|-------------------------------|----|---------------------|-----------|
| Ante-partum haemorrhage | 12 | Post-maturity | 4 |
| Placental insufficiency | 18 | Prematurity | 6 |
| Foetal defects | 18 | Rh. negative | 3 |
| Malpresentation | 4 | Anoxia | 19 |
| Toxaemia of pregnancy | 7 | Other causes | 4 |
| Intra-uterine deaths | 7 | | |
| | | | <hr/> 102 |

Puerperal Pyrexias.

Thirty-eight cases of puerperal pyrexia were notified (34 city cases and 4 extra-mural cases). Of the 34 city cases 15 occurred in hospital and 19 were notified from the district.

Ophthalmia Neonatorum.

Two cases were notified—one hospital case—one district case. Both cases are still under hospital care.

Maternal Deaths.

There were two maternal deaths. Both were booked for home delivery.

One death occurred in hospital and one at home.

HEALTH VISITORS.

SUMMARY OF VISITS.

| | Primary. | Subsequent. | Total. |
|------------------------------------|----------|-------------|---------|
| Births and children under one year | 8,667 | 22,646 | 31,313 |
| Measles | 213 | 28 | 241 |
| Pneumonia | 151 | 87 | 238 |
| Whooping cough | 238 | 245 | 483 |
| Poliomyelitis | 29 | 36 | 65 |
| Diphtheria | 5 | — | 5 |
| Expectant mothers | 950 | 1,301 | 2,251 |
| Aged persons | 1,563 | 6,832 | 8,395 |
| Orthopaedic—home visits | 28 | — | 28 |
| Tuberculosis cases..... | 495 | 2,571 | 3,066 |
| Tuberculosis contacts | 777 | 1,772 | 2,549 |
| Children over one year | 14,284 | 45,209 | 59,493 |
| Hospital cases | 76 | — | 76 |
| Special visits | 1,787 | — | 1,787 |
| Housing | 57 | — | 57 |
| Ineffective visits | 25,433 | — | 25,433 |
| Removals | 706 | — | 706 |
| Venereal diseases—contacts | 1,018 | — | 1,018 |
| Home accidents | 44 | — | 44 |
| Sanitary defects | 103 | — | 103 |
| Totals | 56,624 | 80,727 | 137,351 |
| No. of households visited | 20,350 | 54,330 | 74,680 |
| Orthopaedic treatments | — | 3,059 | 3,059 |

HOME HELPS.

The supply position with regard to home helps became easier in September, 1958, but unfortunately the sum of money allocated for this Section in the 1958-1959 estimates would not allow the immediate recruitment of additional workers. A supplementary estimate was later approved by the Council.

Every endeavour is made to select the right type of woman for this service as kindness to the aged is equally important and beneficial as the ability to do housework: the home help has to serve many and varied types of homes.

Often an application form is received for a confinement case asking for the same home help who attended when the previous baby was born. The majority of home helps enjoy serving a confinement case.

The home helps are more and more a vital part in the team of social workers caring for the patient in her own home. They are doing a splendid job and many letters of appreciation are received in the department from grateful householders. The number of pleasant, delighted people who are receiving the services of a home help out-weigh the grumblers who never will be satisfied.

Priority is given to confinement cases and to mothers with young families who are ill. Long-term aged cases do mean that, in the majority of cases, the patient will continue to be served until she is taken into hospital or dies. However much friends offer to help in the case of the chronic sick and aged, in time they tire, then a call comes for a home help as they cannot continue to help.

Fifteen filthy houses were reported to this department in 1958, and the home helps who cleaned these cases are well worthy of note. They did a wonderful job of work and the additional sum of 6d. per hour is not too much in these cases. After a general clean up a home help is put in as regularly as possible to keep the home clean. One of these cases was a blind 1914-18 War Pensioner who was brought to the notice of this section by the Welfare Department. Although this man had relatives he would not allow them to do anything for him. The Home Help Service was asked to fill the breach until there was a vacancy in St. Dunstan's, but he is so happy and content with his home help that he has refused to go into St. Dunstan's.

Thirty home helps who completed the training course during 1958 were presented with certificates by the Chairman of the Health Committee—Councillor Mrs. C. C. Scott, J.P., on the 24th September, 1958.

Staff.

In November, 1958, a further full-time visitor was appointed to help with the visiting in the City and her assistance is already proving to be a benefit to the Service. 4,470 home visits were made during the year by the visiting staff. The number of home helps at the end of 1958 was 49 full-time workers and 385 part-time. The case load continues to increase: at the end of 1958 it was 1,394 compared with 1,300 at the end of 1957.

The following table shows how the cases per home help and the hours per case have changed over the years:—

| <i>Year.</i> | <i>Weekly average number of cases per Home Help.</i> | <i>Weekly average number of hours per case.</i> |
|--------------|--|---|
| 1951..... | 1.66 | 19.1 |
| 1952..... | 1.91 | 15.04 |
| 1953..... | 2.40 | 11.3 |
| 1954..... | 2.83 | 9.74 |
| 1955..... | 3.00 | 8.81 |
| 1956..... | 3.24 | 7.79 |
| 1957..... | 3.26 | 7.53 |
| 1958..... | 3.29 | 7.30 |

On the 7th August, 1958, a new schedule of assessment for charges was introduced which brought many cases over 65 years of age without national assistance into the 5/- minimum per week group. The scale allows that no case is asked to pay more per week than the net income, i.e., the figure arrived at by taking the allowance as per the schedule of assessment from the total income.

Capital is now taken into account to arrive at an assessment for the service. The minimum charge for the services of a home help for a confinement, when the mother is in receipt of the home confinement grant, is 1/2d. per hour.

Applicants who are financially able to pay for help privately are encouraged to do so, and the Home Help Organiser assists in these arrangements when she can.

ANALYSIS OF CASES ATTENDED IN 1958 COMPARED WITH PREVIOUS YEARS.

| | 1958 | 1957 | 1956 | 1955 | 1954 | 1953 |
|---|--------------|--------------|--------------|--------------|--------------|--------------|
| Maternity | 218 | 249 | 205 | 333 | 387 | 459 |
| Short-term illness | 77 | 96 | 135 | 158 | 194 | 187 |
| Long-term illness (under 65 years)..... | 318 | 344 | 295 | 360 | 287 | 336 |
| Aged 65 years and over | 1,741 | 1,641 | 1,608 | 1,416 | 1,141 | 884 |
| Child Care..... | 47 | 78 | 67 | 71 | 60 | 21 |
| Cancer | 17 | 29 | 28 | 14 | 14 | — |
| Tuberculosis | 35 | 43 | 77 | 91 | 91 | — |
| | <u>2,453</u> | <u>2,480</u> | <u>2,515</u> | <u>2,443</u> | <u>2,174</u> | <u>1,887</u> |

VACCINATION AND IMMUNISATION

The Section of Immunology was particularly busy during 1958, mainly on account of the increased work in connection with poliomyelitis vaccination. It was necessary to retain the extra clerk engaged in 1957 for this purpose and also appoint another part-time clerk. The work has been carried out smoothly and efficiently but arranging for appointments, particularly those for groups of general practitioners' patients, has been very time-consuming. The number of options which had to be offered to the patient has not made for easier working.

Vaccination of the 15—25 age group and "booster" doses were only offered towards the end of the year so the figures for these are small. The response by expectant mothers was particularly disappointing throughout the year.

The number of children vaccinated against smallpox and immunised against diphtheria and whooping cough showed an increase on the figures for 1957.

At the beginning of December a child of 11 years, living in the West End of the City, died from diphtheria. Unfortunately it is only a tragedy such as this which will stir some people and make them realise the risks to which they subject their children by avoiding immunisation. As a result of this death there was an increase in the numbers attending child welfare centres for immunisation during the period immediately following, both in the West End and the East End of the City, but fear and anxiety were soon forgotten and in some cases the parents did not even make the effort to bring their children for the complete course.

DIPHTHERIA IMMUNISATION.

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR RE-IMMUNISATION. DIVIDED INTO TWO AGE GROUPS (1957 Figures in Brackets).

| | Under 5 years. | Over 5 years. | Total. |
|----------------------------------|----------------|---------------|---------------|
| <i>Primary Immunisation—</i> | | | |
| Clinics | 2,072 (1,729) | 153 (54) | 2,225 (1,783) |
| Private Practitioners | 1,208 (1,065) | 58 (31) | 1,266 (1,096) |
| <i>Re-immunisation (Booster)</i> | | | |
| Clinics | 1,082 (698) | 353 (206) | 1,435 (904) |
| Private Practitioners | 516 (419) | 384 (185) | 900 (604) |
| Totals— | | | |
| Primary | 3,280 (2,794) | 211 (85) | 3,491 (2,879) |
| Re-immunisation | 1,598 (1,117) | 737 (391) | 2,335 (1,508) |

DIPHTHERIA IMMUNISATION IN RELATION TO MID-YEAR CHILD POPULATION.

NUMBER OF CHILDREN WHO HAVE COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION BETWEEN 1ST JANUARY, 1944 AND 31ST DECEMBER, 1958.

| Age at 31/12/58, i.e., Born in year:— | Under 1 year 1958 | 1—4 years 1954-1957 | 5—9 years 1949-1953 | 10—14 years 1944-1948 | Under 15 years Total |
|--|-------------------------|---------------------------|---------------------------|-----------------------------|----------------------------|
| A. Number of children whose last course (primary or booster) was completed in period 1954-1958 | 731 | 10,586 | 12,055 | 759 | 24,131 |
| B. Number of children whose last course (primary or booster) was completed in period 1953 or earlier | — | — | 5,055 | 18,698 | 23,753 |
| C. Estimated mid-year child population | 4,990 | 17,910 | 41,300 | | 64,200 |
| Immunity index | 14.6% | 59.1% | 31.2% | | 37.6% |

PRIMARY IMMUNISATION.

NUMBER OF CHILDREN UNDER 15 YEARS PROTECTED AGAINST DIPHTHERIA AND/OR WHOOPING COUGH IN 1958 ARE AS FOLLOWS:—

| Diphtheria. | Diphtheria and Pertussis. | Diphtheria Pertussis and Tetanus. | Whooping Cough. | Total Diphtheria. | Total Whooping Cough. |
|-------------|---------------------------|-----------------------------------|-----------------|-------------------|-----------------------|
| 261 | 397 | 2,833 | 118 | 3,491 | 3,348 |

RE-IMMUNISATION.

| Diphtheria. | Diphtheria and Pertussis. | Diphtheria Pertussis and Tetanus. | Total Diphtheria. | Total Whooping Cough. |
|-------------|---------------------------|-----------------------------------|-------------------|-----------------------|
| 918 | 423 | 994 | 2,335 | 1,417 |

SMALLPOX VACCINATION.

NUMBER OF INDIVIDUALS ATTENDING FOR PRIMARY AND RE-VACCINATION
AGAINST SMALLPOX IN 1958, DIVIDED INTO AGE GROUPS.
(1957 Figures in Brackets).

| Age at 31-12-58 i.e. born in year:— | 1957-58 Under 1 year. | 1957-54 1 to 4 years. | 1953-44 5 to 14 years. | Before 1944 Over 15 years. | TOTAL. |
|--|-----------------------------|-----------------------------|------------------------------|-------------------------------------|---------------|
| <i>Clinics.</i> | | | | | |
| Primary..... | 1,662 (1,552) | 81 (73) | 7 (4) | 2 (11) | 1,752 (1,640) |
| Re-vaccination | — (—) | — (4) | 1 (1) | 16 (153) | 17 (158) |
| <i>Private Practitioners</i> | | | | | |
| Primary..... | 1,301 (1,139) | 116 (89) | 45 (31) | 87 (84) | 1,549 (1,343) |
| Re-vaccination | — (—) | 5 (9) | 6 (32) | 154 (156) | 165 (197) |
| <i>Totals—</i> | | | | | |
| Primary..... | 2,963 (2,691) | 197 (162) | 52 (35) | 89 (95) | 3,301 (2,983) |
| Re-vaccination | — (—) | 5 (13) | 7 (33) | 170 (309) | 182 (355) |

POLIOMYELITIS VACCINATION.

INDIVIDUALS WHO RECEIVED TWO INJECTIONS AT CHILD WELFARE CLINICS AND
BY PRIVATE PRACTITIONERS—JANUARY-DECEMBER, 1958.

| Age Groups. | Under 5 years. | 5—15 years. | Expectant mothers. | Private practitioners and households. | Ambulance staff families. | 15—25 years. | Total. |
|-----------------------|----------------|-------------|--------------------|---------------------------------------|---------------------------|--------------|--------|
| Clinics | 4,506 | 59 | 123 | 4 | 20 | 1 | 4,713 |
| Private Practitioners | 2,325 | 2,013 | 210 | 144 | 6 | 3 | 4,701 |
| Total | 6,831 | 2,072 | 333 | 148 | 26 | 4 | 9,414 |

NUMBER OF INDIVIDUALS WHO RECEIVED A THIRD INJECTION AT CHILD WELFARE
CLINICS AND BY PRIVATE PRACTITIONERS—JANUARY—DECEMBER, 1958.

| Age Groups. | Under 5 Years. | 5—15 Years. | Total. |
|-----------------------------|----------------|-------------|--------|
| Clinics | 473 | 142 | 615 |
| Private Practitioners | 66 | 24 | 90 |
| Total | 539 | 166 | 705 |

Vaccination against Influenza.

A limited supply of vaccine was available during the year. 48 members of the local authority's staff received two inoculations and 23 received one.

Enteric Fever, Cholera and Typhus.

At the local authority's clinics, eight inoculations against cholera were carried out, one against enteric fever and one against typhus.

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

Special Cases Committee.

During 1958 seven meetings of the Special Cases Committee were held resulting in 31 new cases being reported for consideration. 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.

| | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | Total. |
|---|------|------|------|------|------|------|------|--------|
| Co-ordinating Committee | — | — | — | — | — | — | — | — |
| Superintendent School Nurse ... | 14 | 7 | 7 | 11 | 4 | 6 | 7 | 56 |
| Chief Nursing Officer | 6 | 6 | 5 | 7 | 2 | 2 | 7 | 35 |
| Lady Almoner, Maternity and Child Welfare Department ... | 1 | 1 | — | — | — | — | — | 2 |
| Head Teachers' Representatives | — | — | 1 | 2 | 1 | 1 | 1 | 6 |
| Organiser of Child Care..... | — | — | — | 2 | — | 1 | 2 | 5 |
| Probation Service | 1 | 1 | — | — | — | — | — | 2 |
| National Society for the Preven- tion of Cruelty to Children ... | 7 | 5 | 5 | 1 | 4 | 6 | 6 | 34 |
| Paediatrician, Newcastle General Hospital | — | — | — | — | — | — | 1 | 1 |
| Medical Officer of Health..... | — | — | — | — | — | — | 2 | 2 |
| National Assistance Board..... | — | — | — | — | — | — | 5 | 5 |
| | 29 | 20 | 18 | 23 | 11 | 16 | 31 | 148 |

Once again I would stress the good work performed by this Committee during the year. Useful discussion took place and much detailed information was exchanged between members.

The membership of this Committee coming from officers of the Local Authority, voluntary societies and government departments ensures that each department is aware of these families and all are able to play their part as a team to bring advice, help and guidance for the improvement of the conditions of the cases discussed as well as to continue supervision of those families already on the committee's register.

PRIORITY DENTAL SERVICE FOR NURSING AND EXPECTANT MOTHERS AND CHILDREN UNDER SCHOOL AGE.

As in former years the work of the service was carried out in the clinic at St. Anthony's Welfare Centre and the Central Clinic, City Road, by two dental officers working on a sessional basis.

Statistics of examinations and treatment given are much the same as for the last few years and one might assume that the number of mothers and children attending the clinic has now become fairly constant.

Response to offers of treatment from nursing and expectant mothers has never been what was hoped for and the high proportion of patients fitted with artificial dentures each year leads one to think that the provision of free dentures may be the main inducement for a large proportion of the adult patients who use the Service.

On the other hand many children are brought by their parents at the age of three years, and at regular intervals thereafter. Great pains are taken to concentrate on these patients and they eventually pass on to the School Service with healthy mouths.

The majority of the extractions undertaken were carried out under general anaesthesia and it is gratifying to report that during the year a satisfactory recovery room was built on to the dental surgery at St. Anthony's Clinic.

Facilities for x-ray diagnosis were available at the Central Clinic while arrangements with the Sutherland Dental Hospital and the Royal Victoria Infirmary for specialist services and admission of patients worked smoothly.

Details of work carried out over the year are as follows:—

NUMBERS PROVIDED WITH DENTAL CARE DURING 1958.

| | Examined. | Needing Treatment. | Treated. | Made Dentally Fit. |
|-------------------------------------|-----------|--------------------|----------|--------------------|
| Expectant and Nursing Mothers | 524 | 507 | 477 | 430 |
| Children under five | 1484 | 802 | 779 | 759 |

FORMS OF DENTAL TREATMENT PROVIDED DURING 1958.

| | Scalings and Gum Treatment. | Fillings. | Silver Nitrate Treatment. | Crowns or Inlays. | Extractions. | General Anaesthetics. | Dentures Provided. | | Radio-graphs. |
|-------------------------------------|-----------------------------|-----------|---------------------------|-------------------|--------------|-----------------------|--------------------|----------|---------------|
| | | | | | | | Complete. | Partial. | |
| Expectant and Nursing Mothers | 72 | 218 | ... | 3 | 1754 | 216 | 219 | 90 | 10 |
| Children under Five | 26 | 281 | 382 | ... | 988 | 485 | ... | ... | 2 |

NURSING SECTIONS

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

During the past year there have been several changes in the Nursing Staff. Apart from a few retirements the majority have been amongst the younger members of the staff—this no doubt being due to the modern trend of furthering their experience by taking up appointments in the different areas of the world.

The staff on the 31st December, 1958:—

Chief Nursing Officer.
Deputy Chief Nursing Officer.

Midwifery Service.

Non-Medical Supervisor of Midwives.
Assistant Non-Medical Supervisor of Midwives.
Superintendent and Tutor of Part II Training School.
42 Midwives.

Home Nursing Service.

Superintendent of Home Nursing Service.
33 State Registered Nurses (Female).
8 State Registered Nurses (Male).
1 Registered Fever Nurse (Female).
7 State Enrolled Assistant Nurses (Female).

Health Visitors.

Health Visitor Tutor.
39 Health Visitors.
1 Part-time Health Visitor.
3 State Registered Nurses.

Day Nursery Service.

Superintendent Matron.
Superintendent Warden.
4 Matrons.
4 Deputy Matrons.
1 Warden.
17 Staff Nursery Nurses.
6 Nursery Assistants.
13 Students.

HEALTH VISITING.

Resignations.

During the year 12 health visitors submitted their resignations.

It is with regret that one has to record the death of Miss Swart, who after six months illness died in the beginning of April. She had been with the Corporation nine years.

Miss E. Sayer retired after having served the Corporation for 26½ years.

Appointments.

Eleven health visitors and 3 state registered nurses were appointed to the staff.

Of these, two health visitors previously on the staff returned after gaining added experience—one in Africa and the other in Cornwall.

Two others joined the staff from the Q.A.I.M.N.S., having been health visitors in various parts of the world.

The remaining seven were students who were successful in their examination and were appointed on a temporary basis.

In addition a former member of the staff who had retired three years before rejoined as a part-time health visitor.

Six health visitors attended Refresher Courses of two weeks duration, two going to Oxford, two to Edinburgh, one to London and one to Chichester.

Two of the staff were decentralised from the central office to the new infant welfare centre established at the Woodland Crescent Day Nursery.

Interesting Items during the year.

It was decided to carry on the poliomyelitis virus investigation for another year.

In August a link was established with the National Assistance Board to pursue more closely the needs of the elderly.

Although the work of the health visitor becomes more varied and deals now with the whole family, her chief concern is still with expectant mothers and young children 0—5 years. It appears that the public are becoming more aware of her work in the domiciliary field, thus placing an increasing demand upon her time.

Because of the increasing demands of the older members of the community, it was decided that state registered nurses should be appointed to help in the visiting of the aged, and therefore, two were appointed in May and a further one in November.

Health Education talks were carried on in the welfare centres in addition to the Parentcraft talks given at ante-natal clinics.

The scheme for toddlers' birthday examinations has been extended to various centres throughout the city.

There were many visitors to the Health Visitors' department, both international and national.

In addition a number of students were introduced to the health visiting field:—

77 Medical students.

130 Nursing students from the Royal Victoria Infirmary.

61 Nursing students from the Newcastle General Hospital.

16 Nursing students from the Walkergate Hospital.

8 Nursing students from the Fleming Memorial Hospital.

16 Health Visitor students were given practical work until June, and a further 26 in September.

In addition 120 student nurses and 24 grammar school girls visited the Blakelaw Health Centre.

Health Visitors' Training School.

Of the 16 students attending the course, seven were students sponsored by Newcastle Corporation. Of the 16 who sat their examination in June, 11 passed and five failed, 2 of these being Newcastle students: in September they resat the examination and were successful. Of the other three who resat, two were successful.

The new course for the 1958—1959 School commenced on September 15th. The number of students had increased to 26, 12 of whom are sponsored by Newcastle Corporation.

HOME NURSING.

Resignations.

Miss Hall, Assistant Superintendent, terminated her appointment on the 25th July to take up a new appointment as Superintendent at Ipswich.

One state registered nurse and one state enrolled assistant nurse left, both for health reasons, and one state registered male nurse resigned.

Appointments.

One female state registered nurse and one state registered male nurse were appointed during the year.

Refresher Courses.

Six home nurses attended refresher courses of one week's duration, 3 in London and 3 in Birmingham. (For the first time it was possible to send one of the state enrolled assistant nurses to a refresher course in Birmingham).

During the early part of the year, from January to May, a training course was given to 8 nurses in theoretical and practical work. At the end of the course an examination was set and all 8 nurses were successful.

Last April a Laundry Scheme was introduced for bedridden incontinent patients. Up to the 31st December, 22 people benefited from this service on the recommendation of the home nurses in attendance. This has proved highly successful and the patients have been very grateful for the comfort this service has given. Fresh linen is delivered and soiled linen collected three times weekly. All necessitous cases at the moment are included in this scheme, but it is believed that an extension will be necessary in the future.

The upward trend in the number of elderly people in the community is again making a great demand upon the Home Nursing Services. This can be seen as relieving pressure on hospital beds by the following table:—

| Year. | Under 1 year. | 1—5 years. | 5—15 years. | 15—25 years. | 25—45 years. | 45—65 years. | Over 65 years. |
|----------|------------------|---------------|----------------|-----------------|-----------------|-----------------|-------------------|
| MALE | | | | | | | |
| 1957 ... | 10 | 30 | 48 | 51 | 100 | 110 | 196 |
| 1958 ... | 5 | 13 | 16 | 13 | 61 | 166 | 318 |
| FEMALE | | | | | | | |
| 1957 ... | 10 | 28 | 45 | 50 | 110 | 128 | 200 |
| 1958 ... | — | 3 | 11 | 24 | 99 | 185 | 355 |

As in other services the home nurse played her part in the introduction of students to the domiciliary field, and a total of 277 were given an insight into her duties, as follows:—

Medical students (68); Nursing students from the Royal Victoria Infirmary (121), from the Newcastle General Hospital (61), from Walkergate Hospital (17), from the Fleming Memorial Hospital (8), and in addition, 2 international students.

MIDWIFERY SERVICES.

After 21 years of service as Non-Medical Supervisor of Midwives Mrs. E. Walker retired on the 31st July. Mrs. Marshall, who had been Assistant Non-Medical Supervisor of Midwives, was appointed as Non-Medical Supervisor of Midwives in August. Miss Stott, who had been Superintendent and Tutor of Part II Training School, was appointed as Assistant Non-Medical Supervisor of Midwives on 1st October. Miss Seccombe, who had been one of our district midwives, was appointed as Superintendent and Tutor of Part II Training School, commencing duty on the 1st October, 1958.

During the year there were 4 resignations and one retirement: three new appointments were made.

Two midwives were granted maternity leave of 18 weeks each.

Refresher Courses.

Thirteen midwives attended a one week course—4 at Leeds, 2 at Stoke-on-Trent, 2 at Bristol, 2 at Birmingham and 3 at Newcastle upon Tyne.

Three midwives were given extra training in the care of premature infants, thus making a total of 9 now qualified to undertake this work.

In partnership with the health visitors, Parentcraft talks were given to expectant mothers at several ante-natal clinics.

As in past years a number of students were introduced to the domiciliary field by the midwives:—

Nursing students from the Royal Victoria Infirmary (121); and the Newcastle General Hospital (61). Five international students visited the department.

In conjunction with the rest of the country a Perinatal Survey was undertaken by the midwives from March 3rd to May 31st.

Pupil Midwives.

Arrangements were completed in 1958 to increase the number of pupil midwives trained annually on the district from 36 to 48. The first increase commenced on September 1st.

Forty six pupils completed their training in 1958: 45 were successful in Part II of the Central Midwives Board Examination.

DAY NURSERY SERVICE.

It had been decided that nursery nurse training would cease, and as a result no further students were enrolled during the year. As it is a two year training course, it has been necessary to carry on part of the training to enable those students who had completed one year to carry on with their second year's training, which would enable them to sit their final examination in 1959.

Ten students completed their training and sat their examination in July and were successful; of these, three joined the permanent staff. Thirteen second year students are continuing with their training.

As in other departments the day nurseries had a full quota of outside students. These were mostly school girls—Red Cross cadets and Girl Guides. In addition 16 student health visitors,

47 students nurses from the Preliminary Training School, Royal Victoria Infirmary, and 8 overseas visitors, paid visits.

STAFF MEETINGS.

In each nursing section monthly meetings were held. These have proved to be invaluable. At these meetings, not only are speakers invited to give talks on particular subjects, but general discussion takes place between administrative and nursing staff.

In-service training has continued, as in the previous year. A series of six lectures, commencing in September, was arranged by Professor Roth, Department of Psychological Medicine, Durham University.

BATH ORDERLIES.

The present staff remains the same (4) as in the previous year. The ever increasing demand being made on this service really calls for an increase of staff, and it is therefore hoped that in the next year a new male bath orderly will be employed, and an additional female.

HOME ADVISERS.

This experiment has been in operation for 14 months and during this time the two home advisers have dealt with 15 families for periods ranging from 2 weeks to 8 months. Practical help and advice have been given in housewifery, cooking, budgeting and parentcraft.

As was expected a few of these families were incapable of benefiting from this advice and therefore the home adviser was withdrawn. Progress with the remaining families has sometimes been slow, but as long as progress has been maintained the home adviser has stayed with the family. In many cases the time spent by the home adviser in the home has been greatly reduced as the families once again shoulder their own responsibilities.

Final Summary.

This has been a year of consolidation rather than a change in the policy of the Nursing Services. There appears to be a better link amongst the individual members of the various branches, and co-operation has steadily improved with other departments of the Corporation and outside agencies.

AMBULANCE SERVICE

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

A summary of the work carried out by the section for the year under review is set out below with comparison of the previous year's figures.

| | City. | | Section 27 Other Authorities | | Miscellaneous. | | |
|-------|---------|----------|---------------------------------|----------|----------------|-----------|------------|
| | Cases. | Mileage. | Cases. | Mileage. | Ancillary. | Midwives. | Chargeable |
| 1957 | 113,190 | 474,941 | 3,407 | 62,463 | 15,099 | 11,918 | 74,237 |
| 1958 | 112,910 | 491,792 | 4,211 | 80,230 | 16,556 | 12,368 | 91,797 |
| Diff. | -280 | +16,851 | +804 | +17,767 | +1,457 | +450 | +17,560 |

| | Total. | |
|-------|-----------|--------------------|
| | Table 'A' | Tables *'A' & *'B' |
| | Cases. | Mileage. |
| 1957 | 116,597 | 638,658 |
| 1958 | 117,121 | 692,743 |
| Diff. | +524 | +54,085 |

*These tables are set out in an appendix to this report on page 86.

The number of patients carried varies very little from last year's total. The increase of the 524 relates to the cases carried for Durham County Council, as indeed the number of City patients has dropped some 280, whereas for Durham there has been an additional 804 over last year's figures.

The mileage shows an appreciable increase, and from the table it will be seen that the miles per patient carried within the City has gone up by 0.15. This can be accounted for by two reasons, firstly, the rehousing of some of the population on the perimeter of the City, and secondly, the system of collecting a number of patients in one vehicle, and this is where a vehicle may quite well have to cover the same mileage but may not pick up as many patients. To off-set this it can be claimed that it is better for the patients as there is less chance of overcrowding in the vehicle.

There is an increase in the number of miles under the heading of 'miscellaneous services,' this it will be remembered covers the trans-

portation of the children to the occupational centre and in the year under review some 5,707 more children have been carried to the centre. This has involved an additional 8,822 miles.

The transportation of these children to the centre presents quite a problem, particularly now when there are over a 100 to pick up each morning, as this can only be spread over a period of 45 minutes. If the number of children at the centre increases, it may be necessary to consider staggering the arrival times.

Although the number of persons carried overall by the Service is up by 6,231 and the total mileage for the year has increased by 54,085 miles, it is pleasing to be able to report that the number of working hours has been cut down by 8,195 hours. This has been achieved by the introduction of better methods of allocating the work to the personnel and by cutting out a considerable amount of waiting time at the hospitals and clinics.

Co-ordination with Other Authorities.

There have been 16,687 cases passed to other authorities by the control clerks at the Royal Victoria Infirmary and the Newcastle General Hospital. These cases were all in connection with in-patients who had been admitted to the City's hospitals but resided outside the administrative area.

The principle of co-ordination is, briefly, that if an authority's vehicle is in the city, having brought a patient in either for admission or treatment as an outpatient, the driver reports to the appropriate centre and is informed if any case is to be returned to his area. As a policy this obviously commends itself as it not only saves vehicles possibly returning empty it also greatly reduces the National running of the Ambulance Services. However, it must be decided how far this method of economy can be allowed to affect the welfare of the patient and the convenience of the hospitals.

Experience has shown that in many cases, when taking advantage of the facilities, the patient to be discharged has had to wait until late afternoon before the returning vehicle is ready to leave on a journey that may be anything up to 100 miles, and often when it does arrive it is full of returning outpatients, which does little to improve the comfort for the patient in the ambulance and usually means a detour and consequent delays before arriving home.

Naturally, the staff of other authorities make every endeavour to carry their own patients back into their own residential areas,

especially since the passing of the National Health Service Amendment Act when Section 24 introduced financial implications, and they show concern when cases are carried on their behalf.

During the past year there has been criticism in the National Press of cases where inpatients have had to commence their journey late in the afternoon and have suffered the inconvenience of detours and the consequence of arriving home late at night.

The administrative responsibility rests upon the authority from where the patient is being discharged to make the decision as to how the patient will be conveyed. In many instances, even at the risk of appearing uneconomical, it is necessary for the welfare of the patient to use one of their own vehicles for the journey in spite of the fact that the receiving authority may have a vehicle in the area some time during the day. There is no doubt that the natural tendency to affect economies in the service is liable to endanger its proper function which is for the conveyance of sick people. There is certainly creeping into most organisations a trend rather to look upon it as a transport undertaking instead of an ambulance service.

The new Ambulance Control Centre at the Royal Victoria Infirmary has now been established and should improve the co-ordination arrangements with visiting authorities. The co-operation of the Board of Governors in establishing this centre is worthy of mention, as few authorities are fortunate to have one specially constructed for this purpose.

Miscellaneous Services.

As the figures portray, the demands for this side of the work continue to grow. During the year a new duty has been added, namely transport for a laundry service in conjunction with the Home Nursing Service. There is a constant demand for two vans by the Chief Public Health Inspector's Section and indeed this looks as if it may have to be supplemented as the rehousing programme steps up in intensity.

The Invalid Loan Section and Welfare Foods also make ever increasing demands upon the Service.

The work of the Welfare Committee in transporting the handicapped and old people has shown a marked increase during the year and with the opening of an additional centre transport is being provided for some 36 persons each week.

Maintenance.

Due to the increase of mileage the workshops have had a busy year as the table below indicates.

| Overhauls. 10,000 miles. | Inspections 2,000 miles. | Miscellaneous Repairs. | Rebuilt Components. | Vehicle Repaints. |
|-----------------------------|-----------------------------|---------------------------|------------------------|----------------------|
| 59 | 224 | 364 | 43 | 19 |

The average age of the fleet is approximately 6.4 years and with the interchangeability of drivers this puts a great strain on the maintenance staff in keeping the vehicles in first class running order, especially with the lighter units, and it is questionable whether these units have a much longer life than 6 years, although every effort is being made to keep them in service for a period of 10 years.

Premises.

In September it was finally agreed that a site in the Blandford Street clearance area be ear-marked for the new Central Headquarters replacing the existing Sandyford Road Depot which is due to be demolished in connection with the building of the new Civic Centre.

Unfortunately the new depot cannot be ready before Sandyford Road is required, and consequently temporary accommodation has had to be found for the Service. It is hoped that with the assistance of the Estate and Property Committee and the Education Committee that this is going to be possible in the Barras Bridge area.

The Committee agreed during the year to the opening of a one-vehicle emergency station in the Kenton area, and this is to be incorporated with the new building that is being erected for a maternity and child welfare clinic. The need for coverage in this area is paramount since the development of the new housing estates.

Vehicles.

During the year, in accordance with the planned programme for replacements, 5 new vehicles have been purchased—2 six-seater light utilicons and 3 dual purpose ambulances on the B.M.C. Morris Chassis.

The body design of the ambulances is a departure from the traditional interiors of one fixed stretcher and seating accommodation for 6 persons. Experience has shown that the vehicle must be much more interchangeable as it is often economical and practical to carry as many as 10 sitting cases at a time and on the return it may be required for 2 stretcher cases. Consequently, the interior has been re-designed. The assisted stretcher loading gear which is an essential piece of equipment has been added remembering the problem of ageing personnel.

This new unit operates on a system of pneumatics which obviates all the manual effort of lifting a stretcher into the ambulance and makes the operation far more comfortable for the patient. The staff are to be congratulated on designing a very efficient unit.

The five vehicles withdrawn from the fleet have been disposed of through the usual channels.

Staff.

During the year the Committee promoted Superintendent W. Lemin to the position of Senior Superintendent, and Senior Driver S. Graham to fill the vacancy of the Superintendent. The promotion of Mr. Lemin was due to Mr. Clark leaving the Service to take up the position of Ambulance Officer at Bradford.

The Committee also agreed to the alteration in the issue of uniforms and the new issue now includes: shirts, collars and ties, on an annual basis.

The loyalty and the efforts of the staff is most gratifying, and the endeavour, sometimes under the most trying conditions, to please and help the sick by each individual member of the staff is most commendable. The Committee will realise that with the increasing traffic problem being encountered the duties of the driving staff are getting far more arduous and tiring, and the keeping of a time schedule becomes increasingly more difficult.

First Aid.

All members of the staff are qualified on this subject in accordance with the requirements of the Ministry of Health and the terms set out by the Local Health Authority Committee.

Sickness.

The operational staff lost 7,108 hours, which is equal to $888\frac{1}{2}$ days and is an increase of some 123 days over last year's figures.

The administrative staff lost 51 days which compares very favourably with 135 days for the same period last year.

Safe Driving Awards.

Seventy two members entered and 52 members were recommended for awards. One candidate failed to qualify through absence due to sickness and three candidates were not eligible due to the fact that they had not got the required number of driving weeks in the year under review.

Accidents.

During the year there were 10 accidents which necessitated making claims upon the insurance company.

Civil Defence.

The number of volunteers under training has fallen considerably and the Section now appears just to consist of a hard core of enthusiasts.

Superintendent Graham attended a Home Office Course and qualified as an Instructor.

Two members of the volunteers also attended a short course at the Home Office School.

TABLE "A"
ANALYSIS OF WORK UNDERTAKEN BY THE AMBULANCE SERVICE DURING THE TWELVE MONTHS
FROM THE 1ST JANUARY TO THE 31ST DECEMBER, 1958.

| Month 1958. | City | | OTHER AUTHORITIES | | Co-ord- inated Cases. | Mid- wives Mileage. | Mental Welfare Mileage. | Ancil- lary Mileage. | TOTAL | | Working Hours. |
|-----------------|---------|----------|----------------------|----------|-----------------------------|---------------------------|-------------------------------|----------------------------|---------|----------|-------------------|
| | Cases. | Mileage. | Cases. | Mileage. | | | | | Cases. | Mileage. | |
| 1. 1.58 to | | | | | | | | | | | |
| 31. 1.58 | 10,040 | 43,471 | 302 | 5,354 | 1,472 | 1,267 | 166 | 1,519 | 10,342 | 51,777 | — |
| 1. 2.58 to | | | | | | | | | | | |
| 28. 2.58 | 9,114 | 38,186 | 245 | 4,177 | 1,427 | 981 | 96 | 1,298 | 9,359 | 44,738 | — |
| 1. 3.58 to | | | | | | | | | | | |
| 31. 3.58 | 9,707 | 42,323 | 266 | 4,769 | 1,550 | 1,194 | 146 | 1,471 | 9,973 | 49,903 | — |
| 1. 4.58 to | | | | | | | | | | | |
| 30. 4.58 | 9,418 | 40,974 | 286 | 6,278 | 1,437 | 922 | 162 | 1,182 | 9,704 | 49,518 | — |
| 1. 5.58 to | | | | | | | | | | | |
| 31. 5.58 | 9,698 | 41,902 | 376 | 6,932 | 1,471 | 902 | 104 | 1,257 | 10,074 | 51,097 | — |
| 1. 6.58 to | | | | | | | | | | | |
| 30. 6.58 | 9,152 | 38,715 | 380 | 7,400 | 1,311 | 952 | 147 | 1,163 | 9,532 | 48,377 | — |
| 1. 7.58 to | | | | | | | | | | | |
| 31. 7.58 | 9,648 | 41,877 | 403 | 7,147 | 1,397 | 1,085 | 232 | 1,283 | 10,051 | 51,624 | — |
| 1. 8.58 to | | | | | | | | | | | |
| 31. 8.58 | 8,183 | 36,689 | 380 | 6,838 | 1,211 | 916 | 49 | 1,331 | 8,563 | 45,823 | — |
| 1. 9.58 to | | | | | | | | | | | |
| 30. 9.58 | 9,681 | 41,400 | 364 | 6,551 | 1,314 | 1,152 | 121 | 1,529 | 10,045 | 50,753 | — |
| 1. 10.58 to | | | | | | | | | | | |
| 31. 10.58 | 9,766 | 42,777 | 414 | 9,059 | 1,426 | 1,048 | 58 | 1,321 | 10,180 | 54,263 | — |
| 1. 11.58 to | | | | | | | | | | | |
| 30. 11.58 | 9,114 | 40,675 | 381 | 7,322 | 1,348 | 862 | 112 | 1,301 | 9,495 | 50,272 | — |
| 1. 12.58 to | | | | | | | | | | | |
| 31. 12.58 | 9,389 | 41,315 | 414 | 8,403 | 1,323 | 1,087 | 95 | 1,901 | 9,803 | 52,801 | — |
| TOTAL | 112,910 | 490,304 | 4,211 | 80,230 | 16,687 | 12,368 | 1,488 | 16,556 | 117,121 | 600,946 | 216,080 |

TABLE "B"

| Month 1958. | Backward Children. | | Civil Defence Mileage. | Miscell- aneous Mileage. | TOTAL | | TOTAL "A" & "B" | |
|-----------------|--------------------|----------|------------------------------|--------------------------------|--------|----------|-----------------|----------|
| | Cases. | Mileage. | | | Cases. | Mileage. | Cases. | Mileage. |
| 1. 1.58 to | | | | | | | | |
| 31. 1.58 | 3,400 | 3,435 | 382 | 3,956 | 3,400 | 7,773 | 13,742 | 59,550 |
| 1. 2.58 to | | | | | | | | |
| 28. 2.58 | 2,380 | 2,428 | 7 | 3,704 | 2,380 | 6,139 | 11,739 | 50,877 |
| 1. 3.58 to | | | | | | | | |
| 31. 3.58 | 3,502 | 3,620 | 92 | 4,189 | 3,502 | 7,901 | 13,475 | 57,804 |
| 1. 4.58 to | | | | | | | | |
| 30. 4.58 | 1,788 | 1,830 | 154 | 4,327 | 1,788 | 6,311 | 11,492 | 55,829 |
| 1. 5.58 to | | | | | | | | |
| 31. 5.58 | 3,253 | 3,373 | 108 | 4,275 | 3,253 | 7,756 | 13,327 | 58,853 |
| 1. 6.58 to | | | | | | | | |
| 30. 6.58 | 2,983 | 2,938 | 515 | 4,587 | 2,983 | 8,040 | 12,515 | 56,417 |
| 1. 7.58 to | | | | | | | | |
| 31. 7.58 | 1,936 | 2,788 | 367 | 4,889 | 1,936 | 8,044 | 11,987 | 59,668 |
| 1. 8.58 to | | | | | | | | |
| 31. 8.58 | 210 | 520 | 353 | 4,676 | 210 | 5,549 | 8,773 | 51,372 |
| 1. 9.58 to | | | | | | | | |
| 30. 9.58 | 3,858 | 4,288 | 138 | 4,383 | 3,858 | 8,809 | 13,903 | 59,562 |
| 1. 10.58 to | | | | | | | | |
| 31. 10.58 | 3,320 | 3,733 | 789 | 4,271 | 3,320 | 8,793 | 13,500 | 63,056 |
| 1. 11.58 to | | | | | | | | |
| 30. 11.58 | 3,495 | 3,936 | 307 | 4,904 | 3,495 | 9,147 | 12,990 | 59,419 |
| 1. 12.58 to | | | | | | | | |
| 31. 12.58 | 2,646 | 3,055 | 293 | 4,187 | 2,646 | 7,535 | 12,449 | 60,336 |
| TOTAL | 32,771 | 35,944 | 3,505 | 52,348 | 32,771 | 91,797 | 149,892 | 692,743 |

HEALTH EDUCATION

Health education is an important duty of a public health department as a means of promoting "health consciousness" in the population. This is most effective if the individual has some understanding, based on knowledge, of the part he can play, not only to keep well, but to achieve positive health for himself and his family, and others for whom he may be responsible.

Exhibitions.

Exhibitions, although they are no substitute for the staff of the health department making daily opportunity to 'teach health', especially when it is topical and concerns the individual over some matter, do however have a part to play.

As in the last few years, a special subject—Mental Health—was presented by the Health Department in a large marquee during the Corporation Flower Show, and was the most ambitious attempted. It dealt with the ways in which the individual at different times of life can be assisted to achieve mental health, and was staffed by health department staff. Mental Deficiency was included. The modern mental hospital was also presented by photographs, and mental nurses were in attendance, with the co-operation of the Physician Superintendent of St. Nicholas Hospital and his staff. Interest was encouraged in the better prospects which mental hospitals can now offer to patients and staff. The exhibition also directed attention to the main recommendations of the Mental Health Bill.

A large exhibit was included in the student's Rag Parade in October as part of the national "Guard That Fire" campaign. Designated "Castle Careful" and "Castle Careless" it was made by the Adult Male Training Centre for Mental Defectives and was manned by medical students.

A large Clean Air Exhibition was held in the City Baths Hall in November, when many films were shown on health matters. It was organised by the Chief Public Health Inspector and is described in detail on page 171 of this report. An attractive stand inside the entrance dealt with the need for fireguards and showed photographs

of burns sustained due to the lack of protection, as well as samples of flame proofed fabrics. The trainees of the Adult Male Training Centre also prepared framing for this stand.

Home Safety Sub-Committee.

This Committee was formed early in the year and its work was especially directed to publicity in a campaign to achieve a wider use of suitable fireguards in co-operation with the Voluntary Organisations Sub-committee, which was formed about the same time. This publicity, assisted by the representatives of organisations concerned and the Central Office of Information, was officially begun by the Lord Mayor holding a Press Conference.

Publicity was mainly achieved with displays and posters etc., in shops, and the head teachers, whose representatives had discussed the subject with the Medical Officer of Health, used material provided for talks to their pupils. The Chief Fire Officer also assisted in several ways. There were filmlets shown in most city cinemas, with foyer displays, posters were displayed on certain vehicles of several corporation departments, suitable displays in certain city libraries were provided and the City Treasurer franked outgoing mail. The Medical Officer of Health broadcast in the Northern News during the "Guard That Fire" Campaign and talks were given in the welfare clinics.

Film Shows and Talks and Poster Publicity.

Many of the talks given by the staff of the Health Department were augmented by films, film strips and other visual aids and are summarised below. The arrangements for poliomyelitis vaccinations were announced on outdoor poster boards owned by the Health Committee.

SUMMARY.

| | Number | Total Attendance | Average Attendance |
|---|----------|------------------|--------------------|
| Films shown at Clinics | 4 | 98 | 25 |
| Films and Film Strips to Health Visitors, Nurses, Midwives, etc. | 16 | 380 | 24 |
| Film Shows and Talks to various organisations | 18 | 654 | 36 |
| Film Shows (Clean Air Exhibition) | 35 | 732 | 21 |
| | <hr/> 73 | <hr/> 1,864 | <hr/> 26 |

ALMONER'S DEPARTMENT

It has been a year of staff changes. In June Miss McMichael left the department and from then until Miss Reader commenced duties at the end of October as Social Case Worker, most of the normal work had to be discontinued. During this period there was also a change of clerk. Thanks are due to both clerks for keeping the department functioning with reference to the chiropody service and convalescence. The assistance of other departments and social workers who assisted with referrals during this period is appreciated.

Despite the amount of work entailed in building up the department after five months of merely a skeleton service, the office was by the beginning of November fully operational. Cases were quickly referred by doctors, voluntary and statutory bodies and the volume of work increased rapidly. Health visitors, district nurses and midwives referred such cases for help and advice as did not come within the scope of the hospital services. The link with the general practitioners was greatly appreciated as by their co-operation even when they had not personally referred the cases, a more complete picture could be formed of the cases concerned. This close liaison has meant that problems could be treated before crises developed.

Problems for which patients came for advice were exceedingly varied. The most common were forms of domestic or marital conflict, although quite often these were not the original reasons for referral. It should be noted that a large proportion of all cases were made up of so called "problem families," which if left without adequate help, can become a burden to the existing services quite out of proportion to their numbers. In the long run intensive case-work offers the greatest benefit to the community. This is the establishment of a relationship with people who are apathetic, indifferent or hostile, to encourage them to want to do something about their problem.

The Central Register of the aged continued and on the 31st December there were 9,447 names. Re-organisation of records was started with the aim of bringing about even closer co-ordination of services for the elderly which include friendly visiting by voluntary workers when required. Applications for convalescence referred by general practitioners brought to light large numbers of old people who were able to benefit by such a service. Efforts were made to

relieve the strain on relatives caring for senile old people in their own homes by, wherever possible, arranging for their admission to a convalescent home or the geriatric unit for a short stay.

During the year there were 575 new applications referred to this department, of these 215 were referred by their doctor, 140 by health visitors, home nurses and other local authority officials, 50 by statutory and voluntary societies, 44 by their relatives and friends and 126 came of their own accord. 470 interviews were given and 118 domiciliary visits paid. A summary of assistance arranged is set out below:—

ASSISTANCE ARRANGED.

| | | | |
|--|-----|---|----|
| Convalescence | 173 | Medical/Hospital treatment or admission to Home | 47 |
| Convalescence help with train fare | 3 | Personal/matrimonial problems | 86 |
| Domestic help | 11 | Material help | 71 |
| Chiropody | 46 | Clothing | 57 |
| Meals on Wheels | 14 | Care of children | 14 |
| Housing | 9 | Care of unmarried mother..... | 15 |
| Miscellaneous | 9 | | |

Convalescence

The local health authority maintained 152 patients in convalescent homes; of these 14 were arranged by hospital almoners, chest clinics and psychiatric social workers. Arrangements for convalescence for 159 patients were made by this department and of these the local health authority maintained 138.

173 patients were referred to this department for arrangements for convalescence but 10 cancelled their vacancies and 11 patients were admitted to free homes.

The table below shows the diagnosis of the adult patients whose convalescence was arranged by this department:—

| | | | |
|---------------------------------|----|----------------------------|---|
| Arterio/Disseminated sclerosis | 2 | Infantile paralysis | 2 |
| Asthma | 1 | Malnutrition | 1 |
| Bronchitis | 18 | Menopause depression | 2 |
| Carcinoma..... | 1 | Mitral stenosis | 1 |
| Cardiac conditions | 8 | Neuritis | 1 |
| Circulatory trouble | 1 | Neurosis | 2 |
| Coronary thrombosis | 2 | Pernicious anæmia | 9 |
| Diabetes..... | 2 | Rheumatoid Arthritis | 9 |
| Dyspepsia | 1 | Spondylitis of spine | 1 |
| Emphysema | 2 | Thoractomy | 1 |
| General & nervous debility..... | 70 | Ulcers | 1 |

It will be noted that again a high proportion of patients were suffering from nervous debility which is a symptom of social stress.

MENTAL HEALTH SERVICES

1.—Administration.

The administration of these services during 1958 continued without fundamental change as outlined in previous annual reports, but a severe loss was sustained in the death of Dr. G. E. Stephenson, Mental Deficiency Medical Officer, in January. Dr. Stephenson had worked for the Mental Deficiency Service in the City for 35 years and always took a keen interest in the examination and follow-up of all defectives coming under his care. Dr. Stephenson had so many interests in the life of the City and particularly its public services that he was a most valuable member of the staff from all points of view.

There are 6 part-time psychiatrists and doctors approved by the Authority for the certification of patients under the Mental Deficiency Acts, who have taken over the services he gave. There are also 12 doctors 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.

By the death of Miss T. Merz, O.B.E., J.P., the Mental Cases Sub-Committee has suffered a further considerable loss as she was able, as its co-opted member, to give the benefit of her wide experience over many years as an eminent social worker.

It is hoped eventually to link up the Mental Deficiency Service with the Mental After Care Service, which has been under careful consideration. During the year the Health Committee decided that steps should be taken to provide a more complete after care service for cases discharged from mental hospitals and to provide as far as possible a service which would play its full share in the prevention of mental ill health. With this in mind, delegations visited Nottingham and York and by the end of the year several meetings had taken place. It was hoped ultimately to make a recommendation to the City Council to set up a comprehensive

after care service in conjunction with the Department of Psychological Medicine at King's College and the St. Nicholas Hospital Management Committee.

Committee composition and co-ordination: Staff.

- (a) The Mental Health Sub-Committee is composed of 9 members of the Health Committee and 1 co-opted experienced social worker.
- (b) The number of staff are given in the staff particulars preceding the beginning of the report.
- (c) Co-ordination with the Regional Hospital Board and Hospital Management Committee of St. Nicholas Hospital has remained close and frequent, and Dr. J. P. Child, Physician Superintendent of this hospital, continued as clinical adviser to the department, to give valuable help and advice.
- (d) There is no formal delegation of duties to voluntary associations.
- (e) A senior authorized officer attended the National Association for Mental Health Refresher Course at Leeds University and another officer has been authorized to attend next year.

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 an excellent relationship exists between social workers at St. Nicholas Hospital, the Psychiatric Unit of the Newcastle General Hospital and the duly authorised officers, who do not hesitate to call upon the services of the other for help in particular problems. Many more cases have been reported by the health visitors, who are becoming increasingly aware of the help which can be given them with their problems. The District Nursing Service and Home Help Sections have been ever ready to help the department with the "border-line" case, either to avoid admission to hospital or in the after-care of patients discharged from hospital.

It is of interest to note below the percentage of the ward populations of the City admitted to hospital for mental treatment, although these figures can only be approximate.

| | | | | | |
|--------------------|------|--------------------|------|-----------------|------|
| Armstrong | .298 | Heaton | .265 | Scotswood | .251 |
| Arthurs Hill | .250 | Jesmond | .342 | Stephenson..... | .411 |
| Benwell | .218 | Kenton | .203 | Walker | .282 |
| Byker | .365 | St. Anthony's..... | .252 | Walkergate..... | .182 |
| Dene | .267 | St. Lawrence | .267 | Westgate | .384 |
| Elswick | .216 | St. Nicholas | .465 | | |
| Fenham | .288 | Sandyford | .236 | | |

This year the number of cases of mental defectives reported has increased, principally from cases referred by the Education Department. This is welcome as the modern approach is essentially preventive with early ascertainment so important in early care and training. It is also a great advantage, particularly to parents of low grade children who, when their children are notified, are thus not debarred from certain forms of help which are available. Moreover, ascertainment is important to the Local Authority in planning for future needs.

Health publicity and talks (some with cine films) to various organisations were given to reduce public fears and misunderstandings, and to increase knowledge about mental illness and disorder and mental deficiency, and with particular emphasis on the future of the service in view of new legislation impending.

The subject of Mental Health was ambitiously dealt with in the Annual Health Exhibition held in the Flower Show. The duties of the Local Health Authority and the hospitals were portrayed and the needs of the infant and child, the young adult and the aged, were outlined.

Regular monthly conferences take place between the medical staff and the senior authorised officers, including the staff of the Occupation and Adult Training Centres.

The importance and need for training mental defectives is becoming more fully appreciated, although cases are still being notified through the courts, police, probation services and voluntary bodies. Two of the 4 new cases (males) so notified appeared before the courts charged with larceny and an order was made in one case under Section 8.

Temporary hospital accommodation, a great boon to families during a time of emergency in the home, or enabling them to have

a holiday, is increasingly utilized in mental deficiency hospitals for varying periods under Ministry of Health Circular 5/52 as the following figures show, although several children could not be catered for:—

| | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|---------------|------|------|------|------|------|------|------|
| Males | 6 | 10 | 20 | 12 | 17 | 22 | 22 |
| Females | 11 | 13 | 15 | 17 | 17 | 14 | 24 |
| | — | — | — | — | — | — | — |
| | 17 | 23 | 35 | 29 | 34 | 36 | 46 |
| | — | — | — | — | — | — | — |

In January the Ministry of Health issued Circular 2/58, which provides, inter alia, for the informal admission of patients to mental deficiency hospitals, in suitable cases, without the use of procedures for authorised detention. All cases already in hospital were to be reviewed, to ascertain which could suitably remain in hospital without being subject to detention, but this did not quicken admission to hospital for those on waiting lists, whilst of the Newcastle cases reviewed and retained in hospital informally, only two elected to take their discharge, and of these, one had to be returned under detention order within a few months. Of the 29 hospital admissions throughout the year, 24 were admitted informally under the above Circular.

Under Section 8 of the Education (Miscellaneous Provisions) Act 1948 a male child was referred back to the Education Department.

Much reference is being made to the use of hostels to enable suitable cases to be retained in community care, instead of being sent to hospital, as often happens, for example, on the death of the last surviving parent of able-bodied patients, and it is of interest to state that of the patients admitted informally to hospital during this year, ten would have been suitable for such accommodation.

Care of the Aged.

The problem of senile dementia may be eased under new legislation permitting admission to hospital without certification, but it is one of increasing difficulty. Sufficient facilities for temporary care would be of great assistance where the shorter term problems arise.

(b) UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890-1940, BY DULY AUTHORISED OFFICERS/MENTAL HEALTH STAFF:

Being the main hospital centre of the area, 90 cases living outside Newcastle were required to be dealt with by the authorised officers in the city as stated below, although not all of these have been referred to hospital.

| | | | |
|----------------------|----|----------------------|---|
| Durham | 16 | Tynemouth..... | 2 |
| Northumberland | 40 | Yorkshire | 1 |
| Gateshead | 9 | Scotland | 3 |
| Middlesbrough | 1 | Other areas | 8 |
| South Shields | 1 | No fixed abode | 9 |

Admissions to hospital arranged by the duly authorised officers have risen by 9% and there was a 10% increase in voluntary admissions. This has been facilitated by the new Psychiatric Unit at Newcastle General Hospital and the new Collingwood Clinic at St. Nicholas Hospital. Throughout the year there has been virtually no waiting list.

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

| Admissions, 1958. | Psychiatric Unit, General Hospital. | | St. Nicholas Hospital. | | Other Hospitals. | | Totals. | |
|--|-------------------------------------|------|------------------------|------|------------------|------|---------|------|
| | 1958 | 1957 | 1958 | 1957 | 1958 | 1957 | 1958 | 1957 |
| Under Section 20— By duly authorised officers | 229 | 205 | 319 | 262 | 14 | 4 | 562 | 471 |
| Under Section 21— Magistrates' Order... | — | — | 3 | 6 | — | — | 3 | 6 |
| Certified at home before admission ... | — | — | 82 | 111 | 8 | 10 | 90 | 121 |
| Under Magistrate's Courts Act 1952 | | | | | | | | |
| Certified | — | — | 3 | 4 | 1 | 2 | 4 | 6 |
| Voluntary | — | — | 7 | — | — | — | 7 | — |
| Under the Mental Treatment Act, 1930 | | | | | | | | |
| Voluntary cases ... | 149 | 163 | 219 | 169 | 2 | 1 | 370 | 333 |
| Temporary cases ... | — | — | 1 | — | — | — | 1 | — |
| | 378 | 368 | 634 | 552 | 25 | 17 | 1037 | 937 |

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 1951-1958:—

| Year. | 1958 | 1957 | 1956 | 1955 | 1954 | 1953 | 1952 | 1951 |
|---|------|------|------|------|------|------|------|------|
| Annual admissions to mental hospitals | 1037 | 937 | 642 | 542 | 613 | 639 | 677 | 703 |
| Cases dealt with under order by the duly authorised officers..... | 565 | 477 | 332 | 266 | 311 | 365 | 411 | 434 |
| Domiciliary certifications before admission | 90 | 121 | 113 | 108 | 120 | 124 | 118 | 99 |

SUMMARY OF DISPOSAL OF HOSPITAL CASES.

| | Psychiatric Unit, General Hospital. | | St. Nicholas Hospital. | | Other Hospitals. | | Total. | |
|---|--|------------|------------------------|------------|------------------|----------|------------|------------|
| | 1958 | 1957 | 1958 | 1957 | 1958 | 1957 | 1958 | 1957 |
| To Mental Hospitals— | | | | | | | | |
| (a) Certified cases removed | 10 | 10 | 41 | 32 | 2 | 1 | 53 | 43 |
| (b) Transfers from Sec. 20 to Voluntary Class | 184 | 113 | 232 | 185 | 8 | — | 424 | 298 |
| (c) Transfers from Sec. 20 to Temporary Class | — | — | 1 | — | — | — | 1 | — |
| | <u>194</u> | <u>123</u> | <u>274</u> | <u>217</u> | <u>10</u> | <u>1</u> | <u>478</u> | <u>341</u> |
| | — | — | — | — | — | — | — | — |
| | | | | | | | Total. | |
| | | | | | | | 1958 | 1957 |
| To Home or Hospital from Section 20— | | | | | | | | |
| (a) From Psychiatric Unit | | | | | | | 33 | 29 |
| From St. Nicholas Hospital | | | | | | | 32 | 27 |
| (b) Died in Hospital— | | | | | | | | |
| Psychiatric Unit | | | | | | | 2 | — |
| St. Nicholas Hospital | | | | | | | 115 | 97 |
| (c) Discharges from Hospital— | | | | | | | | |
| Psychiatric Unit | | | | | | | 139 | 139 |
| St. Nicholas Hospital | | | | | | | 504 | 428 |
| | | | | | | | <u>825</u> | <u>720</u> |
| | | | | | | | — | — |

In addition to the above, investigations were carried out in 320 cases compared with 253 cases in 1957 and 349 in 1956.

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

The problem of finding hospital accommodation for mental defectives still remains difficult, despite which an increase in admissions was secured in 1958. Figures for the waiting list at the end

of 1958, the annual hospital admissions, and the total cases ascertained yearly, are given below. Of the 29 hospital admissions 24 were by informal arrangements and only 5 under order.

| Year. | 1958 | 1957 | 1956 | 1955 | 1954 | 1953 | 1952 | 1951 | 1950 |
|-----------------------|------|------|------|------|------|------|------|------|------|
| Waiting List | 13 | 19 | 42 | 51 | 38 | 80 | 75 | 79 | 69 |
| (Males) | (9) | (12) | (28) | (31) | (24) | (46) | (41) | (38) | (31) |
| Hospital Admissions | 29 | 29 | 22 | 21 | 25 | 32 | 26 | 45 | 32 |
| Males | (12) | (17) | (9) | (10) | (11) | (15) | (17) | (25) | (15) |
| Cases ascertained ... | 71 | 53 | 67 | 60 | 90 | 55 | 59 | 55 | 89 |
| (Males) | (44) | (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. | | Total. | |
|---|--------|------|----------|------|--------|------|
| | 1958 | 1957 | 1958 | 1957 | 1958 | 1957 |
| Cases awaiting vacancies in institutions | 9 | 12 | 4 | 7 | 13 | 19 |
| Cases removed to hospital..... | 12 | 17 | 17 | 12 | 29 | 29 |
| Cases ascertained | 44 | 32 | 27 | 21 | 71 | 53 |
| Cases reported | 49 | 36 | 29 | 24 | 78 | 60 |
| Percentage of ascertained to reported cases | — | — | — | — | 91.0 | 88.3 |

SOURCES OF CASES REPORTED TO THE MENTAL DEFICIENCY SECTION.

| | Males. | | Females. | | Totals. | |
|----------------------------|--------|------|----------|------|---------|------|
| | 1958 | 1957 | 1958 | 1957 | 1958 | 1957 |
| Education Department | 37 | 26 | 25 | 19 | 62 | 45 |
| Board of Control | 1 | 2 | — | 1 | 1 | 3 |
| Police and Courts | 1 | 3 | — | — | 1 | 3 |
| Probation Service | 2 | 1 | — | — | 2 | 1 |
| Prison Officers | 1 | 1 | — | 1 | 1 | 2 |
| Other Sources | 7 | 3 | 4 | 3 | 11 | 6 |
| | 49 | 36 | 29 | 24 | 78 | 60 |

The 62 cases reported by the Local Education Authority, referred to in the preceding table as defectives "subject to be dealt with" are analysed as follows:—

| | Under 16 years of age. | | | Over the age of 16 years. | | |
|--|------------------------|----|--------|---------------------------|----|--------|
| | M. | F. | Total. | M. | F. | Total. |
| (i) While at school or liable to attend school | 8 | 7 | 15 | — | — | — |
| (ii) On leaving special schools | 12 | 4 | 16 | 17 | 11 | 28 |
| (iii) On leaving ordinary schools | — | 3 | 3 | — | — | — |
| TOTALS | 20 | 14 | 34 | 17 | 11 | 28 |

DISPOSAL OF REPORTED CASES BY THE MENTAL DEFICIENCY SECTION.

| | Males. | | Females. | | Totals. | |
|--|--------|------|----------|------|---------|------|
| | 1958 | 1957 | 1958 | 1957 | 1958 | 1957 |
| To hospitals | 3 | 5 | 4 | 3 | 7 | 8 |
| To statutory supervision | 41 | 25 | 23 | 18 | 64 | 43 |
| To voluntary supervision | — | 1 | — | — | — | 1 |
| To Place of Safety | — | 1 | — | — | — | 1 |
| Action incomplete | 1 | 3 | — | 3 | 1 | 6 |
| Found not defective | 1 | 1 | 2 | — | 3 | 1 |
| Found not subject to be dealt with | 3 | — | — | — | 3 | — |
| | 49 | 36 | 29 | 24 | 78 | 60 |

(ii) Guardianship and Supervision.

No change in the previous arrangements is reported and two cases under guardianship were discharged from their order.

Of those under supervision, 109 males and 34 females are in employment of various kinds. In 1958 no application was made to obtain a guardianship order.

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

| | Males. | | Females. | | Totals. | |
|---|--------|------|----------|------|---------|------|
| | 1958 | 1957 | 1958 | 1957 | 1958 | 1957 |
| Total cases under— | | | | | | |
| Statutory Supervision | 301 | 270 | 238 | 229 | 539 | 499 |
| Voluntary Supervision | 25 | 18 | 17 | 9 | 42 | 27 |
| Guardianship | — | 1 | — | 1 | — | 2 |
| No. of Statutory Visits paid | — | — | — | — | 1020 | 1029 |
| Home and progress reports to hospitals after visiting | — | — | — | — | 102 | 143 |
| No. of petitions presented* | 3 | 13 | 1 | 11 | 4 | 24 |
| City Cases— | | | | | | |
| In mental deficiency hospitals under order | 98 | 301 | 121 | 244 | 219 | 545 |
| informally..... | 187 | | 121 | | 308 | |

* In only a few cases orders were made for sending patients to Mental Deficiency Hospitals as informal admission was used whenever possible.

(iii) Occupation and Training.

(a) *Occupation Centre, Jubilee Road.*

Whilst the Centre has provided an increasing variety of training, this is continually reviewed. There were 8 classes operating at the end of the year including two nursery classes and one for females aged 16 years and over. Of 106 on the register at the end of the year, 80 were children under 16 years of age, of which 50 were boys, whilst 26 were females older than this, of which 4 attended part-time.

Attendances are very good, no doubt assisted by the fact that the majority travel with escorts to and from the Centre by Ambulance Service transport. Tokens are provided for most of the adult females (and males from the Adult Male Centre), who travel by public transport. Holidays are as for primary schools.

Children.

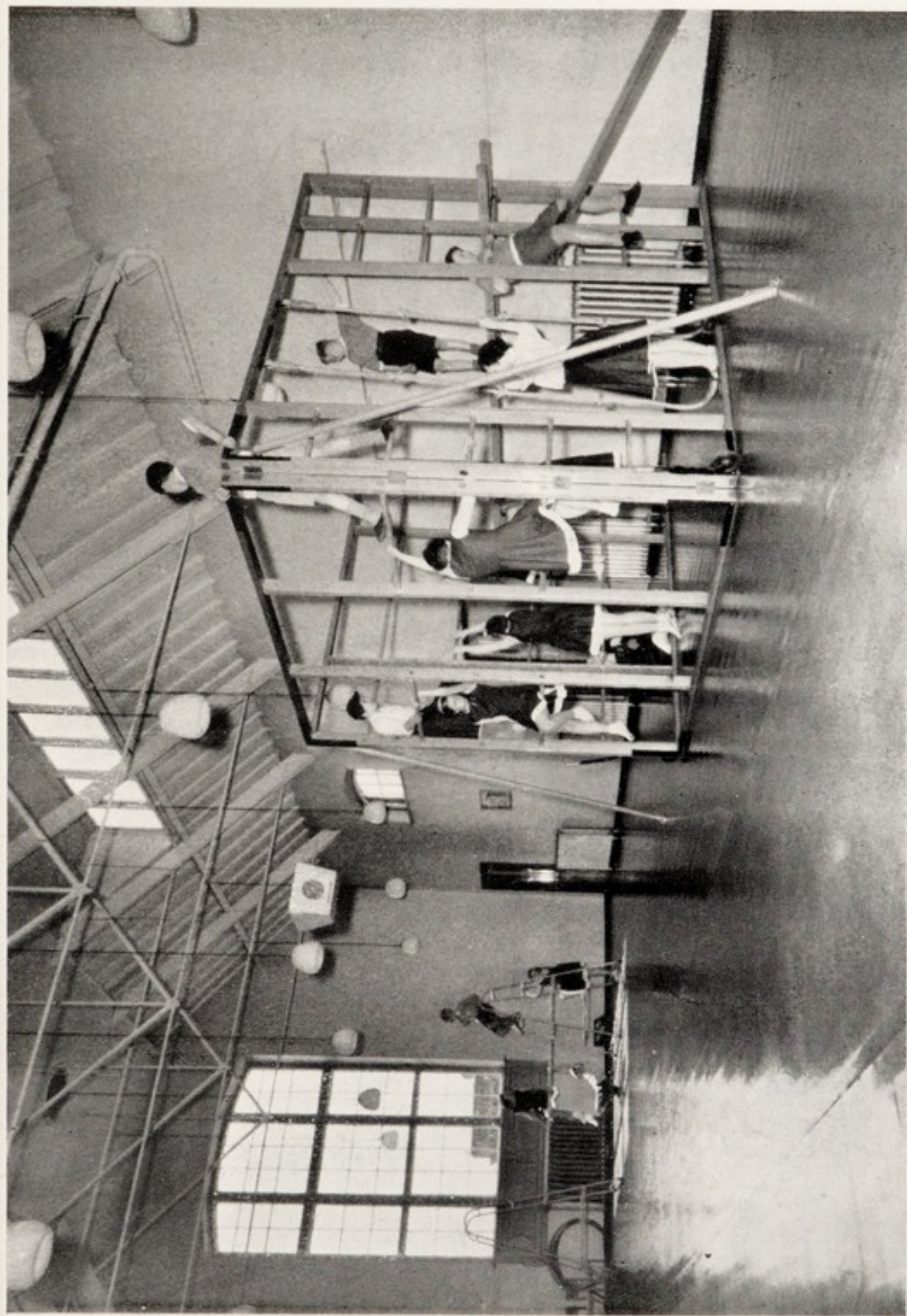
The main development is in the physical activities made possible by a portable climbing apparatus which is hinged from the wall to enable rapid positioning on the floor of the main hall, and up to 15 children can use it at once. It is a great success and an illustration is shown in this section of the report with other photographs.



Handwork period for older girls in the Occupation Centre.



Main Work Room in the Adult Female Training Centre.



View of Physical Activities in the Main Hall of the Occupation Centre, using various apparatus.



View down one of the corridors of the Occupation Centre.

Female Adults.

These are catered for in a training group which can accommodate up to 30 persons, and which is in separate but adjacent accommodation, and a homecraft section will provide a flatlet and facilities for elementary cookery and laundry, when completed in 1959. The oldest girls in the Occupation Centre will also use it to learn the elements of instruction before transfer to the adult group at the age of 16 years.

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

The Supervisor is now assisted by a trained joiner and the number of trainees has increased to 28. The trainees receive school meals, and for the occasional social meetings, join the adult females at the Occupation Centre. The centre, which has four weeks holiday throughout the year, is commodious and could take up to 40 trainees. The training has been increased and includes visits to a nearby swimming bath.

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. The source of city patients attending for 1956, 1957 and 1958 is shown below. The figures show a fall over these three years.

| | 1958 | 1957 | 1956 |
|---|-----------|-----------|-----------|
| General practitioners | 246 | 268 | 360 |
| Probation officers..... | 15 | 20 | 23 |
| School Health Service | 38 | 32 | 42 |
| Ex-hospital in-patients follow-up | 151 | 146 | 76 |
| Duly authorised officers | 8 | 5 | 19 |
| Others | 4 | 12 | 3 |
| | <hr/> 462 | <hr/> 483 | <hr/> 523 |

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

This clinic is now discontinued as cases are referred to hospital out-patient clinics or are assessed while in temporary hospital care.

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 has been extended to provide for 327 persons (176 male, 151 female). In addition 38 persons are accommodated by other local or voluntary organisations.

The Committee provides for a wide range of aged and handicapped persons as will be seen from the following table.

| Description of Persons. | Establishments administered by Welfare Committee. | | Accommodation provided by other Local Authorities. | | Accommodation provided by Voluntary Organisations. | |
|---|---|-----|--|----|--|----|
| | M. | F. | M. | F. | M. | F. |
| 1. Aged | | | | | | |
| (a) but not materially handicapped by infirmity | 47 | 25 | — | 1 | 14 | 11 |
| (b) and physically or mentally handicapped | 82 | 82 | — | — | — | — |
| 2. Blind | 7 | 15 | — | — | 1 | 3 |
| 3. Deaf or Dumb | 3 | 2 | — | — | 2 | — |
| 4. Epileptic | 10 | — | — | 2 | 1 | 1 |
| 5. Physically infirm (not being aged) | 15 | 2 | — | — | — | 1 |
| 6. Mentally infirm (not being aged) | 12 | 25 | — | — | — | 1 |
| | 176 | 151 | — | 3 | 18 | 17 |

During 1958 114 persons were admitted to accommodation provided by the Committee, 68 direct from their own home or the home of a relative and 29 transferred from Geriatric Wards in hospitals, the remainder from various other sources.

On the waiting list for residential accommodation at the end of the year were a large number of elderly persons known to be in urgent need. These persons have been supported in their own

homes by the staff of the Welfare Department making approximately 2,600 domiciliary visits and assisted by district nurses, health visitors, bath orderlies and home helps working a closely integrated service. In many ways, voluntary organisations have given assistance, such as 'Meals of Wheels,' visiting and the like.

Welfare of Blind Persons.

There are 325 males and 377 females on the blind register and 79 males and 77 females on the partially sighted register.

Two cases of ophthalmia neonatorum were notified during the year. Seventy applications for admission to the blind register, after being examined by the Consultant Ophthalmologist were classified blind 34, partially sighted 22, not blind 14.

Although the services provided for the blind persons in the City have been previously reported, emphasis should be placed on the work of the six home teachers whose duties include the ascertainment of cases, their needs, visiting, instruction in reading and writing of embossed literature, etc. The seven social centres established in the City meet a very real need for the blind people and provide instruction in simple handicrafts, outings, entertainments, etc. An interesting exhibition was held in December and was well attended by the general public.

It is also interesting to note that 34 blind persons are employed in open industry in addition to the 72 registered blind persons provided with employment at the Workshops for the Blind in Whickham View, Newcastle upon Tyne.

Welfare of the Deaf and Dumb.

There are 228 registered deaf or dumb persons residing in the City and their welfare is looked after by three voluntary organisations acting as agents for the Welfare Committee, to whom grants of nearly £2,000 are made each year.

These organisations have their own social centres in the City where all forms of special activities are arranged.

Of the 115 persons available for employment, only two men are unemployed.

Welfare of Other Handicapped Persons.

There are 291 persons on the register, 12 of whom are in residential homes in the City. The work of the Social Centre in the west

end continues and is a great help in providing occupation and training for a number of the more severely handicapped, but it has not yet been possible to provide a similar Centre in the east end.

Twelve severely handicapped people had a holiday provided by the Committee at Westgate in Weardale.

General Facilities.

The 'Meals on Wheels' service continues to provide slightly over 700 old people per month with a hot meal but it should be said that in spite of the good work of the Women's Voluntary Service the need of old people has not yet been really met.

There are 35 Old People's Clubs operating in the City with a membership of over 4,000. These Clubs are organised by voluntary societies such as the Women's Voluntary Service, the Council of Social Service, and various church and other organisations. The Clubs meet generally once a week and the members take a keen interest in their organisation.

It was not necessary to take action under Section 47 of the National Assistance Act, 1948, during the year.

PREVALENCE, PREVENTION AND CONTROL.

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

Report by the Committee on the Prevention of Disease.

III—INFECTIOUS DISEASE

FEVERS, FOOD POISONING
DISINFECTION, etc.

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

(Figures in parenthesis refer to 1957).

There were 3,603 (^{8,175}~~7,829~~) confirmed notified cases of infectious disease inclusive of 343 cases of tuberculosis. Table A (page 112) shows cases and deaths by age groups and hospital admissions. Table B (page 113) 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 the incidence continuing from the end of the previous year, and under the heading of diphtheria it is regrettable to report the presence of diphtheria in the city after seven years of freedom. In previous reports the need to protect children against this dangerous infectious disease has been emphasized and this must be done again.

Of 163 (¹³¹~~132~~) deaths in 1958 from notifiable infective conditions, there were 147 (112) from pneumonia (non influenzal) and 10 (17) from influenzal pneumonia. There were 6 deaths additionally, 3 due to meningococcal infection and 1 each due to diphtheria, acute infective encephalitis and food poisoning.

Cases continued to be visited as before. No schools were closed in 1958 because of infectious disease. Surveillance was given to 9 contacts of typhoid fever as a result of information received from an adjacent local authority and to 2 further contacts of typhoid notified from the Port Health Authority in London.

Chickenpox.

There were 2,007 (1,085) cases notified in 1958 with the main incidence falling between April and August and peaks of 76, 78 and 102 cases a week in April, July and December. There were 41 cases aged 15-25 years and 32 in the 25-45 year age group.

Diphtheria.

On the 4th of December a girl aged 11 years died from diphtheria caused by a virulent 'mitis' type of organism. The child was one of a large family, none of whom had been immunised. With the approval of the general practitioner arrangements were made immediately to take nasal and throat swabs from all members of the family, and also from near relatives and close contacts and to advise them to be immunised.

In addition immunisation was offered to, and the swabbing of nose and throat was carried out on all class contacts at the school where the child had attended, with almost 100% acceptance of immunisation, and all absentees were followed up similarly and swabbed as thought necessary.

Five families, all living nearly in the same road, including the family of the child that died, were investigated by medical or health visiting staff. The remainder of the estate was visited by the health visitors of the area, and immunisation advised for children not already done, especially in view of the low immunisation rate found in that particular neighbourhood.

There were no other cases of diphtheria resulting nor were there any carriers found, but the older sister who had some few weeks before been ill with a sore throat which was still not normal in appearance, was found to have a positive throat swab and was sent to hospital for observation and treatment as a presumptive case.

Despite considerable effort the existence of the infection was not demonstrated outside the family concerned and here the appreciation for the ready assistance of the Public Health Laboratory is readily acknowledged.

Immunisation particulars are given on page 68.

Dysentery.

Of 107 (231) cases confirmed, all of mild Sonne type, investigation and bacteriological tests revealed that 36 of the contacts were faecal carriers, and surveillance and tests were continued until they were found to be free from infection. Three of the carriers were employed in handling food but it was not considered necessary to exclude them from their work. There were 8 cases admitted to

hospital. Incidence was spread over the year with most cases reported in early November. There was practically no infection found in the day nurseries.

Encephalitis.

One death was reported.

Enteric Fever.

There were 2 cases of typhoid and 2 of paratyphoid B. all admitted to hospital. The former were infected whilst on holiday in Spain but the source of infection of the latter was not discovered. No secondary cases or carriers resulted and there was a wide follow up of many contacts, especially for the cases of typhoid. The 4 cases occurred from August to October.

Erysipelas.

All 14 (24) notified cases were nursed at home.

Food Poisoning.

There were 31 (21) cases confirmed with 1 death, and 14 were admitted to hospital. Cases were spread over the year and there were 3 outbreaks.

The first involved 5 persons believed to have been infected from a meal taken at a cafe outside the city, but the casual organism was not identified.

Cl. Welchii was responsible for a second outbreak which occurred at a dining hall in the city, where 7 members of the catering staff who were affected were found to be excreting this organism. Bacteriological tests were carried out until they were found to be free from infection, the probable source of which was steak and kidney pie.

The third outbreak was probably caused by Cl. Welchii also. It occurred in a city hotel affecting all but one of 24 members of a dinner party and the probable vehicle of infection was sausage meat. One member of the kitchen staff was found to be excreting the causal organism, with pathogenic staphylococci present in the nose and throat; and another member had staphylococci present in the nose.

The remainder of the cases were single ones caused by various salmonella organisms, but despite investigation the source of infection could not be determined.

Influenza.

The influence of asian influenza, which was specially reported upon in last year's report, continued into 1958 when there were 10 deaths in 21 cases of influenzal pneumonia, compared with 17 deaths in 60 cases in 1957, which suggests an increase in virulence. The distribution of cases was not even over the city, 8 wards having no cases. Certain categories of health department staff were vaccinated with influenza vaccine and 48 individuals received 2 injections whilst 23 did not attend for their second dose.

Measles and Rubella.

Health visitors visited all the 263 notified cases of measles which occurred in slight incidence up till December when three fifths of the cases occurred in steeply rising degree. The 142 notified cases of rubella were spread over the year.

Meningococcal Infection.

Of 6 (8) confirmed cases 5 were admitted to Walkergate Hospital and 1 to the Royal Victoria Infirmary. The cases occurred in the first half of the year and there were 3 deaths.

Pneumonia, including Influenzal Pneumonia.

Health visitors visited all 152 (246) cases which occurred fairly evenly over the year and which included 21 (60) cases of influenzal pneumonia which occurred especially in the early part of the year.

Poliomyelitis, Polioencephalitis.

Only 3 cases of poliomyelitis were notified. These were paralytic cases and all were nursed at home. They occurred in January, May and August. Much work has been done in providing facilities for immunisation which is referred to on page 70 and there has been close liaison with the family doctors etc.

Puerperal Pyrexia.

There were 34 cases but no deaths.

Scarlet Fever.

The 130 (156) notified cases, were all mild in type, and all were nursed at home. There were 4 households with 2 cases and one with 3 cases. Incidence was fairly even over the year.

Whooping Cough.

There were 361 (261) cases notified, 241 being under 5 years and 117 between 5-15 years. Particulars as to immunisation are given on page 69. Incidence increased in the second half of the year. The quarterly totals were:—27, 35, 134, 165.

Summary of work done by Public Health Inspectors.

| | 1958 | 1957 | 1956 |
|--|-------|-------|-------|
| Visits paid | 2,595 | 2,610 | 1,792 |
| Visits to non-notifiable infectious disease..... | 72 | 102 | 118 |
| Total disinfections | 86 | 99 | 173 |
| Specimens examined bacteriologically | 645 | 692 | 297 |
| Visits in respect of tuberculosis | 367 | 467 | 681 |
| Disinfection for cases of tuberculosis | 254 | 265 | 446 |

ADMISSIONS OF CITY PATIENTS TO WALKER GATE HOSPITAL.

Details of 504 (528) admissions and 29 (21) deaths for 1958 are as follows:—

| Disease. | Cases. | Deaths. | Disease. | Cases. | Deaths. |
|---|--------|---------|--------------------------------|--------|---------|
| Diphtheria infection | 1 | 1 | Alimentary diseases | 39 | — |
| Dysentery | 11 | — | Blood diseases | 3 | — |
| Epidemic cerebro spinal meningitis | 6 | 1 | Cardio-vascular diseases | 33 | 11 |
| Enteric fever | 4 | — | Genito-urinary diseases ... | 13 | — |
| Erysipelas | — | — | Respiratory diseases | 106 | 4 |
| Gastro enteritis | 22 | 1 | Meningitis & encephalitis | 12 | — |
| Glandular fever | 2 | — | Nasopharyngeal infections | 3 | — |
| Influenza | 1 | — | New growths | 7 | 3 |
| Measles | 5 | — | Rheumatism | 6 | — |
| Mumps | — | — | Sepsis & skin conditions | 28 | — |
| Pertussis | 12 | 1 | Tonsillitis, etc. | — | — |
| Pneumonia | 77 | 8 | Tuberculosis—pulmonary | 8 | — |
| Poliomyelitis | 1 | — | meningeal | 5 | — |
| Puerperal fever | 2 | — | other | 1 | — |
| Salmonella infections | 18 | — | No abnormality found ... | 24 | — |
| Scarlet fever | — | — | Healthy persons | 3 | — |
| Varicella | 5 | — | Unclassified | 46 | — |

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 1958 AND ADMISSIONS
 TO HOSPITAL.

| NOTIFIABLE DISEASE. | Hospital Admissions. | 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. | | 1958. | | 1957. | | |
| | | 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 | 1 | 1 | .. | 1 | .. | 1 | .. | .. | 41 | .. | .. | .. | .. | .. | .. | .. | .. | 3 | .. | 3 | .. | |
| Chickenpox | 5 | 71 | .. | 615 | .. | 1248 | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 2 | 1 | 1085 | .. | |
| Diphtheria | 1 | .. | .. | .. | .. | 30 | .. | .. | 7 | .. | .. | .. | .. | .. | .. | .. | .. | 107 | .. | 231 | .. | |
| Dysentery | 11 | 4 | .. | 48 | .. | 1 | .. | .. | 2 | .. | .. | .. | .. | .. | .. | .. | .. | 4 | .. | 2 | .. | |
| Enteric fever | 4 | .. | .. | .. | .. | 1 | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 14 | .. | 24 | .. | |
| Erysipelas | .. | .. | .. | .. | .. | 2 | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 31 | 1 | 21 | .. | |
| Food poisoning | 18 | 5 | .. | 4 | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | .. |
| Infectious encephalitis | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Malaria | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 2 | .. | .. | .. | .. |
| Measles | 5 | 17 | .. | 134 | .. | 107 | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 263 | .. | 5531 | .. | .. |
| Meningococcal infections | 6 | 2 | 3 | 3 | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 6 | 3 | 8 | 1 | .. |
| Ophthalmia neonatorum | .. | 2 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | .. | 1 | .. | .. |
| Pneumonia | 77 | 2 | 12 | 6 | .. | 8 | .. | .. | 12 | .. | .. | .. | .. | .. | .. | .. | .. | 131 | 147 | 186 | 112 | .. |
| Pneumonia (influenzal) | 1 | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 21 | 10 | 60 | 17 | .. |
| Puerperal pyrexia | 2 | .. | .. | .. | .. | .. | .. | .. | 15 | .. | .. | .. | .. | .. | .. | .. | .. | 34 | .. | 70 | .. | .. |
| Rubella | .. | 6 | .. | 59 | .. | 70 | .. | .. | 5 | .. | .. | .. | .. | .. | .. | .. | .. | 142 | .. | 190 | .. | .. |
| Scarlet fever | .. | 2 | .. | 47 | .. | 80 | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | 130 | .. | 156 | .. | .. |
| Whooping cough | 12 | 57 | .. | 184 | .. | 117 | .. | .. | 2 | .. | .. | .. | .. | .. | .. | .. | .. | 361 | .. | 261 | .. | .. |
| Totals | 143 | 169 | 16 | 1101 | .. | 1665 | 1 | 91 | .. | 121 | 4 | 77 | 24 | 36 | 118 | .. | .. | 3260 | 163 | 7829 | 131 | .. |

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

| WARD. | Acute Influenzal Pneumonia. | | Chickenpox. | Diphtheria. | Dysentery. | Enteric Fever | Erysipelas. | Food Poisoning | Infectious Encephalitis | Malaria | Measles. | Meningococcal Infections. | Ophthalmia Neonatorum. | Pollomyelitis. | Puerperal Pyrexia. | Rubella. | Scarlet Fever. | Tuberculosis (all forms). | Whooping Cough. | DEATHS. | | | |
|--------------------|-----------------------------|--------------------------|-------------|-------------|------------|---------------|-------------|----------------|-------------------------|---------|----------|---------------------------|------------------------|----------------|--------------------|----------|----------------|---------------------------|-----------------|------------|------------|-----------|-------------------------|
| | Acute Influenzal Pneumonia. | Acute Primary Pneumonia. | | | | | | | | | | | | | | | | | | Total 1958 | Total 1957 | Pneumonia | Tuberculosis all forms. |
| St. Nicholas | .. | 4 | 32 | .. | 5 | .. | .. | .. | .. | .. | 10 | .. | 1 | .. | 1 | 9 | 1 | 11 | 9 | 83 | 294 | 4 | 3 |
| Kenton | 2 | 19 | 443 | .. | 8 | .. | 4 | 1 | .. | .. | 49 | .. | .. | 1 | 4 | 21 | 20 | 37 | 52 | 661 | 1176 | 9 | 4 |
| Scotswood | 5 | 15 | 150 | .. | 10 | .. | 1 | 1 | .. | .. | 8 | .. | .. | .. | 2 | 7 | 8 | 19 | 16 | 244 | 560 | 7 | 2 |
| Stephenson | 1 | 6 | 199 | .. | 3 | .. | 1 | .. | .. | 1 | 21 | 1 | 1 | .. | 4 | 3 | 11 | 31 | 31 | 314 | 487 | 4 | 4 |
| Armstrong | 1 | 6 | 112 | .. | 1 | .. | .. | 2 | .. | .. | 31 | .. | .. | .. | 5 | 5 | 3 | 27 | 33 | 226 | 507 | 9 | 5 |
| Elswick | .. | 5 | 54 | .. | 3 | 1 | 1 | 1 | .. | .. | 5 | .. | .. | .. | 2 | 11 | 6 | 16 | 23 | 128 | 436 | 7 | 1 |
| Westgate | .. | 1 | 60 | .. | 2 | .. | .. | 2 | .. | .. | 13 | .. | .. | .. | 2 | 5 | .. | 18 | 13 | 121 | 493 | 11 | 1 |
| Arthurs Hill ... | 1 | 6 | 53 | .. | 4 | .. | 1 | .. | .. | .. | 12 | .. | .. | .. | .. | 8 | 4 | 13 | 26 | 128 | 401 | 8 | .. |
| Benwell | 2 | 9 | 169 | 2 | 8 | .. | 1 | 4 | .. | .. | 9 | .. | .. | .. | 2 | 13 | 7 | 27 | 32 | 285 | 557 | 10 | 2 |
| Fenham | 1 | 10 | 108 | .. | 9 | 1 | .. | 1 | .. | 1 | 54 | .. | .. | 1 | 3 | 11 | 11 | 12 | 22 | 245 | 515 | 2 | 2 |
| Sandyford | .. | 3 | 35 | .. | 6 | .. | .. | .. | .. | .. | 5 | .. | .. | .. | .. | 5 | 2 | 11 | 7 | 74 | 200 | 11 | .. |
| Jesmond | 1 | 3 | 45 | .. | 6 | .. | 1 | 1 | .. | .. | 8 | .. | .. | .. | .. | 14 | 13 | 15 | 5 | 112 | 353 | 9 | 1 |
| Dene | 2 | 1 | 99 | .. | 8 | .. | 1 | 5 | .. | .. | 3 | 1 | .. | .. | .. | 3 | 7 | 8 | 18 | 156 | 294 | 5 | .. |
| Heaton | 3 | 8 | 69 | .. | 6 | .. | 2 | .. | .. | .. | 8 | .. | .. | .. | .. | 8 | 10 | 13 | 7 | 134 | 262 | 3 | 1 |
| Byker | 2 | 10 | 68 | .. | 8 | .. | .. | 1 | .. | .. | 6 | 1 | .. | .. | 5 | 3 | 7 | 15 | 26 | 152 | 389 | 13 | 1 |
| St. Lawrence ... | .. | 8 | 116 | .. | 8 | .. | .. | .. | .. | .. | 3 | 1 | .. | .. | 1 | 7 | 9 | 11 | 11 | 175 | 346 | 4 | 1 |
| St. Anthony's .. | .. | 4 | 85 | .. | 8 | .. | .. | 4 | .. | .. | 10 | 1 | .. | 1 | 2 | 2 | 4 | 17 | 7 | 145 | 241 | 13 | .. |
| Walker | .. | 6 | 80 | .. | 2 | 1 | .. | 1 | .. | .. | 6 | 1 | .. | .. | .. | 4 | 5 | 29 | 18 | 153 | 464 | 10 | 2 |
| Walkergate | .. | 7 | 30 | .. | 2 | .. | 1 | 1 | .. | .. | 2 | .. | .. | .. | 1 | 3 | 2 | 13 | 5 | 67 | 200 | 8 | 1 |
| Total 1958 .. | 21 | 131 | 2007 | 2 | 107 | 4 | 14 | 31 | .. | 2 | 263 | 6 | 2 | 3 | 34 | 142 | 130 | 343 | 361 | 3603 | .. | 147 | 31 |
| Total 1957 .. | 60 | 186 | 1085 | .. | 231 | 2 | 24 | 21 | .. | .. | 5531 | 8 | 1 | 3 | 70 | 190 | 156 | 346 | 261 | .. | 8175 | 112 | 36 |

SPECIAL SKIN CLINIC.

The Skin Clinic at Churchill Street was closed during July and August, because of falling attendances, and re-opened in early September in smaller accommodation (providing two baths), next to the Male Training Centre at Jubilee Road, and approached from Grenville Street. There is one male attendant, and a bath orderly treats women and children on certain afternoons. Attendances are by appointment through the general office of the Health Department.

In 1958 of 278 people attending there were 240 males and 38 females. There were 220 cases of pediculosis (78.4% of total attendances) (5 females), and 56 cases of scabies (32 females), and two of flea infestations.

AGE DISTRIBUTION OF CASES.

| | 1955 | 1956 | 1957 | 1958 |
|-------------------------|------|------|------|------|
| 0—1 year | 2 | 1 | 2 | 2 |
| 1—5 years | 22 | 9 | 20 | 15 |
| 5—15 years | 30 | 39 | 43 | 19 |
| 15 years and over | 512 | 492 | 514 | 244 |

SOURCE OF CASES.

| | | | |
|--------------------------------|-----|---------------------------------|----|
| Prudhoe Street Mission | 125 | Welfare Department | 16 |
| Salvation Army | 38 | Health Department | 14 |
| Self referred | 34 | National Assistance Board | 4 |
| Doctors' referrals | 27 | School Health Service | 2 |
| Newcastle General Hospital ... | 13 | Other sources..... | 5 |

GENERAL OBSERVATIONS.

No condition required special baths or reference back to the referring doctor. Three cases were treated at home. No case was treated for another local authority. Of the pediculosis cases there were only 7 head infestations and no pubic infestations. Almost half the scabies cases were referred by family doctors. Attendances fell after the clinic was moved to the new premises.

Monthly attendances from January to December (excluding most of July and all of August) were:— 27, 9, 42, 50, 45, 30, 2, 0, 12, 23, 12, 24.

The good work and interest of the staff merits record once more.

DIAGNOSES AND TREATMENTS 1955-1958.

| Year. | Scabies. | Pedi- culosis. | Others. | Total. | Total Treat- ments. | Average No. of Treatments per patient. |
|-----------|----------|-------------------|---------|--------|---------------------------|--|
| 1955..... | 93 | 469 | 4 | 566 | 702 | 1.29 |
| 1956..... | 79 | 462 | ... | 541 | 631 | 1.17 |
| 1957..... | 113 | 466 | ... | 579 | 689 | 1.19 |
| 1958..... | 58 | 218 | 2 | 278 | 317 | 1.14 |

VENEREAL DISEASES

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

The total number of new registrations (851) recorded in the Department of Venereology at Newcastle General Hospital during 1958 showed an increase (45) over the preceding year. This was mainly attributable to those who desired reassurance or who suffered from conditions other than venereal infection.

Although there was a slight increase in patients reporting with venereal infections and non-gonococcal urethritis, the marked increase in the incidence of gonorrhoea reported elsewhere in the country, especially in the London area, was not obvious. That Tyneside may well experience this unfavourable trend in the future may be judged from the fact that the incidence of gonorrhoea on Teeside during 1958 showed a sharp rise compared with the previous year.

Twenty one per cent of all new female Tyneside registrations had syphilis or gonorrhoea, the corresponding figure for males being 22% but to that may be added a further 15% who had non-gonococcal urethritis, a clinical entity regarded by some authorities as a true venereal disease in certain circumstances and a matter to which I referred at some length in my report for 1957.

The relative absence of contagious syphilis during the past two years is worthy of note but judgment must be withheld for a decade before we can acclaim this satisfactory state of affairs as a real scientific achievement. Syphilologists are all too familiar with the many facets of this disease and some have reported that the decline in the contagious variety has been offset by an increase in latent syphilis.

Appropriate antisyphilitic therapy given to 28 expectant mothers found to be suffering from syphilis resulted in 16 healthy infants, one stillborn, while another died before our investigations could be completed and no knowledge as to the cause of death was forthcoming; 11 infants had not completed our full investigations by the end of the year, but from the results available at the time there was no reason to suspect that any were born with syphilis.

Altogether 554 Newcastle patients suffering from syphilis accounted for 4,835 attendances, an additional 1,323 attendances were made by 189 patients suffering from gonorrhoea. A total of 9,713 attendances were made by 1,406 patients.

Laboratory Work.

Four thousand, seven hundred and seventy nine specimens were examined during the year and of those 1,992 were investigated in the laboratory in the Department of Venereology.

Medico-Social Work.

During the year, 1,018 domicilliary visits were made to individuals residing in the Newcastle area, the majority of those visits being made to people who failed to complete treatment or ceased to attend during surveillance. Alleged sources of infection (contacts) were also visited since all those people required medical examination and, in many instances, treatment. Details with reference to contact tracing efforts during 1958 were as follows:—

| | |
|---|-------------------------|
| No. of contacts named in Newcastle area | 134 (including 26 men). |
| No. of contacts sought on reasonably adequate data | 78 (including 7 men). |
| No. of contacts identified | 67 (including 5 men). |
| No. of contacts responsible for more than one infection | 10 women*. |
| Therefore, the actual number of individuals identified | 53 (including 5 men). |
| No. of identified contacts who were examined..... | 49 (including 5 men). |
| No. of identified contacts who were infected..... | 37 (including 3 men). |

*They accounted for 25 infections.

These statistical trends show no marked deviation from those of the preceding year but the unfavourable picture existing especially in industrial areas in this country, demands constant vigilance on the part of all those concerned, not only with the diagnosis and treatment of venereal infections but their prevention.

CHEST CLINICS.
MASS RADIOGRAPHY.

IV—TUBERCULOSIS.

CONTACT CLINICS.
CARE AND AFTER CARE

TUBERCULOSIS

The constantly steady decrease in the number of new cases of pulmonary tuberculosis over the past five years was not maintained in 1958; 298 cases—11 more than last year—were notified, giving an attack rate of 1.09 per 1,000 population, and although the increase was small, it serves as a reminder that the day when tuberculosis can be discounted as a major threat to the health of the population is still some distance away. More satisfactory to report however is a fall in new cases of non-pulmonary tuberculosis to 45, 14 less than during 1957, and representing an attack rate of 0.17.

The decline in deaths from the disease continued. Thirty-one occurred, all but two being from pulmonary tuberculosis; this was four less than last year and the lowest number ever recorded in the City, giving a death rate of 0.113 per 1,000 population (0.106 pulmonary and 0.007 non-pulmonary).

At the end of the year the number of cases on the register kept by this department was 3,317 pulmonary tuberculosis and 497 non-pulmonary, a total of 3,814.

Notifications.

During the year, primary notifications were received as follows:

| <i>Pulmonary.</i> | <i>Non-pulmonary.</i> | <i>Totals.</i> |
|------------------------------|---------------------------|------------------------------|
| 298 (124 East) (174 West) | 45 (17 East) (28 West) | 343 (141 East) (202 West) |

There were also 34 second notifications which appear on the register as duplicates, and, in cases already notified, 7 notifications of the disease developing in a further site were received.

Sources of notification were:—

| | Total. | East. | West. |
|-------------------------------|--------|-------|-------|
| General Practitioners | 102 | 68 | 34 |
| Chest Physicians | 183 | 46 | 137 |
| Hospitals Medical Staff | 44 | 21 | 23 |
| H.M. Forces | 5 | 2 | 3 |
| Death Returns | 7 | 3 | 4 |
| Posthumous notifications..... | 2 | 1 | 1 |
| | 343 | 141 | 202 |

In addition, 74 notifications (69 pulmonary and 5 non-pulmonary) were received of cases previously notified elsewhere which had moved into the City during the year.

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING
1956, 1957 AND 1958.

| | | 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 |
| Respiratory— | | | | | | | | | | | | | | | |
| Males — | 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 |
| | 1958 | 1 | ... | 2 | 6 | 5 | 12 | 24 | 30 | 22 | 28 | 35 | 12 | 5 | 182 |
| Females — | 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 |
| | 1958 | 1 | 3 | 4 | 6 | 6 | 13 | 17 | 29 | 20 | 6 | 7 | 3 | 1 | 116 |
| Non-Respiratory— | | | | | | | | | | | | | | | |
| Males — | 1956 | ... | ... | 2 | 2 | 4 | 1 | 5 | 5 | 2 | 4 | 2 | 1 | ... | 28 |
| | 1957 | ... | ... | 2 | 3 | 1 | 6 | 1 | 7 | 3 | ... | 1 | 2 | ... | 26 |
| | 1958 | ... | ... | ... | ... | 2 | ... | 2 | 6 | 3 | ... | 2 | 2 | 1 | 18 |
| Females — | 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 |
| | 1958 | ... | ... | ... | 5 | ... | 6 | 3 | 5 | 5 | 3 | ... | ... | ... | 27 |
| Totals — | | | | | | | | | | | | | | | |
| | 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 |
| | 1958 | 2 | 3 | 6 | 17 | 13 | 31 | 46 | 70 | 50 | 37 | 44 | 17 | 7 | 343 |

AGE DISTRIBUTION OF DEATHS DURING 1958.

| | | 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 | Total. |
|------------------|--|------------|---------------------|--------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|--------|
| Respiratory— | | | | | | | | | | | | | | | |
| Males | | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | 5 | 8 | 6 | 2 | 23 |
| Females | | ... | ... | ... | ... | ... | ... | ... | 2 | 1 | 2 | ... | 1 | ... | 6 |
| Non-Respiratory— | | | | | | | | | | | | | | | |
| Males | | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Females | | ... | ... | 1 | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | 2 |
| Totals | | ... | ... | 1 | ... | ... | ... | ... | 3 | 3 | 7 | 8 | 7 | 2 | 31 |

RESPIRATORY TUBERCULOSIS—PERIODS OF NOTIFICATION BEFORE DEATH

| | Deaths which occurred in these years :— | | | | | | | | | | | | | |
|---|---|------|--------|------|------|--------|------|-----|--------|--------|-----|--------|-----|-----|
| | 1958 | | | | | | | | | | | | | |
| | East. | | | | | West. | | | | | | | | |
| | M. | F. | Total. | M. | F. | Total. | M. | F. | Total. | M. | F. | Total. | | |
| 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | | | | | | | |
| | | | | | | | M. | F. | Ch. | Total. | | | | |
| Persons not notified before death | 14 | 19 | 12 | 11 | 6 | 9 | 4 | 3 | 1 | ... | 4 | 2 | 1 | 2 |
| Persons notified under 1 month | 9 | 5 | 9 | 2 | 5 | 3 | 1 | 2 | 2 | ... | 4 | 1 | 1 | 2 |
| Persons notified between :— | | | | | | | | | | | | | | |
| 1 and 3 months | 5 | 3 | 1 | 3 | 1 | 2 | ... | 2 | ... | ... | 2 | 2 | ... | ... |
| 3 and 6 months | 5 | 4 | 2 | 3 | 1 | ... | 2 | ... | ... | ... | ... | ... | ... | ... |
| Total under 6 months before death | 33 | 31 | 24 | 19 | 13 | 14 | 7 | 7 | 3 | ... | 10 | 5 | 2 | 5 |
| Persons notified between :— | | | | | | | | | | | | | | |
| 6 and 12 months | 11 | 7 | 7 | 7 | 1 | 1 | ... | 1 | ... | ... | 1 | ... | 1 | ... |
| 12 and 18 months | 8 | 6 | 2 | 5 | ... | ... | 4 | ... | ... | ... | ... | ... | ... | ... |
| 18 and 24 months | 6 | 6 | 5 | 5 | 3 | 2 | 1 | 1 | ... | ... | 1 | ... | 1 | ... |
| 2 and 3 years | 14 | 8 | 12 | 11 | 2 | 2 | 3 | 1 | ... | ... | 1 | ... | 1 | ... |
| over 3 years | 38 | 36 | 31 | 30 | 29 | 22 | 20 | 13 | 3 | ... | 16 | 3 | 10 | 12 |
| Totals before death..... | 110 | 94 | 81 | 77 | 48 | 41 | 35 | 23 | 6 | ... | 29 | 8 | 15 | 20 |

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

| | 1954 | | 1955 | | 1956 | | 1957 | | 1958 | |
|----------------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|
| | Death Rate. | Attack Rate. | Death Rate. | Attack Rate. | Death Rate. | Attack Rate. | Death Rate. | Attack Rate. | Death Rate. | Attack Rate. |
| Newcastle upon Tyne | 0.30 | 1.69 | 0.18 | 1.57 | 0.16 | 1.47 | 0.13 | 1.26 | 0.11 | 1.26 |
| England and Wales... | 0.18 | 0.99 | 0.15 | 0.88 | 0.12 | 0.80 | 0.11 | 0.75 | 0.10* | 0.67* |
| Glasgow | 0.42 | 2.25 | 0.37 | 2.26 | 0.36 | 2.05 | 0.38 | 3.80 | 0.36 | 1.39 |
| Scotland | 0.22 | 1.60 | 0.19 | 1.48 | 0.16 | 1.32 | 0.14 | 1.59 | 0.13* | 1.15 |

* 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 which appears in this section of the Annual Report.

The clinics also serve areas adjacent to Newcastle and much of the information given is based on a population of 390,030 of which 117,630 or nearly one third, do not live within the City boundaries; an appreciable number of these were at one time residents of the City but now live on housing estates which Newcastle, because of scarcity of land within its own boundaries, has had to build within the areas of neighbouring authorities.

There is a Local Health Authority almoner and clerk attached to each clinic for care and after-care work, and domiciliary visiting is carried out by the various district health visitors.

A summary of 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 (T.145) on page 130.

EAST END CHEST CLINIC. (Dr. C. Verity—Chest Physician).

The hope engendered by the 30% drop in the number of new notifications during 1957 has not been fully realised in 1958, though there is still a fall, but of only some 11%; the downward trend of the

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1925.

123A

| 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. |
| 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 | 0.004 | 0.21 | 346 | 36 | 0.13 | 1.26 |
| 1958 | 298 | 29 | 0.11 | 1.09 | 45 | 2 | 0.007 | 0.17 | 343 | 31 | 0.11 | 1.26 |

curve has apparently returned approximately to its previous rate of fall.

TOTAL OF NEWLY NOTIFIED CASES (EAST NEWCASTLE ONLY)

| | | %± |
|------------|-----|------|
| 1954 | 269 | |
| 1955 | 254 | —5% |
| 1956 | 226 | —12% |
| 1957 | 158 | —30% |
| 1958 | 141 | —11% |

It is possible, of course, that, as in the case of the death returns, the figures are now becoming so small that minor fluctuations appear to be relatively large.

Last year it was noted that the number of cases on the Tuberculosis Register had ceased to rise and now we see an actual fall in their number—presumably the “Discharge Rate” will now overtake the additions, which is what one might expect, for, as shewn by a review of quiescent cases “reactivated,” there is at present no real indication to retain for supervision those who have had a period of five years’ quiescence.

CASES ON CHEST CLINIC REGISTER, AS AT 31ST DECEMBER.

| | Respiratory. | Non-Respiratory. | Total. |
|------------|--------------|------------------|--------|
| 1955 | 2,043 | 305 | 2,348 |
| 1956 | 2,180 | 292 | 2,472 |
| 1957 | 2,184 | 280 | 2,464 |
| 1958 | 2,185 | 244 | 2,429 |

Infector Pool.

This continues to shrink as a result of the sustained antibiotic attack and it is hoped that in due course it will vanish completely. The following two tables shew the comparative change in the numbers of cases of chronic infective respiratory tuberculosis, and the details of the change during 1958:

CHRONIC INFECTORS AS AT 31ST DECEMBER.

| | Males. | Females. |
|------------|--------|----------|
| 1954 | 170 | 107 |
| 1955 | 145 | 87 |
| 1956 | 107 | 58 |
| 1957 | 99 | 52 |
| 1958 | 72 | 34 |

1958 CHANGES — AS BELOW.

| 1st January. | | Additions (including Inward Transfers). | | Deletions. | | | | | | 31st December. | |
|--------------|----------|--|----------|------------|----|-----------|----|---------------------|----|----------------|----------|
| | | | | Deaths. | | Improved. | | Transferred Out. | | | |
| Males. | Females. | Males. | Females. | M. | F. | M. | F. | M. | F. | Males. | Females. |
| 99 | 52 | 3 | — | 4 | 2 | 24 | 15 | 2 | 1 | 72 | 34 |

In spite of this apparently encouraging picture one is constantly being shocked by the sudden appearance of an ill patient with extremely infective and extensive disease, who has managed to evade the anti-tuberculosis net until severe illness intervened. How many "secondary" cases might be attributed to such an individual it is difficult to assess, but it is interesting to note that it is usually among the itinerant group or those in poor domestic circumstances where one sees this sort of picture.

Contact Examinations.

The regime outlined last year has been followed but there have been rather less cases of tuberculosis added to the register from this source. It will remain to be seen whether this fall can be attributed to the change in procedure, or to an actual diminution in the incidence in this particular group as well as in the general public at large.

CONTACTS DIAGNOSED AS CASES OF TUBERCULOSIS. (NEWCASTLE CITY EAST AREA ONLY).

| | Pul-monary. | Non-Pulmonary. | Total. | New Contacts examined. | Old Contacts re-examined. | Total Contact Examinations. |
|------------|-------------|----------------|--------|------------------------|---------------------------|-----------------------------|
| 1957 | 34 | 3 | 37 | 682 | 1,615 | 2,297 |
| 1958 | 27 | Nil. | 27 | 691 | 1,561 | 2,252 |

Housing.

The procedure for considering the rehousing needs of the tuberculous patients has now been in operation for seven months during the year under review. During the whole of the year 20 families were rehoused but of these only two were rehoused as the result of purely medical grounds, though a further two families have been accepted by the Housing Committee and are waiting for suitable accommodation.

Recommendations are discussed bi-monthly by the Chest Physician in charge of the case, with the Medical Officer of Health and the

Housing Manager, before submission to the Housing Committee. No recommendation is made by the Chest Physician purely on the grounds of say overcrowding, or because the accommodation is unsuitable for other reasons. It was felt that the Physician should confine himself to a recommendation for rehousing purely on clinical criteria.

It has been found that this system works very well and commands the respect of all concerned.

Health Visitors.

Every Local Health Authority employs a considerable number of health visitors, some of whom are allocated duties in connection with tuberculosis, either whole-time or as part of their general duties. It had previously been the custom in Newcastle upon Tyne for regular visits to be paid to all cases on the tuberculosis register, but this has now been reviewed and the health visitor is only required to pay a visit to a new case until the house contact position has been satisfactorily dealt with or for some special reason, such as, for example, a persistently unco-operative patient, or to enquire about some special problem in connection with the family.

This relief to the health visiting staff from the burden of making routine visits has meant that rather more time could be spent in dealing with the difficult and chronic infective type of case. To keep the health visitor fully informed as to the clinical state of tuberculous patients in her district, quarterly visits are paid by her to the Clinic, and by arrangement the clinical records are available for her perusal.

The system seems to be working very well and may yet lend itself to even further modification. After all, a Local Health Authority's expenditure in salaries for health visitors is no mean sum and it behoves all concerned to see that this money is well spent.

Domiciliary Nursing.

In the past, when hospital and sanatorium beds for tuberculous patients were at a premium, and waiting lists were longer, the value of a well-organised domiciliary nursing service proved its worth beyond any shadow of doubt. With newer techniques the burden upon this service has increased and a number of cases in good domestic circumstances prefer to have treatment at home rather than go to hospital. In many instances this means a daily injection of

streptomycin and whilst some general practitioners prefer to do this themselves the majority in Newcastle upon Tyne do make full use of the district nurse.

There have been no cases of streptomycin sensitivity among the district nurses recorded in this Clinic area, but it is a well recognised condition and one which has been experienced among the staff at Walker Gate Hospital. It was with the intention of minimising this risk that the district nurses have now been provided with cartridge streptomycin dispensers and metal holders for administering the drug. The overall cost to the community of this change is really negligible. The cartridge holders are virtually indestructible, and so replacement of broken glass syringes is unnecessary, whilst the cost of the cartridge itself now approximates to the cost of an ordinary phial of streptomycin, when one reckons in the double dispensing fee that this latter attracts.

The price of freedom is said to be eternal vigilance and whilst feeling greatly encouraged at the steady shrinkage of the tuberculosis problem in the community as a whole, it would be a gross error to relax any effort to seek out and treat vigorously all who suffer from this preventable condition. The Utopia of complete eradication is still a long way ahead, but with an actively aggressive anti-tuberculous policy, one might hope to render the condition a relatively rare clinical entity during the next ten years.

WEST END CHEST CLINIC.

(Dr. G. Hurrell—Chest Physician).

The Clinic work has not materially altered during the year and full use has been made by the medical practitioners in the west end of the city of the facilities offered by the Clinic. As well as dealing with cases of tuberculosis, medical practitioners refer other chest conditions for x-ray diagnosis and advice with regard to treatment and some of these are admitted to my ward in Newcastle General Hospital for investigation by a bronchogram or bronchoscopy and laboratory methods that are only available in hospital.

I have no further observations to make with regard to the rehousing of cases of tuberculosis, a small number have been rehoused where conditions were very bad. My active register still contains a number of very chronic cases of tuberculosis that are untreatable by modern drugs because of their old disease. Many of these have, however, become sputum negative and are therefore not a danger to other people.

Almoner.

I report with regret the resignation of Miss E. J. Woll, almoner to this Chest Clinic. She was appointed in 1942 to the Chest Clinic at 91, New Bridge Street and worked there until she was transferred to the Northern Counties Chest Hospital, Chest Clinic in 1952. She had a lot of experience in dealing with tuberculous patients and their problems and her work was always of a very high standard and greatly appreciated. She left to take up a post near her home and I wish her every success in this.

Miss M. G. C. Neilson, a social worker, was appointed in charge of the post vacated by Miss Woll in September.

MASS RADIOGRAPHY.

The following tables give a summary of the work carried out in the city of Newcastle upon Tyne, by the mobile and static Mass X-ray Units based upon Newcastle General Hospital. The figures include a number of people who were not residents. Certain groups are, however, almost entirely Newcastle residents and these are the doctors' patients, Chest Clinic contacts, school children and hospital staff. It will be seen that the doctors' patients are most productive of active cases of pulmonary tuberculosis and the Mass X-ray Unit is used by family doctors to obtain a rapid x-ray report upon a patient. If this report is abnormal the patient is referred within a day or two to the appropriate Chest Clinic for clinical examination.

The Static Mass X-ray Unit is still the 100mm Odelca which gives excellent service. The Mobile Unit is the 35 mm which is beginning to show signs of old age but nevertheless with constant attention, takes good pictures.

| <i>Examinee Group.</i> | <i>Nos. X-rayed.</i> | <i>Referred to Chest Clinic.</i> | <i>Active Cases (Notified).</i> |
|-------------------------------------|--------------------------|--------------------------------------|-------------------------------------|
| Doctors' patients | 10,848 | 965 | 109 |
| Chest Clinic contacts | 1,920 | 47 | 7 |
| National Service Reserve | 4,864 | 178 | 15 |
| Maternity patients | 3,865 | 43 | 10 |
| Schoolchildren (Mantoux Test) | 1,744 | 21 | 3 |
| General Public | 6,637 | 170 | 20 |
| Industrial Groups | 29,255 | 293 | 35 |
| Hospital Staff | 642 | 13 | — |
| Hospital Outpatients | 1,798 | 5 | — |
| | <hr/> 61,573 | <hr/> 1,735 | <hr/> 199 |

(3.2 per 1,000)

SUMMARY OF GENERAL PRACTITIONERS' SESSIONS
OVER PREVIOUS 3 YEARS.

| <i>Year.</i> | <i>Nos. referred.</i> | <i>Active cases.</i> | <i>Rate per 1,000 examined.</i> |
|--------------|-----------------------|----------------------|-------------------------------------|
| 1955 | 16,281 | 200 | 12.3 |
| 1956 | 16,493 | 162 | 9.8 |
| 1957 | 14,560 | 113 | 7.8 |
| 1958 | 10,848 | 109 | 10.0 |

CARE AND AFTER CARE.

A full time Almoner employed by the Local Authority is attached to each Clinic, but by arrangement their work includes not only Newcastle cases but those living in adjacent areas for whom Northumberland County Council is responsible. Thus a continuity of service to those patients rehoused out side the City boundaries is maintained.

The vacancy at the East End Clinic which existed at the commencement of the year was filled by the appointment of a qualified almoner working five sessions per week, but in August the Almoner at the West End Chest Clinic resigned, and the post was filled a month later by the appointment of a Social Case Worker.

During the year the 1,180 new patients were interviewed and some form of assistance given in 617 cases, many on more than one occasion. Convalescence was arranged for 45 cases for which the Health Committee accepted financial responsibility and other assistance came from charitable organisations including the local Voluntary Tuberculosis Care Council. Funds from this latter organisation provided Christmas parcels for some 120 needy families, and also a Christmas card and a small gift for those patients in hospital on Christmas Day.

The close liaison which exists with the Ministry of Health Disablement Resettlement Officer continued throughout the year and 95 cases were referred to him. 40 patients were placed in employment either with private firms or industrial rehabilitation units. Occupational therapy classes were held in premises adjoining the East End Clinic on four afternoons per week.

Meetings between Chest Physicians and health visitors to discuss individual cases took place as necessary and close liaison was maintained throughout the year: 1,272 first and 4,343 subsequent

visits to patients and contacts were made by the district health visitors.

The re-housing of tuberculosis patients particularly those in an infectious condition, has concerned the department greatly for some considerable time, but little could be done other than draw the attention of the Housing Management Committee to the special needs in particular cases with a strong recommendation for priority. During the year, however, the Housing Management Committee agreed to allocate two houses per month to tuberculosis cases recommended by the Medical Officer of Health, and towards the end of the year regular bi-monthly meetings with the Chest Physicians were inaugurated in order that cases could be discussed and listed in order of priority.

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 Clinics Registers at 1st January, 1958 | 2,029 | 1,704 | 270 | 4,003 | 101 | 204 | 228 | 533 |
| B. Children transferred to adults during the year | 22 | 25 | ... | 47 | 3 | 1 | ... | 4 |
| C. No. of notified cases added to Register during the year. Not bacteriologically confirmed. | | | | | | | | |
| Group I | 50 | 38 | 36 | 124 | | | | |
| ,, II | 45 | 32 | 1 | 78 | | | | |
| ,, III | 6 | 3 | ... | 9 | | | | |
| Bacteriologically confirmed. | | | | | 17 | 33 | 8 | 58 |
| Group I | 21 | 11 | ... | 32 | | | | |
| ,, II | 78 | 26 | ... | 104 | | | | |
| ,, III | 19 | 12 | ... | 31 | | | | |
| D. Transfers in during the year | 76 | 78 | 1 | 155 | 3 | 14 | 2 | 19 |
| Totals of A, B, C and D | 2,346 | 1,929 | 308 | 4,583 | 124 | 252 | 238 | 614 |
| E. No. of notified cases removed from Register during the year. | | | | | | | | |
| (a) Recovered | 79 | 81 | 32 | 192 | 34 | 33 | 30 | 97 |
| (b) Died (all causes) | 54 | 22 | ... | 76 | ... | 2 | 1 | 3 |
| (c) Transfers out | 59 | 50 | 3 | 112 | 1 | 7 | 1 | 9 |
| (d) Others | 39 | 36 | 3 | 78 | 3 | 7 | 7 | 17 |
| F. Children transferred to adults during year | ... | ... | 47 | 47 | ... | ... | 4 | 4 |
| Total of E and F | 231 | 189 | 85 | 505 | 38 | 49 | 43 | 130 |
| G Total remaining on Clinics Registers at 31st December, 1958 | 2,115 | 1,740 | 223 | 4,078 | 86 | 203 | 195 | 484 |

TUBERCULOSIS IN CHILDHOOD

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

The most notable advance this year in the control of childhood tuberculosis has been the introduction of tuberculin testing and B.C.G. vaccination in the private schools in the city. At the Royal Grammar School, where this has been carried out for several years, it is done by the school's own medical officer but other schools have accepted the offer of the Local Health Authority and the work is carried out by the staff of the School Health Service. Only one school remains outside the scheme.

The incidence of tuberculous infection, as estimated by routine tuberculin testing in schools shows no change at five years of age but, as is to be expected, a fall at both ten years and thirteen years.

Cases of potentially infective tuberculosis occurred in five maintained schools and two independent schools in the city. In each case school contacts were offered tuberculin testing and where necessary x-ray examination, and no secondary cases have been known to occur.

The number of pre-school children found tuberculin positive in the Contact Clinic and the number of children under fifteen years of age requiring hospital admission have remained steady for the past three years. Of the 6 cases of tuberculous meningitis occurring in the city in 1958, 3 were over fifteen years of age—the first time that children have not predominated. Unfortunately one child died from tuberculous meningitis and her infector has not been found.

The number of children referred to the Contact Clinic has doubled since 1955. The proportion of these children found to be infected (1.8%) is almost the same in 1958 as in the previous two years, but this year 8 of the 23 newly infected children were examined before they had become tuberculin positive. Seven of these 23 children were infected by their mothers and this might have been avoided in 6 cases if the mothers had had ante-natal x-rays before the birth of last child.

Understanding of the nature of tuberculous infection and the reason for tuberculin testing is improving, not only in the medical and nursing professions but throughout the population as a whole.

The results mentioned above are presented in detail under the following headings:—

1. Tuberculin Testing in Schools.
2. Tuberculous Illness in Childhood.
3. The work of the Children's Tuberculosis Contact Clinic.
4. B.C.G. Vaccination.

1. Tuberculin Testing in Schools.

Tuberculin tests were again offered at five, ten, and thirteen years of age and the findings in 1957 and 1958 are summarised in Table 1.

TABLE 1.
TUBERCULIN TESTING IN SCHOOLS.

| 'Leavers' (aged 13—14 years). | | | | | |
|-------------------------------|-----------------|---------------|--------------------|--------------------------|--|
| | Number offered. | % Acceptance. | % Tested of total. | % Tested of acceptances. | % Positive of the tested (including BCG vaccinated). |
| 1957 | 3,272 | 83 | 71 | 87 | 26.9 |
| 1958 | 3,839 | 86 | 82 | 95 | 22.5 |
| 'Juniors' (aged 10 years). | | | | | |
| 1957 | 4,769 | 52 | 48.5 | 92 | 10.6 |
| 1958 | 4,437 | 78 | 68 | 87 | 9 |
| 'Entrants' (aged 5—6 years). | | | | | |
| | | | | | % Positive of the tested (excluding BCG vaccinated). |
| 1957 | 4,693 | 72 | 67 | 91 | 2 |
| 1958 | 4,447 | 80 | 70 | 86 | 2.5 |

Among the 'leavers' only 3 cases of active tuberculosis were found compared with 5 in 1957. Another child, not resident in Newcastle but attending a private school, was also found to require treatment. Two ten year old children were treated at home and another was admitted to hospital. No cases requiring treatment were found among the 'entrants' but there was a history of contact in 6 cases and their siblings were vaccinated with B.C.G. One mother was found to have tuberculosis.

Unfortunately it is not known how many of the 'leavers' and 'juniors' had been previously vaccinated with B.C.G. There were however 118 among the 'entrants' compared with 55 in 1957. This

is in part due to the increasing number of children vaccinated as contacts and in part to a higher rate of consent for testing. At first the parents of vaccinated children thought testing unnecessary and many refused, but with explanation most now accept.

2. Tuberculous Illness.

There were 41 children notified as suffering from tuberculosis during 1958 compared with 40 in 1957.

TABLE 2.
ANNUAL NOTIFICATIONS OF TUBERCULOSIS IN CHILDREN IN
NEWCASTLE UPON TYNE.

| 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|------|------|------|------|------|------|------|
| 71 | 69 | 55 | 49 | 42 | 40 | 41 |

Criteria for notification were again the same as in previous years, i.e. admission to hospital, but this year 2 children not admitted were also notified.

The age distribution of the notified children is shown in Table 3.

TABLE 3.
AGE DISTRIBUTION OF NOTIFIED CASES OF TUBERCULOSIS
IN CHILDREN.

| | Under 1 yr. | 1—4 yrs. | 5—9 yrs. | 10—14 yrs. | Total. |
|-------------------------------|-------------|----------|----------|------------|--------|
| Infector known or found | 2 | 8 | 12 | 4 | 26 |
| Infector not found ... | 0 | 1 | 5 | 9 | 15 |
| | 2 | 9 | 17 | 13 | 41 |

Of the 11 children under five years of age, 8 were initially examined as contacts and the 3 others presented at hospital with acute illnesses. The infector has still not been found for one of these and the two others were infected by the father of one of them. His illness was diagnosed after that of his child. All three children belong to problem families.

A further 13 children attending the Contact Clinic were treated with anti-tuberculous chemotherapy at home and one of these (not a city resident and so not included in the notifications) developed tuberculous meningitis but has recovered.

In the 30 older children aged 5—14 years, infectors were known for 16. Of the other 14, 3 had probably been infected some years before.

It is interesting to note that 4 children had bronchogenic tuberculosis of whom 3 were diagnosed after routine school tuberculin testing. There was one child with renal tuberculosis and one with a tuberculous elbow joint.

All the other children in hospital were in with simple or complicated primary infections. These included 3 cases of tuberculous meningitis, 5 of pleural effusion, 1 of peripheral adenitis and another of peripheral adenitis with a visible primary skin focus. The remaining 25 children had primary lung lesions of whom 3 also had erythema nodosum. There were no cases of miliary tuberculosis or of abdominal tuberculosis.

Unfortunately one child died during the year. She had been notified in 1957 and suffered from tuberculous meningitis.

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

Once again the number of children registered in the clinic has increased.

A comparison of the findings since the inception of the clinic is seen in table 4.

TABLE 4.

NUMBER OF NEW CHILDREN UNDER 5 YEARS OF AGE REGISTERED IN THE CONTACT CLINIC AND THE NUMBER FOUND TUBERCULIN POSITIVE.

| | 1941 | 1945 | 1949 | 1952 | 1955 | 1958 |
|------------------|------|------|------|------|------|------|
| Total | 63 | 139 | 277 | 427 | 786 | 1500 |
| Total Tuberculin | | | | | | |
| Positive | 26 | 46 | 62 | 71 | 42 | 28 |
| % Positive | 41 | 34 | 22 | 17 | 5 | 1.8 |

Children under 5 years of age.

Of 1,500 children under five years of age 28 were tuberculin positive (1.8%). It is not known who infected two of the three children who had old lesions. Two others living in the country and known to have had milk from an infected cow probably had milk-borne infections. All the other 23 children were infected by newly diagnosed cases and none by chronic infectors, or by relapsed cases. Treatment with anti-tuberculous chemotherapy was given to 21, of whom 12 were never admitted to hospital; of the 9 admitted to hospital one had tuberculous meningitis. Six of the children,

including the one tuberculous meningitis and two probable milk-borne infections, came from the County district outside the City of Newcastle, but served by the Newcastle Chest Clinics. Eight of the 23 infected by newly diagnosed adult patients were seen so soon after their infection that they were tuberculin negative at their first visit, but were tuberculin positive when seen six weeks after the admission of their infector to hospital. Treatment of these children was therefore begun almost immediately after infection.

As many children were infected by their fathers as by their mothers.

TABLE 5.

THE INFECTORS OF THE TUBERCULIN POSITIVE CHILDREN.

| Infector | Mother. | Father. | Grand-parent. | Uncle/Aunt. | Other. | Milk. |
|-----------------------|---------|---------|---------------|-------------|--------|-------|
| No. of children | 7 | 7 | 4 | 6 | 2 | 2 |

Children over 5 years of age.

The Contact Clinic is still primarily concerned with children under 5 years of age but each year a few older children attend. These usually do so for convenience with their younger brothers and sisters.

Since 1957 an increasing number of older children are attending because those found tuberculin positive at routine testing at 5 years of age are referred by the School Health Service for supervision and investigation of their families. Ten year old and thirteen year old schoolchildren with abnormal mass x-rays are also referred for investigation.

TABLE 6.

NUMBER OF NEW CHILDREN OVER 5 YEARS OF AGE REGISTERED IN THE CONTACT CLINIC AND THE NUMBER FOUND TUBERCULIN POSITIVE.

| Year | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|----------------------|------|------|------|------|------|------|------|
| Total | 71 | 63 | 70 | 82 | 75 | 210 | 205 |
| Total positive | 33 | 21 | 14 | 25 | 12 | 80 | 93 |

Old Patients.

Children infected or vaccinated in previous years have also attended and in all there were over 5,000 attendances.

4. B.C.G. Vaccination.

The number of vaccinations has again increased. Among those done in the Maternity Hospitals 273 were resident in areas outside the city of whom 56 came from the County area served by the Chest Clinics and the remainder from further away.

TABLE 7.

B.C.G. VACCINATIONS IN NEWCASTLE IN THE YEARS 1952-1958.

| | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 |
|---|------|------|------|------|------|------|-------|
| Chest Clinic (West) | 0 | 65 | 99 | 138 | 148 | 103 | 173 |
| Chest Clinic (East) | 22 | 28 | 85 | 82 | 107 | 134 | 189 |
| Contact Clinic | 92 | 219 | 349 | 527 | 588 | 662 | 800 |
| Maternity Dept. Newcastle General Hospital | 70 | 114 | 114 | 143 | 152 | 162 | 186 |
| Princess Mary Maternity Hos- pital | 0 | 37 | 71 | 133 | 122 | 169 | 247 |
| School Leavers | 0 | 0 | 0 | 713 | 1041 | 3345 | 2968 |
| Total | 184 | 463 | 718 | 1736 | 2158 | 4575 | 4563 |
| Cumulative Total | | 647 | 1365 | 3101 | 5259 | 9834 | 14397 |

In the maintained City Schools 2,348 children were vaccinated with B.C.G. and a further 620 were vaccinated in the independent schools.

No child previously vaccinated in Newcastle has had to be re-vaccinated. One child successfully vaccinated elsewhere was found to have become tuberculin negative at four years and was revaccinated.

No child vaccinated in Newcastle has developed tuberculosis.

**REPORT OF THE
SCHOOL MEDICAL OFFICER**

V—SCHOOL HEALTH SERVICE

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

REPORT OF THE
SCHOOL MEDICAL OFFICER

...

V-SCHOOL HEALTH SERVICE

...

SYNOPSIS OF REPORT SUBMITTED TO
SCHOOL BOARD

THE SCHOOL HEALTH SERVICE

Medical Inspections.

During the year medical inspections were conducted upon all children falling within the prescribed age groups. The inspections take place during morning sessions during term time. Each session is of $2\frac{1}{2}$ hours duration and between 18 and 22 children are inspected. The inspection is a comprehensive assessment of the general well-being of the children and includes many general details which would not in the ordinary way find a place in the clinical examination of a sick child, for example, the measurement of the height and weight and visual acuity. The time available for each inspection amounting as it does to about six minutes leaves little time for the completion of medical records and returns. During the year careful consideration has been given to ways in which this necessary part of the work may be reduced to a minimum. In all this no account has been taken of the time necessary for discussion with the parent which varies considerably from case to case. However, opportunity is available to medical officers for a more detailed and leisurely examination in the afternoon sessions at the school clinic.

Inspections were carried out during the year as follows:—

| | |
|---------------------------|------------------|
| Periodic (all ages) | 12,281 children. |
| Special inspections | 6,831 children. |
| Re-inspections | 2,492 children. |

Statistical returns required by the Ministry of Education have taken a somewhat different form this year in that the numbers of children are shown separately in each of three age groups from 5 to 15. The principal tables are given as follows:—

TABLE 1.
PHYSICAL CONDITION OF PUPILS.

| Age Groups Inspected (By year of birth) | No. of Pupils Inspected. | Physical Condition of Pupils Inspected. | | | |
|---|--------------------------|---|------------------|----------------|------------------|
| | | SATISFACTORY. | | UNSATISFACTORY | |
| | | No. (3) | % of Col. 2. (4) | No. (5) | % of Col. 2. (6) |
| 1954 and later | 256 | 255 | 99.60 | 1 | 0.40 |
| 1953 | 1,136 | 1,123 | 98.86 | 13 | 1.14 |
| 1952 | 2,645 | 2,627 | 99.32 | 18 | 0.68 |
| 1951 | 263 | 262 | 99.60 | 1 | 0.40 |
| 1950 | 52 | 52 | 100.00 | — | — |
| 1949 | 65 | 64 | 98.46 | 1 | 1.54 |
| 1948 | 4,219 | 4,191 | 99.34 | 28 | 0.66 |
| 1947 | 41 | 40 | 97.56 | 1 | 2.44 |
| 1946 | 31 | 30 | 96.77 | 1 | 3.23 |
| 1945 | 25 | 25 | 100.00 | — | — |
| 1944 | 2,099 | 2,087 | 99.43 | 12 | 0.57 |
| 1943 and earlier | 1,449 | 1,443 | 99.58 | 6 | 0.42 |
| TOTAL ... | 12,281 | 12,199 | 99.33 | 82 | 0.67 |

TABLE 2.
PUPILS FOUND TO REQUIRE TREATMENT.

| Age Groups Inspected. (By year of Birth). (1) | For defective vision (excluding squint). (2) | For any of the other conditions recorded in Part II. (3) | Total individual pupils. (4) |
|---|--|--|------------------------------|
| 1954 and later | 1 | 8 | 8 |
| 1953 | 39 | 119 | 133 |
| 1952 | 101 | 285 | 340 |
| 1951 | 20 | 32 | 43 |
| 1950 | 5 | 7 | 8 |
| 1949 | 7 | 7 | 10 |
| 1948 | 278 | 346 | 541 |
| 1947 | 6 | 6 | 10 |
| 1946 | 5 | 6 | 8 |
| 1945 | 1 | 5 | 6 |
| 1944 | 181 | 134 | 270 |
| 1943 and earlier | 120 | 90 | 186 |
| TOTAL | 764 | 1,045 | 1,563 |

TABLE 3.
DEFECTS FOUND AT PERIODIC MEDICAL INSPECTION DURING
THE YEAR.

| Defect or Disease. (1) | PERIODIC INSPECTIONS. | | | | | | | |
|---------------------------|-----------------------|------------|------------|------------|------------|------------|------------|------------|
| | Entrants. | | Leavers. | | Others. | | Total. | |
| | (T) (2) | (O) (3) | (T) (4) | (O) (5) | (T) (6) | (O) (7) | (T) (8) | (O) (9) |
| Skin | 52 | 72 | 61 | 42 | 82 | 113 | 195 | 227 |
| Eyes—a. Vision | 166 | 218 | 301 | 326 | 297 | 365 | 764 | 909 |
| b. Squint | 86 | 79 | 40 | 68 | 84 | 151 | 210 | 298 |
| c. Other | 16 | 18 | 9 | 5 | 17 | 34 | 42 | 57 |
| Ears—a. Hearing | 32 | 33 | 15 | 18 | 28 | 29 | 75 | 80 |
| b. Otitis Media | 21 | 48 | 11 | 13 | 11 | 30 | 43 | 91 |
| c. Other | 2 | 5 | 1 | 3 | 8 | 9 | 11 | 17 |
| Nose and Throat..... | 94 | 308 | 7 | 25 | 44 | 245 | 145 | 578 |
| Speech | 50 | 72 | 6 | 12 | 16 | 24 | 72 | 108 |
| Lymphatic Glands | 8 | 39 | — | 1 | 2 | 50 | 10 | 90 |
| Heart..... | 3 | 32 | 2 | 30 | 7 | 55 | 12 | 117 |
| Lungs | 32 | 139 | 6 | 46 | 21 | 124 | 59 | 309 |
| Developmental— | | | | | | | | |
| a. Hernia | 2 | 11 | — | 2 | 2 | 14 | 4 | 27 |
| b. Other | 4 | 27 | 1 | 12 | 14 | 34 | 19 | 73 |
| Orthopaedic— | | | | | | | | |
| a. Posture | 8 | 19 | 14 | 13 | 7 | 27 | 29 | 59 |
| b. Feet | 54 | 121 | 8 | 32 | 25 | 111 | 87 | 264 |
| c. Other | 37 | 132 | 50 | 53 | 56 | 184 | 143 | 369 |
| Nervous System— | | | | | | | | |
| a. Epilepsy | 6 | 9 | — | 9 | 12 | 9 | 18 | 27 |
| b. Other | 1 | 9 | 9 | 4 | 5 | 17 | 15 | 30 |
| Psychological— | | | | | | | | |
| a. Development | 4 | 18 | — | 4 | 2 | 21 | 6 | 43 |
| b. Stability | 3 | 109 | 3 | 8 | 9 | 97 | 15 | 214 |
| Abdomen | 1 | 5 | — | — | — | 3 | 1 | 8 |
| Other..... | 14 | 2 | 1 | 4 | 8 | 8 | 23 | 14 |

(T)—Treatment. (O)—Observation.

Special medical inspections were performed as follows:—

- | | |
|--|-----|
| 1. Inspections in connection with the employment of children outside school hours. (Children and Young Persons Act 1933, Section 18) | 694 |
| 2. Inspection of boarded out children by arrangement with the Children's Department..... | 235 |
| 3. Inspections for clearance from infection | 606 |

Infestation with Vermin.

Hygiene inspections performed by nurses whilst giving special attention to the condition of the head for pediculosis also include the condition of the clothing and general body cleanliness. In addition watch is kept for any contagious disease and opportunity

taken when it presents to follow any defects noted in a previous inspection. The work done in this connection during the year was as follows:—

TABLE 4.

| | |
|--|--------|
| (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons... | 85,392 |
| (b) Total number of individual pupils found to be infested..... | 2,928 |
| (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) | 33 |
| (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) | 6 |

Lorexane No. 3 was tried out in selected cases during the year. This preparation is used as a shampoo and issued for use by the whole family.

School Clinics.

School clinics remain substantially the same as in 1957. At Atkinson Road the upper floor was occupied by the medical officer and nurses in October 1958. The additional accommodation thereby afforded includes a medical officers room, waiting room, treatment room and nurses room. The present waiting room is inadequate and arrangements are in hand for its enlargement during 1959. As a result of this increased accommodation improvement has been effected in the premises occupied by the physiotherapists on the ground floor. Plans for the erection of a combined clinic in the Kenton district are now well advanced and have been included as "major work" in the building programme for 1959-60.

Ashfield Clinic, on account of the drift of families from surrounding schools, has not justified its further retention as a school clinic and has been closed, the three schools which it served having been allocated to neighbouring clinics. Considerable attention has been given to the re-arrangement of accommodation at the Central Clinic. It is proposed to transfer the Dental Department to the sub-floor and expand facilities provided in this clinic in order to centralise the dental service. Plans for the necessary reconstruction of the premises are in hand to commence in the summer of 1959. By suitable arrangement of work it has been found possible for the work in clinics to be completed in afternoon sessions. The clinics have accordingly been closed in the mornings during term time. This has the advantage of having the medical officer on the premises to whom nurses might refer problems as they arise.

Consultations.

The present working arrangements are shown in the Table below:—

TABLE 5.

| Clinic. | Consultations. | Refractions. | Dressings. | Dental. | Orthopaedic. | Speech Therapy. | Special Skin Clinics. |
|-------------------|----------------|--------------|------------|---------|--------------|-----------------|-----------------------|
| Central | x | x | x | C.E.O. | x | x | x |
| Atkinson Road ... | x | — | x | C.E. | x | — | — |
| Bentinck | x | — | x | C.E. | x | — | — |
| Blakelaw | x | — | x | — | — | — | — |
| Cowgate | — | — | — | 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 performed is shown in the table below:—

TABLE 6.
NUMBER OF CONSULTATIONS.

| | | 1958. |
|---------------------|----------------|-------|
| Cowgate..... | 641 (Blakelaw) | 489 |
| Atkinson Road | 1,215 | 668 |
| Bentinck | 1,301 | 634 |
| Central | 439 | 356 |
| East End | 1,140 | 1,361 |
| Middle Street | 1,013 | 918 |

TABLE 7.
RETURN OF WORK PERFORMED IN CLINICS
BY SCHOOL NURSES.

| 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 | 707 |

Other duties performed by nurses include:—

| | |
|---|-----|
| Home visits | 906 |
| Children escorted to clinic or hospital | 42 |
| Children escorted to and from residential schools | 67 |

Inspections performed by medical officers were as follows:—

| | |
|--|-------|
| Consultations | 5,360 |
| Examination of students of Teachers' Training College..... | 191 |
| Examination of staff for superannuation purposes..... | 367 |
| Reports on staff in connection with sick pay | 6 |

Orthopaedic Clinic.

Physiotherapists still prove difficult to obtain and a vacancy for one therapist has not yet been filled. The work of the department in outline is as follows:—

| | School Medical Service. | Maternity and Child Welfare Service. |
|---|---|---|
| 1. Attendances. | | |
| New patients | Boys 477 Girls 467 | 118 100 |
| Total attendances at surgeon's clinics | 2,637 | 659 |
| Children on whom the surgeon's opinion was requested, but who failed to attend | 82 | 9 |
| Waiting list | 25 | 13 |
| 2. Discharges | 721 | 136 |
| Admissions to Sanderson Orthopaedic Hospital | 65 | 13 |
| 3. Physiotherapy. | | |
| Total number of attendances at physiotherapy clinics | 16,790 | 3,259 |
| Special therapies given for orthopaedic conditions:— | | |
| Swedish remedial exercises | 9,835 | 1,040 |
| Massage | 464 | 370 |
| Manipulations | 2,611 | 1,308 |
| Medical electricity | 6,179 | 696 |
| Radiant heat | 15 | 8 |
| Manipulations in patient's homes (congenital foot deformities)—visits | — | 28 |
| Special therapy was also given to children with the following non-orthopaedic conditions: | | |
| Chest Conditions: | | |
| Asthma | Patients 56 Treatments 4,115 | — |
| Bronchitis | | |
| Bronchiectasis | | |
| Non-Orthopaedic: | | |
| Ultra violet light | | |
| Alopecia | Patients 6 Attendances 69 Treatments 77 | — |
| Debility | | |
| Asthma | | |
| 4. Other information:— | | |
| Number of children requiring x-ray examination | 99 | 20 |
| Number of children photographed | 18 | 2 |
| Number of children supplied with plaster splints..... | 1 | — |
| Surgical appliances supplied or altered:— | | |
| New splints | 315 | 65 |
| Splint repairs | 117 | 14 |
| Surgical boots (pairs) | 27 | — |
| Boot alterations | 1,147 | 445 |

Skin Clinics.

Two sessions are reserved at the Central Clinic for diagnosis and treatment of skin complaints. Dr. Dixon is in charge of these clinics. The conditions treated were as follows:—

| | | |
|----------------------|-----|----------------------|
| Ringworm—Scalp | 35 | |
| Body | 152 | |
| Plantar Warts | 103 | (Boys 28. Girls 75). |

The following types of a fungus were isolated in connection with ringworm:—

| | |
|------------------------|----------|
| M. Lanosum | 70 cases |
| M. Gypseum | 7 cases |
| M. Audouini | 9 cases |
| T. Sulphurium | 8 cases |
| T. Memtagrophyes | 8 cases |

Report of the School Dental Officer.

Difficult conditions in attracting dental officers to fill the complement necessary for the maintenance of the service continue. The present number of dentists working is equivalent to 5 full-time dental officers. Correct establishment for the present school population is 7 full-time dental officers.

Dental Inspections.

As in former years regular examination sessions were held in schools at weekly intervals and over 37,000 children were examined. The greater part of the treatment undertaken in the clinics during the year was of a conservative nature of which a small proportion consisted of temporary fillings in the primary dentition. Most of the extractions were carried out under general anaesthesia. The majority of artificial dentures supplied were partial to replace one or two teeth which had been lost through accident. For the rest, arrangements for the admission of patients to the General Hospital and Royal Victoria Infirmary were considered satisfactory and the Ambulance Service was readily at our disposal when required, whilst specialist advice and treatment was readily forthcoming from the Sutherland Dental Hospital.

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

TABLE 8.

DENTAL INSPECTION AND TREATMENT.

| | | |
|--|--------|----------|
| 1. Number of pupils inspected by the Authority's dental officers:— | | |
| (a) At periodic inspections | 37,390 | } 40,420 |
| (b) As specials | 3,030 | |
| 2. Number found to require treatment | | 22,049 |
| 3. Number offered treatment | | 8,172 |
| 4. Number actually treated | | 6,999 |
| 5. Number of attendances for treatment including orthodontic | | 21,268 |
| 6. Half days devoted to:— | | |
| (a) Periodic (school) inspection | 277 | } 3,507 |
| (b) Treatment | 3,280 | |
| 7. Fillings:— | | |
| (a) Permanent Teeth | 9,666 | } 10,763 |
| (b) Temporary Teeth | 1,097 | |
| 8. Number of Teeth filled:— | | |
| (a) Permanent Teeth | 8,368 | } 9,354 |
| (b) Temporary Teeth | 986 | |

Ophthalmic Treatment.**(a) Refractions.**

The following refractions were performed in the School Health Service:—

| | |
|--|-------|
| Ophthalmic medical practitioners | 1,792 |
| School medical officers | 460 |

This shows an increase over the previous year.

A corresponding decrease occurred in the number of children waiting at the end of the year. The number of children known to have been examined by ophthalmic opticians was 321.

(b) Prescription of Spectacles.

The number of children for whom spectacles were prescribed by members of the School Health Service staff was 1,495, and 268 by the Ophthalmic Service.

(c) Dispensing of Spectacles.

| | |
|--|-------|
| No. of children for whom spectacles were prescribed by School Health Service | 1,495 |
| No. of children who obtained spectacles | 1,332 |
| No. of spectacles replaced | 135 |
| No. of spectacles repaired | 819 |

The sum of £188 11s. 5d. was charged to the Local Education Authority for replacing and repair of spectacles.

HANDICAPPED PUPILS.

1. Summary of work—Education Act, 1944, Sections 34 and 57.

Ascertainment.

Pupils were examined and classified as follows:—

| <i>Category.</i> | <i>No. of children examined.</i> | <i>No. of children classified.</i> |
|-------------------------------|--------------------------------------|--|
| Blind | — | — |
| Partially sighted | 3 | 3 |
| Deaf | 4 | 4 |
| Partially deaf | 154 | 21 |
| Educationally subnormal | 172 | 116 |
| Epileptic | 3 | 3 |
| Maladjusted | 24 | 9 |
| Physically handicapped | 25 | 21 |
| Delicate | 38 | 35 |

The names of these children were reported to the School Health Service and Child Health Sub-Committee by whom the following directions were made:—

| | |
|--|-----|
| Children for admission to day special schools..... | 128 |
| Children for admission to residential special schools..... | 28 |
| Children to stay in ordinary schools..... | 59 |
| Children to receive home teaching | 2 |
| Children recommended for physiotherapy | 3 |

One child was recommended for de-notification under Section 8 of the Education Act (Miscellaneous Provisions) 1948 and admitted to a Special E.S.N. School.

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 | — | 1 |
| Partially deaf | 8 | 1 |
| Educationally subnormal | 40 | 20 |
| Epileptic | — | 2 |
| Maladjusted | — | 3 |
| Physically handicapped | 9 | 1 |
| Delicate | 29 | 1 |

- B. At the end of the year handicapped pupils were maintained or otherwise educated as follows :—

| <i>Category.</i> | <i>Receiving Treatment</i> | <i>Awaiting Placing.</i> |
|-------------------------------|---|---|
| | <i>No. of Pupils in Schools. Day and Residential.</i> | <i>Homes and Hospitals and Home Teaching.</i> |
| Blind | 3 | — |
| Partially sighted | 23 | — |
| Deaf | 35 | 2 |
| Partially deaf | 10 | 11 |
| Educationally subnormal | 319 | 45 |
| Epileptic | 9 | — |
| Maladjusted | 26 | 3 |
| Physically handicapped | 10 | 2 |
| Delicate | 182 | 1 |

Review of Pupils.

The aim continues to be to review all handicapped pupils at intervals of not less than two years. Certain pupils were reviewed at shorter intervals as occasion demanded. Dr. Anderson continues to visit Pendower Open Air School each week when she reviews the pupils attending. In the case of residential schools pupils are seen during the holiday periods.

Numbers of children reviewed were as follows:—

| <i>Category.</i> | <i>No. of Children reviewed.</i> |
|-------------------------------|--------------------------------------|
| Blind | — |
| Partially sighted | 28 |
| Deaf | — |
| Partially deaf..... | — |
| Educationally subnormal | 400 |
| Epileptic | 6 |
| Maladjusted | 8 |
| Physically handicapped | 127 |
| Delicate | 76 |

Partially Sighted Pupils.

At the request of the Ministry of Education all pupils in the partially sighted class received a Weschler verbal test. The Test results were as follows:—

| <i>Intelligence Quotient.</i> | <i>Number of Pupils.</i> | |
|-------------------------------|--------------------------|---------------------|
| | <i>Verbal.</i> | <i>Performance.</i> |
| Under 60 | 2 | 6 |
| " 70 | 8 | 1 |
| " 80 | 1 | 1 |
| " 90 | 2 | 3 |
| " 100 | 4 | 3 |
| Over 100 | 5 | 8 |

Final Examinations.

Children were examined prior to leaving school as follows:—

| Category. | Left on reaching school leaving age. | Excluded from School. | Reported to Local Health Authority for supervision. | Removed from register. |
|-------------------------------|--------------------------------------|-----------------------|---|------------------------|
| Blind | 1 | — | — | 1 |
| Partially sighted ... | 1 | — | — | 3 |
| Deaf | — | — | — | — |
| Partially deaf | — | — | — | — |
| Educationally subnormal | 7 | 1 | 59 | — |
| Epileptic | — | — | — | — |
| Maladjusted | 2 | — | — | 1 |
| Physically handicapped..... | 7 | — | — | 12 |
| Delicate | 3 | — | — | 25 |

Children with Defective Hearing.

Until recently no provision has been made for children who fall into the category of the partially deaf. The difficulty has been to provide a scheme for the ascertainment of these pupils. The majority of pupils who come to our notice are reported by the schools as being suspected of being deaf. At the beginning of the year a hearing assessment clinic was opened at the Central Clinic. Dr. McCormack has attended the clinic on one afternoon per week for the purpose of examining children and recommending those found to require special education to the proper authority. As a result of the work of the clinic a small number of children have been collected for a day class for partially deaf children. Such a class was opened in September at North View School to which has been attached a qualified teacher of the deaf. The work of the class is restricted to oral instruction. For practical work and physical instruction the class is integrated with the rest of the school activities.

The class deals with senior pupils only. There is a need for a similar class for junior pupils but to date no teacher has been obtained. Early impressions suggest that the class at North View is doing useful work on behalf of these children.

After Care of Handicapped Pupils.

The Youth Employment Department is the main agency for the after care of handicapped pupils and for this purpose a register is kept so that pupils leaving special schools may receive extra attention

during the early years of employment. Exception to this rule are children leaving blind and partially sighted schools who are referred to the Blind Welfare Committee. The number of children on the handicapped pupils register during the year were as follows:—

| <i>Disability.</i> | <i>Boys.</i> | <i>Girls.</i> | <i>Total.</i> |
|--|--------------|---------------|---------------|
| Educationally subnormal | 46 | 31 | 77 |
| Defective vision | 66 | 16 | 82 |
| Defective hearing | 27 | 17 | 44 |
| Epileptic | 12 | 6 | 18 |
| Physically handicapped | 20 | 5 | 25 |
| Pulmonary tuberculosis | 3 | 19 | 22 |
| Tuberculosis (other than chest) | 4 | 9 | 13 |
| Chest Ailments (other than tuberculosis) ... | 23 | 28 | 51 |
| Defective speech | 2 | 4 | 6 |
| Heart conditions | 7 | 14 | 21 |
| Spastic | 2 | 2 | 4 |
| Maladjusted | 3 | 2 | 5 |
| Other cases | — | — | — |
| | <hr/> 236 | <hr/> 170 | <hr/> 406 |

Infectious Diseases.

There were no climatic conditions which could be held to favour the spread of communicable disease during the year. There were two small instances of disease in the latter part of the year—one consisted of an interesting outbreak of influenza in one of the girls' grammar schools. Characterised by headache, nausea and abdominal pain, it resembled in its initial stages an outbreak of food poisoning. The other consisted in a single fatal case of diphtheria in a non-immunised girl; the organism was proved to be of a virulent 'mitis' type. The source of the infection was never traced and apart from a sister who was ill at the time routine swabbing of all close contacts and a number of home contacts failed to reveal any other infected persons.

It is interesting that a short while after the incident in 1959 a second case of diphtheria in a neighbour of the fatal case was admitted to Walker Gate Hospital with a similar organism. No connection between the two cases has been established. This second incident revealed a disturbing indifference on the part of local residents to the importance of protection of children against diphtheria.

The main diseases notified to this department amongst children of school age was as follows:—

| Infection. | 5-9 years. | 10-14 years. | Total. |
|------------------------------------|---------------|-----------------|--------|
| Scarlet fever | 65 | 15 | 80 |
| Diphtheria | — | 1 (F) | 1 |
| Para typhoid | 1 (F) | — | — |
| Chickenpox | 1,102 | 146 | 1,248 |
| Poliomyelitis | 1 (M) | — | 1 |
| Rubella | 99 | 9 | 108 |
| Dysentery | 23 | 8 | 31 |
| Food poisoning | 3 | 1 | 4 |
| Pneumonia | 8 | — | 8 |
| Whooping cough | 107 | 5 | 112 |
| Tuberculosis (respiratory) | 12 | 11 | 23 |
| Tuberculosis (non-respiratory) ... | 5 | 2 | 7 |
| Measles | 98 | 9 | 107 |

VI—Report of the
CHIEF
PUBLIC HEALTH INSPECTOR

ANNUAL REPORT OF THE
CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1954

U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
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WASHINGTON, D.C.

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

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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. G. WILLIAMSON, A.R.S.H., M.A.P.H.I. |
| 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 | ... | W. G. INGLEDEW, M.A.P.H.I. |
| | { West | ... | M. G. WINTRINGHAM, D.P.A. |
| Inspectors | ... | ... | 20 (four vacancies, three of which are filled tempor- arily by unqualified Assistant Inspectors). |
| Pupil Public Health Inspectors | ... | 4 | |
| Clerks | ... | ... | 1 Senior Clerk. 9 Clerks (1 vacancy). |

Although 1958 was not without the usual difficulties inevitably associated with a changing staff, the keynote of the past twelve months has been one of real and steady progress in all aspects of the work of the Department.

Much of the progress in the task of social improvement is not immediately apparent as a very substantial proportion of the work involved is of an unobtrusive routine character performed quietly and efficiently by the District Inspectors' staff. Perhaps their efforts and the fruits of those efforts are to some extent obscured by the more topical flavour of public interest which always surrounds such matters as clean air, slum clearance and the "barrow boy" problem and consequently it may not be generally appreciated that more than half the work of the Public Health Inspection Service is carried out by the District Inspectors who, in addition to their contribution to the more publicised aspects of environmental hygiene, are also continually engaged in the routine supervision of dwelling houses, houses let in lodgings, food premises, dairies, smoke emissions, infectious disease control, disinfestation, offices, shops and other activities of an everyday character.

The satisfactory execution of such work is the foundation without which an efficient public health inspection service could not operate and it is when the additional specialised work of smoke control and food hygiene and the like is superimposed on the district inspection service that staff deficiencies become most apparent. A memorable feature of 1958 is the fact that, albeit for only a short period, a numerically full establishment of inspectors was engaged, but 1958 has also revealed that numerical sufficiency alone will not compensate for the disadvantages of an insufficiently experienced and inadequately qualified staff. The average length of experience of an inspector other than seniors, engaged in district inspection was, at the end of the year, less than nine months and too much time had to be spent by senior staff in dealing with problems which would not normally have arisen. Nevertheless, events have demonstrated the wisdom of the Health Committee in reorganising, last year, the District Inspectors' Section which resulted in the City being divided into three main divisions each under the control of a Senior Inspector, and should recruitment during 1959 keep pace with resignations and retirements the general position can be regarded with cautious satisfaction.

Advantage was taken of the improvement in the staffing position to begin, at last, a systematic survey of houses let in lodgings and although progress was slow there have been many improvements carried out in this type of tenement dwelling, particularly in the Elswick area. Although the aim of this drive is to secure a raising of the living standards in these houses by the execution of repairs and

the provision of additional amenities to satisfy the code of standards laid down by the Health Committee in 1956, in some cases the conditions found on inspection resulted in closing orders being made on houses or parts of houses, particularly in respect of insanitary basement holdings.

During the year, slum clearance work continued ahead of the scheduled programme, but the increasing time lag between the representation of unfit houses and demolition and rehousing of the occupants remained a cause for concern. Because of this disconcerting drift from the scheduled programme the rehousing programme in respect of clearance was completely revised and although this revision has necessitated some readjustment of the Health Committee's schedule of clearance and has, indeed, slowed down the work to some extent, the new programme will, without doubt, considerably increase the rate of rehousing.

The task of clearing the atmosphere of our City proceeded smoothly during 1958 and the progress in the establishment of the first smoke control area and the excellent publicity produced by the North East's first Clean Air Exhibition promoted by the Health Committee, are matters referred to in greater detail elsewhere in this report.

Gratifying though it may be to contemplate the pioneering progress of the Health Committee in securing clean air it is discouraging to note the apathetic attitude of some Tyneside authorities in this field of social advancement. Tyneside could be described as the heart of a "black area" and what geographical situation could be more suitable for *concerted* action among local authorities when considering the establishment of smoke control areas?

HOUSING ACT, 1957.

Slum Clearance.

Despite staff changes and the continued disadvantage of the remote nature of the control and liaison between the Town Hall and the Housing (Slum Clearance) Section in the New Bridge Street Offices, slum clearance work continued apace and at the end of the year the Health Committee was more than 15% ahead of the scheduled programme. During the five years ending 31st December, 1958 (half-way through the ten year programme), the Committee had dealt with 2,657 houses.

It is a source of satisfaction to observe that during 1958 the rate of rehousing from unfit houses in areas had increased by 19.4% and demolitions and closures by 162.5% when compared with 1957.

During the early months of the year the work of inspection continued in the Railway Street Clearance Area, in the summer months the Ouseburn Road, Byker Bank and Wilfred Street Areas were completed and towards the end of the year the Bell Street and Leazes Areas were in their final stages. The Bell Street Clearance Area is an extension of the Diana Street Clearance Area (represented in 1957) and the resulting combined areas will considerably improve the available space for redevelopment purposes.

Because of the overriding need for dealing with areas of a size and shape suitable for redevelopment, it will be noted that the number of houses dealt with individually was much less than during the previous year, (29 as compared with 102), and of these 29 orders, 9 were made in respect of basement holdings only.

The following tables show in statistical form the work carried out during the year.

Represented to Health Committee—

| | | | | | Houses. | Families. |
|-----|-------------------------|-----|-----|-----|---------|-----------|
| (a) | Unfit Houses in Areas | ... | ... | ... | 529 | 1148 |
| (b) | Individual Unfit Houses | ... | ... | ... | 29 | 57 |
| | Totals | ... | ... | ... | 558 | 1205 |

Orders Made—

| | | | | | Houses. | Families. |
|-----|--------------------------------------|-----|-----|-----|---------|-----------|
| (a) | Shieldfield Clearance Order | ... | ... | ... | 190 | 396 |
| (b) | Scotswood Road (Hawes Street) C.P.O. | | | | | |

| | | | | | Houses. | Families. |
|-----|--|-----|-----|-----|---------|-----------|
| | Pink | ... | ... | ... | 198 | 438 |
| | Grey | ... | ... | ... | 38 | 44 |
| | | | | | 236 | 482 |
| (c) | (i) Demolition Orders (Individual Unfits) | ... | ... | ... | 21 | 44 |
| | (ii) Closing Orders (Part) (Individual Unfits) | ... | ... | ... | 22 | 29 |
| | (iii) Closing Orders (Whole) (Individual Unfits) | ... | ... | ... | 2 | 9 |
| | Totals | ... | ... | ... | 471 | 960 |

Orders confirmed by Minister—

| | | | | | | |
|--|---|-----|-----|-----|----|-----|
| | Mitchell Street and Whitworth Street C.O. | ... | ... | ... | 49 | 130 |
|--|---|-----|-----|-----|----|-----|

The Public Inquiry held by the Minister of Housing and Local Government in November, 1957, in respect of the Mitchell Street and Whitworth Street Clearance Order, resulted in the Minister confirming the Order without modification and notice of this decision was received early in 1958. The Shieldfield Clearance

Order and the Scotswood Road (Hawes Street) Compulsory Purchase Order were submitted for confirmation to the Minister during the latter months of the year and it is expected that Public Inquiries in respect of these Orders will be held early in 1959.

Housing Subsidies Act, 1956.

The provisions of the above Act enable 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 from a dwelling in an area in respect of which a Clearance Order or a Compulsory Purchase Order has been confirmed. As no Orders can be made in respect of unfit houses belonging to the Corporation, the Minister will accept in lieu of an Order a Certificate of Unfitness before granting the subsidy and during the year 32 such Certificates relating to 334 houses were issued to the Housing Manager. Of these 334 houses only 11 had not been represented to the Health Committee, the remainder either being in areas or treated as individual unfit houses.

After a clearance area has been represented to the Health Committee and before the Order in respect thereof has subsequently been confirmed, it has been found that the condition of certain houses in the area demands the immediate rehousing of the occupants. Normally no such rehousing will rank for subsidy and in any event, the owner could legally relet the house again if it became vacant by rehousing, but fortunately this difficult position can be overcome by the issue of an undertaking in writing by the owner that the house will be demolished or closed in the event of the occupants being rehoused. During the year 33 such undertakings in respect of 65 families were received and this excellent procedure was of great benefit to both the tenants and the Corporation.

Condemned Houses—Rehousing.

A total of 855 families from condemned houses were rehoused by the Housing Department during the year as follows:—

| | | | | | <i>Families.</i> |
|-----------------------------------|-----|-----|-----|-----|------------------|
| Post War Clearance Areas | ... | ... | ... | ... | 538 |
| Post War Individual Unfit Houses | ... | ... | ... | ... | 170 |
| Pre-War Clearance Areas | ... | ... | ... | ... | 2 |
| Pre-War Individual Unfit Houses | ... | ... | ... | ... | 8 |
| On undertakings | ... | ... | ... | ... | 56 |
| Individual Corporation Properties | ... | ... | ... | ... | 81 |
| Total | ... | ... | ... | ... | 855 |

These houses were distributed throughout the City and in each case of rehousing the disinfection of household furniture and effects proceeded effectively and smoothly.

Condemned Houses—Demolitions and Closures.

A total of 420 unfit houses were demolished during the year as scheduled below:—

| | | | | | <i>Houses.</i> |
|-----------------------------------|-----|-----|-----|-----|-----------------|
| Post War Clearance Areas | ... | ... | ... | ... | 208 |
| Post War Individual Unfit Houses | ... | ... | ... | ... | 75 |
| Pre-War Clearance Areas | ... | ... | ... | ... | 11 |
| Pre-War Individual Unfit Houses | ... | ... | ... | ... | 5 |
| On undertakings | ... | ... | ... | ... | 34 |
| Individual Corporation Properties | ... | ... | ... | ... | 87 |
| Total | ... | ... | ... | ... | <hr/> 420 <hr/> |

Houses let in lodgings.

The systematic repair and improvement of houses let in lodgings are most essential operations if a reasonable standard of living conditions is to be secured in the larger properties housing several families. With this end in view the Health Committee has formulated a code of standards for such dwellings to be enforced under the appropriate provisions of the Housing Act, 1957, and in the latter half of 1958 a survey of such premises was begun. This work is entailing a comprehensive and detailed inspection of each house, the preparation of detailed schedules of repair and provision of additional amenities, the costing of such work, and the service of notices requiring the execution of the repairs, the provision of additional amenities and the abatement of overcrowding.

The work involved in this survey, together with the time-consuming follow-up of notices, presents a task of some magnitude and some years must inevitably pass before its completion is in sight.

By the end of the year 11 such houses had been dealt with, involving the service of 8 notices for repair, 6 notices for amenities and 2 notices for the abatement of overcrowding. In one case the conditions found were adequately dealt with under the Public Health Act, and in another the condition of the house was such that a closing order was made. In this latter case the owner appealed against the making of the order and early in 1959 this appeal is to be heard in the County Court.

If staff conditions allow this work of survey to proceed without interruption, next year should bring a substantial improvement in the standards of such dwellings and even at this early stage it is gratifying to observe the evident improvement in the street where the work has been commenced.

At the end of the year there remained on the register 795 houses let in lodgings but the accuracy of this figure is open to doubt and must be adjusted when full information is provided by the survey.

During 1958, 369 inspections of these premises were carried out as compared with 358 during the previous year.

Rent Act, 1957.

As in previous years, the provisions of the Rents Acts with regard to the issue of Certificates of Disrepair and Cancellation, and the acceptance of Owner's Undertakings, etc., have worked quite smoothly.

During the year a total of 412 applications for Certificates of Disrepair were received and 428 applications (including a small number carried over from the previous year) were approved. Form 'K' undertakings received totalled 211, and 224 Certificates of Disrepair were issued. Of the 92 applications for Certificates of Cancellation received, 72 were granted and 20 refused on tenants' objections.

Applications for Certificates on Form 'P' totalled 167, comprising 105 in respect of Form 'H' undertakings and 62 in respect of Form 'K' undertakings.

To a certain extent the operation of the Rent Act is securing the repair of a number of unfit houses but it is regrettable to note that in several instances the powers of a landlord are being misused. In a number of houses in declared clearance areas, notices of increase of rent on Form 'A' have been served by the landlord and the tenants have paid the increased rent contrary to the terms of the Act. Even after such tenants have been advised of their error in so doing, they have continued to pay the increased rent for an obviously unfit house as they appeared to be apprehensive as to their security of tenancy.

PUBLIC HEALTH ACT, 1936.

Nuisances.

During the years 1949 to 1956 the number of complaints received in the Department averaged 8,145 per annum and the vast majority of these related to defects of repair of houses. During 1957 and 1958 the average fell to 3,907 and in 1958 the actual figure was 4,001. This welcome decrease is due, in part, to the operation of the Rent Act, 1957 but to a greater extent it is probable that slum clearance is responsible. Nevertheless, there still exists the serious problem of the deterioration of houses in confirmed clearance areas and in represented clearance areas, and nowhere is this more apparent than in the Shieldfield, Sycamore Street, Hawes Street, Elswick East Terrace and Railway Street districts.

During 1958, 2,722 informal notices and 1,254 statutory notices were served requiring the abatement of nuisances. A total of 37 final warning letters were sent to owners, in respect of which the work was completed in 29 cases before legal proceedings were instituted.

Of the remaining 8 cases, 2 Nuisance Orders were made after Court proceedings and in the other 6 cases proceedings were instituted but the work was completed before the hearings.

Complaints continued to be received from time to time of odour nuisance from a potato crisp manufacturer's establishment in the north east district of the City, but it is pleasing to report that a deodorisation plant has at last been installed and came into operation towards the end of the year. The success or otherwise of this attempt to abate a long standing nuisance will be revealed during 1959.

Under the provisions of the Newcastle upon Tyne Corporation (General Powers) Act, 1935, 321 notices were served in respect of defective drains, waste pipes and water closets and in 55 instances the work required was carried out by the City Engineer's staff at a total recoverable cost of £116 19s. 7d.

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 311 routine inspections of such premises were made as compared with 264 in 1957. Conditions in respect of ventilation, heating, lighting, cleanliness and sanitary accommodation were generally satisfactory.

Licensed Premises.

The improvement in the staffing position during the year enabled a beginning to be made of the overdue survey of licensed premises in the City and altogether 293 public houses and 59 clubs were inspected in detail.

The various brewery companies co-operated well and much work of improvement was carried out without formal action. Club managements were also anxious to satisfy the Department's requirements but serious concern was felt over the conditions existing in some of these clubs. Clubs exist ostensibly to provide an opportunity for social intercourse and rational recreation and it should be assumed that the maintenance of hygienic conditions is essential to the achievement of such worthy aims, but experience during 1958 suggests that, in some cases at least, hygiene is a very minor consideration. In two cases under consideration at the end of the year, the sanitary accommodation was deplorable, the washing facilities for staff and equipment were non-existent, natural lighting and ventilation were restricted by permanently fixed wooden shutters over the window openings and the premises generally were in a state of gross disrepair. Nevertheless, club members appeared to enjoy such unhygienic conditions and rarely, even in the middle of the day, were the premises not packed to the doors. Despite the declared aims and purposes of the clubs referred to, the main object seems to be to achieve a maximum sale of intoxicating liquor within the hours permitted by the licensing magistrates.

During the year the following work was carried out as a result of action by the Department.

NATURE OF WORK CARRIED OUT AT LICENSED PREMISES.

| Food Hygiene Regulations. Reg. No. | Nature of work. | Informally without notice. | Informally with notice. |
|---------------------------------------|--|----------------------------|-------------------------|
| | <i>Public Houses.</i> | | |
| 14 | Sanitary conveniences repaired | 3 | 17 |
| | Choked drains cleared | — | 2 |
| 16 | Handwashing facilities provided | 21 | 55 |
| | Washhand basins repaired... | 1 | 1 |
| | Hot water provided to handwashing facilities | 1 | — |
| 18 | Accommodation for outdoor clothing provided | — | 2 |
| 19 | Hot water provided to equipment washing facilities | 2 | — |
| 20 | Artificial light provided | — | 2 |
| 21 | Additional ventilation provided | — | 5 |
| 23 | Walls and floors repaired ... | — | 80 |
| | Total | 28 | 164 |

Offensive Trades.

There was a substantial increase in the number of visits to premises at which were carried on scheduled offensive trades, all of which were the subject of routine supervision. A total of 36 detailed inspections was made of such premises and the 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 | Fishcurers | 1 |

Tents, Vans and Sheds.

In June the showmen took up their annual residence on the 25 acre site on the Town Moor for the Temperance Festival, but on this occasion, because of the weather conditions, the period of the Festival was extended by one week and the showmen occupied the site from mid-June to mid-July.

There was a total of 518 living caravans accommodating 467 families comprising 1,509 persons on the site.

The most outstanding feature of the Festival of 1958, from a hygiene point of view, was the excellent condition and arrangement of the sanitary conveniences. In former years much criticism had been directed to the unsatisfactory sanitary arrangements provided at this event, but in 1958 it was pleasing to hear the favourable comments of many of the showmen who stated that the sanitary services provided by the Corporation in connection with this Festival are now the best in the country. Had the old system of sanitary accommodation been in operation during the rainy period experienced during Festival Week, a very serious nuisance indeed would have arisen due to the flooding of the sumps and latrines.

Although less than in previous years difficulties were again encountered in dealing with caravan dwellers illegally stationing their vehicles on vacant land in the City and causing nuisance as a result of the absence of sanitary accommodations, water supplies and refuse disposal arrangements. Most of these problems occurred in the East End but little more can be done than keeping the situation under control by constant vigilance.

Surprisingly few enquiries were received during the year from the theatrical profession for parking facilities and it would now appear that variety and stage performers are appreciating the great difficulty of providing such facilities for their living vans in the city centre.

Common lodging houses.

There still remains only one common lodging house on the register and this house continued to provide accommodation for 58 lodgers. The highest nightly use of beds was 58, the lowest 54, and the average 56.3.

A useful and important function in the social structure of a large industrial city is provided by a common lodging house. Although the accommodation provided is somewhat austere and devoid of the normal luxuries of modern living, a form of communal life prevails in a lodging house which would not otherwise be available to a single elderly male person. Nevertheless, the condition of the house in question had caused concern to the Health Committee as a result of which a detailed schedule of repairs was sent to the owner during the year. Because of the failure of the owner to execute such repairs and because of the serious hazard caused by the dilapidated condition of the fire escape the Committee refused to renew the registration for 1959.

New Buildings and Alterations.

The excellent co-operation with the City Engineer's Department which enables all plans to be examined before submission to the Town Improvement and Streets Committee continued throughout the year. A total of 190 plans were examined and the City Engineer informed of improvements or objections relating to food hygiene, clean air and other matters administered by the Health Department.

Disinfestation (Slum Clearance).

During the year 563 tenants were notified to the Health Department by the Housing Manager for disinfestation of their household effects prior to rehousing, a reduction of 317 as compared with 1957. The practice of spraying all articles of furniture with a liquid insecticide and the steam disinfection of all bedding was continued satisfactorily. In the course of this work the contents of 1,272 rooms and approximately 1,126 articles of bedding were treated. Of the total number of tenants rehoused, 105 were from individual unfit houses in various parts of the City and the remainder were rehoused from the Shieldfield, Church Street, Scotswood Road, Blandford Street, Sycamore Street, Fisher Street, White Street and Byker areas. Some 300 gallons of liquid D.D.T—Pyrethrum were used during treatment.

Mileage covered by the disinfestation staff has increased as the process of clearance and rehousing moves further from the City Centre but despite this, and to a limited extent due to the reduced cost of insecticide the cost per family rehoused remains at approximately 15/-. Despite the occasional, and to be expected, overloading of the staff and disinfestation plant, the work continued smoothly and satisfactorily.

Disinfestation (General).

During the year there was a reduction in the number of requests for advice and assistance in the identification and eradication of pest infestations, the total being 230 as against 366 in 1957.

The treatment of 523 rooms was carried out by the application of liquid, oil based or water miscible insecticides, or by powder and insecticidal smoke fumigation separately or in combination according to the type of pest and the construction of the premises concerned.

During September a number of complaints were received from tenants in Blackett Terrace and Ridley Terrace with respect to an infestation of flies arising from a refuse tip confronting Blackett Terrace. The co-operation of the Cleansing Department was readily forthcoming in dealing with conditions on the tip and at the same time insecticidal treatment of the affected houses was offered to each of the complainants. A number of the tenants refused this offer, but 23 houses did eventually receive treatment. Regular visits over a period of some weeks were subsequently made and it was found that the active measures taken at the tip face together with the residual effects of the insecticide in the houses treated had been effective in reducing this infestation until it no longer constituted a nuisance.

As in previous years, the bed bug and cockroach continued to be responsible for the majority of requests for assistance, other pests being dealt with having included fleas, lice, wood beetles, spider beetles, plaster beetles, earwigs, flies, moths, wasps and bees.

A total of 1384 visits were made in relation to disinfestations and subsequent follow up to ascertain the effectiveness of treatments.

Infectious Diseases.

In addition to the work of pest eradication the staff of the Disinfestation Section is also responsible for the investigation of certain types of infectious disease, and in the course of this work, the staff made 2,595 visits to premises, carried out 340 disinfections and collected 645 bacteriological specimens.

Workplaces.

Workplaces, which include "any place in which persons are employed otherwise than in domestic service, other than factories," were visited throughout the year in the course of which 981 inspections were made as compared with 697 in 1957.

Most of the premises involved were offices and a remarkably high standard of hygiene was found to exist as only on 4 occasions were defects noted, as follows:—

| | |
|--|-------|
| Lack of cleanliness | 1 |
| Defective or unsuitable sanitary accommodation | 1 |
| Other nuisances | 2 |
| | <hr/> |
| | 4 |
| | <hr/> |

Water Supply.

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

Samples were taken weekly from fixed mains sampling points uniformly distributed throughout the City and from domestic premises and were submitted for bacteriological examination.

A total of 32 visits were made to the various Public Swimming Baths for the purpose of ascertaining the amounts of available chlorine and the pH value of bath waters and in every case the results were satisfactory.

BACTERIOLOGICAL EXAMINATION OF WATER.

| | Number Taken. | Class 1 Nil b.coli. | Class 2 1—3 b.coli. | Class 3 4—10 b.coli. | Class 4 over 10 b.coli. |
|-----------------------|---------------|---------------------------|---------------------------|----------------------------|-------------------------------|
| Main Sampling Points | 153 | 152 | — | — | 1 |
| Domestic Samples..... | 155 | 146 | 5 | 2 | 2 |
| Public Baths | 64 | 64 | — | — | — |
| Totals | 372 | 362 | 5 | 2 | 3 |

Unsatisfactory domestic samples.

The samples taken from domestic taps which fell below Class 1 were taken from houses in different parts of the City and check samples were subsequently taken from each house and from another house in the same street in every case. These were all reported by the bacteriologist to be Class 1.

With regard to the Class 4 samples taken from a mains sampling point all subsequent samples taken at fortnightly intervals have been reported to be Class 1.

Chemical Analysis.

Each month 4 samples from domestic water supplies were obtained and in every case the Public Analyst reported that they were of satisfactory organic purity, had been adequately filtered, that the characteristics were good and that the water was suitable for a public supply.

DISTRICT PUBLIC HEALTH INSPECTORS' TOTAL SUMMARY FOR THE YEAR
1958.

| | | | | | |
|--|-----|-----|-----|-----|--------|
| Complaints received | ... | ... | ... | ... | 3,845 |
| Nuisances found on District | ... | ... | ... | ... | 156 |
| <i>Inspections of Dwelling Houses—</i> | | | | | |
| Under Public Health Acts | ... | ... | ... | ... | 4,440 |
| Housing Acts | ... | ... | ... | ... | 15,005 |
| Overcrowding, etc. | ... | ... | ... | ... | 43 |
| Certificates of Disrepair, etc. | ... | ... | ... | ... | 671 |
| Houses let-in-lodgings | ... | ... | ... | ... | 369 |
| Supervision of work in progress | ... | ... | ... | ... | 747 |
| Revisits | ... | ... | ... | ... | 8,411 |
| Miscellaneous visits | ... | ... | ... | ... | 3,526 |
| <i>Inspections of Other Premises—</i> | | | | | |
| Offices and shops | ... | ... | ... | ... | 271 |
| Pet Animals Act, 1951 | ... | ... | ... | ... | 24 |
| Hairdressers | ... | ... | ... | ... | 379 |
| Hotels, cinemas, etc. | ... | ... | ... | ... | 1,385 |
| Stables, piggeries, etc. | ... | ... | ... | ... | 30 |
| Tents, vans and sheds | ... | ... | ... | ... | 586 |
| Accumulations, streams, etc. | ... | ... | ... | ... | 65 |
| Schools | ... | ... | ... | ... | 8 |
| Public Conveniences | ... | ... | ... | ... | 225 |
| Smoke Control Survey | ... | ... | ... | ... | 285 |
| Visits to Boiler Plant | ... | ... | ... | ... | 271 |
| Supervision of work in progress | ... | ... | ... | ... | 84 |
| Revisits | ... | ... | ... | ... | 101 |
| Rodent control | ... | ... | ... | ... | 32 |
| Exhumations | ... | ... | ... | ... | 2 |
| Offensive trades | ... | ... | ... | ... | 36 |
| Miscellaneous visits | ... | ... | ... | ... | 677 |
| <i>Inspection of Food Premises—</i> | | | | | |
| Dairies and cowsheds | ... | ... | ... | ... | 71 |
| Retail milk shops | ... | ... | ... | ... | 588 |
| Ice cream | ... | ... | ... | ... | 760 |
| Retail food shops | ... | ... | ... | ... | 2,724 |
| Street Traders | ... | ... | ... | ... | 2,291 |
| Bakehouses | ... | ... | ... | ... | 48 |
| Catering establishments | ... | ... | ... | ... | 167 |
| Food factories | ... | ... | ... | ... | 39 |
| Fried fish shops | ... | ... | ... | ... | 136 |
| Supervision of work in progress | ... | ... | ... | ... | 46 |
| Miscellaneous Visits | ... | ... | ... | ... | 237 |
| Total | ... | ... | ... | ... | 44,780 |

ATMOSPHERIC POLLUTION.

Measurement.

During the twelve months under review the total calculated quantity of atmospheric impurities which was deposited on the 17.81 square miles within the City boundaries amounted to 3,648 tons, being an increase of 299 tons over that of 1957.

On every square mile of the City some 205 tons of solid impurities were deposited during 1958 as compared with 188 tons during the previous year and it may be of significance that at the Denton Road gauge the rate of deposition rose from the 332 tons per square mile for 1957 to 508 tons during 1958, of which amount 320 tons was ash.

For the purpose of obtaining a reliable indication of the extent to which pulverised fuel ash contributed to these high ash content figures, arrangements were made with the Public Analyst to carry out a quantitative and qualitative microscopical examination of all ash extracted from the 10 gauges during the summer months. The results obtained were based on determined percentages of the ash possessing the physical characteristics peculiar to pulverised fuel ash and whilst in the eastern half of the City usually only traces of this material were found, the West End gauges produced amounts varying up to 29% of the total amount extracted. The only large users of pulverised fuel in the neighbourhood of the West end of the City are the power stations at Dunston and Stella, and the conclusions are inescapable.

The measurement of the reactivity of the sulphur dioxide content of the atmosphere of our City showed a slight but unwelcome increase to .09 parts per million daily mean concentration as compared with .082 parts per million during 1957.

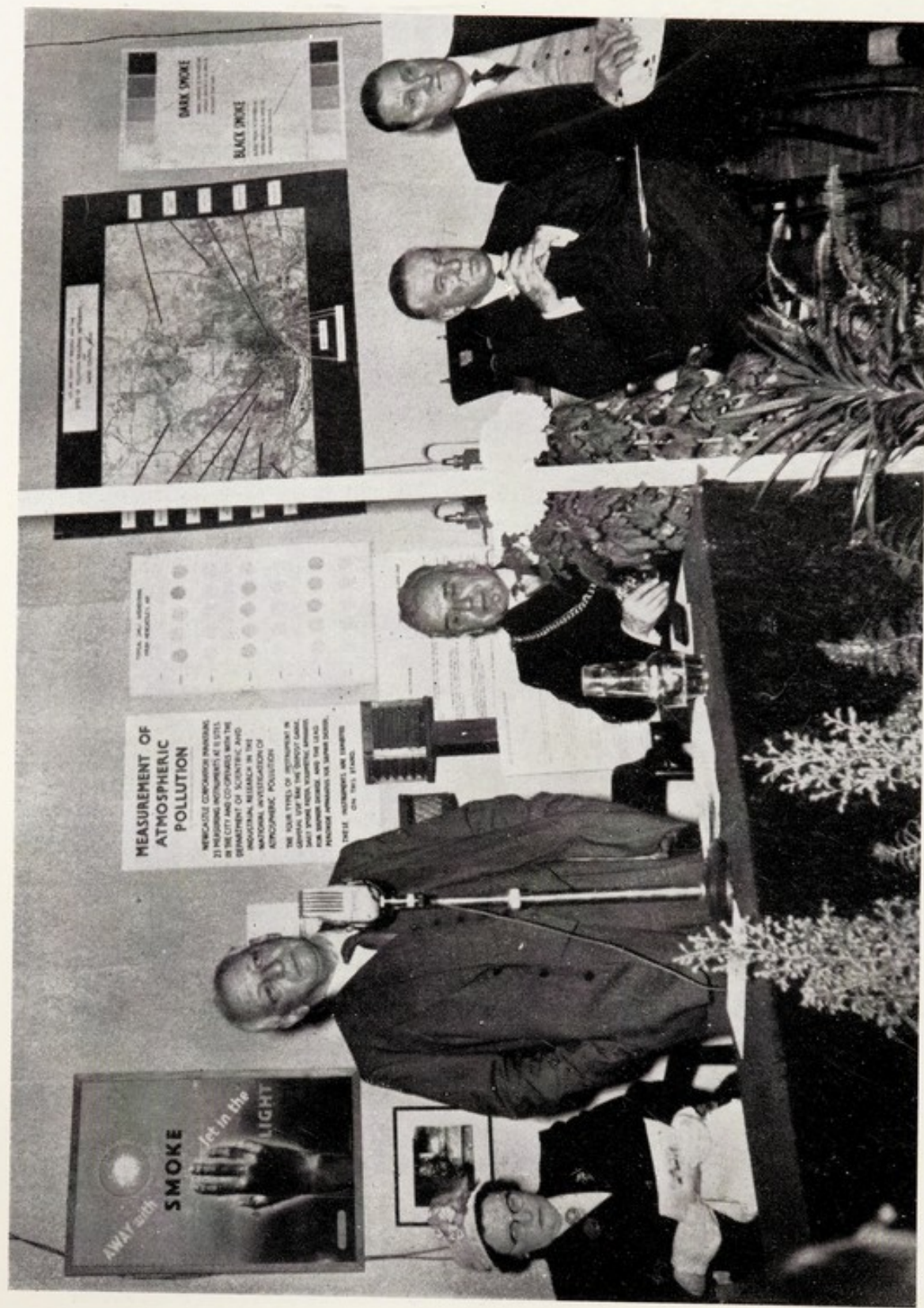
The operation of the two volumetric filter gauges, at the Wharncliffe Street Clinic and at the Shields Road East End Clinic, on behalf of the British Empire Campaign Cancer Research continued throughout the year and filter papers were renewed and dispatched weekly to the research laboratory.

Clean Air Act, 1956.

Satisfactory progress was achieved during the year in connection with the Smoke Control Area Programme, the Order for the Smoke Control Area No. 1 being submitted in March to the Minister of Housing and Local Government for confirmation. Certain objections to the confirmation of the Order were received by the Minister



The Health Department Stand at the Clean Air and Fuel Efficiency Exhibition.



SIR HUGH BEAVER delivering his opening address from the Health Department Stand at the Clean Air and Fuel Efficiency Exhibition.

but, after consultations between the Department and the objectors, the objections were ultimately withdrawn. Nevertheless, confirmation by the Minister was not forthcoming until the 30th September, the very last day which would enable the Order to become operative on the 1st April, 1959, as planned. During the intervening period of six months a considerable volume of work has to be accomplished in approving and carrying out works of adaptation and conversions of fireplaces and in dealing with claims for the 70% grant in respect of private dwelling houses. However, a real start on this formidable task of controlling smoke in our City has been made and although the benefits of a clean atmosphere may not become apparent for many years to come, it is to be hoped that the vigorous policy being pursued by the Health Committee in this field of environmental health will be emulated by the less progressive local authorities on Tyneside.

On the 1st June the Minister brought into operation the remaining provisions of the Clean Air Act, 1956, such provisions dealing mainly with the prohibition of dark smoke from chimneys; the minimising of grit and dust from furnaces; the abatement of smoke nuisances and the application of the Act to railway engines and vessels.

The requirements relating to the emission of grit and dust from furnaces have caused much concern to the ironfoundry industry and in June I was appointed one of seven representatives of the Association of Municipal Corporations to meet members of the Council of Ironfoundry Associations to discuss the difficulties confronting the industry in relation to the operation of foundry equipment. Particular reference was made to emissions from cupolas and although a measure of agreement was reached on the methods of grit arrestation which could reasonably be employed with advantage, so far as can be ascertained, no great improvement has been achieved in this City.

Much attention was directed during the year to publicising the Health Committee's programme of smoke control and although full advantage was taken by contributing suitable articles to the daily press and by addressing meetings of local organisations on the subject of atmospheric pollution, the outstanding event of the year was undoubtedly the Clean Air Exhibition.

This exhibition was promoted by the Health Committee and held in the Northumberland Baths Hall from the 6th to the 15th November. The official opening was attended by the Lord Mayor and Lady Mayoress, the Sheriff, the Chairman and Vice Chairman and

Members of the Health Committee, representatives of neighbouring local authorities and principals of industrial organisations. The opening was performed by Sir Hugh Beaver, K.B.E., President of the National Society for Clean Air who, in his address, expressed the hope that "as Newcastle has taken the bit between its teeth in the matter of smoke control, it will gallop ahead much faster than hitherto."

During the period of the exhibition there were 7,377 visitors and 732 attended the cinema which showed four different programmes daily dealing with subjects of topical and technical interest in connection with smoke prevention. The undoubted success of this event was due to the excellent team work of the Health Department staff and a further source of gratification was the very satisfactory financial result to the Corporation.

Prior Approval of Furnaces.

Application for the "prior approval" of furnaces before installation as provided for in Section 3 of the Act, fell during the year to one as compared with ten during 1957.

This application related to an automatic oil burning plant and in addition six notifications of intention to install furnaces were received.

The work of the Prior Approval Advisory Panel continued to operate smoothly and the assistance offered by the Senior Engineer of the National Industrial Fuel Efficiency Service is gratefully acknowledged.

Smoke Emissions.

There was a very substantial increase in the number of smoke observations made during the year, there being 436 recorded observations as compared with 183 during 1957. On 15 occasions contraventions of the Public Health Act or the Clean Air Act were observed and letters of caution were sent, on the instruction of the Health Committee, in appropriate cases.

In respect of one emission occurring in November, dark smoke was emitted for $6\frac{1}{2}$ minutes in the half hour period during which the chimney was under observation and as a result of legal proceedings being instituted, the defendant was fined £10 and ordered to pay 3 gns. costs.

In another case, which involved a chimney which was a regular offender, the emission of dark smoke was continuous for the whole half hour and the hearing in the Magistrates' Court will take place early in 1959.

RESULTS FROM OPERATION OF POLLUTION 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 | 2.17 | 0.17 | 1.78 | 3.49 | 4.69 | 10.13 | 1.48 | 1.06 | 0.32 |
| | Annual | 26.03 | 2.04 | 21.31 | 41.91 | 56.38 | 121.64 | 17.79 | 12.72 | 3.88 |
| Westgate Cemetery | Monthly | 2.46 | 0.24 | 4.24 | 8.87 | 7.86 | 21.21 | 2.36 | 1.17 | 0.7 |
| | Annual | 29.59 | 2.95 | 50.95 | 106.42 | 94.28 | 254.60 | 28.41 | 14.11 | 8.45 |
| Welbeck Reservoir | Monthly | 1.74 | 0.17 | 1.77 | 4.86 | 6.71 | 13.52 | 2.07 | 1.06 | 0.56 |
| | Annual | 20.97 | 2.11 | 21.27 | 58.36 | 80.56 | 162.30 | 24.86 | 12.74 | 6.76 |
| Benwell Reservoir | Monthly | 1.85 | 0.22 | 1.85 | 8.27 | 5.15 | 15.50 | 1.44 | 0.85 | 0.36 |
| | Annual | 22.20 | 2.64 | 22.28 | 99.23 | 61.88 | 186.03 | 17.31 | 10.19 | 4.39 |
| Wingrove Hospital | Monthly | 2.28 | 0.21 | 2.92 | 8.53 | 5.88 | 17.55 | 2.00 | 1.15 | 0.46 |
| | Annual | 27.36 | 2.54 | 35.07 | 102.42 | 70.63 | 210.66 | 24.05 | 13.81 | 5.57 |
| Freeman Road | Monthly | 2.31 | 0.15 | 1.42 | 2.55 | 5.34 | 9.46 | 1.39 | 1.08 | 0.44 |
| | Annual | 27.74 | 1.80 | 17.11 | 30.57 | 64.09 | 113.57 | 16.75 | 12.97 | 5.32 |
| Pendower Open-Air School | Monthly | 2.23 | 0.20 | 1.34 | 6.06 | 6.61 | 14.22 | 2.16 | 1.09 | 0.66 |
| | Annual | 24.57 | 2.23 | 14.81 | 66.68 | 72.73 | 156.45 | 23.81 | 11.97 | 7.27 |
| Denton Road | Monthly | 2.37 | 0.37 | 5.05 | 26.68 | 10.25 | 42.35 | 3.13 | 1.48 | 1.20 |
| | Annual | 28.51 | 4.40 | 60.61 | 320.16 | 123.02 | 508.19 | 37.65 | 17.85 | 14.47 |
| Walkergate Hospital | Monthly | 2.39 | 0.18 | 2.41 | 5.32 | 6.11 | 14.03 | 1.83 | 1.28 | 0.45 |
| | Annual | 28.70 | 2.15 | 28.98 | 63.89 | 73.34 | 168.36 | 21.96 | 15.33 | 5.39 |
| Walker Naval Yard | Monthly | 2.18 | 0.19 | 1.74 | 5.76 | 6.31 | 14.0 | 1.81 | 1.29 | 0.42 |
| | Annual | 26.14 | 2.23 | 20.89 | 69.16 | 75.78 | 168.06 | 21.77 | 15.47 | 5.13 |
| Average per gauge | Monthly | 2.19 | .20 | 2.45 | 8.03 | 6.49 | 17.19 | 1.96 | 1.15 | 0.55 |
| | Annual Calculated | 26.18 | 2.50 | 29.32 | 95.88 | 77.26 | 204.98 | 23.43 | 13.71 | 6.66 |
| TOTAL DEPOSIT ON THE CITY DURING 1958. | | | | | | | | | | |
| TOTAL DEPOSIT ON THE CITY DURING 1958 | Monthly | — | 3.56 | 43.61 | 142.93 | 115.52 | 305.98 | 34.88 | 20.87 | 9.79 |
| | Annual Calculated. | — | 44.5 | 521.89 | 1706.66 | 1375.22 | 3648.64 | 417.05 | 244.03 | 118.54 |

FOOD AND DRUGS ACT, 1955.

Sampling of Food and Drugs.

During the year 540 formal samples and 281 informal samples of food and household drugs were procured and submitted to the Public Analyst for examination. Of the formal samples 472 were of milk and of these only two were reported to be unsatisfactory. Four other samples were found to be unsatisfactory, representing 0.73 per cent of the total samples taken as compared with 0.72 per cent during the previous year.

Two of the unsatisfactory samples were informal (one of sterilised cream and one of baking powder) and in each case formal check samples were taken. The formal sample of cream was genuine but the formal sample of baking powder was unsatisfactory, being deficient in available carbon dioxide, the deficiency being due to deterioration during long storage.

The two unsatisfactory samples of milk were both of Tuberculin Tested (Farm Bottled) Jersey Milk and further samples from the same supplies were satisfactory. In all of these cases caution letters were sent to the persons concerned.

One sample of fish cakes fell below the standard laid down in the Food Standards (Fish Cakes) Order and legal proceedings in respect of this sample were pending at the close of the year.

All sausage samples were reported by the Public Analyst to be genuine, the average meat content being 67.6 per cent, which compared favourably with the standards laid down during meat rationing.

Once again meat pies showed great variation in meat content, varying from 20 per cent to 44 per cent of the total weight of the pie. As yet no standard has been made for the meat content of meat pies but it is felt that so great a variation indicates the need for a minimum legal standard.

The percentage of unsatisfactory samples was again very small and it would seem that the causes of these unsatisfactory samples are carelessness in bottle filling in the case of milk and working to too fine a margin in the case of other foods for which a minimum standard is fixed, the question of adulteration rarely having arisen.

AVERAGE COMPOSITION OF MILK SAMPLES.

| Designation. | Number Taken. | Fat %. | N.F.S. % |
|------------------------------------|---------------|--------|----------|
| Tuberculin Tested (Farm Bottled) | 75 | 4.86 | 9.21 |
| Tuberculin Tested (Pasteurised)... | 67 | 3.66 | 8.67 |
| Pasteurised | 253 | 3.65 | 8.60 |
| Sterilised..... | 77 | 3.83 | 8.68 |
| Total | 472 | — | — |

BACTERIOLOGICAL EXAMINATION OF MILK.

| Designation. | Number Taken. | Satisfactory. | Unsatisfactory. | % Unsatisfactory. |
|---------------------------|---------------|---------------|-----------------|-------------------|
| T.T. (Farm Bottled) | 194 | 164 | 30 | 15.5 |
| Tuberculin Tested | 101 | 88 | 13 | 12.9 |
| Undesignated | 353 | 249 | 104 | 29.5 |
| Total | 648 | 501 | 147 | Average 22.8 |
| T.T. (Pasteurised) | 172 | 170* | Nil. | — |
| Pasteurised | 234 | 234 | Nil. | — |
| Total | 406 | 404* | — | — |

* Two samples of Tuberculin Tested (Pasteurised) Milk were void owing to the temperature exceeding 65°F.

The percentage of satisfactory raw milk samples showed a very slight increase over those taken in 1957.

The Phosphatase Test.

This test was carried out on 406 samples of pasteurised milk (211 processed in the City and 195 outside) to establish whether or not heat treatment had been efficiently carried out. Two samples failed to pass the test, both being taken from the same dairy. Further samples taken bi-monthly proved to be satisfactory.

| Designation. | No. Taken. | Satisfactory. | Unsatisfactory. | % Unsatisfactory. |
|--------------------------|------------|---------------|-----------------|-------------------|
| T.T. (Pasteurised) | 172 | 171 | 1 | 0.58 |
| Pasteurised | 234 | 233 | 1 | 0.43 |
| Total | 406 | 404 | 2 | 0.49 |

The Turbidity Test.

A total of 101 samples of sterilised milk were submitted to the bacteriologist for examination by the turbidity test and all were reported to be satisfactory.

Tuberculous Milk.

During the year 335 samples of undesignated milk were submitted for biological examination and only one of these was found to be infected with tubercle bacilli. This sample was from a farm in Northumberland and notification was sent to the County authority.

The number of tuberculin tested herds supplying milk to the City is increasing each year and the sampling of undesignated milk for biological examination is correspondingly reduced.

Milk and Dairies Regulations 1949-1954.

All dairies were subject to the usual routine inspection and were maintained in a generally satisfactory condition. During the year 40 applications were received for registration as retail distributors of milk and after inspection and approval these were granted. 31 shops ceased to sell milk and were removed from the register. The total number of premises registered at the end of the year was 861 an increase of 9 over 1957.

Milk (Special Designations) Regulations, 1949.

During the year 1,243 licences were granted to deal in designated milks comprising Tuberculin Tested, Tuberculin Tested (Farm Bottled), Tuberculin Tested (Pasteurised), Pasteurised, Sterilised and Supplementary licences.

Ice Cream.

Thirty one samples of ice cream were submitted to the Public Analyst who certified that all complied with the requirements of the Food Standards (Ice Cream) Order, the average fat content being 9.1 per cent.

The bacteriological quality of ice cream shows some deterioration as compared with that of last year as of 107 samples examined 28 proved to be unsatisfactory, a percentage of 26.15, the percentage of unsatisfactory samples last year being 16.46.

The increase in the number of samples which failed to pass the test is not so serious as may appear by these percentages as most of the samples which failed the test were taken from three producers in the City and many more samples were taken from them than from those whose ice cream was consistently of high quality. After warning letters had been sent to the producers concerned and tests carried out at the factories there was a marked improvement in the quality of their product.

PUBLIC ANALYST.

| Fat Content Percentage. | Manufactured in City. | Manufactured Outside City. | Total. |
|-------------------------|-----------------------|----------------------------|--------|
| Less than 5 | Nil. | Nil. | Nil. |
| 5 — 6 | 1 | Nil. | 1 |
| 6 — 7 | 4 | Nil. | 4 |
| 7 — 8 | 5 | Nil. | 5 |
| 8 — 9 | 3 | Nil. | 3 |
| 9 — 10 | 6 | 2 | 8 |
| 10 — 11 | 4 | 2 | 6 |
| 11 — 12 | 1 | Nil. | 1 |
| Over 12 | Nil. | 3 | 3 |
| Total | 24 | 7 | 31 |

BACTERIOLOGIST.

| Provisional Grade. | Manufactured in City | | Manufactured outside City | | Total | |
|--------------------|----------------------|-------|---------------------------|-----|--------|--------|
| | Number | % | Number | % | Number | % |
| 1 | 48 | 49.6 | 9 | 90 | 57 | 53.3 |
| 2 | 21 | 21.6 | 1 | 10 | 22 | 20.55 |
| 3 | 6 | 6.2 | Nil. | — | 6 | 5.6 |
| 4 | 22 | 22.6 | Nil. | — | 22 | 20.55 |
| Total | 97 | 100.0 | 10 | 100 | 107 | 100.00 |

Three samples of ice lollies were taken and submitted to both the Public Analyst and the Bacteriologist and all were reported to be satisfactory.

Preservatives in Food.

In all samples submitted to the Public Analyst the preservative content was found to comply with the Regulations.

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

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

Bakehouses.

The number of bakehouses on the register at the end of the year has decreased from 136 to 122 one of which at the beginning of the year was a certified basement bakehouse. During the year the quinquennial period for which the certificate of suitability was in force expired and on consideration of the conditions existing in the basement bakehouse in question it was resolved that the certificate be not renewed. After consultation with the Department the basement rooms were closed for use as a bakehouse and all baking in these premises is now carried out on a ground floor. During routine inspections of all bakehouses conditions were found to be generally satisfactory.

Food Hygiene Regulations, 1955.

The general overall position in the City in respect of the hygiene standards in cafes, restaurants and catering kitchens continued throughout 1958 to be satisfactory apart from one or two minor matters which were quickly and readily rectified when notified to the managements.

A less satisfactory situation, however, continues to exist in relation to open air food trading and the premises on which such food is prepared and stored. In the early part of the year very unsatisfactory conditions were found to exist in a dwellinghouse which was being used as a depot in connection with the sale of "hot dogs." These were different premises under a different management from that referred to in last year's report but there was found the same complete disregard for the most elementary requirements of food hygiene. Legal proceedings were instituted and convictions secured in respect of 9 offences resulting in fines totalling £18 with 3 guineas costs. This business was immediately transferred to more suitable premises and a real, but not as yet entirely adequate, effort has been made to secure an improvement.

The ubiquitous "barrow boy" still caused much concern by his continued disregard of the requirements of the Food Hygiene Regulations and although legal proceedings instituted against 6

defendants in respect of 25 offences resulted in fines totalling £40 with 9 guineas costs, the position, so far as outdoor food hygiene is concerned, is unchanged. Every effort to secure the co-operation of the open air food trading fraternity, by persuasion and advice, has been unavailing and the disregard of the Regulations by street traders is so widespread that the task of prosecuting all offenders in respect of all offences is beyond the staff resources of the Department. That the control of such conditions could more easily be controlled by licences issued by the Council to individual traders is beyond dispute and it is to be hoped that the representations being made by the Health Committee to the Minister of Health to be granted the necessary powers will bear fruit during the ensuing year.

A serious case of insanitary food premises was detected during the year in the Scotswood Road area where, in a butcher's shop, long-standing accumulations of refuse and a heavy mice infestation were two of the outstanding features. Failure to observe the terms of a warning letter which was addressed to the proprietor led to legal proceedings resulting in fines totalling £40 being imposed. It should be recorded that the owner of the business, on realising the very serious nature of the conditions existing in the shop, which was a branch establishment, immediately closed down the business.

The small one-roomed general store or "corner shop" is a common feature of all large Cities and this type of premises is being found to present some difficulty with regard to food hygiene. It is difficult to maintain satisfactory hygienic conditions when green-grocery and root crops are stored, handled and sold in the same room as unwrapped groceries and provisions. Perhaps the greatest difficulties arise from the necessity to provide handwashing facilities with hot and cold water together with any other cleansing facilities required in connection with food cleansing. In the corner lock-up shop many practical difficulties are encountered in connection with drainage, the provision and siting of food cleansing equipment, the provision of clothing accommodation and similar matters and, whilst provision in the regulations is made for the issue of certificates of exemption in relation to certain matters of this kind, such certificates must be issued with great care if a satisfactory standard is to be maintained in these small general dealers shops in the City generally.

SUMMARY OF LEGAL PROCEEDINGS UNDER THE FOOD AND
DRUGS ACT, 1955
AND REGULATIONS MADE THEREUNDER.

| Case No. No. | Contravention of | No. of offences proved. | Fines imposed. | Costs ordered to be paid. |
|-----------------|-------------------------------------|-------------------------------|-------------------|------------------------------|
| | | | | £ s. d. |
| 1 | Food Hygiene Regulations, 1955. | 6 | £18 | 3 3 0 |
| 2 | do. | 9 | £18 | 3 3 0 |
| 3 | Food & Drugs Act, 1955 (Sec. 2). | 1 | £5 | 3 3 0 |
| 4 | Food Hygiene Regulations, 1955. | 2 | £2 | 1 1 0 |
| 5 | do. | 2 | £2 | 1 1 0 |
| 6 | do. | 3 | £4 | 1 1 0 |
| 7 | do. | 3 | £5 | 1 1 0 |
| 8 | do. | 4 | £7 | 1 1 0 |
| 9 | do. | 5 | £10 | 2 2 0 |
| 10 | do. | 5 | £10 | 2 2 0 |
| 11 | do. | 4 | £20 | — |
| 12 | do. | 2 | £20 | — |
| 13 | Food & Drugs Act, 1955 (Sec. 2). | 1 | £25 | 4 4 0 |
| 14 | do. | 1 | £25 | 4 4 0 |

TOTAL NUMBER OF FOOD PREMISES.

| Type of Business. | Number. |
|---|---------|
| 1. Bakehouses | 122 |
| 2. Food Manufacturing | 159 |
| 3. Food Packing | 76 |
| 4. Food Storing | 93 |
| 5. Catering | 257 |
| 6. Grocery & Provision | 330 |
| 7. Butcher | 324 |
| 8. Fishmonger | 79 |
| 9. Fish Fryer | 109 |
| 10. Fruiterer and Greengrocer | 271 |
| 11. General Dealer | 704 |
| 12. Confectioner | 345 |
| 13. Licensed Premises | 358 |
| 14. Cinemas and Theatres selling food | 38 |
| 15. Miscellaneous premises not mentioned above... | 223 |
| Total | 3,488 |

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

During the year 54 new 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 13 premises previously registered for the sale of ice cream, ceased to sell this commodity and were removed from the register. The premises remaining on the register are as follows:—

| Type of Business. | No. of Premises. | No. of Inspections. |
|---------------------------------------|------------------|---------------------|
| Ice Cream manufacturing or sale | 1,001 | 760 |
| Manufacturing sausages, etc. | 269 | 879 |
| Total | 1,270 | 1,639 |

Factories Act, 1937-1948.

The number of factories on the register at the end of the year again fell to 1,866 being a decrease of 75 and the total number of inspections carried out by the Factories, etc. Section was 5,059 as compared with 4,771 during 1957. During a major part of 1958 one of the three Inspectors in this Section was seconded to atmospheric pollution work.

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..... | 2,019 | 57 | — |
| Factories without mechanical power ... | 395 | 11 | — |
| Other premises under the Act (including works of building and engineering construction but not including out-workers premises) | 115 | 3 | — |
| Total | 2,529 | 71 | — |

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) | 40 | 41 | 10 | — |
| Overcrowding (S.2) | — | — | — | — |
| Unreasonable temperature (S.3) | 1 | 1 | — | — |
| Inadequate ventilation (S.4) | 2 | 2 | — | — |
| Ineffective drainage of floors (S.6) ... | — | — | — | — |
| Sanitary } (a) insufficient | 16 | 17 | 10 | — |
| Convenience } (b) unsuitable or defective | 46 | 38 | 7 | — |
| ces (S.7) } (c) not separate for sexes..... | 3 | 2 | 2 | — |
| 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.) | 23 | 21 | — | — |
| Total | 131 | 122 | 29 | — |

Outworkers.

The number of lists of outworkers submitted biannually by occupiers of factories totalled 8 and the number of outworkers in the City increased by 28 to a total of 82. During the year 36 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 | 32 | — | None. |
| Paper bags | 50 | — | None. |
| Total | 82 | — | — |

MISCELLANEOUS MATTERS.

Newcastle upon Tyne Corporation Act, 1956.

On April 1st byelaws made under Section 15 of the Newcastle upon Tyne Corporation Act, 1956 in relation to hairdressers' and barbers' shops came into operation.

Until this time the only control that the Health Committee was able to exercise over such persons and their establishments was in respect of nuisances arising on the premises, in which event, it was necessary to prove that the conditions complained of were such as to be prejudicial to health. These powers were derived from the Public Health Act, 1936 and, in addition, Section 38 of the Shops Act, 1950 gave power to deal with the provision of sanitary accommodation and washing facilities for the staff.

There was thus no legislation by which the cleansing and sterilising of instruments and similar equipment could be required neither was any provision available to require the cleansing of gowns and wraps used during the actual operation of hairdressing. The byelaws make good these deficiencies and also give to the Health Committee some measure of control in respect of the cleanliness of persons employed in the premises. Section 15 of the Newcastle Corporation Act also provides that a person shall not carry on the business of a hairdresser's or barber's shop on any premises in the City unless he and those premises are registered by the Corporation.

During the year all known hairdressing establishments in the City were visited and a reasonably high standard of hygiene was found to exist. It is possible that some premises have been missed, for example where the trade is carried on in house premises, but a careful watch is being maintained for these places so that they can be brought under the same control as other hairdressing establishments.

There is little doubt that the work of survey was expedited by the co-operation of the local branch of the National Hairdressers Federation. Far from resenting control the Federation have welcomed it realising that it is only by such means that undesirable operators can be excluded from their profession and generally speaking the preliminary survey ran very smoothly.

Towards the end of the year the Federation asked if the Health Department could arrange to give a talk on the implications of registration and the operation of the byelaws and this was done at one of their monthly meetings.

STATISTICAL INFORMATION OBTAINED AS A RESULT OF THE SURVEY.

Registration—

| | |
|--|-----|
| Gents hairdressing establishments | 88 |
| Ladies hairdressing establishments | 127 |
| Ladies and Gents establishments | 15 |
| Total Number of Establishments registered..... | 230 |

Types of Premises—

| | |
|---|-----|
| No. of businesses carried on in lock-up shops..... | 205 |
| No. of businesses carried on in dwellinghouses..... | 23 |
| Other premises (hotel, colleges, etc.)..... | 2 |
| Total | 230 |

No. of Persons employed in the Trade—

| | |
|--|-----|
| (a) No. of "one-man" businesses | 102 |
| (b) No. of businesses employing assistants | 128 |
| Total | 230 |
| Number of females engaged in trade | 536 |
| Number of males engaged in trade | 266 |
| Total | 802 |

Rag Flock and Other Filling Materials Act, 1951.

| | |
|-------------------------------|----|
| Number of Samples taken | 13 |
| Rag Flock | 7 |
| Coir Fibre | 2 |
| Woollen Felt | 2 |
| Feathers | 1 |
| Hair | 1 |
| Total | 13 |

All samples were submitted to the Prescribed Analyst and all were certified to comply with the standards of cleanliness as set out in the regulations.

Agricultural Produce (Grading and Marking) Acts.

Four premises were registered during the year for the cold and chemical storage of eggs. One of these premises kept 1,750 cases of eggs (360 per case) in cold storage during the months May to September. All eggs were marked in the prescribed manner before being released for sale. The three other premises did not have any eggs in storage during the year.

Fertilisers and Feeding Stuffs Act, 1926.

Seventeen samples consisting of 9 fertilisers and 8 feeding stuffs were taken and submitted to the Agricultural Analyst and all were found to comply with the Act and Regulations.

Merchandise Marks Act, 1926.

A total of 187 inspections of shops, stalls and hawkers barrows were made in order to ensure that the indication of origin was marked on those foodstuffs required to be so marked.

Pharmacy and Poisons Acts, 1933-1941.

Listed sellers of Part II Poisons:—

| | |
|--|-----|
| General Dealers | 89 |
| Hairdressers | 14 |
| Druggists | 8 |
| Hardwaremen | 9 |
| Seedsman, etc. | 15 |
| Chemical & Disinfectant Manufacturers... | 2 |
| Electrical Suppliers | 1 |
| Manufacturing Chemists..... | 1 |
| Total | 139 |
| New registrations | 1 |
| Ceased to sell Part II Poisons | 6 |

During the year 148 inspections of premises were made and conditions found to be satisfactory.

Shops Act, 1950—Section 38.

Routine visits to shops were made throughout the year and inspections carried out to ascertain the adequacy of sanitary accommodation, washing facilities, means of heating, ventilation and lighting. In all, 234 inspections were made as compared with 192 in the previous year. Because of restricted accommodation or other special circumstances 3 exemption certificates were granted in respect of the use of sanitary accommodation otherwise conveniently available elsewhere than at the shop, in accordance with Section 38(6).

Pet Animals Act, 1951.

A total of 25 applications were received for the renewal of licences in respect of the sale of pet animals, all of which applications were granted.

Exhumations.

Only one exhumation and reinterment was carried out during the year under the usual supervision of the District Inspector who attends these operations to ensure compliance with the conditions imposed by the terms of the Home Office Licence.

Overseas Visitors.

The Department continued during the year to provide fortnightly periods of intensive instruction to public health students on all matters relating to Public Health Inspection as administered in this City. Such students included visitors from Ceylon, Arabia, Greece, Poland, Libya, British Guiana and Nigeria.

A distinguished visitor to the Department in May was the Medical Officer of Health of Melbourne who showed a particular interest in food hygiene and slum clearance work.

Lectures and Talks.

In addition to talks and demonstrations to the overseas visitors, members of the inspectorial staff delivered lectures and arranged visits for Health Visitors, Day Nursery Nurses, District Nurses, the National Federation of Hairdressers, the National Trade Development Association, the Newcastle and District Safety Group, and also took part in a short training course on Slum Clearance Procedure conducted by the Association of Municipal Corporations for the North East area.

STAFF.

Although there was an encouraging improvement in the staffing position throughout the year the loss of many valuable and experienced officers in recent years continued to be felt. A numerically full establishment cannot compensate adequately for the lack of experienced officers and impending retirements and probable resignations do not augur well for 1959.

Staff Appointments.

Of the six Assistant Housing Inspectors serving in the Slum Clearance Section, five were successful candidates in the qualifying examinations of the Public Health Inspectors' Education Board resulting in the appointment of Messrs. J. R. Bailey, P. Budd, P. Moss, L. Skelton and P. Stirling as District Inspectors.

Both of the pupils entering these examinations during the year were also successful, and Messrs. D. H. Reed and R. Smith were consequently promoted to District Inspectors. Further welcome additions to the staff from other authorities were Messrs. P. Hunter of Whickham and C. Rand of Redcar who took up duties as District Inspectors. In September Mr. W. G. Ingledew of West Hartlepool was appointed as Senior District Inspector on the Central Division and Mr. W. G. Williamson was promoted to Senior Inspector in the Food and Drugs Section.

Vacancies in the Pupil Training Section created by the promotion of Messrs. Reed and Smith mentioned above were filled by Messrs. T. Phillips and R. Carver, bringing this Section up to full establishment.

Extension of Service.

During the year Messrs. J. Brown, Factories etc. Inspector, and H. Bolton, District Inspector, were each granted two six months extensions of service, but it is probable that both of these officers will be retiring in the early months of 1959.

Retirements.

A serious loss to the Department was suffered in October when Mr. W. McD. Pettigrew retired from his post as Senior Food and Drugs Inspector. Few inspectors in the North East could rival his vast knowledge of Food and Drugs administration and it was a sincere pleasure to convey to him the appreciation of the Health Committee for his many years of excellent service in controlling the supervision of the quality and purity of the food supplies of our City.

In August Mr. J. Fryer, an Assistant Inspector in the Infectious Disease and Disinfestation Section also retired.

CONCLUSION.

During 1958 the volume of work in which the Department was engaged increased considerably over that of former years. Slum clearance proceeded smoothly, atmospheric pollution control was really getting into its stride at the close of the year, and the steady and increasing work involved in dealing with houses let in lodgings began to show gratifying results. Whatever progress has been

achieved, however, merely brings into prominence the vast amount of work yet to be done. To secure the repair of unfit houses is a statutory obligation upon the local authority and it is more than twenty years since this essential operation was conducted in an effective and systematic manner. Staff shortages have, of course, prevented full use of the powers contained in the Housing Act, 1957 to prevent the deterioration of houses capable of being made fit, but staff shortages are not alone responsible. The continued pressure of work throughout 1958 has also revealed defects in the internal administrative efficiency of the Department in which field few progressive changes seem to have been made for many years—changes which must be made if the administrative machine is to cope successfully with the modern problems confronting us today.

Office accommodation and equipment still leave much to be desired but some consolation is derived by contemplating the promising future provided by the prospect of a new Town Hall.

Having dwelt upon the disadvantages of circumstances and the frustration caused by such difficulties it is all the more heartening to mention, with sincere appreciation, the excellent team spirit which continued to prevail among the staff. The District Inspection Section, which is the backbone of the Health Inspection Service, worked wholeheartedly, and the Senior Inspectors of all sections again contributed their unfailing co-operation unstintingly.

In view of the difficulties of accommodation and filing equipment which faced the clerical staff in dealing with the considerable additional work arising from the Rent Act and Clean Air Act, etc., it is a matter for both congratulation and wonderment that this section continued to function with such admirable efficiency, and how such an achievement was possible, only the Senior Clerk can know.

To the Health Committee and the Medical Officer of Health I am deeply indebted not only for the unquestioning support which was generously offered throughout the year, but also for the many kindly actions performed in such friendly fashion. For this I am sincerely grateful.

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
diseases of animals and
other food.

INSPECTION OF MEAT AND OTHER FOODS
The purpose of this inspection is to
determine whether the food is
fit for human consumption and
whether it is free from
disease and other
harmful substances.
The inspection is conducted
by a qualified person
who is authorized by the
Health Department.
The inspection is conducted
in accordance with the
provisions of the
Food and Drug Act.

and to determine whether the food is
fit for human consumption and
whether it is free from
disease and other
harmful substances.

The inspection is conducted
by a qualified person
who is authorized by the
Health Department.

VII-VETERINARY OFFICER.

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Health Department.

ANNUAL REPORT OF THE VETERINARY OFFICER

for the year 1958.

DISEASES OF ANIMALS.

Diseases of Animals Act, 1950.

During the year 1958, no outbreaks of scheduled disease occurred within the City.

Foot and Mouth Disease.

No outbreaks of foot and mouth disease occurred within the City during the year.

Within Great Britain 116 outbreaks of the disease were confirmed, necessitating the slaughter of 20,006 animals, compared with 184 outbreaks during the previous year, in which 30,425 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 four animals found in the City slaughterhouses all proving negative.

Within Great Britain 167 outbreaks were confirmed, 170 animals being attacked by the disease, compared with 318 outbreaks during the previous year, involving 345 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 1958. Within Great Britain, 1,263 outbreaks occurred, 193 swine being slaughtered, compared with 960 outbreaks during the previous year, in which 182 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 1,387 were granted for the movement of swine from the cattle market, mainly to slaughterhouses.

Rabies.

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

Parasitic Mange.

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

Fowl Pest.

During the year no outbreaks of this disease occurred within the City. Within Great Britain 759 outbreaks occurred as compared with 1,034 during 1957.

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, 205 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, one sheep and one pig found ill in the Cattle Market were sent to the slaughterhouse, and one cow in an emaciated condition was sent from the slaughterhouse to the knacker's yard.

TABLE 1.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1958

| Railway Cattle Docks. | Cattle Market. | Piggeries. | Transport Wagons & Records Books. | Cattle & Pig Lairs. |
|-----------------------------|-------------------|------------|--|---------------------------|
| 71 | 134 | 19 | 420 | 47 |

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. | | | | Number of Outbreaks. | Number of Horses found diseased. | Number of Outbreaks | Number of birds Slaughtered. | |
| | | | | | | Cattle Lairs. | Pig Lairs. | Slaughterhouses. | Registered Cowsheds. | Farms. | Cattle. | Sheep. | Pigs. |  |  |  |  |  | Beef. | Pork. |
| *1939... | 2 | 1 | 2 | 2 | 205 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 |
| 1940... | .. | .. | .. | 4 | 336 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1941... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 |
| 1942... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 6 |
| 1943... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 8 |
| 1944... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 8 |
| 1945... | 1 | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 18 |
| 1946... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 8 |
| 1947... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 7 |
| 1948... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 |
| 1949... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 |
| 1950... | .. | .. | .. | 1 | 2 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1951... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| 1952... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| 1953... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1954... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1955... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1956... | .. | .. | .. | 2 | 2 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1957... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 1958... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | 1809 | .. |

* Years prior to 1939 are given in previous Annual Reports.

LIVESTOCK EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

Reference to table 3 shows that the number of animals exhibited in the Newcastle Cattle Market has varied little from the number exhibited in 1957. A rise in the number of cattle and pigs exhibited is offset by a fall in the number of calves and sheep. 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. |
|-------|---------|---------|---------|--------|---------------|
| 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 | .. |
| 1958 | 23,371 | 63 | 110,692 | 17,421 | .. |

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

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

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

INSPECTION OF MEAT AND OTHER FOODS.

Animals slaughtered within the City.

During the year 1958, 276,838 animals were slaughtered on licensed premises within the City, compared with 292,310 during the previous year. Table 4 shows that 4,261 fewer cattle were slaughtered 290 fewer calves, 20,230 fewer sheep and 37 fewer horses, and only

in the case of pigs was an increase recorded, from 79,827 to 89,113, a figure chiefly accounted for by the operation of the bacon factory within the City. Several interacting factors would appear to be responsible for the diminution in the number of cattle slaughtered during the year. A shortage of fat cattle throughout the country brought about a rise in the price when these animals were sold to the meat trader and this increased price paid by the butcher was naturally reflected in a rise in the price of beef to the housewife. Secondly, the unwillingness of the housewife to expend more than a certain amount weekly on her butcher's bill had the effect of lowering the amount of beef required by the retail trade.

The number of premises within the City licensed for the slaughter of animals for human consumption remains the same as in the previous year, namely 23, the situation of these being set out on page 206. The total number of animals slaughtered on these premises during the year, i.e., 276,838, supplies the needs of the City for home killed meat and also furnishes a supply to the population of the surrounding districts. It will be seen, therefore, that the meat inspection activities of Newcastle upon Tyne Corporation render a valuable Public Health Service to areas outside the City itself, and this is now recognised by the Ministry of Agriculture, Fisheries and Food, who since 1957 have made financial recognition to those authorities which carry out inspection of meat surplus to that required for the population of its own areas. During the financial year ended March, 1958, a grant of £1,980 17s. 6d. was made by the Ministry to Newcastle Corporation for such services and it is a condition of payment that the inspection of carcasses shall be carried out by properly authorised officers who, by implication, are competent to undertake such work.

It is only with the greatest difficulty that adequate inspection has been maintained, and for this there are two reasons. Firstly, there is great difficulty in recruiting qualified meat inspectors, and, secondly, the 23 slaughterhouses are not located in any one central area and, being scattered, make it impossible to have an inspector located in each slaughterhouse at the time the animals are actually slaughtered. The second of these difficulties will, of course, be resolved when the proposed public abattoir within the City is provided, and plans are in progress for the erection of an Abattoir, Meat Market and Cattle Market on an area of approximately 11 acres in the Paradise district of Scotswood. There is evidence

that the factor controlling the success or otherwise of a public abattoir is extremely careful planning in the early stages. The need for a modern public abattoir within the City has been stressed on many occasions in previous annual reports, and in August, 1958, the Slaughterhouses Act was passed, the main features of this being that it grants to private traders a limited period in which they can erect new premises or bring their existing premises up to requisite standards as laid down in The Slaughterhouses (Hygiene) Regulations, 1958, which come into force in 1959.

The most important disease encountered in the routine inspection of animals slaughtered for human consumption is tuberculosis in cattle and pigs, and of the diseases communicable from animal to man this is the one most frequently encountered. Nevertheless, the number of animals found affected with tuberculosis is now diminishing as a result of progress of the Attested Herds Scheme by which cattle are tested for tuberculosis and, if they prove to be reactors to the test, are removed from the herd. In October, 1950 an Area Tuberculosis Plan was introduced and at that time there were some two million cattle in attested herds and attested areas in Britain. By the end of 1958, however, there were 8,557,000 cattle in attested herds and attested areas in Great Britain, approximately 85 per cent. of the total cattle population. In England it is estimated that at the end of 1958, 81 per cent. of the total cattle population were in these herds or areas, but the position is somewhat better in Wales where 95 per cent. of the animals were attested and in Scotland 97 per cent. The reason for the more satisfactory position in Wales and Scotland is that the incidence of tuberculosis in these countries was initially lower than in England, thus making it possible for complete eradication of the disease to be more easily achieved. By the end of 1960 it is anticipated that the whole of Great Britain will be an attested area and free of bovine tuberculosis, and the role of the tuberculous cow as a cause of human tuberculosis will virtually have disappeared.

Reference to table 7 shows that the progressive eradication of tuberculosis from the cattle population has had its effect on the proportion of beef carcasses condemned in the City on account of this disease. Ten years ago, i.e., 1948, 261 beef carcasses were totally condemned for various causes and of these 213, or 81.6 per cent. of the total, were condemned for generalised tuberculosis. In 1958, of the 152 carcasses totally condemned for various causes the

percentage condemned for tuberculosis had fallen to 60.5, the lowest percentage ever recorded. As mentioned previously, tuberculosis is encountered almost entirely in cattle and pigs, but the eradication of the disease from cattle will not ensure that the disease will likewise disappear from the pig population. The reason for this is that although a proportion of cases of tuberculosis in pigs is acquired from tuberculous cattle, a proportion of cases in pigs is caused by the avian type of tubercle bacillus and in these cases disease is acquired by pigs from the droppings of tuberculous poultry. Thus, although a fall in the incidence of tuberculosis is occurring in pigs because of the eradication of the disease from cattle, tuberculosis in pigs will continue until the disease is eradicated completely from poultry flocks, and there are no plans to achieve this at the present time though it is obviously desirable.

TABLE 4.

ANIMALS SLAUGHTERED ON LICENSED PREMISES WITHIN THE CITY.

| | YEAR. | | | | |
|---------------|----------|---------|---------|---------|---------|
| | 1958 | 1957 | 1956 | 1955 | 1954 |
| Cattle | * 40,974 | 45,235 | 40,154 | 35,647 | 32,843 |
| Calves | 2,650 | 2,940 | 3,320 | 3,899 | 4,501 |
| Sheep | 143,501 | 163,731 | 162,425 | 136,170 | 139,581 |
| Pigs | 89,173 | 79,827 | 71,763 | 47,231 | 33,710 |
| Horses | 540 | 577 | 724 | 876 | 773 |
| Total Animals | 276,838 | 292,310 | 278,386 | 223,823 | 211,408 |

* Includes 5,303 cows, 21,170 heifers, 14,316 bullocks and 185 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 1958.

TUBERCULOSIS.

| Year. | Cows. | Other Bovines. | Calves. | Sheep. | Pigs. | Horses. | Total all animals. |
|-------|-------|----------------|---------|--------|-------|---------|--------------------|
| 1958 | 50 | 42 | ... | ... | 8 | ... | 100 |
| 1957 | 65 | 51 | ... | ... | 15 | ... | 131 |
| 1956 | 40 | 25 | ... | ... | 22 | ... | 87 |
| 1955 | 54 | 26 | ... | ... | 13 | ... | 93 |
| 1954 | 77 | 61 | 1 | ... | 21 | ... | 160 |

OTHER DISEASED CONDITIONS.

| | | | | | | | |
|------|----|----|----|-----|-----|-----|-----|
| 1958 | 39 | 21 | 7 | 97 | 131 | ... | 291 |
| 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 | 884 | (125) | 754 | (1,248) | — | (—) | 1,638 | (1,373) |
| Other Conditions | 92 | (41) | 2 | (—) | 3 | (—) | 97 | (41) |
| LUNGS— | | | | | | | | |
| Tuberculosis | 1,726 | (369) | 4 | (14) | — | (—) | 1,730 | (383) |
| Other Conditions | 1,867 | (72) | 3,785 | (213) | 64 | (37) | 5,716 | (322) |
| HEARTS— | | | | | | | | |
| Tuberculosis | 184 | (31) | 2 | (—) | — | (—) | 186 | (31) |
| Other Conditions | 109 | (1) | 645 | (—) | 8 | (—) | 762 | (1) |
| LIVERS— | | | | | | | | |
| Tuberculosis | 284 | (175) | 5 | (—) | — | (—) | 289 | (175) |
| Other Conditions | 6,130+ | (785) | 1,904 | (80) | 213 | (111) | 8,247+ | (976) |
| | 13,157 | lbs. | | | | | 13,157 | lbs. |
| PLUCKS— | | | | | | | | |
| Tuberculosis | — | (—) | 74 | (83) | — | (—) | 74 | (83) |
| Other Conditions | — | (—) | 2,337 | (45) | 544 | (30) | 2,881 | (75) |
| UDDERS— | | | | | | | | |
| Tuberculosis | 1 | (—) | — | (—) | — | (—) | 1 | (—) |
| Other Conditions ... | 117 | (—) | — | (—) | — | (—) | 117 | (—) |
| THICK SKIRTS— | | | | | | | | |
| Tuberculosis | 263 | (—) | — | (—) | — | (—) | 263 | (—) |
| Other Conditions | 233 | (—) | — | (—) | — | (—) | 233 | (—) |
| SPLEENS— | | | | | | | | |
| Tuberculosis | 92 | (—) | — | (—) | — | (—) | 92 | (—) |
| Other Conditions | 113 | (—) | — | (—) | — | (—) | 113 | (—) |
| STOMACHS & MESENTERIES & INTESTINES— | | | | | | | | |
| Tuberculosis | 259 | (24) | 14 | (—) | — | (—) | 273 | (24) |
| Other Conditions | 51 | (—) | 30 | (239) | 5 | (—) | 86 | (239) |

NOTE.—The figures in brackets indicate condemnations during 1939, and the increased condemnations during 1958 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. |
| *1939 | 278 | 237 | 85.25 |
| 1940 | 460 | 413 | 89.77 |
| 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 | 138 | 71.50 |
| 1955 | 131 | 80 | 61.06 |
| 1956 | 92 | 65 | 70.65 |
| 1957 | 171 | 116 | 67.83 |
| 1958 | 152 | 92 | 60.52 |

* Years prior to 1939 are given in previous Annual Reports.

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

Visits numbering 8,998 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 84 vessels

arriving from Denmark and Holland and three from Australia were examined :—

SALTED PIG OFFALS.

CASKS.—Maws 129, casings 23, tongues 142, kidneys 561, back fat 167, spare ribs 60 and rinds 1.

FROZEN MEAT.

BEEF.—Hindquarters 3,097, crops 9,166, chucks and blades 497 and 2,135 packages boneless beef.

OFFALS (packages).—Heads 60, cheeks 430, tongues 247, lungs 45, hearts 58, livers 419, kidneys 1,428, skirts 65, tails 67, sweetbreads 4 and mixed offals 1,436.

VEAL.—6 packages.

OFFALS (packages).—Hearts 15, livers 25 and kidneys 2.

MUTTON AND LAMB (carcases).—Mutton 1,754 and lamb 9,480.

SHEEP OFFALS (packages).—Tongues 25, hearts 12, livers 180, legs 47 and casings 5.

PORK (packages).—Loins 90 and spare ribs 60.

OFFALS (packages).—Tongues 236, hearts 31, lungs 936, livers 978, spleens 119 and casings 6.

OTHER GOODS.

813,206 sides Danish and Dutch bacon, 81 cases bacon and hams and 293,394 cases tinned meats.

Imported meat arriving by rail and road within the City is subjected to supervision and inspection within cold storage depots and wholesale meat shops.

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 1958.

| 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. | Wholesale. | Retail. | Wholesale. | Retail. | | | |
| 3,408 | 241 | 205 | 138 | 2339 | 284 | 46 | 10 | 1112 | 247 | 940 | 15 | 186 | 25 | 1342 |

TOTAL WEIGHT OF MEAT AND OTHER FOOD-STUFFS CONDEMNED.

The total weight of meat and other foodstuffs condemned during the year 1958 was 234 tons, 3 cwts., 1 qr., 27 lbs. as compared with 260 tons, 15 cwts., 2 qrs., 15 lbs., during the previous year.

| | tons. | cwts. | qrs. | lbs. |
|-----------------------------------|------------|----------|----------|-----------|
| Beef, Veal, Mutton and Pork | 59 | 19 | 2 | 7 |
| Offals | 87 | 1 | 3 | 7 |
| Provisions | 56 | 14 | — | 20 |
| Fish..... | — | 4 | 3 | 7 |
| Fruit and Vegetables | 30 | 3 | — | 14 |
| | <u>234</u> | <u>3</u> | <u>1</u> | <u>27</u> |

Condemnation Certificates.

Certificates granted in respect of carcasses, offals, provisions, etc., condemned during the year, numbered 4,437.

Bacteriological Examinations.

Table 9 shows how bacteriological tests can be of value in the judgment of carcasses as to their fitness or otherwise for human food. Examination of the carcass and organs of a slaughtered animal during routine inspection may enable an inspector to decide that these are unfit for food because there is evidence of some generalised infection such as septicaemia, when bacteria are deemed to have been circulating in the blood of the animal immediately prior to slaughter, or toxæmia, where there is evidence that poisonous products of bacteria have entered the blood stream. In some cases,

however, evidence of the presence of a septicaemia or toxaemia may be so slight as to render a bacteriological examination of the carcase and organs advisable and should the bacteriological findings prove negative the carcase and organs may safely be passed for food.

Eleven carcasses of beef and seven carcasses of pork were subjected to bacteriological examination during the year and only in one case were pathogenic organisms found, namely, *Salmonella typhi-murium*, in a carcase of pork. It will be seen, therefore, that 11 carcasses of beef and six carcasses of pork were released after bacteriological examination, thus achieving a saving of £617 inasmuch as the carcasses would have had to be condemned had bacteriological aids not been available.

TABLE 9.

| Carcase. | | | Type of Animal. | Disease suspected. | Bacteriological findings. |
|--------------------------------------|-------|------------------------------|-----------------|---|---|
| Beef. | Pork. | Mutton. | | | |
| 1 | ... | ... | Cow | Septicaemia | No pathogenic organisms found. |
| 1 | ... | ... | Cow | Septicaemia | do. |
| 1 | ... | ... | Cow | Septicaemia | do. |
| 1 | ... | ... | Cow | Toxaemia | do. |
| 1 | ... | ... | Cow | Toxaemia | do. |
| 1 | ... | ... | Cow | Toxaemia | do. |
| 1 | ... | ... | Heifer | Septicaemia | do. |
| 1 | ... | ... | Heifer | Septicaemia | do. |
| 1 | ... | ... | Heifer | Septicaemia | do. |
| 1 | ... | ... | Heifer | Septicaemia | do. |
| 1 | ... | ... | Bullock | Septicaemia | do. |
| ... | 1 | ... | Pig | Septicaemia | do. |
| ... | 1 | ... | Pig | Septicaemia | do. |
| ... | 1 | ... | Pig | Septicaemia | do. |
| ... | 1 | ... | Pig | Septicaemia | do. |
| ... | 1 | ... | Sow | Septicaemia | do. |
| ... | 1 | ... | Pig | Toxaemia | do. |
| ... | 1 | ... | Pig | Toxaemia | <i>Salmonella typhi-murium</i> present. |
| OTHER FOODS. | | | | | |
| Material examined. | | Number of samples submitted. | | Bacteriological findings. | |
| Lunch tongue | | 6 | | No <i>Salmonella</i> organisms found. | |
| Frozen Chinese whole liquid hen egg | | 6 | | do. — do. | |
| Liquid whole hen egg (home produced) | | 45 | | <i>Salmonella meleagridis</i> found in one sample ; remainder negative. | |

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 3,408 visits being made during the year.

Licensed Slaughtermen.

Under the Slaughter of Animals Act, 1933, 7 slaughtermen's licences were granted during the year, making a total of 65 licensed slaughtermen within the City. All applications for these licences are submitted to, and approved by, the Health Committee.

TABLE 10
POULTRY AND GAME, FRUIT AND VEGETABLES, PROVISIONS, &C., DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION
DURING THE YEAR 1958.

| Poultry and Game. | Fruit and Vegetables—cont. | Provisions, Etc.—cont. | Tinned Goods. |
|--|--|---|--|
| lbs. Chicken 2,619 Duck 80 Rabbit 240 Turkey 137 | lbs. Potatoes 25,931 Prunes 1,500 Sprouts 3,556 Sultanas 132 Tomatoes 1,838 Turnips 5,656 | lbs. Honey—4 jars Jam—27 tins—45 jars Jellies—3 jars Ketchup—5 bottles Lard 330½ Lemon Curd—2 jars Lunch Snacks—25 Margarine Marmalade—8 tins—2 jars Meat Pies—48 Minced meat—1 tin Mustard—12 tins Pepper—144 tins Potato Crisps—147 packets Potted Meat Rice Roast Pork Rusks Sage and Onion Stuffing—130 Packs Salad Cream—8 jars Sandwich Spread—6 jars Sauce—14 bottles Sausages Split Peas Sponge Puddings—317—1 tin Suet Sugar Syrup—3 tins Tripe Vinegar—4 bottles | tins. Baby Foods Chicken Cream Duck Fish—6 jars Fruits—55 jars Macaroni Meats Milk Pease Pudding Ravioli Rice Pudding Sago Pudding Soups Sauerkraut Spaghetti Sweetcorn Tomatoes Tomato Juice Vegetables |
| lbs. Fish. Fish (Various) 482 Shellfish 133 | Provisions, Etc. lbs. Bacon 2,772½ Beetroot—3 tins—3 jars Breakfast Cereals Butter Cake Cheese Cheese Spread Chicken Livers Chocolate Christmas Puddings—6 Chutney—2 jars Coffee—36 tins Cooking Fat Custard Powder—3 tins Egg Albumen Fishcakes Flour Frozen Egg Frozen Foods (Assorted) Fruit Squash—3 bottles Ginger—1 jar Ham | lbs. 216 4 10 4 180 8 291 22 3 14 3½ — | lbs. 57 754½ 217 804 2,397 13,555 15 580 3,394 97 25 736 36 1,740 10 256 4 11,022 73 6,421 |
| lbs. Fruit and Vegetables. Apricots (Dried) 34½ Bananas 1,800 Brazil nuts 198 Cabbage 2,272 Carrots 924 Cauliflowers 4,760 Cherries 1,047 Cucumbers 868 Currants 100 Date 21 Grapefruit 186 Grapes 60 Melons 2,688 Onions 672 Onions (Dried) 16 Oranges 225 Peanuts 52 Pears 13,352 | | | |

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

During the year, 8,172 visits were made to a total of 3,997 premises, including 3,292 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 2,024, the remaining 1,973 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..... | | | | | 3,292 |
| Number of properties where evidence of the presence of rats or mice was found | | | | | 2,024 |
| Number of visits made | | | | | 8,172 |
| Number of poisoned baits laid | | | | | 28,046 |
| TYPE OF PROPERTY. | | | | | |
| | Dwelling Houses. | Agricultural. | All other (including Business and Industrial). | Total. | |
| Number of properties inspected | 1,666 | 3 | 2,328 | 3,997 | |
| Number of properties found to be infested by rats | 505 | 3 | 387 | 895 | |
| Number of properties found to be infested by mice ... | 489 | ... | 640 | 1,129 | |
| Number of infested properties treated by the Local Authority | 994 | 3 | 1,030 | 2,024 | |
| Number of "block" control schemes carried out | | | | | 78 |

LEGAL PROCEEDINGS.

On the 10th June, 1958, the owner of a butcher's business within the City and his manager appeared before the City magistrates charged with having in their possession for the purpose of sale, mutton which was intended for, but unfit for human consumption, contrary to Section 8 of the Food and Drugs Act, 1955. The owner was fined £5 and costs and the manager £5.

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, 1959, there were 208 doctors (127 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors’ lists was 286,433 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.

1,589,336 prescriptions were dispensed during the year by City chemists and appliance contractors of which, at 31st March, 1959, there were 107. The total cost of these prescriptions to the National Health Service was £483,223.

During the year maternity medical services were provided for 3,605 patients, in which the doctor providing the service was in attendance at the confinement in 1,631 cases. The gross fees paid to doctors for these services was £22,564. The Medical Officer of Health is a member of the Local Obstetric Committee.

Under the supplementary ophthalmic service, 51,068 sight tests were given during the year, 1,305 to children under arrangements made with the Local Authority. 39,502 pairs of glasses were supplied during this period in addition to 5,441 pairs of bifocals and 965 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, 1959, was as follows:—

| | £ |
|--|------------|
| General Medical Services | 411,723 |
| Pharmaceutical Services | 484,670 |
| General Dental Services | 245,091 |
| Supplementary Ophthalmic Services | 87,661 |
| Administration | 16,619 |
| | <hr/> |
| | £1,245,764 |

Based on the Registrar-General's estimate of population at 30th June, 1958, this represents an expenditure of £4 11s. 6d. 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 1st January to 31st December, 1958, viz: Coun. A. Gray, Coun. Mrs. I. McCambridge, Coun. Dr. R. D. Milligan, Coun. Mrs. E. E. Owens, Dr. R. C. M. Pearson, Coun. Dr. H. Russell, Coun. Mrs. C. C. Scott, J.P., Coun. Mrs. M. Shaw, J. W. Telford, Esq.



