

**[Report 1959] / Medical Officer of Health, Newcastle-upon-Tyne City & County.**

**Contributors**

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

**Publication/Creation**

1959

**Persistent URL**

<https://wellcomecollection.org/works/uyzgcc5t>

**License and attribution**

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

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

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



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



**CITY AND COUNTY OF NEWCASTLE UPON TYNE**

---

**ANNUAL REPORT**


OF THE

**MEDICAL OFFICER OF HEALTH**

FOR THE YEAR

**1959**





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

<https://archive.org/details/b29905217>



**CITY AND COUNTY OF NEWCASTLE UPON TYNE**

---

**ANNUAL REPORT**

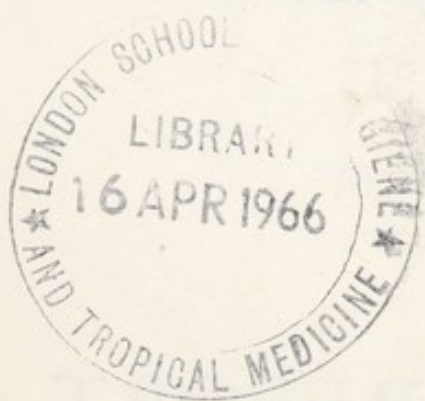
**OF THE**

**MEDICAL OFFICER OF HEALTH**

**FOR THE YEAR**

**1959**

93561



## CONTENTS.

	PAGE
HEALTH COMMITTEE AND SUB-COMMITTEE AS TO NATIONAL HEALTH SERVICE ACTS .....	5
STAFF OF PUBLIC HEALTH DEPARTMENT .....	6
INTRODUCTION .....	10
I.—GENERAL.	
General Statistics .....	21
Newcastle Airport—Health Control .....	25
Natural and Social Conditions .....	25
Statistic Tables .....	28
II.—SERVICES UNDER THE NATIONAL HEALTH SERVICE ACTS.	
Report of Child Welfare Medical Officer .....	37
Day Nurseries .....	40
Child Psychiatry and Play Therapy .....	43
Domiciliary Midwifery Service .....	45
Care of Premature Infant .....	46
Health Visiting Service .....	48
Home Help Service .....	52
Neglected Children—Special Cases Committee	53
Priority Dental Service .....	55
Report of Chief Nursing Officer .....	57
Health Visiting Service .....	57
Home Nursing Service .....	58
Domiciliary Midwifery Service .....	59
Day Nurseries .....	59
Visitors, Research, New Ventures .....	60
In-service Training, Health Education .....	61
Ambulance Service .....	62
Health Education .....	70
Almoning Service .....	73
Mental Health Service .....	75
National Assistance Acts 1948 and 1951 .....	87



## III.—INFECTIOUS DISEASE.

Notifications, Deaths, Ward Distribution, etc. ....	93
Special Skin Clinic .....	100
Venereal Diseases .....	101

## IV.—TUBERCULOSIS.

Notifications, Deaths, etc. ....	105
Report on Work of Chest Clinics .....	108
Mass Radiography .....	114
Almoning Service .....	116
Tuberculosis in Childhood .....	118

## V.—SCHOOL HEALTH SERVICE .....

125

## VI.—REPORT OF CHIEF PUBLIC HEALTH INSPECTOR .....

145

## VII.—REPORT OF VETERINARY OFFICER .....

189

## APPENDIX I.

## WORK OF THE NEWCASTLE UPON TYNE EXECUTIVE

COUNCIL .....	211
---------------	-----

## APPENDIX II.

FIELD STUDY .....	213
-------------------	-----

## HEALTH COMMITTEE

(As at December, 1959.)

*Chairman:*

THE LORD MAYOR  
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. Miss E. B. Temple.	Coun. Miss M. Ranken Lyle.
Coun. Mrs. V. H. Grantham.	Coun. Mrs. M. Shaw.
Coun. R. M. Henderson, J.P.	Coun. Mrs. M. N. Sims.
Coun. C. D. Larrow.	Coun. H. J. White.
Coun. Mrs. I. McCambridge, J.P.	Coun. Mrs. A. Wynne-Jones.

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

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

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



## STAFF OF PUBLIC HEALTH DEPARTMENT.

(as at 31st December, 1959).

### *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.

Senior Medical Officer (Administration):

A. GATHERER, M.B., Ch.B., D.I.H., D.P.H.

(appointed 28th September, 1959).

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.

A. R. Buchan, M.B., B.S.

3 Part Time Assistant Medical Officers of Health.

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.

E. B. Hodgson, Dental Officer (*appointed 1st September, 1959*).

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.

3 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, 44 Health Visitors, 4 Assistant Nurses,  
1 Orthopaedic Nurse, 9 Students, 12 Clerks.

Non-Medical Supervisor of Midwives:

Mrs. M. L. Marshall, S.R.N., S.C.M.

Assistant Supervisor, 1 Tutor (*Vacant*), 42 Midwives, 11 Pupils,  
3 Clerks.

District Nursing Superintendent:

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

Assistant Superintendent, 48 District Nurses (8 Male, 40 Female),  
4 Orderlies, 1 Clerk.



Home Help Organiser:

Miss L. M. Roddham.

Assistant Organiser, 2 Area Organisers, 1 Visitor, 7 Clerks,  
506 Home Helps (full and part-time).

Day Nurseries:

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

Superintendent Warden—Miss G. M. Hickling.

2 Play Therapists (Part-time).

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

Welfare Foods Distribution Supervisor:

Miss D. C. Brown,

8 Assistants (4 part-time).

Almoning Department:

Miss J. M. Reader, B.A., Social Case Worker.

2 Clerks.

Almoning Department—Tuberculosis:

Miss M. G. C. Neilson, Social Case Worker,

Mrs. J. H. Crowthers (Sessional), Almoner,

(left 31st July, 1959).

4 Clerks (2 part-time).

*Other Staffs:*

Vaccination and Immunisation—6 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 Mental Welfare Officers:

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

4 Mental Welfare Officers, 1 Mental Health Worker,  
1 Occupation Centre Supervisor, 9 Assistant Supervisors, 2 Trainees.  
1 Male Training Centre Supervisor.  
1 Male Assistant Supervisor.

*Ambulance Staff.*

Ambulance Officer:

H. M. Roberts.

Senior Superintendent, 31 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.

20 Inspectors, 6 Assistant Inspectors, 4 Pupil Inspectors, 2 Students,  
3 Smoke Investigators, 9 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 (*Vacant*):

J. R. Gilhespy (*retired 31st August, 1959*).

Deputy Chief Clerk:

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

Finance Officer, 12 Clerks, 4 Typists.



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

MY LORD MAYOR, LADIES AND GENTLEMEN,

It is my pleasure to present to you my fourth Annual Report, the eighty-seventh in the series of Annual Reports of the Medical Officer of Health of this City.

Environmental  
Health.

Last year I surveyed the first ten years of the National Health Service, but this year pride of place must go to the Chief Public Health Inspector's Survey of the years 1950-1959. Mr. Mair reports progress and indicates the fields still to be conquered before we can live in a healthy environment. It is encouraging to those who have laboured, short of staff and under far from easy conditions during the past decade, and points the way in a field so closely linked with the advances in medical science at a time when slum clearance, food hygiene and smoke abatement are equally important and influence the health and happiness of thousands but rarely make banner headlines. The immediate environmental crises of the past decade are being resolved and although the list of those waiting for rehousing is still too long, it is thoughts for the distant future (the 1970s) which should claim our attention. Slums should not be permitted to develop, nor food be handled in an unhygienic manner with risk to health. Pure air should be there for all to breathe. None of this can be created in a short time, but by carefully working out priorities and setting out on a definite course, it will be possible to look back on the 1960s as a time of even more rapid progress than the 1950s.

Towards the end of the year it became apparent that the deposit of grey dust in the west end of the City was slightly less but little further improvement could be expected. Following a deputation to the Ministry of Health an inspection took place and a report was submitted to the Minister of Health by one of his Medical Officers and to the Minister of Housing and Local Government by his Inspectors of Alkali etc. Works. The results of these reports are awaited.

The Veterinary Officer's report indicates how essential it is to make progress with the building of a new abattoir in the City which will enable meat inspection to be carried out centrally. Apart from



facilitating administration, the link up with bacteriology and other methods of investigation will be improved.

The progress made in the eradication of rat infestation is worth noting but will obviously need continued vigilance to see that it is maintained.

Interest, drive and enthusiasm can even overcome the loss of recently trained staff, but the responsibility to continue training despite such losses is still placed on a centre such as Newcastle upon Tyne, which thus provides a service not only for the City but for the surrounding Authorities. Such problems as smoke abatement and environmental health know no Local Government boundaries.

In order to provide a basis on which the Housing Management Committee could sympathetically consider each application for re-housing on medical grounds, the Medical Officer of Health and the Housing Manager, with the help of reports from many sources, now meet regularly to assess priority. A recommendation is made monthly to the Housing Management Committee giving the most urgent cases which on grounds of the family's future health should be considered for alternative accommodation.

### *Chickenpox.*

After being notifiable for many years in the City, it was decided with the approval of the Ministry of Health, to remove this condition from the list of notifiable diseases.

Control of  
Infectious  
Disease.

### *Acute Rheumatism.*

When this disease became notifiable in the early part of the year only a small number of cases were notified. Plans were worked out with the Department of Child Health of the University to investigate and report upon each notified case and to follow up where necessary with a view to the prevention of further attacks.

### *Acute Encephalitis.*

A small outbreak of this unusual condition occurred, but was limited to a closed community. Careful investigation failed to reveal the causal organism.



It is most important that records should be kept of such small outbreaks so that the pattern over a number of years can be revealed. In this way and working in conjunction with the Physician at the Infectious Diseases Hospital from the clinical point of view, the changing nature of infectious disease in the community can thus be studied.

### *Tuberculosis.*

To control this disease adequately the net spreads wider and still wider but the example given (page 123) shows how easily an infectious case can slip through in spite of the care taken. It is also worthy of note, the part which general practitioners play in the control of this disease by referring cases to Mass Miniature Radiography. Tuberculosis is not dead yet and can kick vigorously unless fully controlled, particularly amongst such a susceptible child population.

Factory and office investigations may not show immediate results but cases are brought to light when least expected, thus indicating the necessity of such work. There also must be no let-up in the school investigation programme, nor should all those who work with children fail to take the opportunity of a regular chest x-ray.

### *Poliomyelitis.*

After a slow start the 15—25 age group came forward with a rush which required the immediate expansion of the lunch-time vaccination clinics. The way in which the staff met these additional commitments reflects great credit on their interest in seeing a job through and seizing an opportunity when it presents.

The assistance given by the press was most acceptable and helpful and probably in the end resulted in a wider public knowledge and interest in immunisation and vaccination procedures, which is reflected in the rise in diphtheria immunisation as well as whooping cough vaccination during the year.

The time taken by Medical Officers to talk about this subject and to vaccinate children in Infant Welfare Centres has perhaps left less time for other matters, nevertheless now that the immediate rush is



over, there will be time to get back to more fundamental health interests.

### *Yellow Fever.*

Yellow Fever Vaccination has been provided at the Regional Blood Transfusion Service for many years, but following a request from the Ministry of Health that this Service should be provided by Local Health Authorities, it was decided that the necessary facilities should be made available at the Central School Clinic.

The Section on Health Education reveals further expansion of the exhibition work on the Town Moor and a small start in the television field. Health Education on sound radio has never had a very great appeal, but when one considers the very great number of people of all ages who "view", a wonderful opportunity of getting across to them interesting items about their health is only too apparent. It is pleasing to note that the television authorities recognise this opportunity and are prepared to work in close touch with the Health Department. Herein lies a future for Health Education, but it demands a well thought out message, carefully prepared and well produced. Although viewers would wish to see Health Department staff in their actual setting and not as actors, training in television work is essential and might well be undertaken centrally.

Health  
Education.

Plans are ready for the development of this work as soon as the Health Visitor who is now taking her Diploma in Health Education returns to duty in the City. The next few years should show a marked expansion into many aspects of this work.

The Exhibition "Defeat Tuberculosis" was first shown at the Flower Show in July and then repeated at the Tyneside Ideal Homes and Trades Exhibition on the Town Moor in August. Many interesting points were brought to the notice of several thousand people, 4,364 of whom were x-rayed, nearly 80% for the first time, 2% requiring further investigation at the Chest Clinics. It is sometimes thought that this type of venture is unrewarding, but if the subject is carefully prepared and presented in a suitable way, particularly if it is of topical interest and the public know that they can expect a different subject each year, then it seems quite possible that considerable value can be attached to it.



# Mental Health.

The passing of the Mental Health Act in July was followed in September by approval by the Council of the Scheme to develop the new services. This could not have happened if the Health Committee had not been prepared to consider this matter over a long period and be ready as soon as the opportunity arose. Obviously the services are only going to develop slowly because of the careful preparation which is necessary, not only in training new staff but in stimulating public interest to a point where the new advances will be acceptable.

It should be emphasised that the developments envisaged within this Act cannot possibly come about unless there is a very close integration of all those working in the field within the hospital services as well as out in the community. That this collaboration exists in Newcastle upon Tyne has been apparent for a number of years, so herein lies the opportunity to lead, recognising that whilst the development must be as carefully planned, alterations may be necessary as time passes, in the light of experience.

As opportunity arises it seems feasible that the Consultant Psychiatric Services might spread out into the clinics throughout the City giving to those who attend by appointment, facilities in immediate reach of their own homes, which is particularly important to the elderly.

# Maternal Care.

Not a great deal of change took place in the antenatal clinics but the opportunities taken by the general practitioners who have already come to work closely with the Local Health Authority staff in the antenatal clinics, have been widened. The Flying Squad activities, previously centred upon the Princess Mary Maternity Hospital, are now being provided on a rota basis by that Hospital and the Maternity Unit at the Newcastle General Hospital, working in close conjunction with the Ambulance Service, thus providing a radio link to the base hospital, which has increased the scope of the Service.

With the shortage of maternity beds in the area, the arrangements for admission of mothers for delivery only has been most useful. Now it is possible to select, prepare carefully for the return home, check, transport and then support at home, the mother who is anxious to have her baby in hospital, perhaps for medical reasons.



No rigid scheme is possible, each case having to be considered on its merits.

The Casual User Service in Day Nurseries is still expanding, its flexibility being its real strength. There is no indication that it is in any way disturbing other children using the Nurseries on a more permanent basis. Again showing how every child has to be considered as an individual, a note of the reasons why children are admitted to Day Nurseries reveals the help which can be given to the doubly handicapped child as well as to its parents. Child Care.

The Thousand Families Study still continues, but in addition probably one of the busiest periods in the history of the Department is opening. The primary duty of the Health Department is to survey the area, the people who live therein and all matters which affect their health. In a University City a wonderful opportunity presents of working in close touch with Departments prepared to study health in the community as well as disease in hospital. Perhaps Dr. F. J. W. Miller's study of Staphylococcal Infection in the First Fourteen Days of Life amongst babies born at home, will stimulate other Authorities with similarly interested staff to work on such studies (see Appendix II. Page 213). Special Investigations.

Early planning and then a pilot study prepared the way for the Midwives (closely followed by the Health Visitors) to record a number of interesting facts about the early lives of all the babies born in 1960 and resident in the City. This study is closely linked with similar studies elsewhere in this country and in Europe and is being undertaken in conjunction with the Departments of Obstetrics and Child Health.

The Bronchitis Study at the East End Chest Clinic and Poliomyelitis Virus Incidence Study in conjunction with the Public Health Laboratory Service continued throughout the year and so too did a number of personal studies carried out by individual members of the staff.

Plans were drawn up for the investigation procedure in schools and in industry on the notification of a case of tuberculosis in either of these communities.



#### Assistance at Home.

It is becoming very apparent that the real problem in the community in the years to come is going to be the over 75s. Today, with medical care, so many lead a useful life well into their 70s, but there comes a time when all become dependent on their relatives, neighbours and the social services if they are to remain at home.

Following a Conference in the summer, attended by representatives of statutory and voluntary organisations, a Working Party which included the Medical Officer of Health and the Chief Welfare Officer, commenced its study of the needs of old people in the City, and how far the various statutory and voluntary organisations could meet them. A further Conference will be held in 1960 to study the Working Party's Report.

#### Ambulance Service.

With the definite decision made that if land could be obtained a permanent Central Depot for the Ambulance Service would be built in the Blandford Street area, yet another move to temporary premises became a little more acceptable to the staff of the Ambulance Service. It became necessary to vacate the Central Depot at Sandyford Road in order to make way for the New Town Hall buildings, but a temporary lease was obtained for two to three years of a garage in the area where the Education Authority is proposing to build in the very near future. Thus the Service continued in difficult circumstances but yet most efficiently, the staff being assisted by new patient lifting inventions. Even such a Service cannot remain static and must progress.

#### Statistics.

It may be wondered why comments on the vital statistics of the area have been left until this point, perhaps it is due to the fact that there are other matters no less vital today in the work of the Health Department.

There were slightly fewer deaths from lung cancer last year but the trend in recent years has been steadily upwards. There can be no complacency about the infant mortality rate which at the moment holds the highest place amongst the North East Authorities.

It is, however, pleasing to record that pulmonary tuberculosis has halved its notification rate in the last five years and the non-pulmonary notifications are just half the figure of a year ago.



It is difficult to see how this Service is going to develop in the near future with the shortage of qualified staff. Nevertheless a scheme has been submitted, which includes steady progress by the introduction of clinics in association with voluntary organisations, where necessary using Infant Welfare Centres. The scheme also includes facilities for training chiropodists who live in the North East. Chiropody.

Whilst no actual progress was made with the Central Ambulance Depot an opportunity was taken to prepare draft plans and discuss them informally with Officers of the Ministry of Health. New abattoir plans too, are developing but will still take some time before they are ready for submission to the Ministry of Agriculture, Fisheries and Food. Capital  
Expenditure.

The plans for new Infant Welfare Centres at Kenton and Fawdon found their way into programmes, the Fenham Centre was sketch planned and the Welfare Centres which are to replace Wharncliffe Street Centre and Slatyford Centre were sited.

The last Officer link with Dr. Henry Armstrong, first Medical Officer of Health for Newcastle upon Tyne was broken when Mr. J. R. Gilhespy retired after 48 years' service (18 years as Chief Clerk). No one could have given greater service to two new Medical Officers of Health and our thanks are due to him coupled with best wishes for many years happy retirement. Staff.

It is a pleasure to welcome Dr. A. Gatherer as Senior Medical Officer (Administration) and to hope that he will find the work of the Department both stimulating and interesting. In addition to his duties he undertakes the editing of the departmental news sheet.

Staff shortages, housing, car allowances, etc. were considered last year so need not be repeated again.

The usual training courses for nursing staff and inspectors continued, and the details of the in-service training lectures are given elsewhere. Four Medical Officers started a part-time Course for the Diploma in Public Health and the Deputy Superintendent of District Nursing went away for a nine-month's District Nursing Tutor's Course.



In conjunction with the Rutherford College of Advanced Technology one of the first courses in the country on "Radiation Hazards" was arranged for Public Health Inspectors in the Northern Region. It proved a great success.

It was a pleasure to welcome to the Department a number of Overseas as well as United Kingdom visitors.

Acknowledgements.

Particular thanks are due to all those members of the staff who worked so enthusiastically to make a success of the Poliomyelitis Vaccination Campaign. The speed with which the Campaign developed required some quick developments and a high standard of clerical achievement. Much of the success must be credited to the clerical staff, particularly those who were responsible for the general practitioner arrangements. I greatly appreciate the way in which all members of the Health Department Staff have worked throughout the year.

I am particularly grateful to Alderman Mrs. C. C. Scott, who continued as Chairman of the Health Committee in spite of her arduous duties as Lord Mayor and found time to give me her unstinted support.

I am also grateful to all Members of the Health Committee for the interest which they have taken in the work of the Health Department. Obviously from the preceding paragraphs there still remains a great deal to be done but I have every hope that much of it can be achieved in the near future so that we can look forward to even greater developments not too far ahead.

I am,

My Lord Mayor, Ladies and Gentlemen,  
Your obedient Servant,

*R. C. M. Pearson.*

*Health Department,  
Town Hall,  
Newcastle upon Tyne, 1.  
June, 1960.*

*Medical Officer of Health.*

**CITY AND COUNTY OF NEWCASTLE UPON TYNE**

---

---

**I—GENERAL**

---

---

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

# THE CITY AND COUNTY OF NEWARK, NEW JERSEY

IN SENATE, JANUARY 14, 1908.

REPORT OF THE COMMISSIONER OF THE DEPARTMENT OF PUBLIC WORKS, FOR THE YEAR 1907.

NEWARK: PRINTED BY THE NEWARK PRESS, 1908.

## I—GENERAL

THE CITY AND COUNTY OF NEWARK, NEW JERSEY.

REPORT OF THE COMMISSIONER OF THE DEPARTMENT OF PUBLIC WORKS, FOR THE YEAR 1907.

NEWARK: PRINTED BY THE NEWARK PRESS, 1908.

WATER SUPPLY, SEWERAGE, AND  
SOCIAL CONDITIONS, CLIMATE,  
MORTALITY TABLE.



## VITAL STATISTICS.

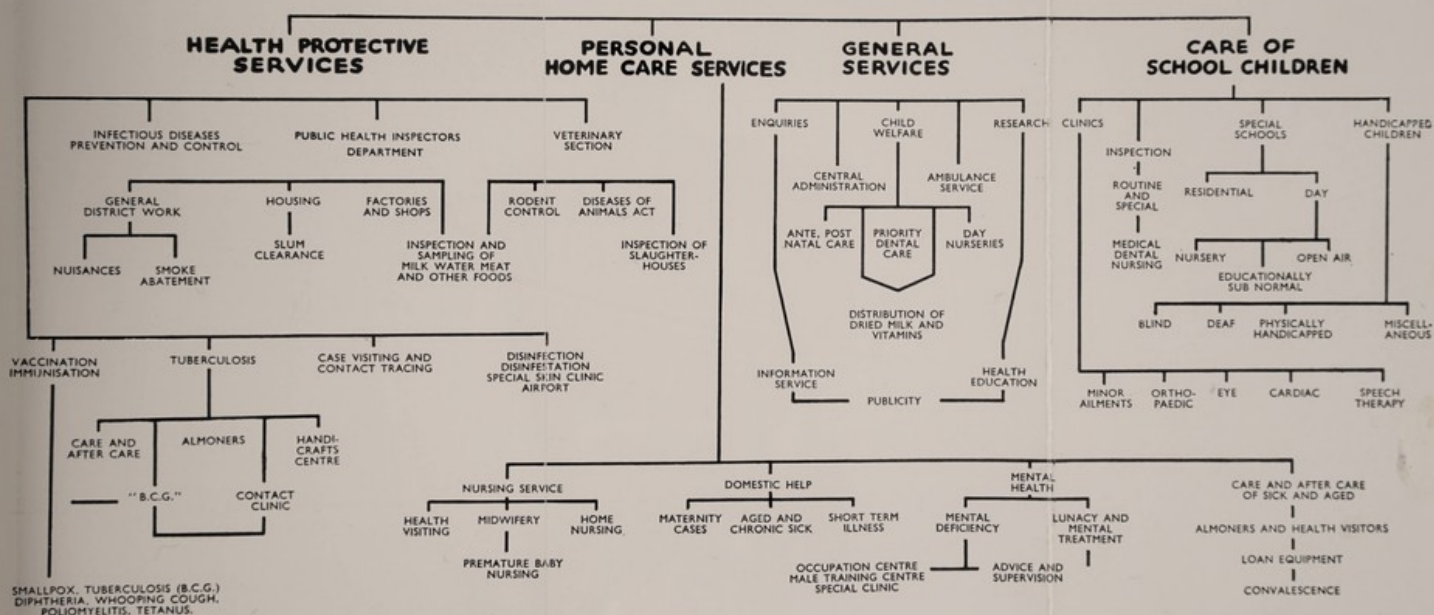
(Set out in the order laid down in Ministry of Health Circular 1/60).

Live Births	...	...	...	...	5,201.
Live Birth Rate (Crude)	...	...	...	...	19.18 per 1,000 population.
Live Birth Rate (Corrected)	...	...	...	...	18.60 „ „ „
Illegitimate Live Births per cent of total Live Births	...	...	...	...	5.5.
Stillbirths	...	...	...	...	120.
Stillbirth Rate	...	...	...	...	22.55 per 1,000 live and still- births.
Total Live and Stillbirths	...	...	...	...	5,321.
Infant Deaths	...	...	...	...	139.
Infant Mortality Rate—					
Total	...	...	...	...	26.73 per 1,000 total live births.
Legitimate only	...	...	...	...	26.65 per 1,000 total legiti- mate live births.
Illegitimate only	...	...	...	...	28.07 per 1,000 total illigiti- mate live births.
Neonatal Mortality Rate	...	...	...	...	19.23 per 1,000 total live births.
Early Neonatal Mortality Rate	...	...	...	...	16.15 per 1,000 total live births.
Perinatal Mortality Rate	...	...	...	...	38.34 per 1,000 total live and still births.
Maternal Deaths (including abortion)					3.
Maternal Mortality Rate	...	...	...	...	0.564 per 1,000 live and still births.

## OTHER STATISTICS

Population	...	...	...	...	271,100.
Area	...	...	...	...	11,401 acres.
Deaths	...	...	...	...	3,276.
Death Rate (Crude)	...	...	...	...	12.08 per 1,000 population.
Death Rate (Corrected)	...	...	13.53	„ „ „	
Tuberculosis Death Rates—					
All Forms	...	...	...	0.110	„ „ „
Pulmonary	...	...	...	0.103	„ „ „
Non-Pulmonary	...	...	...	0.007	„ „ „
Cancer Death Rates—					
All Forms	...	...	...	2.35	„ „ „
Lung and Bronchus	...	...	...	0.59	„ „ „
Other Sites	...	...	...	1.76	„ „ „
Infectious Diseases Death Rate	...	...	...	0.018	„ „ „
Marriage Rate	...	...	...	17.03	„ „ „
Inhabited Houses	...	...	...	87,993	
Rateable Value	...	...	...	£4,960,012.	
Product of 1d. rate	...	...	...	£20,277 (estimated).	

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







## GENERAL STATISTICS

### Population.

The population, as estimated by the Registrar General, was 271,100. The decrease of 1,300 since 1958 was due primarily to the re-housing of City families on estates outside the City boundary.

### Births.

There were 5,201 live births recorded, representing a crude birth rate of 19.18 per 1,000 population, as compared with a rate of 18.61 for 1958. The City birth rate is higher than that for England and Wales—16.5.

In addition there were 120 stillbirths, representing a rate of 22.55, slightly higher than the 1958 rate of 21.81.

LIVE BIRTHS.				STILL BIRTHS.		
SEX.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
Male ...	2,477	158	2,635	56	3	59
Female	2,439	127	2,566	56	5	61
Totals...	4,916	285	5,201	112	8	120

### Deaths.

The net deaths amounted to 3,276 equivalent to a crude rate of 12.08 per 1,000 population, as compared with a rate of 12.51 for 1958. The death rate for England and Wales for 1959 was 11.6.

### Infantile Mortality.

139 infants died before completing the first year of life, representing a rate of 26.73 per 1,000 live births. This was 13 more than last year, when the rate was 24.86. The England and Wales rate for 1959 was 22.0.

Of the 139 infant deaths, 100 occurred before attaining the age of one month, making a neo-natal mortality rate of 19.23 as compared with the England and Wales rate of 15.8.

### Maternal Mortality.

Three maternal deaths occurred during the year giving a mortality rate of 0.564 per 1,000 live and still births, which is higher than



the 1958 rate of 0.386 (2 deaths). The England and Wales mortality rate for 1959 was 0.38.

### **Tuberculosis.**

Thirty persons died from various forms of tuberculosis during the year, 28 being pulmonary and 2 being non-pulmonary, giving death rates of 0.103 and 0.007 respectively, a total of 0.110 for all forms.

The provisional national rate for all forms of tuberculosis is 0.085 per 1,000 population. The pulmonary rate is the lowest recorded for the City.

### **Infectious Diseases.**

There were during the year 5 deaths due to infectious diseases (excluding diarrhoea, pneumonia and tuberculosis) representing a rate of 0.018 per 1,000 population, as compared with a rate of 0.022 for 1958.

### **Marriages.**

2,308 marriages took place during the year, representing a marriage rate of 17.0 per 1,000 population, compared with 17.5 in 1958.

### **Accidents.**

During the year 2,258 street accidents occurred, 43 more than last year, and as a result 1,322 were injured, 34 fatally. The total included 275 accidents to children under 15 years of age, 8 of which were fatal.

	Under 5 years.		5-10 yrs.		10-15 yrs.		Total.	
	1958	1959	1958	1959	1958	1959	1958	1959
Killed .....	2	5	1	2	—	1	3	8
Injured .....	47	70	104	135	63	62	214	267

Of the accidents which occurred at home, 102 came to the notice of health visitors during the course of their duties, 57 due to burns and scalds and 30 to falls. The registered deaths from accidental causes (other than motor vehicles) were 55, 11 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 1959, there were 4,061 cremations carried out in the City, 266 fewer than last year. Of the cremations performed, 1,387 were in respect of Newcastle residents, this figure being 34.1 % of the total cremations as compared with 32.8 % in 1958.

The percentage of city residents who died in 1959 and were cremated was 42 %.

The Medical Referee required 36 post-mortem examinations as compared with 35 in 1958, largely because of the time elapsing between death and the deceased being last seen by the doctor. Copies of the findings were sent to the doctors concerned. It was not found necessary to refuse authorisation of any cremation.

## **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 further increase during the year, particularly during the summer months. There were 179 landings from the Continent, 79 more than in 1958 and of those passengers landing, 948 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. One medical examination was 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 during 1959 was warmer and there was less rain. Hours of sunshine in the City averaged over 17 per month more, and over the year the rainfall was



10 inches less. Temperatures were generally higher, with July the warmest 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, 1959

Month.	SUNSHINE HOURS.				RAINFALL AND TEMPERATURES.		
					LEAZES PARK.		
	King's College.	Hexham.	Cockle Park.	Gateshead.	Rainfall (inches.)	Mean Max Temp. °F.	Mean Min. Temp. °F.
January .....	54.4	80.2	104.4	93.1	1.77	37.97	25.97
February .....	17.9	63.2	54.5	40.5	0.57	44.43	33.21
March .....	49.6	82.5	76.7	75.9	0.56	49.77	36.58
April .....	85.9	167.5	151.8	139.5	1.66	56.53	38.60
May .....	160.5	197.7	200.7	211.2	0.51	65.55	41.97
June .....	171.5	189.5	193.9	209.0	1.77	72.83	47.83
July .....	160.3	179.0	202.4	206.2	1.24	74.42	50.70
August .....	164.7	176.2	195.6	197.8	0.26	72.39	51.19
September.....	115.4	150.0	164.3	172.0	0.76	66.23	45.00
October.....	92.8	103.7	116.5	120.6	1.90	59.16	43.61
November ...	31.7	47.2	58.1	56.2	4.68	48.60	36.97
December ...	12.9	19.7	25.9	29.2	2.94	44.13	33.93
Totals .....	1117.6	1456.4	1544.8	1551.2	18.62	—	—
Averages ...	93.1	121.4	128.7	129.3	1.55	57.67	40.46
1958 Averages	75.9	97.8	109.1	107.2	2.46	55.39	38.89

### 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 162).

### Sewerage.

There are 463.05 miles of sewers in the City, discharging directly into the River Tyne at various points along the 8½ miles of river frontage.



## Cleansing and Scavenging.

A weekly collection of refuse is made from all domestic premises, and twice weekly from certain business premises.

## Social Conditions.

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

### OCCUPATION ORDERS AND STATUS AGGREGATES (1951).

	Males	Females	
Total (aged 15 and over) .....	104,300	121,300	
Occupied .....	92,900	44,900	
Not gainfully occupied and retired...	11,400	76,400	
Retired .....	(7,900)	(1,000)	
			Total.
Metal, manufacture, engineering and allied trades .....	19,600	900	20,500
Clerks and typists .....	8,300	12,700	21,000
Commerce (excluding clerical) .....	8,700	5,900	14,600
Personal service (institutions, clubs, etc.)...	2,000	12,500	14,500
Transport and communication .....	11,600	—	11,600
Unskilled workers .....	9,600	1,700	11,300
Professional and technical .....	4,800	2,800	7,600

The number of registered male and female unemployed at the beginning and end of the year is shown in the following table supplied by the Ministry of Labour and National Service.

Date.	Males.	Females.	Total.
12th January, 1959 .....	4,370	1,167	5,537
8th December, 1958 .....	3,797	994	4,791

## Inhabited Houses.

There were 87,993 inhabited houses which, on the estimated population, showed an average of 3.1 persons per dwelling.

## Rateable Value.

A penny rate produced £20,277, the gross rateable value being £4,960,012 compared with £4,510,424 in 1958.



# Vital Statistics of Whole City during 1959, and previous years.

YEAR.	Population estimated to Middle of each Year.	LIVE BIRTHS.			TOTAL DEATHS REGISTERED IN THE CITY.		TRANSFERABLE DEATHS.		NET DEATHS BELONGING TO THE CITY.			
		Uncor- rected Number	Net.		Number	Rate.	of Non- resi- dents regis- tered in the City	of Resi- dents not reg- istered in the City	Under 1 Year of Age.		At all Ages.	
			Number	Rate.					Number	Rate per 1,000 Nett Births.	Number	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1917	278,107	6,548	6,495	23.4	4,646	16.7	718	246	732	113	4,174	15.0
1918	278,107	6,555	6,468	23.3	5,380	19.3	872	308	692	107	4,816	17.3
1919	275,099	6,793	6,674	23.3	5,358	19.5	737	234	806	120	4,855	17.6
1920	286,061	8,433	8,070	28.0	4,609	16.1	779	195	817	101	4,025	14.0
1921	278,400	7,720	7,284	26.2	4,602	16.5	817	142	699	96	3,927	14.1
1922	281,600	7,432	6,987	24.8	4,698	16.7	831	145	646	92	4,012	14.2
1923	283,800	6,961	6,367	22.4	4,298	15.1	789	150	623	98	3,659	12.9
1924	285,900	7,029	6,335	22.2	4,607	16.1	929	172	632	100	3,850	13.5
1925	286,300	7,031	6,215	21.6	4,732	16.5	989	165	550	88	3,908	13.6
1926	284,700	6,728	6,007	21.0	4,460	15.7	979	161	530	88	3,642	12.8
1927	288,500	6,215	5,395	18.7	4,468	15.5	1,058	178	474	88	3,588	12.4
1928	281,500	6,360	5,429	19.2*	4,683	16.6	1,178	179	447	82	3,684	13.1
1929	283,400	6,120	5,126	18.1	5,040	17.8	1,313	172	438	85	3,899	13.8
1930	283,400	6,190	5,223	18.4	4,665	16.5	1,232	133	384	74	3,566	12.6
1931	283,600	6,058	5,056	17.8	4,911	17.3	1,251	145	467	92	3,805	13.4
1932	285,100	6,006	4,883	17.1	4,579	16.0	1,174	134	370	76	3,539	12.4
1933	286,500	5,770	4,712	16.4	4,695	16.4	1,182	127	359	76	3,640	12.7
1934	287,050	5,848	4,695	16.4	4,823	16.8	1,322	145	389	83	3,646	12.7
1935	292,700†	5,895	4,666	16.0	5,040	17.3	1,489	121	400	86	3,672	12.6
1936	290,400	5,709	4,537	15.6	5,148	17.4	1,421	151	408	90	3,878	13.1
1937	290,400	5,996	4,796	16.5	5,107	17.6	1,403	160	435	91	3,864	13.3
1938	291,300	6,101	4,678	16.1	4,866	16.7	1,413	168	307	66	3,621	12.4
1939	293,400	5,855	4,646	15.8	4,804	17.0	1,328	185	289	62	3,661	12.9‡
1940	255,900	5,501	4,519	17.6	4,727	18.5	1,181	187	284	64	3,733	14.6[
1941	254,960	4,599	4,176	16.4	4,905	19.2	1,208	254	315	76	3,951	15.5[
1942	254,100	4,686	4,289	16.9	4,398	17.3	1,140	222	255	59	3,480	13.7[
1943	254,890	5,162	4,548	17.8	4,759	18.7	1,235	185	291	64	3,709	14.6[
1944	262,920	6,799	5,359	20.4	4,585	17.4	1,298	221	270	50	3,508	13.3[
1945	265,990	5,950	4,836	18.2	4,469	17.7	1,234	200	192	40	3,435	13.0[
1946	283,740	8,219	6,079	21.4	4,569	16.1	1,242	188	249	41	3,515	12.4
1947	290,470	8,512	6,449	22.2	4,726	16.3	1,190	211	286	44	3,747	12.9
1948	293,600	7,414	5,705	19.4	4,504	15.3	1,215	186	217	38	3,475	11.8
1949	294,540	6,916	5,377	18.3	4,740	16.1	1,215	232	213	39	3,757	12.7
1950	294,800	6,473	5,051	17.1	4,720	16.0	1,110	315	170	34	3,925	13.3
1951	291,700	6,053	4,803	16.5	4,535	15.5	976	341	166	34	3,900	13.4
1952	289,800	5,982	4,792	16.5	4,099	14.2	1,012	337	140	29	3,424	11.8
1953	289,700	6,313	4,922	17.1	4,040	13.9	1,018	137	132	27	3,159	10.9
1954	286,500	5,984	4,852	16.9	4,076	14.2	1,041	196	124	25	3,231	11.3
1955	281,000	5,910	4,705	16.7	4,285	15.2	1,053	245	158	33	3,477	12.4
1956	277,100	6,256	4,913	17.7	4,068	14.7	1,056	267	121	25	3,279	11.8
1957	275,100	6,506	4,998	18.2	4,299	15.6	1,186	281	116	23	3,394	12.3
1958	272,400	6,778	5,069	18.6	4,221	15.5	1,115	302	126	25	3,408	12.5
1959	271,100	6,601	5,201	19.2	4,228	15.6	1,256	304	139	27	3,276	12.1

\* Calculated on a population of 282,200.  
[ Civilians only.

† Rates calculated on a population of 291,025.

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



## CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1959.

(REGISTRAR-GENERAL'S RETURN).

CAUSES OF DEATH.	Sex.	All ages.	0-	1-	5-	15-	25-	45-	65-	75-
1—Tuberculosis, respiratory .....	M.	24	...	...	...	...	3	11	8	2
	F.	4	...	...	1	...	1	...	1	1
2—Tuberculosis other forms	M.	...	...	...	...	...	...	...	...	...
	F.	2	...	...	...	1	...	1	...	...
3—Syphilitic disease	M.	7	...	...	...	...	...	2	3	2
	F.	3	...	...	...	...	...	...	3	...
4—Diphtheria	M.	...	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...
5—Whooping cough	M.	1	1	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...
6—Meningococcal infections	M.	...	...	...	...	...	...	...	...	...
	F.	1	...	1	...	...	...	...	...	...
7—Acute poliomyelitis	M.	...	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...
8—Measles	M.	...	...	...	...	...	...	...	...	...
	F.	1	...	1	...	...	...	...	...	...
9—Other infective and parasitic diseases	M.	1	...	...	...	...	1	...	...	...
	F.	1	...	...	...	1	...	...	...	...
10—Malignant neoplasm, stomach	M.	57	...	...	...	...	...	30	17	10
	F.	40	...	...	...	...	1	12	14	13
11—Malignant neoplasm, lung, bronchus	M.	139	...	...	1	...	5	73	44	16
	F.	22	...	...	...	...	1	13	7	1
12—Malignant neoplasm, breast	M.	...	...	...	...	...	...	...	...	...
	F.	49	...	...	...	...	8	16	16	9
13—Malignant neoplasm, uterus .....	F.	12	...	...	...	...	...	7	4	1
14—Other malignant & lymphatic neoplasms	M.	177	...	...	...	1	11	56	54	55
	F.	132	...	...	...	...	5	48	33	46
15—Leukaemia, aleukaemia	M.	3	...	1	...	...	...	2	...	...
	F.	7	...	...	...	2	...	2	1	2
16—Diabetes	M.	5	...	...	...	...	1	...	3	1
	F.	18	1	...	1	...	...	1	6	9
17—Vascular lesions of nervous system	M.	241	...	...	...	...	6	48	72	115
	F.	293	...	...	...	...	4	46	94	149
18—Coronary disease, angina	M.	352	...	...	...	...	10	137	118	87
	F.	216	...	...	...	...	4	52	74	86
19—Hypertension with heart disease	M.	33	...	...	...	...	...	8	15	10
	F.	34	...	...	...	...	...	1	14	19



Causes of Death at different periods of life for 1959—*continued.*

CAUSES OF DEATH.	Sex	All ages.	0-	1-	5-	15-	25-	45-	65-	75-
20—Other heart disease	M.	119	...	...	...	...	5	22	25	67
	F.	201	...	1	...	...	2	21	40	137
21—Other circulatory disease	M.	87	...	...	...	...	4	11	17	55
	F.	83	...	...	...	...	...	2	20	61
22—Influenza	M.	10	...	...	...	...	...	2	4	4
	F.	8	...	...	...	...	...	1	2	5
23—Pneumonia	M.	71	13	1	...	1	2	7	15	32
	F.	65	7	1	...	...	1	7	16	33
24—Bronchitis	M.	144	...	...	...	...	1	53	53	37
	F.	76	4	...	...	...	1	10	21	40
25—Other diseases of respiratory system	M.	20	1	...	...	1	2	2	10	4
	F.	10	1	1	...	...	1	1	2	4
26—Ulcer of stomach and duodenum	M.	23	...	...	...	...	3	9	4	7
	F.	11	...	...	...	...	1	4	4	2
27—Gastritis, enteritis and diarrhoea	M.	7	3	...	...	...	2	1	...	1
	F.	8	3	...	...	...	2	...	1	2
28—Nephritis and nephrosis	M.	10	...	...	...	1	1	4	1	3
	F.	14	...	...	...	1	1	3	4	5
29—Hyperplasia of prostate	M.	8	...	...	...	...	...	...	2	6
30—Pregnancy, child-birth, abortion	F.	3	...	...	...	...	3	...	...	...
31—Congenital malformations	M.	17	13	1	1	1	...	1	...	...
	F.	19	12	1	...	1	1	4	...	...
32—Other defined and ill-defined diseases	M.	114	41	...	...	1	6	26	14	26
	F.	141	31	...	1	4	11	23	23	48
33—Motor vehicle accidents	M.	29	...	4	3	7	4	6	2	3
	F.	18	...	1	...	1	1	7	6	2
34—All other accidents	M.	32	4	...	1	1	9	11	1	5
	F.	23	4	1	1	1	2	6	3	5
35—Suicide	M.	16	...	...	...	...	5	6	4	1
	F.	12	...	...	...	...	1	9	1	1
36—Homicide and operations of war	M.	...	...	...	...	...	...	...	...	...
	F.	2	...	...	...	...	...	...	2	...
All causes	M.	1747	76	7	6	14	81	528	486	549
	F.	1529	63	8	4	12	52	297	412	681

**CANCER DEATHS IN AGES (MALE AND FEMALE)—1959.**

31A

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	...	...	2	2		
142	Do. salivary gland	.....	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...		
144	Do. floor of mouth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...		
145	Do. oral mesopharynx	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...		
147	Do. hypopharynx	.....	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2	...		
148	Do. pharynx(unspecified)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2		
150	Do. oesophagus	.....	...	...	...	...	...	...	...	...	...	...	2	1	11	3	13	4			
151	Do. stomach	.....	...	...	...	...	...	...	...	...	...	1	30	12	27	27	57	40			
153	Do. large intestine except rectum	.....	...	...	...	...	...	...	...	...	...	...	11	15	21	24	32	39			
154	Do. rectum	.....	...	...	...	...	...	...	...	...	...	1	4	5	18	6	23	11			
155	Do. biliary passages and of liver (stated to be primary site)	...	...	...	...	...	...	...	...	...	...	...	1	...	...	7	1	7			
156	Do. liver (secondary and unspecified)	...	...	...	...	...	...	...	...	...	...	...	3	...	2	...	5	...			
157	Do. pancreas	.....	...	...	...	...	...	...	...	...	...	1	7	2	9	7	17	9			
158	Do. peritoneum	.....	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1			
160	Do. nasal cavities	.....	...	...	...	...	...	...	...	...	...	1	1	...	1	1	3	1			
161	Do. larynx	.....	...	...	...	...	...	...	...	...	...	...	3	...	1	3	4	3			
162	Do. trachea & of bronchus & lung specified as primary	...	...	...	...	...	...	...	...	...	...	5	60	12	48	4	113	16			
163	Do. lung and bronchus unspecified as to whether primary or secondary	...	...	...	...	...	...	1	...	...	...	1	13	1	12	4	26	6			
164	Do. mediastinum	.....	...	...	...	...	...	...	...	...	1	...	...	1	...	1	1	2			
170	Do. breast	.....	...	...	...	...	...	...	...	...	...	8	...	16	...	25	...	49			
171	Do. cervix uteri	.....	...	...	...	...	...	...	...	...	...	...	...	2	...	3	...	5			
172	Do. corpus uteri	.....	...	...	...	...	...	...	...	...	...	...	...	4	...	3	...	7			
175	Do. ovary fallopian tube and broad ligament	...	...	...	...	...	...	...	...	...	...	...	...	11	...	5	...	16			
176	Do. other unspecified female genital organs	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1			
177	Do. prostate	.....	...	...	...	...	...	...	...	...	...	...	2	...	18	...	20	...			
178	Do. testis	.....	...	...	...	...	...	...	...	...	...	1	...	...	1	...	2	...			
179	Do. other unspecified male genital organs	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...			
180	Do. kidney	.....	...	...	...	...	...	...	...	...	...	...	4	...	1	1	5	1			
181	Do. bladder and other urinary organs	...	...	...	...	...	...	...	...	...	...	...	4	2	9	6	13	8			
191	Do. skin	.....	...	...	...	...	...	...	...	...	...	...	...	...	3	3	3	3			
193	Do. brain and other parts of nervous system	...	...	...	...	...	...	...	...	...	...	3	3	4	1	1	1	8	5		
195	Do. other endocrine glands	.....	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1			
196	Do. bone including jaw bone	.....	...	...	...	...	...	...	...	...	...	...	1	3	1	1	2	4			
199	Do. other & unspecified sites	.....	...	...	...	...	...	...	...	...	...	...	4	1	3	4	7	5			
200	Lymphosarcoma and reticulosarcoma	.....	...	...	...	...	...	...	...	...	...	1	2	...	...	1	2	2			
201	Hodgkin's disease	.....	...	...	...	...	...	...	...	1	...	2	...	...	...	1	3	1			
203	Multiple myeloma	.....	...	...	...	...	...	...	...	...	...	...	1	3	2	1	3	4			
204	Leukaemia and aleukaemia	.....	...	...	1	...	...	...	...	2	...	...	2	2	...	3	3	7			
TOTALS			...	...	1	...	1	...	1	2	16	15	161	98	196	147	376	262			
COMBINED TOTALS			...	...	1	1	3	31	259	343	638										





**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
1959 ...	534	1,125	404	73	132



**CANCER DEATHS AND DEATH RATES FROM 1938**  
**AND DEATHS FROM CANCER OF RESPIRATORY ORGANS SHOWING AGE AND SEX DISTRIBUTION.**

RESPIRATORY ORGANS ONLY												
Total Number of Cancer Deaths	Death Rate per 1,000 Popula- tion	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
1959	638	2.35	1	5	73	60	139	..	1	13	8	22

WARD DISTRIBUTION OF BIRTHS, DEATHS, INFANT MORTALITY, TUBERCULOSIS AND OTHER  
RESPIRATORY DISEASES, CANCER AND HEART DISEASE, 1959.

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 ..	12,900	239.6	53.8	350	27.1	183	14.2	10	28.6	15	1.16	2	1.16	3	0.23	..	..	24	1.86	50	3.88
Arthur's Hill.	13,300	318.1	41.8	246	18.5	232	17.4	6	24.4	6	0.45	1	0.08	..	..	1	0.08	24	1.86	50	3.88
Benwell ....	13,950	246.8	56.5	310	22.2	143	10.2	8	25.8	18	1.29	2	0.14	1	0.07	..	..	39	2.93	58	4.36
Blakelaw....	13,600	506.0	26.9	240	17.6	131	9.6	3	12.5	12	0.88	1	0.07	2	0.15	..	..	26	1.86	46	3.30
Byker .....	12,900	245.4	52.6	286	22.2	155	12.0	7	24.5	14	1.09	1	0.07	1	0.07	..	..	33	2.43	34	2.50
Dene .....	13,200	865.4	15.3	146	11.1	152	11.5	..	..	5	0.38	2	0.15	..	..	..	..	29	2.25	41	3.18
Elswick ....	13,050	215.0	60.7	273	20.9	144	11.0	7	25.6	15	1.15	2	0.15	..	..	..	..	39	2.95	49	3.71
Fenham ....	16,000	650.5	24.6	201	12.6	188	11.7	5	24.9	14	0.87	..	..	..	..	..	..	36	2.76	38	2.91
Heaton ....	13,800	315.3	43.8	215	15.6	162	11.7	4	18.6	6	0.43	1	0.07	1	0.07	..	..	38	2.37	67	4.19
Jesmond ...	14,700	416.6	35.3	181	12.3	240	16.3	4	22.1	14	0.95	1	0.07	1	0.07	..	..	30	2.17	50	3.62
Kenton ....	16,500	1422.0	11.6	372	22.5	171	10.4	9	24.2	15	0.91	..	..	1	0.06	..	..	44	2.99	84	5.71
St. Anthony's	13,000	240.9	54.0	234	18.0	158	12.2	5	21.4	9	0.69	2	..	..	..	..	..	34	2.06	49	2.97
St. Lawrence	14,000	315.3	44.4	255	18.2	153	10.9	15	58.8	11	0.79	..	..	..	..	..	..	27	2.08	50	3.85
St. Nicholas	8,500	438.2	19.4	218	25.6	104	12.2	6	27.5	6	0.71	2	0.24	..	..	..	..	34	2.43	34	2.43
Sandyford...	11,800	245.9	48.0	207	17.5	147	12.5	3	14.5	4	0.34	..	..	2	0.17	..	..	23	2.71	27	3.18
Scotswood ..	14,500	395.5	36.7	268	18.5	154	10.6	8	29.9	10	0.69	1	0.07	2	0.14	..	..	30	2.54	46	3.90
Stephenson ..	14,700	310.2	47.4	454	30.9	164	11.2	25	55.1	21	1.43	4	0.27	4	0.27	..	..	30	2.07	41	2.83
Walker .....	15,600	499.9	31.2	292	18.7	171	11.0	6	20.5	9	0.58	2	0.13	2	0.13	..	..	23	1.56	41	2.79
Walkergate..	13,700	525.2	26.1	223	16.3	168	12.3	4	17.9	10	0.73	2	0.15	1	0.07	..	..	32	2.05	50	3.21
Westgate ...	11,400	293.6	38.8	230	20.2	156	13.7	4	17.4	7	0.61	2	0.18	2	0.18	..	..	39	2.85	49	3.58
CITY .....	271,100	8705.4	31.1	5,201	19.2	3,276	12.1	139	26.7	221	0.82	28	0.10	24	0.09	2	0.007	638	2.35	955	3.52



COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES.  
1959.

	Newcastle upon Tyne.	Gateshead.	South Shields.	Sunderland.	Tynemouth.	Northumberland.	Durham.
R.G.'s estimated population .....	271,100	109,100	108,700	186,600	69,300	475,000	943,700
Comparability factor:—							
(a) births.....	0.97	0.96	0.93	0.94	0.95	0.98	0.96
(b) deaths .....	1.12	1.20	1.20	1.25	1.12	1.09	1.22
Crude birth rate per 1,000 population .....	19.18	18.4	20.03	20.34	17.04	17.23	18.0
Birth rate adjusted by factor .....	18.60	17.6	18.63	19.12	16.19	16.89	17.3
Crude death rate per 1,000 population .....	12.08	11.2	10.95	10.21	11.01	11.56	10.9
Death rate adjusted by factor .....	13.53	13.4	13.14	12.76	12.33	12.60	13.3
Infantile mortality rate per 1,000 live births .....	26.73	23.3	23.89	24.76	26.24	23.58	26.68
Neo-natal mortality rate per 1,000 live births .....	19.23	16.4	14.70	16.86	17.78	17.47	19.1
Stillbirth rate per 1,000 total births .....	22.55	19.5	25.08	21.9	25.57	20.82	23.5
Maternal mortality rate per 1,000 total births ..	0.56	0.48	—	0.77	1.20	0.72	0.58
Tuberculosis rates per 1,000 population—							
Primary Notification:							
(a) respiratory .....	0.82	1.14	1.23	0.75	0.64	0.48	0.49
(b) non-respiratory .....	0.09	0.15	0.14	0.09	0.07	0.06	0.08
Deaths:							
(a) respiratory .....	0.10	0.17	0.09	0.10	0.07	0.04	0.10
(b) non-respiratory .....	0.01	0.02	0.03	0.005	0.01	0.01	0.01
Death rates from Cancer:							
(a) all forms (including leukaemia & aleukaemia) .....	2.35	2.02	2.38	2.04	2.38	1.93	2.04
(b) lungs and bronchus only .....	0.59	0.54	0.49	0.48	0.75	0.39	0.41

# MATERNITY AND CHILD WELFARE

---

## II.—NATIONAL HEALTH SERVICE ACTS

---

### CARE OF MOTHERS AND YOUNG CHILDREN.

#### Maternal Care.

The policy of Federal Government in regard to all but the maternity hospitals which are under the jurisdiction of the Federal Government is to provide for the care of mothers and young children in the home. This is done by the Federal Government through the National Health Service Act of 1935. This act provides for the establishment of a National Health Service which shall be organized and operated in accordance with the provisions of this act. The act also provides for the establishment of a National Health Service which shall be organized and operated in accordance with the provisions of this act. The act also provides for the establishment of a National Health Service which shall be organized and operated in accordance with the provisions of this act.



## II. NATIONAL HEALTH

### SERVICE ACTS

# MATERNITY AND CHILD WELFARE

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

## **Birth Rate.**

There was a total of 5,201 live births—2,635 male and 2,566 female—registered, which in the estimated population of 271,100 produced a crude birth rate of 19.2. Of these births 158 males and 127 females were illegitimate.

## **Still-birth Rate.**

There were 120 still-births giving a still-birth rate of 22.55.

## **Infant Mortality, Neo-Natal and Perinatal Mortality Rates.**

One hundred babies died in the first month of life: 39 between the end of the first month and the end of the first year. This gave an infant mortality rate of 26.7, and a neo-natal mortality rate of 19.2. Of the 100 babies dying in the first month 84 died in the first week of life. This gave, with the still-births, a perinatal mortality rate of 38.3.

Of the 285 illegitimate live births only eight died in the first year, giving an illegitimate infant mortality rate of 28.1 compared with 26.7 for the legitimate births.

## **Maternal Mortality Rate.**

There were three maternal deaths and the maternal mortality rate therefore was 0.56.

## **CARE OF MOTHERS AND YOUNG CHILDREN.**

### **Ante-Natal Care.**

The policy of holding non-medical ante-natal clinics at all but three ante-natal centres with only midwives and health visitors in attendance—a practice started in 1958—has continued to justify itself. There were good attendances at these centres for the mothercraft teaching and other facilities offered. There are now 12 general practitioner ante-natal clinics per week held in local authority premises with a municipal midwife in attendance. Both the general



practitioners and the local authority nursing staffs appreciate the opportunity this affords for closer co-operation and mutual discussion, and it is gratifying to feel that at last the midwifery service is beginning to take form in the way in which it was intended.

### **Child Welfare.**

It is disappointing that the downward fall in infant deaths which reached its record low figure in 1957 has not continued. The deaths of infants round about birth, together with the still-births, have remained fairly constant. The 84 deaths in the first week of life were largely made up of three groups: prematurity, congenital defects and diseases of early infancy. With the babies between one month and one year, congenital defects, infections and accidents were mainly responsible for the 39 deaths. Until further knowledge is available to help to prevent congenital malformations, and all the diseases peculiar to the new-born infant, there can be little progress.

Work at the child welfare clinics throughout the year has quite unavoidably been largely concentrated on protection against poliomyelitis.

It is realised that education of the mothers in the mental and emotional development of their children is perhaps the most real need in contemporary child welfare work. Health education must be geared to this in every possible way. There is no doubt that the child psychiatry sessions and play therapy groups, as well as the normal play groups at child welfare clinics, help the mothers, by example, to an understanding of the needs of their children in this field.

Problem families continued to be helped by 'Home Advisers' who concentrated on those families where it was considered the mother was teachable and would accept help and advice. This is a scheme which, although results are slow in showing, has proved worth while.

### **Registration of Births.**

Of the 5,201 live births in families resident in Newcastle 2,937 occurred in institutions as shown in the following table:—

Nursing Homes.....	11
Princess Mary Maternity Hospital .....	619
Hopedene Maternity Home .....	209
Newcastle General Hospital .....	1,412
Other outside hospitals .....	686
Total number of live births registered .....	5,201
Proportion of live births taking place in Institutions...	56%
Proportion in Newcastle hospitals .....	43%

## RETURN OF DEATHS UNDER ONE YEAR OF AGE DURING THE YEAR 1959.

38A

CAUSE OF DEATH.	AGE PERIODS—NET.																			
	Under 1 Week.		1 and under 2 Weeks.		2 and under 3 Weeks.		3 and under 4 Weeks.		Total under 1 Month.		1 and under 3 Months.		3 and under 6 Months.		6 and under 9 Months.		9 and under 12 Months.		Total under One Year.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Whooping Cough .....	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Diabetes Mellitus .....	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Adrenogenital Syndrome .....	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Mental Deficiency .....	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	1
Otitis Media .....	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	1
Meningitis except Meningococcal and Tuberculous .....	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Acute respiratory infection unspecified.....	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	1
Bronchopneumonia .....	...	...	...	...	...	...	...	...	...	...	2	1	1	1	1	1	...	5	3	...
Pneumonia other and unspecified .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
Acute Bronchitis .....	...	...	...	...	...	...	...	1	...	1	...	1	...	1	...	...	...	...	...	3
Gastro Enteritis and Colitis except Ulcerative .....	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	1	...	3	2	...
Spina Bifida and Meningocele .....	...	2	...	1	1	1	...	...	1	4	1	...	...	1	...	...	...	2	5	...
Congenital Hydrocephalus .....	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...
Monstrosity .....	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Congenital Malformations of Circulatory System .....	3	2	1	...	1	...	...	...	5	2	1	...	...	1	1	...	1	...	8	3
Congenital Malformations of Digestive System .....	3	...	...	...	1	...	...	...	3	1	...	...	...	...	...	...	...	3	1	...
Other and Unspecified Congenital Malformations .....	1	2	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	1	2	...
Intracranial and Spinal Injury at Birth.....	3	4	...	...	...	...	...	...	3	4	...	...	1	...	...	...	...	4	4	...
Other Birth Injury .....	2	1	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	2	1	...
Post Natal Asphyxia and Atelectasis .....	13	4	...	...	...	...	...	...	13	4	...	...	...	...	...	...	...	13	4	...
Pneumonia of Newborn.....	6	3	1	1	...	...	...	...	7	4	...	...	...	...	...	...	...	7	4	...
Haemorrhagic Disease of Newborn .....	2	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...
Diarrhoea of Newborn .....	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...
Other and Ill Defined Diseases Peculiar to Early Infancy .....	2	5	1	...	...	1	...	2	3	8	...	...	2	...	...	...	...	5	8	...
Immaturity .....	12	11	...	...	...	...	...	...	12	11	...	...	...	...	...	...	...	12	11	...
Inhalation and ingestion of food or other object causing obstruction and suffocation .....	...	...	...	...	...	...	...	1	...	1	1	...	1	1	1	1	...	1	1	...
Accidental Mechanical Suffocation in Bed.....	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	2	...
Absence of Medical Care at Birth.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
TOTAL .....	48	36	3	3	2	4	...	4	53	47	8	7	10	6	3	3	2	...	76	63





## Care of Illegitimate Children.

Total number of illegitimate live births .....	285
Number of unmarried mothers admitted to Mother and Baby Homes for whom the Local Health Authority assumed financial responsibility .....	18

### 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 attendances.
	(2)		(3)		(4)		(5)
	Ante-natal.	Post-natal.	Ante-natal.	Post-natal.	Ante-natal.	Post-natal.	Ante-natal.
1959.....	1,974	19	1,351	19	6,268	19	13
1958.....	1,970	11	1,304	11	5,867	11	11

### 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)
1959...	10,749	3,632	350	3,308	6,831	46,290	24,669	38
1958...	10,308	3,636	387	3,249	6,355	45,495	19,933	36

## Welfare Foods.

The figures below show the 'take-up' of National Dried Milk and Vitamins compared with 1958:—

	National Dried Milk.	Cod Liver Oil.	Vitamin A & D Capsules.	Orange Juice.
1958.....	191,992 tins.	17,810 bottles.	12,447 boxes.	122,742 bottles.
1959.....	176,091 „	18,119 „	12,467 „	125,009 „



The fall in National Dried Milk is not so great as would at first appear, as included in the 1958 totals are 4,080 tins issued to hospitals, who now draw their supplies direct from the Government depot. Also included in the 1958 figures are 433 bottles of Cod Liver Oil and 4,181 bottles of Orange Juice issued to hospitals.

### **Sewing Classes.**

A total of 241 classes were held at six centres. The number of attendances was 2,223—an average of nine mothers at each class.

### **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 .....	71
Royal Victoria Infirmary.....	20
Royal Victoria Infirmary (Speech Therapy).....	20
Fleming Memorial Hospital .....	13
Orthopaedic Department—City Road .....	152
Ear, Nose and Throat Hospital .....	13
	<hr/>
	289
	<hr/>

### **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:—

Blind and partially sighted .....	10
Minor eye defects .....	297
Deaf .....	5
Partially deaf .....	4
Speech defects (uncomplicated by deafness).....	42
Mentally backward .....	50
Epileptic .....	11
Physically handicapped .....	41
(including 8 spastics).	
Minor orthopaedic defects .....	145
Congenital defects .....	71
Special defects .....	63
(including asthma, infantile eczema, tuberculosis, etc.).	

### **DAY NURSERIES.**

During the year 407 admissions were arranged to the five day nurseries, and of these 318 children were admitted. 313 children were discharged.

At the end of the year there were 174 children on the register as compared with 169 at the end of 1958.

Nursery.	No. of places provided.	No. of attendances 0—2 years.	No. of attendances 2—5 years.	Admissions during the year.	Discharges during the year.	Casual users No. of $\frac{1}{2}$ -day attendances.
Willow Avenue ...	50	2,121	3,700	51	46	2,435
Renwick Street ...	50	2,203	4,573	71	67	1,060
Woodland Crescent	25	1,541	2,049	49	48	818
West Parade.....	50	3,045	5,587	63	75	2,550
Gosforth Street ...	50	2,929	4,704	84	77	1,326
TOTALS .....	225	11,839	20,613	318	313	8,189

Figures below show the total of children in the nurseries at the end of 1959, and the reasons for their admission :—

Unmarried mothers .....	36
Widows .....	15
Widowers .....	1
Separated or divorced .....	58
Mother ill .....	18
Father ill .....	6
Father unemployed .....	9
Confinement .....	1
Housing conditions .....	3
Difficult children .....	8
Special recommendations—doctors, health visitors, etc. ....	13
Financial difficulties .....	6

Of the people interviewed during the year only one third were eligible for day nursery places. The figures for the end of the year show that most children in the nurseries were attending for priority reasons, as there were only six children on the register where the mother was going out to work to supplement the income. Fees are still the great problem. Many more would perhaps benefit by going out to work but could not gain financially, particularly when there is more than one child of nursery age.

Thirty-three physically and mentally handicapped as well as problem and difficult children have been in the nurseries during the year, using the full-time or casual service. This has been a great



help to the parents and in some cases the children improved considerably.

Seventy-two cases of hardship were considered and the fees reduced. Thirty such cases were still on the books at the end of the year.

The Casual User Service was more popular in the West End of the City, but figures show that the service has been used well and is increasing in popularity, there being almost twice the number of attendances in 1959 compared with 1958.

There was a short Independent Television showing on 17th February, 1959, of the work and purpose of the City Day Nurseries, Willow Avenue being the nursery filmed.

The scheme for training girls for their Nursery Nurses' Diploma ceased entirely at the end of August, 1958. Thirteen students took the examination in July, 1959, ten were successful and one student resat in October and was successful. The type of work which nursery-trained girls take up is illustrated by these thirteen as follows:—

Eight have been accepted for general nurse training.

Two were appointed to the Occupation Centre for mentally backward children at City Road.

One was appointed to the Percy Hedley School for Spastic children.

One was appointed to the Northern Counties School for the Deaf.

One was appointed as a shop assistant and proposes to do pharmacy later.

Visits were arranged to the department and the nurseries for:—

Three doctors and a party of German journalists.

Twenty-four health visitor students.

One hundred and forty-six student nurses.

Sixty-six schoolgirls (by arrangement with the Youth Employment Officer).

Six students from the Northern Counties Domestic Science College.

Nine Training College students and schoolgirls who did voluntary work in the nurseries to gain practical experience.

Girl Guides and Red Cross cadets.

## **NURSERIES & CHILD-MINDERS REGULATION ACT, 1948.**

There were four nurseries and six child-minders registered with this Authority under this Act, together caring for 192 children.



## CHILD PSYCHIATRY AND PLAY THERAPY.

The Psychiatric Service in child welfare centres has now completed its second year. Although no great expansion occurred during 1959 the service became more firmly established. Twenty-six new cases were referred and 13 of those seen during 1958 continued their attendance. A consultant psychiatrist from St. Nicholas Hospital attended monthly at the two centres, Blakelaw and East End, and a weekly play therapy session was held at each centre.

The cases referred included various forms of disturbed behaviour. Most frequently seen were difficult and aggressive behaviour, temper, tantrums, sibling jealousy and difficulties relating to the only child. Symptoms of fear and anxiety and habit disorders were also found. In a number of cases the real problem was that of the over-anxious mother, and for the child the service was mainly a preventive one.

During the play therapy sessions, individual and group discussions were held with the mothers. The informal consideration of each others problems in the friendly and relaxing atmosphere of the group proved to be of real benefit.

The use of a child welfare centre as a psychiatric clinic for "under fives" has several advantages and these have been demonstrated during the year. In many cases mothers and children were already familiar with the clinic building and this was most helpful in reducing apprehension on their first visit. Close co-operation with health visitors and school nurses at the centre was easily maintained and their interest and help were greatly appreciated by the play therapy staff. Frequent discussions were held with individual health visitors whose detailed knowledge of home and family was invaluable. Although no formal follow-up of cases now attending school has been attempted, the school nurse has been able to report on their progress.

An analysis of cases so far referred shows that the most regular attenders are those living within a reasonable distance of the clinic. The harassed mother of a disturbed child—with perhaps a young baby as well—is often incapable of attending regularly if a long journey is involved. A play therapy group at the nearby child welfare centre would seem the most helpful provision for these young children.

An encouraging feature of the year's work has been the continued attendance of the majority of cases. Unfortunately, however, there



are quite a number of mothers whom the health visitors try to persuade to go to the clinic for advice who never pay an initial visit. Only five failed to attend as advised after the initial visit. Of the 39 cases seen during the year, 4 are now attending school and making normal progress, and 3 have improved sufficiently to discontinue attendance; two were referred to day nurseries. Twenty-one children are attending regularly and showing definite improvement. In the remaining cases play therapy was not considered necessary so attendance was discontinued.

Details of sessions and attendances are shown in the table below:—

### **Blakelaw Centre.**

No. of sessions .....	Psychiatric Clinic .....	11
	Play Therapy Group .....	50
No. of cases: attendance continued from 1958 .....		8
new cases during 1959 .....		14
Attendances .....		386

### **East End Centre.**

No. of sessions .....	Psychiatric Clinic .....	9
	Play Therapy Group ...	51
No. of new cases- attendance continued from 1958 .....		5
new cases during 1959 .....		12
Attendances .....		112

### **Prevention of Breakdown of Families.**

The home advisers have continued to do good work in supporting some of the more difficult, but potentially teachable, families in the city.

Five families were carried over from 1958 to 1959, and the home adviser finally withdrawn after some months' service. In two of these cases there was definite improvement, in two others, although the mother did not improve much or benefit from the teaching, the family debts were paid off. In the other case there was practically no change and no justification for carrying on with the help.

There have been five new cases helped during the year, all still having help at the end of the year. On the whole the position is encouraging in all five cases.

Results come very slowly in this work and perhaps the most difficult families are those where one or other parent is suffering, or has suffered, from psychiatric trouble.



## MIDWIFERY.

The work of the domiciliary midwives increased during the year. Domiciliary births delivered and notified by them rose from 2,160 in 1958 to 2,223 in 1959, and discharges from hospital before the fourteenth day also increased. There were 2,216 compared with 1,939 in 1958—447 of which were discharged between the first and fifth days after delivery. This demonstrates the increasing co-operation between the services.

Bookings for delivery only at the Newcastle General Hospital remained at approximately the same level as in 1958.

On 1st January, Princess Mary Maternity Hospital implemented the plan made late in 1958 whereby 100 patients each year would be booked for delivery, and discharged 48 hours later—the homes having first been assessed by domiciliary midwives. The scheme has worked quite satisfactorily.

Throughout the year 223 patients originally booked for home delivery were transferred to hospital. 153 were admitted to the Newcastle General Hospital; 65 to Princess Mary Maternity Hospital; and the remainder to Walker Gate Hospital, the Royal Victoria Infirmary, Queen Elizabeth and Preston Hospitals. Most of these women returned home within three days of delivery.

Notices of request for medical aid showed an enormous increase on the previous year—from 272 in 1958 to 561 in 1959. The increase was confined to doctors' booked cases. A significant rise occurred after a discussion at one of the staff meetings when the midwives were advised to use the prescribed form whenever the doctor was requested to attend during pregnancy, labour or puerperium. In consequence on occasions several notices were issued for one individual.

Parentcraft classes were held at three centres—Diana Street, East End and Jesmond.

Relaxation classes were provided by the Newcastle General Hospital in their Physiotherapy Department for expectant mothers in the West End of the City, and at the East End Clinic for those residing in the East End of the City.

Midwives took part in two surveys held in 1959: the extra clerical work involved was compensated by the interest stimulated.



## 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 nursing.
			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 booked Dr. or another).	Doctor not present at time of delivery of child.	
22,565	3,330	2,604	10	91	402	1,720	60,599

**Premature Infant Nursing Service.**

The number of premature births on the district continues to decline. Fortunately more women in premature labour are being transferred to hospital. The work of the premature nurses is, however, balanced by the increased number of premature infants being discharged home to their care.

During the year there were 110 premature infant births notified on the district—101 live births and nine still-births. Of this total 95 were attended by premature infant special nurses. Twenty-nine infants were transferred to hospital within 14 days of birth. The seventy-two 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. ....	0	0	0
2 lbs. 3 ozs.—3 lbs. 4 ozs. ....	1	0	1
3 lbs. 4 ozs.—4 lbs. 6 ozs. ....	5	4	1
4 lbs. 6 ozs.—4 lbs. 15 ozs. ....	30	28	2
4 lbs. 15 ozs.—5 lbs. 8 ozs. ....	36	35	1
	72	67	5

Age groups of "specialled" babies who died:—

Under 24 hours.....	1
2—8 days .....	3
8—28 Days .....	1
	<hr/> 5 <hr/>

## Still Births.

Total .....	120
City births .....	105
City residents delivered outside the City .....	15

The causes of the 105 City still-births were as follows:—

Ante-partum haemorrhage .....	11	Extra uterine pregnancy .....	1
Placental insufficiency .....	23	Prematurity .....	3
Foetal defects .....	20	Rh. negative .....	5
Malpresentation .....	7	Anoxia .....	11
Toxaemia of pregnancy .....	5	Other causes .....	5
Intra-uterine deaths .....	5	Unknown .....	9
			<hr/> 105 <hr/>

## Puerperal Pyrexia.

Thirty cases of puerperal pyrexia were notified (25 City cases and five extra-mural cases). Of the 30 cases 21 occurred in hospital and 9 were notified from the district.

## Ophthalmia Neonatorum.

Two district cases were notified. Both recovered.

## Maternal Deaths.

Three city mothers died in 1959. One of these was booked and delivered at home, and died five weeks after delivery following an operation for appendicitis. The remaining two patients were hospital booked cases.



## HEALTH VISITORS.

### SUMMARY OF VISITS.

	Primary.	Subsequent.	Total.
Births and children under one year	8,394	23,148	31,542
Children over one year .....	12,919	49,487	62,406
Measles .....	4,818	2,432	7,250
Pneumonia .....	149	89	238
Whooping Cough .....	190	214	404
Poliomyelitis .....	13	20	33
Diphtheria .....	3	—	3
Expectant mothers .....	650	957	1,607
Aged persons .....	2,135	10,409	12,544
Mental and physical after-care...	99	542	641
Orthopaedic—home visits .....	1	—	1
Tuberculosis cases.....	375	1,676	2,051
Tuberculosis contacts .....	460	1,299	1,759
Hospital cases .....	67	—	67
Special visits .....	2,345	—	2,345
Housing .....	245	—	245
Venereal diseases—contacts .....	354	1,056	1,410
Home accidents .....	50	—	50
Sanitary defects .....	81	—	81
Ineffective visits .....	27,720	—	27,720
Removals .....	630	—	630
Totals .....	61,698	91,329	153,027
No. of households visited .....	19,886	60,464	80,350
Orthopaedic treatments .....	—	3,390	3,390

## VACCINATION AND IMMUNISATION.

The small pox vaccination figures for 1959 differ very little from those of 1958, but there has been an appreciable increase in the number of children immunised against diphtheria, whooping cough and tetanus.

The work of the department has, however, been mainly concentrated on poliomyelitis vaccination. Throughout the Spring and early Summer the demand for this was very great. Extra clinics were arranged for all age groups eligible for vaccination and the clerical staff were kept busy arranging appointments both at child welfare centres, general practitioner surgeries and special clinics for the 16—25 age group. For the latter, arrangements were made for lunch-time sessions at the Central School Health Service Clinic, and at the peak period there were as many as twelve or thirteen hundred being vaccinated in two hours.

It was necessary to retain the extra clerical staff who were engaged for poliomyelitis work in 1957 and 1958, and appoint another clerk for this purpose—at first only part-time, but later on a full-time basis.

### SMALLPOX VACCINATION.

NUMBER OF INDIVIDUALS ATTENDING FOR PRIMARY AND RE-VACCINATION AGAINST SMALLPOX IN 1959. DIVIDED INTO AGE GROUPS.

(1958 Figures in brackets).

Age at 31.12.1959 i.e. born in year—	1959-58 Under 1 year.	1958-55 1 to 4 years.	1954-45 5 to 14 years.	Before 1945 Over 15 years.	Total.
<i>Clinics.</i>					
Primary.....	1,644(1,662)	54 (81)	9 (7)	15 (2)	1,722 (1,752)
Re-vaccination .....	— (—)	— (—)	1 (1)	92 (16)	93 (17)
<i>Private Practitioners</i>					
Primary.....	1,218 (1,301)	100 (116)	43 (45)	58 (87)	1,419 (1,549)
Re-vaccination .....	— (—)	19 (5)	16 (6)	183 (154)	218 (165)
<i>Totals—</i>					
Primary.....	2,862 (2,963)	154 (197)	52 (52)	73 (89)	3,141 (3,301)
Re-vaccination .....	— (—)	19 (5)	17 (7)	285 (170)	311 (182)

### DIPHTHERIA IMMUNISATION.

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR RE-IMMUNISATION. DIVIDED INTO TWO AGE GROUPS (1958 Figures in brackets).

	Under 5 years.	Over 5 years.	Total.
<i>Primary Immunisation—</i>			
Clinics .....	2,482 (2,072)	641 (153)	3,123 (2,225)
Private practitioners ...	1,661 (1,208)	210 (58)	1,871 (1,266)
<i>Re-immunisation—</i>			
Clinics .....	728 (1,082)	558 (353)	1,286 (1,435)
Private practitioners ...	386 (516)	469 (384)	855 (900)
<i>Totals—</i>			
Primary .....	4,143 (3,280)	851 (211)	4,994 (3,491)
Re-Immunisations.....	1,114 (1,598)	1,027 (737)	2,141 (2,335)



## IMMUNISATION IN RELATION TO MID-YEAR CHILD POPULATION.

NUMBER OF CHILDREN WHO HAVE COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION BETWEEN 1ST JANUARY, 1945, AND 31ST DECEMBER, 1959.

Age at 31/12/59, i.e., Born in year:—	Under 1 year 1959	1—4 years 1955-1958	5—9 years 1950-1954	10—14 years 1945-1949	Under 15 years Total
A. Number of children whose last course (primary or booster) was completed in period 1955-1959 .....	932	11,615	12,395	1,384	26,326
B. Number of children whose last course (primary or booster) was completed in period 1954 or earlier .....	—	—	4,225	18,664	22,889
C. Estimated mid-year child population .....	5,060	18,040	41,200		64,300
Immunity index .....	18.41	64.38	33.44		40.94

## PRIMARY IMMUNISATION.

NUMBER OF CHILDREN UNDER 15 YEARS PROTECTED AGAINST DIPHTHERIA AND/OR WHOOPING COUGH IN 1959 ARE COMPILED AS FOLLOWS:—

Diphtheria.	Diphtheria and Pertussis.	Diphtheria Pertussis and Tetanus.	Diphtheria and Tetanus.	Total Diphtheria.	Total Whooping Cough.
720	99	4,173	2	4,994	4,272

## RE-IMMUNISATION.

Diphtheria.	Diphtheria and Pertussis.	Diphtheria Pertussis and Tetanus.	Total Diphtheria.	Total Whooping Cough.
813	115	1,213	2,141	1,328

Number of Persons Inoculated against Enteric, etc.

T.A.B. ....	2
T.A.B. and Cholera .....	2
T.A.B. and Tetanus .....	5
Cholera .....	5

## POLIOMYELITIS VACCINATION.

INDIVIDUALS WHO RECEIVED PRIMARY AND BOOSTER INJECTIONS: JANUARY—DECEMBER, 1959.

COMPLETED PRIMARY INJECTIONS.	Under five years.	School children 5-15yrs.	Aged 16-25 years.	Expect- ant Mothers.	Hospital Staff and Families.	Medical Practit- ioners and Families.	Ambu- lance Staff and Families.	Public Health Dept. Staff & Families.	Total.
At M. & C.W. Clinics .....	4,231	421	1,291	601	—	—	9	—	6,553
At School Clinics .....	—	7,023	808	—	—	—	—	—	7,831
At Lunch-time Clinics .....	—	—	15,589	—	—	—	—	—	15,589
At Special Clinics .....	—	—	4,243	—	1,406	—	—	71	5,720
At G.P.'s. Surgeries .....	3,132	5,637	3,189	762	—	14	—	—	12,734
TOTAL .....	7,363	13,081	25,120	1,363	1,406	14	9	71	48,427
COMPLETED BOOSTER INJECTIONS.									
At M. & C.W. Clinics .....	4,438	736	161	241	—	—	—	—	5,576
At School Clinics .....	—	14,102	64	—	—	—	—	—	14,166
At Lunch-time Clinics .....	—	—	1,712	—	—	—	—	—	1,712
At Special Clinics .....	—	—	1,296	—	447	—	—	49	1,792
At G.P.'s. Surgeries .....	2,317	4,690	334	203	—	113	4	—	7,661
TOTAL .....	6,755	19,528	3,567	444	447	113	4	49	30,907



## HOME HELPS.

The provision of home helps in the City of Newcastle is still a growing service. At the end of 1959 the number of cases served weekly were 1,535 compared with 1,394 at the end of 1958. The average number of hours of service given per week at the end of the year was 11,385, and the average number of hours to a case was 7.18. The home helps averaged 3.24 cases per week.

The number of home helps employed increased to 506 which is 72 in excess of the number at the end of 1958.

One thousand, two hundred and forty one new cases were supplied with the Home Help Service during the year, and of this number 730 were to the over 65 years group.

The service given to the aged is of great value and gives happiness to many who would otherwise have to be cared for in institutions. Newcastle is fortunate in having the service of many good-hearted women as home helps, who do very much more than the hours for which they are paid. One instance came to notice of an old lady who went to live on a new housing estate. She went for a stroll one evening and could not find her way home. A younger woman saw she was distressed, took her home, made her a cup of tea, put a bottle in her bed and saw her comfortably settled for the night. The old lady enquired from her why she was so kind as she was a stranger to her. The younger woman replied, "I am a home help."

The following approximate percentages show the demand for the service in various age groups:—

Aged under 60 years .....	22%
Aged 60 years and over but less than 65 .....	6%
Aged 65 years and over but less than 75 .....	28%
Aged 75 years and over but less than 85 .....	37%
Aged 85 years and over but less than 90 .....	6%
Aged 90 years and over but less than 100 .....	1%

A new schedule of assessment came into operation on the 10th September bringing the scale of allowance into line with the increase allowed by the National Assistance Board.

Twenty-two dirty houses were cleaned by the home helps of this authority during the year 1959. These homes are sometimes filthy and foul-smelling. A house was cleaned where a person had lived in one room for 16 years. She called in the cats of the neighbours every night. The animal dirt had been there for years.



The additional visitor who was appointed in November, 1958 has enabled 6,964 home visits to be made in 1959 compared with 4,470 in 1958. This additional visitor has proved of great benefit to the Service.

A Night Sitter Service was inaugurated as from 1st April, 1959. This is only to be used in extreme emergency and five cases were helped up to the end of 1959.

#### ANALYSIS OF CASES ATTENDED IN 1959 COMPARED WITH PREVIOUS YEARS.

	1959	1958	1957	1956	1955
Maternity .....	186	218	249	305	333
Short-term illness .....	62	77	96	135	158
Long-term illness (under 65 years)	353	318	344	295	360
Aged 65 years and over .....	1,923	1,741	1,641	1,608	1,416
Child Care .....	65	47	78	67	71
Cancer .....	23	17	29	28	14
Tuberculosis .....	33	35	43	77	91
	<u>2,645</u>	<u>2,453</u>	<u>2,480</u>	<u>2,515</u>	<u>2,443</u>

There is always a waiting list of cases requiring help. This list varies daily but at the end of December, 1959, the figure was 160 representing 787 hours of Home Help Service, the analysis of which is as follows:—

	Cases.	Hours Represented.
New cases .....	33	169
Home help absent .....	54	298
Home help resigned .....	12	64
Home help temporarily withdrawn	61	256

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

### Special Cases Committee.

During 1959 five meetings of the Special Cases Committee were held resulting in 25 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	1959
Superintendent School Nurse.....	14	7	7	11	4	6	7	6
Chief Nursing Officer .....	6	6	5	7	2	2	7	4
Almoner, Maternity and Child Welfare Department .....	1	1	—	—	—	—	—	—
Head Teacher Representatives ...	—	—	1	2	1	1	1	3
Organiser of Child Care.....	—	—	—	2	—	1	2	1
Probation Service .....	1	1	—	—	—	—	—	—
National Society for the Prevention of Cruelty to Children.....	7	5	5	1	4	6	6	7
Paediatrician, Newcastle General Hospital .....	—	—	—	—	—	—	1	—
Medical Officer of Health .....	—	—	—	—	—	—	2	2
National Assistance Board .....	—	—	—	—	—	—	5	1
Housing Department .....	—	—	—	—	—	—	—	1
	29	20	18	23	11	16	31	25

During the year the interchange of information between Members of the Committee proved most useful and helpful and as a result many families in need of advice and support were aided from many different sources.

The provision of Home Helps and Home Advisers into some of these households, sometimes free of charge, is on the whole appreciated and it is felt should be continued, even if it is not apparent in a short period that the assistance and advice is improving living conditions.

It was possible during the year for two families to be rehoused—one from very overcrowded conditions and the other from very dilapidated property—and it is hoped that in their new surroundings these families will cease to be a problem.

I am convinced that this Committee, composed of officers of the local authority, voluntary societies and government departments, plays a very valuable part in improving the lot of these unfortunate families and I am sure that from a long-term point of view the support given must bear fruit.

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

The work of the Maternity and Child Welfare Service for the year was carried out mainly at St. Anthony's Clinic, but provision for special cases to be seen at the Central Clinic was available and a subsidiary service on two days each week was held at the school clinic adjoining Cowgate School to accommodate patients in the western areas of the City.

The work was undertaken by two Dental Officers working on a sessional basis and it is with regret that the resignation of one of these, Mrs. G. Hopper was received in July. However, in her stead a full-time Officer, Mr. B. Hodgson, was appointed while the other part-time Officer, Mr. J. Christie, was transferred to the School Dental Service.

By arrangement with the Education Authority it was possible to provide an extra anaesthetic session each week and this was held in Cowgate Clinic where it was much appreciated by patients in the surrounding districts who no longer had to travel across the City to St. Anthony's.

Details of work carried out over the year are much the same as last year's, with the exception of a significant rise in the number of fillings inserted in mothers' teeth.

However, the majority of mothers attending the Clinics are still extraction and denture cases and little real progress has been made in our efforts to persuade expectant mothers to attend the Clinics for conservative treatment themselves.

Fortunately that is not the case where treatment for the children is concerned and a great many mothers now bring their children at regular intervals for examination.

A detailed record of the work carried out is as follows:—



## NUMBERS PROVIDED WITH DENTAL CARE DURING 1959.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers .....	564	537	508	387
Children under five .....	1,572	649	565	537

## FORMS OF DENTAL TREATMENT PROVIDED DURING 1959.

	Scalings and Gum Treatment.	Fillings.	Silver Nitrate Treatment.	Crowns or Inlays.	Extractions.	General Anaesthetics.	Dentures Provided.		Radio-graphs.
							Complete.	Partial.	
Expectant and Nursing Mothers .....	168	438	10	—	671	195	210	103	4
Children under Five .....	21	213	152	—	949	422	—	—	—

# NURSING SERVICES.

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

The pattern of the nursing staff has changed very little from the previous year.

On the 31st December, 1959, the administrative staff position was:

Chief Nursing Officer.  
Deputy Chief Nursing Officer.  
Health Visitor Tutor.  
Superintendent of Home Nurses.  
Deputy Superintendent of Home Nurses.  
Non-Medical Supervisor of Midwives.  
Deputy Non-Medical Supervisor of Midwives.  
Superintendent of Day Nurseries.  
Warden—Day Nurseries.

## HEALTH VISITORS.

### Resignations:

9 Health Visitors.  
1 S.R.N. (Assistant to Health Visitor).

### Appointments:

1 Health Visitor.  
1 Health Visitor—part-time.  
10 Students (after completion of Course which ended in June).  
3 S.R.Ns. (Assistants to Health Visitors).

### Number of Health Visitors:

42 and 1 part-time.  
5 S.R.Ns.

A health visitor was seconded to take a Course on Health Education at London University. This is a one year course which commenced in September.

This year has shown steady progress in the field of health visiting, especially in the geriatric section. It is essential to recruit state registered nurses to help in this field as long as there is a shortage of qualified health visitors.

Six health visitors attended Refresher Courses, two in Sheffield and four in London.

## Bath Orderlies.

Due to the ever increasing numbers of elderly people in the community, the work of the bath orderly has taken an upward trend, and it was decided that an additional female bath orderly be appointed; she commenced in April.



Because of the added number of elderly males who require care and attention, it was decided to appoint one male bath orderly. The requests for his services were so great that at certain periods of the year a waiting list was brought into operation. It is felt that in the near future a second male orderly would be kept fully occupied.

The staff now consists of:—

5 Female bath orderlies.  
1 Male bath orderly.

The work that these six people are doing is invaluable.

### **Home Advisers.**

The care of the problem families is still causing concern to the health visitor, and a large part of her time has been spent with them.

One of the home advisers had 'leave of absence' for three months to visit Canada, and during this time a temporary home adviser was appointed. After her return our temporary member of staff stayed on in a part-time capacity.

As in the previous two years we have had both success and failure.

These people are still giving a most valuable service to the community.

### **Health Visitor Training School.**

The increased recruitment of student health visitors was maintained during the past year.

Twenty-five students entered the examination of the Royal Society of Health in June, and 21 were successful: of this number 11 were Newcastle students, 8 being successful and 3 failures. All the 4 students who were unsuccessful resat in September and 3 passed and 1 failed: the student who failed was a Newcastle sponsored student.

At the beginning of September, 24 students entered the training school for the year's course. Of these 10 were sponsored by the Newcastle Authority.

## **HOME NURSES.**

### **Resignations:**

4 and 1 retirement.

### **Appointments:**

5.

### **Number of Home Nurses:**

33 S.R.Ns. (Female).

8 S.R.Ns. (Male).

7 S.E.A.Ns. (Female).

One of the home nurses, appointed as Deputy Superintendent, agreed to undertake the District Nurse Tutor Course at the Royal College of Nursing. This is a year's course, which commenced in September. As a result, one of the senior members of the home nursing service was appointed as a temporary deputy for a year.

During this past year several more nurses undertook to buy cars and as a result are able to undertake a heavier case load.

Six home nurses attended Refresher Courses in Birmingham.

In July several of our home nurses were invited to attend a Review by Her Majesty the Queen Mother, held in the Gardens of Buckingham Palace.

## MIDWIFERY SERVICES.

Resignations—3.  
Retirements—2.  
Appointments—2.  
Number of Midwives—44.

In November the Superintendent and Tutor of the Pupil Midwives Hostel left. One of our midwives was then appointed in a temporary capacity to this position.

Eight midwives attended Refresher Courses at—

Harrogate .....	3
Oxford .....	1
Guisborough .....	1
London .....	1
Newcastle .....	2

During the year 41 pupil midwives were placed on the district for their practical work for the second part of their training. Of these, 40 completed their three months training and all were successful in their examination of the Central Midwives Board.

## DAY NURSERIES.

Resignations: 21.

Appointments: 15.

Nursery Staff:

4 Matrons.  
4 Deputy Matrons.  
19 Staff Nursery Nurses.  
1 Nursery Assistant.  
7 Junior Nursery Assistants.



The Training School for Nursery Nurses ceased in August. The last of the students completed their training at that time, with the exception of 3 who had to make up sick leave. Thirteen students sat the examination in July and 10 were successful. One student resat in October and was successful.

As in previous years there was a constant coming and going of young children in the nurseries. There has been an increase in the number of children admitted on the casual user basis.

### **VISITORS TO THE DEPARTMENT.**

We have had our usual quota of visitors both from overseas and this country. They came from as far afield as Malaya, Trinidad, Kenya, South Africa, Norway and Burma.

In addition we had 251 student nurses and 79 medical students. All these students came from the local hospitals and spent a certain amount of time with all branches of the domiciliary nursing services.

In this way we feel that we help to contribute in a small measure to their training.

### **RESEARCH.**

This City is always to the forefront in many projects.

As in the past we have had several investigations going on. In March, members of the health visiting staff undertook intensive visiting for information for the Redevelopment Area Scheme. The Poliomyelitis Investigation, after two years, was completed in May. In the East End of the City a Bronchitic Survey was continued from the previous year. In December the health visitors paved the way for the social science study unit to investigate the problems of old age. The midwifery services are also partaking in two surveys. One commenced in September 'The Investigation of Infection in Early Pregnancies' and the second, 'The Maternity Survey,' which commenced at the end of December.

### **NEW VENTURES.**

During the early part of the year a new venture commenced with the Newcastle General Hospital: the Chief Nursing Officer, her Deputy and the Superintendent of Home Nurses were invited to the Neurosurgical Unit and the Genito Urinary Unit of the hospital. This led to greater understanding between the hospital and the home nursing field.



A health visitor was seconded to attend the combined clinic of the Cardiac Vascular and the Ante-natal Clinics at the Newcastle General Hospital.

Several members of the staff appeared on Tyne Tees Television during the year. A health visitor appeared on a programme dealing with immunology, and another dealt with the prevention of accidents on the beach. Several of the midwives also appeared on a programme on a theme 'Natural Child Birth.'

It is hoped that in the future this very valuable medium of talking to the public, especially on health education matters, may be enlarged.

### **IN-SERVICE TRAINING.**

In varying forms this has continued throughout the year. Monthly talks were given to each particular branch of the service on varying topics. During the early part of the year a comprehensive scheme was given on certain aspects of psychiatry to the nursing services, followed by a series entitled 'Radiation and its Hazards' during the latter part of the year.

In June a joint two-day course was held in conjunction with Northumberland County Council for domiciliary midwives on parentcraft, the course being held at County Hall. A one-day course for the home nursing services on rehabilitation was held at Jubilee Road Infant Welfare Centre. These were highly successful, and it is hoped that these courses, given by the Central Council for Health Education, will be duplicated next year for the remaining staff who were unable to attend.

The Chief Nursing Officer attended a Conference on Mental Health given by the Royal College of Nursing in London.

### **HEALTH EDUCATION.**

Health visitors and midwives still continue to give talks on parentcraft at the ante-natal clinics. In some instances these are held during the ante-natal clinic session and in others at different times. The number of attendances appear to be increasing and it is hoped that this very valuable service may develop further.



As a result of refresher courses, conferences and meetings, the domiciliary nursing staff is kept up to date in all matters relating to their work.

The members of the staff have readily accepted the many varied demands upon their time and skill, and are familiar figures to a steadily increasing number of families in the City.

## 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 to the previous year's figures.

Year.	City.		Section 27 Other Authorities		Miscellaneous.		
	Cases.	Mileage.	Cases.	Mileage.	Ancillary.	Midwives.	Chargeable
1958	112,910	491,792	4,211	80,230	16,556	12,368	91,797
1959	111,552	496,066	4,736	94,179	21,830	10,655	95,687
Diff.	—1,358	+4,274	+525	+13,949	+5,274	—1,713	+3,890

Year	Total.	
	Table 'A'	Tables *'A' & *'B'
	Cases.	Mileage.
1958	117,121	692,743
1959	116,288	718,417
Diff.	—833	+25,674

\*These tables are set out in an appendix to this report on page 68.

The number of patients carried which are the direct responsibility of the City has dropped by 1,358, but the mileage for City cases has increased by 4,274 miles, and the average "journey mileage" per patient is now 4·4 miles.

It is interesting to note that the drop in the numbers occurred early in the year and was a continuation of the latter part of last year's trend; this seemed to have halted in September and from then on the figures have continued to rise and are still doing so in the first part of 1960.



Work carried out on behalf of other authorities under Section 24 of the Amendment Act has increased, and there are 525 more cases and 13,949 more miles under this heading, most of the additional cases have been on behalf of the Durham County Council and they off-set the reduction recorded under the Co-ordinated Column.

Ancillary Mileage, which is made up of administrative, workshops' testing, and journeys when the patient refuses or is too ill to travel, has increased during the year and represents 1.3% of the total running. The main reason for this increase is due to the temporary establishment arrangements that the Service has had to accept.

The work carried out, other than that covered by Section 27 of the National Health Service Act, again shows an increase, mainly in connection with the transporting of the Backward Children, and here there has been an additional 2,496 children carried and 3,584 miles run.

The totals of tables 'A' and 'B' show that for the overall working of the Service for the year there has been 1,663 more cases and 25,674 more miles, and that the working hours of the operational staff have increased by 7,465 hours.

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

Co-ordination plays a big part in the day to day running of the Service and during the year there have been 16,055 cases passed to other authorities with vehicles operating within the City.

During the year there have been meetings of the Medical Officers of Health and their staffs and the administrators of the Royal Victoria Infirmary and the Newcastle General Hospital reviewing this subject to ensure that the greatest use is being made of the visiting vehicles.

The new ambulance control centre at the Royal Victoria Infirmary has now been working for twelve months and there is no doubt that this greatly facilitates the control of the movement of patients to and from the Infirmary, and it acts as a central control for the outside authorities whose vehicles are visiting the area and establishes excellent contact with their vehicles.

### **Miscellaneous Services.**

The work carried out by the Service on behalf of the many departments and sections of the Corporation, and also for the Hospital



Management Committees and the Teaching Hospital, is proving useful and economical.

As the figures show the demand is increasing both for the transport of equipment and supplies and also of persons who are not covered by the provisions of Section 27 of the National Health Service Act but who require some special form of transport, particularly in connection with the Welfare Committee's transport problem of the handicapped and old persons, and every endeavour has been made during the year to give assistance in this direction.

During the year 1,304 cases have been moved between their homes and various residential centres for recreation and other purposes.

The Hunters Moor Hospital has also been assisted, inasmuch as that over the year some 376 of its crippled patients have been transported to their place of worship on a Sunday, this has involved 336 miles and the cost of this has been recovered under the 1957 Amendment Act from a private organization wishing to help these people.

### **Maintenance.**

Overhauls. 10,000 miles.	Inspections. 2,000 miles.	Miscellaneous Repairs.	Rebuilt Components.	Vehicle Repaints.
69	300	380	42	11

The output of the workshops has again increased this year due to the increased mileage of the fleet.

All the vehicles operating in the Service are brought in for regular inspections and overhauls at fixed mileages, consequently, any increase in mileage automatically effects an increase of work in the workshops.

There has been a decline in the number of vehicles re-painted this year, due to the moving of premises, which necessitated closing the paintshop for a period of two months.

In last year's report it was pointed out that in the minds of your officers, it was doubtful whether it was an economical proposition to maintain the lighter units of the fleet such as the private cars, 12 cwt. utilicons and light vans for the planned 10 year life. The manufacturers are not building into these units this length of life and their general recommendation does not extend much over six years, and



it may be necessary during the year 1961/62, having completed the first 10 year phase of replacements, to ask the Committee to reconsider their policy in connection with this.

### **Premises.**

During the year the administrative headquarters of the Service made its fifth move since the inception of the Service in 1948, and unfortunately again this move is only of a temporary nature. The development of the new Civic Centre at Barras Bridge necessitated the clearing of the site where the Sandyford Road Central Depot was situated, and the new headquarters, which are planned to be erected in the Blandford Street area, have not as yet been developed, consequently, it was necessary for the Service to find temporary accommodation.

This accommodation was provided by the City Estate and Property Department, but it necessitated splitting up the administration from the operational side of the Service and now the control and clerical side of the work is done from premises in Nixon Street, and the garage depot and workshops are in St. Mary's Place in the building owned by the Education Committee and recently vacated by the British Road Services, both these premises being let to the Health Committee on a short term lease.

The changeover was effected on the 1st November, 1959.

In view of the short term lease it would appear important that the new station to be built in the Blandford Street area is completed as soon as possible, as it is understood that the Education Committee's programme for development for the St. Mary's Place area is due to commence in three year's time, and unless the Health Committee's plans are developed it will mean that the Service will again be faced with the difficult task of finding yet another temporary headquarters.

### **Vehicles.**

The planned programme of the Committee for replacements has been carried out and the new vehicles commissioned this year consist of two Morris Oxford saloon cars and three dual purpose ambulances fitted with Lomas bodies on the BMC Austin chassis. The ambulances have been fitted with the new power operated stretcher loading gear which has now become an established piece of equipment for the transporting of stretcher cases, and indeed it has



proved itself useful in assisting the walking type of patients in getting into the vehicle, overcoming the necessity for them to walk up the rear steps.

During the year five vehicles have been withdrawn from the fleet and have been disposed of through the usual channels.

## **Staff.**

During the year five members of the operational staff have left the Service. In each instance they have been reluctant to leave but the lure of higher paid positions in commerce has influenced their decisions.

This question of being able to get higher wages in commerce fortunately has not affected the staff in this area to any extent, as the type of labour required is still readily available. Sooner or later, however, it is a question that will have to be carefully considered if the standards of the service are to be maintained.

Three members of the clerical staff have left for personal reasons.

The loyalty of the staff remains excellent, and their handling of the patients is generally accepted throughout the City as considerate and kind. Each year their work gets more difficult, mainly due to the increasing traffic problem in the City centre, and now the average time per case has increased by 20 minutes and the average miles per hour is down to as low as five.

The number of stretcher cases carried remains constant over the year, but there is a marked increase in the number of sitting cases that require the services of two men to help them in and out of the vehicle. This increase may be partly explained by the fact that some of our staff are now ageing and they are not as able as they were to manage on their own, but the main cause, no doubt, is that the hospitals and clinics seem to be dealing with more of the older type of patient, particularly in connection with out-patient treatments.

The training of staff is still a matter of concern, and there is not, as yet, any proper opportunity of giving training to new men entering the Service, other than the normal first aid classes. Some authorities in the Southern area have set up post-entry training schools for their staff and this seems to be a policy that commends itself.



## **First Aid.**

All members of the staff are qualified in 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 6,520 hours, which is equal to 815 days and is an improvement on last year's figure.

The administrative staff lost 56½ days which is a slight increase on last year's figure.

## **Safe Driving Awards.**

Seventy two members entered and fifty nine were recommended for awards. Four selected members, all with over fifteen year's accident free driving, were presented with their Certificates by the Lord Mayor.

Due to the difficulties of getting all the staff together at any one time, the remaining fifty-five were distributed through the Service.

## **Accidents.**

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

## **Civil Defence.**

The enthusiasm both of staff and volunteers seems to have waned on this subject, no doubt due to the fact that there has been little new for some years and the constant repetition of training syllabuses has become monotonous and uninteresting. However, there are still some keen volunteers, and five of these have sat and qualified by examination this year, which entitles them to become Local Instructors.

The Home Office and the Ministry of Health have recently had some new thinking on the part that the civilian Ambulance Service will have to play in the event of war, and as a result of this some new and revised training syllabuses are being issued; when these come through it is possible that during 1960 there will be more activity in the section than there has been in the last two years.



TABLE "A"

ANALYSIS OF WORK UNDERTAKEN BY THE AMBULANCE SERVICE DURING THE TWELVE MONTHS  
FROM THE 1ST JANUARY TO THE 31ST DECEMBER, 1959.

Month	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.	
January .....	9,815	42,677	388	7,644	1,342	990	59	1,573	10,203	52,943	—
February .....	8,602	38,127	366	8,022	1,398	859	51	1,608	8,968	48,667	—
March .....	9,038	42,254	411	8,395	1,361	1,271	27	1,633	9,449	53,580	—
April .....	9,216	42,737	378	7,328	1,375	948	43	1,319	9,594	52,375	—
May .....	8,729	40,002	401	8,054	1,249	723	84	1,498	9,130	50,361	—
June .....	8,982	41,495	423	8,096	1,276	950	58	1,646	9,405	52,245	—
July .....	9,525	42,010	417	9,062	1,376	873	84	1,825	9,942	53,854	—
August .....	7,981	36,683	351	6,759	1,258	687	50	1,999	8,332	46,178	—
September ...	9,992	44,393	392	7,296	1,407	860	59	2,309	10,384	54,917	—
October.....	9,957	43,452	399	7,396	1,383	784	74	2,241	10,356	53,947	—
November ...	9,979	40,768	388	7,839	1,322	763	19	1,936	10,367	51,325	—
December ...	9,736	40,828	422	8,288	1,308	947	32	2,243	10,158	52,338	—
TOTAL .....	111,552	495,426	4,736	94,179	16,055	10,655	640	21,830	116,288	622,730	223,545
Previous 12 m'ths. Total...	112,910	490,304	4,211	80,230	16,687	12,368	1,488	16,556	117,121	600,946	216,080
Difference ...	-1,358	+5,122	+525	+13,949	-632	-1,713	-848	+5,274	-833	+21,784	+7,465

TABLE "B"

Month	Backward Children.		Civil Defence Mileage.	Miscellaneous Mileage.	Total.		TOTAL "A" & "B"	
	Cases.	Mileage.			Cases.	Mileage.	Cases.	Mileage.
January .....	3,492	4,038	254	4,324	3,492	8,616	13,695	61,559
February .....	2,564	3,239	184	3,902	2,564	7,325	11,532	55,992
March .....	2,949	3,533	147	4,300	2,949	7,980	12,398	61,560
April .....	3,005	3,264	138	4,516	3,005	7,918	12,599	60,293
May .....	3,386	3,656	600	4,573	3,386	8,829	12,516	59,190
June .....	3,209	3,396	551	4,288	3,209	8,235	12,614	60,480
July .....	2,342	2,796	154	4,480	2,342	7,430	12,284	61,284
August .....	268	653	150	4,644	268	5,447	8,600	51,625
September ...	4,079	4,365	183	4,592	4,079	9,140	14,463	64,057
October.....	3,307	3,630	91	4,557	3,307	8,278	13,663	62,225
November ...	4,071	4,137	106	4,482	4,071	8,725	14,438	60,050
December ...	2,595	2,821	38	4,905	2,595	7,764	12,753	60,102
TOTAL .....	35,267	39,528	2,596	53,563	35,267	95,687	151,555	718,417
Previous 12 Months. Total	32,771	35,944	3,505	52,348	32,771	91,797	149,892	692,743
Difference ...	+2,496	+3,584	—909	+1,215	+2,496	+3,890	+1,663	+25,674



# HEALTH EDUCATION

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

An important development in health publicity and education is to activate all those agencies which can present some special angle as well as the generality of the subject which covers such a wide field.

A considerable increase in the estimates for 1960-61 indicates the increasing interest taken by the Committee in health education.

## Exhibitions.

Exhibitions have a part to play in disseminating health knowledge and interest, 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 particular matter.

As in the last few years, a special subject—The Prevention of Tuberculosis—was presented by the Health Department in a large marquee during the annual three-day Corporation Flower Show which attracted over 20,000 people. It was again an ambitious effort in publicity, being comprehensive and factual and including a presentation to the public of the preventive and treatment services available and of the ways by which the individual may play his part in the reduction of this disease to vanishing point without further loss of time and cost.

A tape recorder was used to enable a message from the Lord Mayor and Chairman of the Health Committee and one from the Medical Officer of Health to be frequently relayed.

The Newcastle Mass Miniature Radiography Unit co-operated by providing an exhibit in part of the tent, and by operating at advertised times a new mobile x-ray unit which x-rayed 713 persons.



The same exhibition was repeated about 2 weeks later in a commercially sponsored Ideal Homes Exhibition on the Town Moor which attracted large crowds for the 11 days it was open. On this occasion the Newcastle Mass X-Ray Unit x-rayed 3,651 people. The total x-rayed at both Exhibitions was 4,364 (of which 2,598 were women), and the high proportion of 78% which were x-rayed for the first time merits comment. Of the 4,364 x-rayed, 71 (or 1.9%) were required to be re-x-rayed or referred for further investigation.

Preparing such publicity is very demanding both of time and effort by the Health Department staff in the attempt to present a chosen topic attractively and effectively, but there is the feeling that the effect would be more telling if professional assistance was available, cost permitting.

As in recent years a large exhibit on a float, was prepared for inclusion in the Students Annual Rag Parade in October. The subject "Burns and Injuries from Fireworks" was chosen to reinforce the subject of the prevention of burns which was the theme of the national "Guard That Fire" Campaign of 1958.

A number of monthly meetings of staff were held to discuss and prepare health education and publicity. One health visitor is attending, for one year, a full-time course in London on Health Education.

### **Home Safety Sub-Committee.**

This Committee formed early last year continued to direct publicity begun in 1958, to achieve a wider use of suitable fireguards in co-operation with the Voluntary Organisations Sub-Committee, which was formed about the same time. One of the members of this sub-committee made a survey of the number of fireguards sold in the city, in 1958 more than 3,000 were sold but few of them were standard fireguards. This publicity, assisted by the representatives of organisations concerned, was complementary to the subject chosen for special emphasis in 1959 which was the prevention of burns and scalds.

Publicity was mainly achieved with displays and posters etc. in shops and on outside poster boards where they are changed approximately monthly. The Chief Fire Officer also assisted in several ways. Posters were also 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 and the Chief Public Health Inspector appeared on television programmes as also did members of the nursing services on the subjects of "Clean Air," "Immunology," "the Prevention of Accidents on the Beach" and "Natural Child-birth."

### Film Shows and Talks and Poster Publicity.

Many of the talks given by the staff of the 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, but special approach to larger firms for attendance of staff at special clinics won a big response.

Health visitors and midwives continued, as in 1958, to give talks on 'Parentcraft' at the antenatal clinics. Parentcraft classes were held at three centres—Diana Street, East End and Jesmond, but in some instances these were held during the antenatal clinic session. The number of attendances at these classes appear to be increasing and it is hoped that this very valuable service may develop further. As a result of refresher courses, conferences and meetings, the domiciliary nursing staff is kept up to date in all matters relating to their work on health education.

#### SUMMARY OF TALKS AND FILM SHOWS.

(Figures for 1958 are given in parenthesis).

	Number.	Total Attendance.	Average Attendance.
Films shown at Clinics .....	28 (4)	487 (98)	17 (25)
Films and Film Strips to Health Visitors, Nurses, Midwives, etc....	24 (16)	639 (380)	27 (24)
Film Shows and Talks to various Organisations .....	10 (18)	203 (654)	20 (36)
Film shows (Clean Air Exhibition).....	— (35)	— (732)	— (21)
	<u>62 (73)</u>	<u>1,329 (1864)</u>	<u>21 (26)</u>



## ALMONER'S DEPARTMENT

During the past year there has been a marked increase in the number of cases dealt with by this department. The majority of referrals were from the general practitioners and it is pleasing to note the close co-operation which now exists between this office and the city doctors. This co-operation also exists with other bodies and has proved valuable in producing good team work, resulting in co-ordination and efficiency where information, visiting and treatment of cases is concerned.

As in previous years many patients have had complex problems and consequently the advice and assistance given to these people has necessitated the use of most of the services of the Department. It has been with these more complicated family problems, mostly including marital and personal difficulties, that intensive family case work has been the only effective method of treatment.

There have been many visitors to the department. Three Social Studies students made one day visits of observation to the department while another student undertook one month's practical work in family casework. We also welcomed a Social Worker from Israel.

The Central Register of the Aged continued and on the 31st December there were 10,305 names. We have tried to continue our aim of co-ordinating services for the aged and have also provided convalescence and friendly visiting services.

NEW APPLICANTS: 971. INTERVIEWS: 1,613. VISITS: 338.

Cases were referred by:

Doctors .....	218	Own applications .....	208
Health Visitors/Midwives/ District Nurses .....	220	Friends/Relatives .....	64
Hospitals/Clinics .....	71	Councils of Social Service.....	22
Probation Office .....	24	Voluntary Services .....	13
Health Dept. (Other Sections)...	57	N.S.P.C.C. ....	13
Children's Department etc.....	8	Moral Welfare .....	7
Welfare Department .....	12	Church Organisations .....	13
Statutory Organisations (N.A.B. etc.) .....	8	Councillors.....	5
		Miscellaneous .....	8

### ASSISTANCE ARRANGED.

Convalescence .....	246	Clothing/Material Help .....	104
Hospital/Medical Treatment ...	160	Care of Children .....	109
Admission to Home .....	48	Care of Unmarried Mothers ...	23
Chiropody .....	82	Housing/Accommodation .....	86
Meals on Wheels .....	29	Employment .....	13
Personal/Matrimonial .....	446	Reduction of Day Nursery Fees	11
Home Helps .....	7	Miscellaneous .....	1



## Convalescence

332 patients were referred to this department for arrangements for convalescence but 21 cancelled their vacancies, one paid the full fee and 14 were admitted to a free home.

The local health authority maintained 297 patients in convalescent homes, of these 63 were arranged by hospital almoners, chest clinics and psychiatric social workers. Arrangements for convalescence for 248 patients were made by this department and of these the local authority maintained 233.

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

Chronic Rheumatism .....	2	Carcinoma .....	4
Osteo & Rheumatoid Arthritis	10	Fractures .....	2
Trigeminal Neuralgia .....	2	Pregnancy & Miscarriage .....	7
Arterio Sclerosis .....	2	Poliomyelitis .....	3
Lobectomy.....	1	Gastro Enteritis.....	2
Lung Cystomy .....	1	Myxoedema .....	1
Blind .....	2	Operational Debility.....	1
Paraplegia .....	2	Parkinson's Disease .....	2
Diabetic .....	3	Pernicious Anaemia .....	4
Cardiac Conditions .....	10	Bronchitis & Asthma .....	21
Jaundice .....	1	Psycho-Neurosis & Anxiety	
Varicose Ulcer .....	1	State .....	6
		Nervous Debility... ..	23
		General Debility .....	51

It should be noted again that a high proportion of patients were suffering from nervous strain.



# MENTAL HEALTH SERVICES

---

## 1.—Administration.

Although the administration of these services in 1959 has continued largely as outlined in previous years, this has been a dynamic year in the field of Mental Health. With the passing of the Mental Health Act, an impetus has been given to many ideas which the Committee and staff have been considering for the immediate and long term improvement and expansion of this service, and particularly insofar as Prevention and After-care are concerned.

The City Council approved the Committee's scheme for the erection of Hostels, Training and Social Centres, and liaison with hospital staffs; the appointment of a Consultant Psychiatrist, a Psychiatric Social Worker, two trainee Mental Welfare Officers and clerical staff, as well as the provision of transport for the present officers to facilitate them in the more efficient discharge of their increased duties.

Meetings have been held with Professor Roth of the Department of Psychological Medicine, and Dr. J. P. Child and his Staff at St. Nicholas Hospital with a view to implementing the after-care scheme along lines acceptable to both the Hospitals and the Local Health Authority. These meetings were very cordial with agreement reached on many points and there is no reason why the After-care Scheme should not slide smoothly into gear.

There is little change in the administration of the Service from previous years except with regard to medical examinations of children notified on leaving schools and requiring some form of care under the Mental Deficiency Acts. Following the death of the part-time medical officer doing this work it was decided not to fill the post and to accept the findings and recommendations of the Schools Medical Officers who are fully trained and experienced in this respect.

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



## **Committee composition and co-ordination: Staff.**

- (a) The Mental Health Sub-Committee is composed of 9 members of the Health Committee and Dr. J. P. Child acts as Clinical Adviser.
- (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 as good as ever, and Dr. J. P. Child, Physician Superintendent of this hospital, has rendered valuable help and advice as clinical adviser to the department.
- (d) There is no formal delegation of duties to voluntary associations.
- (e) A Mental Welfare Officer attended the National Association for Mental Health Refresher Course at Leeds University, making two in all so far. Approval has been given for two officers to attend next year. The Supervisor of the Junior and Female Adult Training Centres is attending the part-time Diploma Course and an Assistant Supervisor attended a refresher course by the National Association for Mental Health.

## **II.—Work Undertaken in the Community.**

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

In the main, there is an understanding between the General Practitioners in the City and the Department so that they do not hesitate to seek help and advice, and every assistance is afforded them with their particular patients, by way of domiciliary visits, escorting them to Hospital, arranging appointments at Specialist Clinics and advising relatives, and in fact by doing anything which may alleviate the burdens and anxieties of the patients and their families. In this respect, the excellent co-operation received from the Psychiatric Social Workers at the Royal Victoria Infirmary, Newcastle General Hospital and St. Nicholas' Hospital is most welcome. The Health Visitors, District Nursing Service, Home Help Service, City Welfare Department and Police and Probation Services, are fully aware of the facilities available and do not hesitate to report cases. Con-



versely these Departments are ever ready to help when their particular services are required.

From the 6th October, 1959, the Minister of Health, by virtue of his powers under the Mental Health Act, 1959, inaugurated the first phase of the new procedures for the admission of patients to Mental Hospitals. These patients are termed 'Informal Patients', and any person 'who is not unwilling' may be received into Hospital for mental treatment. Between then and the end of the year, 94 patients were received on this basis, whilst 71 'Section 20' cases became 'Informal', and 53 Certified cases were de-certified and became Informal Patients. This procedure is particularly helpful when dealing with the aged suffering from senile dementia, but it will have to be very carefully watched, otherwise many such patients will find their way into a mental hospital when they could just as easily be cared for in Geriatric Wards or in other Welfare accommodation.

It will be seen from the following tables that there has been a remarkable drop in the number of patients certified, viz. from 90 to 18, because of the increased number of informal admissions. These 18 patients were very ill mentally, were possibly dangerous to themselves and the public, or had no insight whatever into their condition and 'after being tried and tested' refused to accept treatment on a voluntary or informal basis.

The tables provided also show there has been a substantial drop in the number of 'Section 20' cases, but an increase in the number of Voluntary Patients, plus the new 'Informal Patients' more or less preserves the balance of admissions. These changes have been brought about, no doubt, by the new approach to mental treatment, which emphasises that any form of compulsion will only be used in the last resort.

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

	1959	1958		1959	1958
Armstrong .....	.246	.298	Kenton .....	.180	.203
Arthur's Hill .....	.256	.250	St. Anthony's.....	.259	.252
Benwell .....	.219	.218	St. Lawrence .....	.313	.267
Blakelaw .....	.194	—	St. Nicholas .....	.450	.465
Byker .....	.169	.365	Sandyford .....	.209	.236
Dene .....	.167	.267	Scotswood .....	.184	.251
Elswick .....	.250	.216	Stephenson .....	.293	.411
Fenham .....	.177	.288	Walker .....	.289	.282
Heaton .....	.304	.365	Walkergate .....	.187	.182
Jesmond .....	.323	.342	Westgate .....	.299	.384



This year the number of 78 cases of mental defectives reported has slightly fallen to 74 cases, most of which again are referred by the Education Department. This is welcome since it enables early ascertainment which is essentially preventive and so important for early care and training. It is also a great advantage, particularly to parents of low grade children who when notified may then receive certain forms of help. Ascertainment is also important to the local authority in enabling admission of suitable children to Junior Training Centres and in planning for future needs and obtaining the least delay in hospital admissions by early placement on waiting lists.

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

Regular monthly conferences take place between the medical staff and the senior mental welfare officers, including the staff of the Junior and Adult Training Centres.

There were 15 attendances at court for 12 cases (10 males). No action was taken under Section 8.

Temporary hospital accommodation, a great respite to families during a time of emergency in the home, and enabling them to have a holiday, has been increasingly utilized through mental deficiency hospitals since (and prior to) the Ministry of Health Circular 5/52 became operative as the following figures show, although several children could not be catered for:—

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Males .....	—	2	6	10	20	12	17	22	22	26
Females ...	4	6	11	13	15	17	17	14	24	16
	—	—	—	—	—	—	—	—	—	—
	4	8	17	23	35	29	34	36	46	42
	—	—	—	—	—	—	—	—	—	—

As a result of the Ministry of Health Circular 2/58, 17 of the 19 admissions to mental deficiency hospitals were 'informal'. Of these 7 were males and 10 females of which 10 were children and 4 adolescents. These figures compare with 29 hospital admissions, 24 being informal, for 1958, and are less due to every effort having been made to provide domiciliary care in line with the modern approach to mental health.



In keeping with the review of hospital cases under Circular 2/59, those under statutory supervision have been scrutinised and well established cases, and any of mature age are doing well in employment, have been removed from the active register, thereby reducing the numbers now shown under statutory supervision.

During the year, 6 female and 10 male cases were discharged from hospital. Of these, three were informal cases, of whom one elected to leave hospital, one girl returned to her home and was admitted to the Junior Training Centre, and one adult female case left hospital to reside with her married sister. Four of the remainder, (cases discharged from detention orders) elected to remain under voluntary supervision, and are doing well in employment.

No child was referred back to the Education Department, under Section 8 of the Education (Miscellaneous Provisions) Act, 1948.

## Care of the Aged

The problem of senile dementia may be eased under new legislation permitting admission to hospital on an informal basis but the problem remains one of increasing difficulty. Sufficient facilities for temporary care where the shorter term problems arise is greatly inadequate.

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

Because the city is the main medical centre of the area, many cases are sent into the General Hospitals or psychiatric out-patient clinics or just drift into the town and need to be dealt with, figures for these cases which total 69 (90 in 1958) are given below.

	1959	1958		1959	1958
Durham .....	14	16	Tynemouth.....	1	2
Northumberland .....	34	40	Sunderland .....	1	—
Gateshead .....	2	9	Darlington .....	1	—
South Shields .....	2	1	Scotland .....	4	3
Carlisle .....	2	—	Other areas .....	2	10
			No fixed abode .....	6	9



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

Admissions, 1959.	Psychiatric Unit, General Hospital.		St. Nicholas Hospital.		Other Hospitals.		Totals.	
	1959	1958	1959	1958	1959	1958	1959	1958
Under Section 20— By Authorised Officers .....	168	229	307	319	5	14	480	562
Under Section 21— Magistrates Order ...	—	—	1	3	—	—	1	3
Certified at home before admission ...	—	—	13	82	5	8	18	90
Under Magistrates' Courts Act, 1952 Certified .....	—	—	2	3	—	1	2	4
Voluntary .....	—	—	5	7	—	—	5	7
Under Mental Treat- ment Act, 1930— Voluntary Patients...	213	149	269	219	1	2	483	370
Temporary .....	—	—	—	1	1	—	1	1
Informal admissions under Mental Health Act, 1959 (from 6th Oct. 1959) .....	31	—	63	—	—	—	94	—
	412	378	660	634	12	25	1084	1037

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 1952-1959:—

Year.	1959	1958	1957	1956	1955	1954	1953	1952
Annual admissions to mental hospitals .....	1084	1037	937	642	542	613	639	677
Cases dealt with under order by the duly auth- orised officers.....	483	565	477	332	266	311	365	411
Domiciliary certifications before admission .....	13	90	121	113	108	120	124	118

## SUMMARY OF DISPOSAL OF HOSPITAL CASES.

	Psychiatric Unit, General Hospital.		St. Nicholas Hospital.		Other Hospitals.		Total.	
	1959	1958	1959	1958	1959	1958	1959	1958
To Mental Hospitals—								
(a) Certified cases removed	3	10	27	41	—	2	30	53
(b) Transfer from Sec. 20 to Voluntary Class.....	103	184	209	232	4	8	316	424
(c) Transfer from Sec. 20 to Voluntary Class ...	—	—	—	1	—	—	—	1
(d) Transfer from Sec. 20 to Informal Class .....	31	—	40	—	—	—	71	—
(e) Transfer from certified class to Informal class (from 6/10/59) .....	—	—	53	—	—	—	53	—
	137	194	329	274	4	10	470	478
(a) To home or hospital from Sec. 20 .....	31	33	19	32	—	—	50	33
(b) Died in hospital.....	6	2	131	115	—	—	137	117
(c) Discharges .....	329	139	610	504	—	—	939	641

In addition to the above, investigations were carried out in 221 cases, compared with 320, 253 and 349 in the three previous years.

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

The problem of finding hospital accommodation for mental defectives still remains difficult and is most acute for low grade cases especially males, as shown by the figures following:—

Year.	1959	1958	1957	1956	1955	1954	1953	1952	1951
Waiting List .....	25	13	19	42	51	38	80	75	79
(Males) .....	(21)	(9)	(12)	(28)	(31)	(24)	(46)	(41)	(38)
Hospital Admissions	2	29	29	22	21	25	32	26	45
On detention order									
(Males) .....	(2)	(12)	(17)	(9)	(10)	(11)	(15)	(17)	(25)
Informal .....	17	—	—	—	—	—	—	—	—
(Males) .....	(10)	—	—	—	—	—	—	—	—
Cases ascertained ...	70	71	53	67	60	90	55	59	55
(Males) .....	(46)	(44)	(32)	(40)	(28)	(57)	(36)	(26)	(26)

The following gives particulars of the waiting list according to age and sex:—

	Under 16.		Over 16.		Total.
	M.	F.	M.	F.	
Urgent cases .....	11	3	5	2	21
Non-urgent .....	2	—	2	—	4

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



	Males.			Females.			Total.		
	1959	1958	1957	1959	1958	1957	1959	1958	1957
Cases awaiting vacancies in institutions .....	20	9	12	5	4	7	25	13	19
Cases removed to hospital .....	9	12	17	10	17	12	19	29	29
Cases ascertained ...	46	44	32	24	27	21	70	71	53
Cases reported .....	48	49	36	26	29	24	74	78	60
Percentage of ascertained to reported cases .....	—	—	—	—	—	—	94.6	91.0	88.3

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

	Males		Females		Total	
	1959	1958	1959	1958	1959	1958
Education Department .....	38	37	19	25	57	62
Board of Control .....	—	1	—	—	—	1
Police and Courts .....	1	1	1	—	2	1
Probation Service .....	1	2	—	—	1	2
Prison Officers .....	—	1	—	—	—	1
Other Sources: doctors, N.A.B., relatives, etc. ....	8	7	6	4	14	11
	48	49	26	29	74	78

The 59 cases reported by the Local Education Authority (62 in 1958) 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 .....	6	4	10	—	—	—
(ii) On leaving special schools...	8	6	14	23	8	31
(iii) On leaving ordinary schools	1	1	2	—	—	—
	15	11	26	23	8	31

# DISPOSAL OF REPORTED CASES BY THE MENTAL DEFICIENCY SECTION.

	Males.		Females.		Totals.	
	1959	1958	1959	1958	1959	1958
To hospitals .....	2	3	5	4	7	7
To statutory supervision .....	44	41	19	23	63	64
To voluntary supervision .....	—	—	—	—	—	—
To Place of Safety .....	—	—	—	—	—	—
Action incomplete .....	—	1	1	—	1	1
Found not defective .....	—	1	—	2	—	3
Found not subject to be dealt with .....	2	3	1	—	3	3
	48	49	26	29	74	78

## (ii) Guardianship and Supervision.

There were no cases under or discharged from guardianship in 1959.

Of those under supervision, 90 males and 26 females (a total of 116) are in employment of various kinds, compared with 109 and 34 respectively in 1958. This reduction is due to a number of statutory cases having been removed from the books as stabilized cases.

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

	Males.		Females.		Totals.	
	1959	1958	1959	1958	1959	1958
Total cases under—						
Statutory Supervision .....	270	301	207	238	477	539
Voluntary Supervision .....	20	25	9	17	29	42
Guardianship .....	—	—	—	—	—	—
No. of Statutory visits paid .....	—	—	—	—	966	1020
Recorded office interviews ( $\frac{1}{2}$ yr.)	—	—	—	—	361	—
Home and progress reports to hospitals after visiting.....	—	—	—	—	58	102
No. of Petitions presented.....	2	3	—	1	2	4
City Cases—						
In mental deficiency hospitals:						
under order .....	81	98	110	121	191	219
informally.....	203	87	135	121	338	308



Figures in the above table for statutory and voluntary supervision include those attending Junior and Adult Training Centres.

(iii) Occupation and Training.

(a) *Junior Training Centre, Jubilee Road.*

A wide variety of training is now provided which includes special emphasis on physical activity. At the end of the year 5 classes and 2 nursery groups were operating and there were 85 on the register (under 16 years of age) of which 54 were males and 31 were females. Admissions were almost entirely through the nursery groups. The children participate in a Christmas display and on one of the open days for parents a Sale of Work is held. School meals are served, holidays are as for Primary Schools, and the School Health Service arranges for regular inspections and examinations as in the ordinary schools. Apart from the Supervisor, who is also in charge of the Adult Female Centre, there are 7 assistant supervisors and 2 trainee supervisors, the latter working also in the Adult Female Centre.

(b) *Adult Female Training Centre, Jubilee Road.*

This centre is in adjacent accommodation to the Junior Centre. The centre has primary school holidays and school meals are served. There were 24 trainees (4 part-time) on the register at the end of the year working sometimes in 2 or 3 groups with at times one of the trainee supervisors assisting two assistant supervisors.

A new *Homecraft Section*, to be completed early in 1960, will greatly extend the training given by providing:—

- (i) domestic experience in an attractively furnished training flat which comprises: a combined dining/sitting room, a single bedroom and bathroom.
- (ii) laundry experience.
- (iii) simple cookery.
- (iv) a powder room, to encourage the trainees to be more conscious of their personal appearance.

The older girls in the Junior Centre will also use this homecraft section and receive elementary instruction.



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

The staff comprises a Supervisor and a skilled joiner. There were 29 trainees on the register at the end of the year but the numbers could be increased to approximately 40. The trainees receive school meals. The centre has 4 weeks holiday a year. Training includes gardening, and visits to a nearby swimming bath. A well equipped stage will be available next year and will greatly extend the value of the social meetings of the adult male and female trainees.

### 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 numbers of city patients by sources attending for 1956, 1957, 1958 and 1959 are given below and show a fall over the first three years but the figure for 1959 is the highest yet.

	1959	1958	1957	1956
General practitioners .....	319	246	268	360
Probation officers .....	28	15	20	23
School Health Service .....	36	38	32	42
Ex-hospital in-patients follow-up .....	152	151	146	76
Mental Welfare Officers .....	9	8	5	19
Newcastle General Hospital .....	9	—	—	—
Others.....	9	4	12	3
	562	462	483	523

(b) *Special Mental Deficiency Clinic Facilities.*

The local authority has access to a special Mental Deficiency Clinic at the Department of Psychological Medicine, Royal Victoria Infirmary for the examination of special cases. Others are examined and assessed during temporary care in the mental deficiency hospitals, and this has proved to be a most satisfactory arrangement.



## Transport arrangements for the Mental Deficiency Services.

The City Ambulance Section continue their excellent work in providing transport as required and is especially involved in collecting from their homes and conveying to and from the Training Centres such trainees as need this service. Tokens are supplied to male and female trainees for use on public transport to and from the Centre, and the staff acting as escorts have daily contact with each child's home and those of certain of the adult trainees. This transport no doubt contributes to the very good attendances.

## 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 for the following information.

### Residential Accommodation.

With the opening of "Harehills," the new home for the more infirm at Burnfoot Way, permanent accommodation provided by the Welfare Committee has been extended to provide for 363 persons, 178 male, 185 female. In addition, 35 persons are accommodated by other local authorities 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 other Voluntary Organisations.	
	M.	F.	M.	F.	M.	F.
1. Aged—						
(a) but not materially handicapped by infirmity .....	68	58	—	1	15	9
(b) and physically or mentally handicapped .....	66	53	—	—	—	—
2. Blind .....	7	16	—	—	1	2
3. Deaf and Dumb .....	2	1	—	—	2	—
4. Epileptic .....	8	2	—	2	2	1
5. Physically infirm (not being aged) .....	14	17	—	—	—	—
6. Mentally infirm (not being aged) .....	13	38	—	—	—	—
	178	185	—	3	20	12

During 1959, 167 persons were admitted to accommodation provided by the Committee, 104 direct from their own home or the home of a relative, and 28 transferred from the Geriatric Wards in Hospitals, the remainder from various other sources.

On the waiting list for residential accommodation at the end of the year was 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 3,200



domiciliary visits, and assisted by other Corporation Departments and Voluntary Societies.

### **Welfare of Blind Persons.**

There are 310 males and 376 females on the blind register and 76 males and 72 females on the partially sighted register. During the year 84 persons applied for admission to the blind register and after examination by the Committee's Ophthalmologist 59 were classified as blind, 15 partially sighted and 10 as not being blind.

No cases of Ophthalmia Neonatorum were notified during the year.

The 6 home teachers employed by the Committee, one of whom was recently appointed and is a blind person himself, cover a wide field in their duties, which include ascertainment of cases, their needs, visiting, instruction in reading and writing of embossed literature, advice and the organisation of social centres, classes and recreational facilities.

There are 6 social centres established in the City and they meet a very real need for blind people, providing instruction in simple handicrafts, outings, entertainment, etc.

There are 30 blind persons employed in open industry and 73 registered blind persons in employment at the Workshops for the Blind in Whickham View, Newcastle upon Tyne.

### **Welfare of the Deaf and Dumb.**

There are 205 registered deaf or dumb persons residing in the City, and their needs are looked after by 3 voluntary organisations acting for the Welfare Committee, and in order to assist these organisations to maintain and improve their services grants of over £2,000 were made to their funds during 1959. These organisations have their own social centres in the City where all forms of special activities are arranged.

Of the 117 persons available for employment 9 are unemployed (4 men, 5 women).

### **Welfare of Other Handicapped Persons.**

There are 356 persons on the register, 12 of whom are in residential homes in the City.

The 2 social centres established in the City have proved a great boon to those handicapped persons able to attend.

Once again the Committee provided a holiday for 12 severely handicapped people at Westgate-in-Weardale.

### **General Facilities.**

Operating in the City are 35 Old People's Clubs, with a membership of over 4,000, organised by voluntary societies, such as the Women's Voluntary Service, the Council of Social Service and various church and other organisations.

It was not necessary during 1959 to take action under Section 47 of the National Assistance Act, 1948.



...the ... ..  
 ... ..  
 ... ..  
 ... ..

... ..  
 ... ..  
 ... ..  
 ... ..  
 ... ..

... ..  
 ... ..  
 ... ..

... ..  
 ... ..  
 ... ..  
 ... ..  
 ... ..

... ..  
 ... ..  
 ... ..

... ..  
 ... ..  
 ... ..

### ... ..

... ..  
 ... ..  
 ... ..  
 ... ..  
 ... ..  
 ... ..  
 ... ..

### ... ..

... ..  
 ... ..  
 ... ..

## PREVALENCE, PREVENTION AND CONTROL.

# THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

(Figures in parentheses refer to 1970)

In a year of continued progress in the control of infectious diseases, the rate was a low of 5.2 per 1,000 population, including tuberculosis. The increase over the 1969 figure was due to the reported increase in the incidence of tuberculosis in the City in the early part of the year. Tuberculosis incidence figures reached 191 in 1970 and were considerably lower in previous years in the city.

---

---

## III—INFECTIOUS DISEASE

---

---

FEVERS, FOOD POISONING  
DISINFECTION, etc.



PREVALENCE, PREVENTION AND CONTROL

---

## III-INFECTIOUS DISEASE

---

FEVERS, FOOD POISONING  
- DISTENTION, etc.

# THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

(Figures in parenthesis refer to 1958).

In a year of continued progress in the control of infectious disease there was a total of 6,609 (3,603) confirmed cases, including tuberculosis. The increase over the 1958 figure was entirely due to the expected bi-annual measles epidemic which struck the City in the early part of the year. Deaths from infectious diseases totalled 151 (163) and were predominantly due to pneumonia at the extremes of life.

Table A (page 000) shows cases and deaths by age groups and also hospital admissions, and Table B (page 000) shows the Ward incidence and deaths from pneumonia and all forms of tuberculosis.

One of the most pleasing features of the year was that the long dry and warm summer weather did not bring the poliomyelitis epidemic as so many feared and there were in fact no cases of acute poliomyelitis at all.

Diphtheria also was completely absent during the year and it is hoped that this will be the beginning of a further spell of complete freedom from the disease.

The system of control continued as before. Cases are visited routinely where necessary and full advice given. No schools were closed because of infectious disease.

As a result of information from other Authorities surveillance was maintained upon: 4 contacts of dysentery, 4 of food poisoning, 1 of poliomyelitis, and on 1 person who had passed through an area where smallpox was endemic.

## **Chickenpox.**

Chickenpox ceased to be notifiable within the City as from March, 31st, 1959.



## **Acute Rheumatism.**

Although there is some indication that there may have been during the last few years a decline in the prevalence of rheumatic fever there are still in the country several thousand new cases each year mostly in children of school age. Acute rheumatism is a condition which has occasionally serious complications leading to chronic rheumatic heart disease in early adult life. These complications however, can be to a large extent prevented by careful treatment and subsequent prophylaxis, and accordingly acute rheumatism was made a notifiable disease in Newcastle upon Tyne from the 1st March, 1960. The object of notification is to further the study of this serious disease, to discover its real incidence and variation of clinical features and severity of illness as well as to see whether practical steps can be taken towards the prevention of further attacks in the same child. During 1959 there were 23 notified cases between the ages of 4—15. Most of them have been seen by Consultant Paediatricians as well as the family doctors.

## **Dysentery.**

There were 152 (107) confirmed cases out of a total of 267 notified cases. These were all mild, all due to *Sh. sonnei* and occurred mostly in the first half of the year. Investigation revealed a further 46 symptomless excretors. Surveillance and tests were continued until all were considered free from infection. Five persons involved were engaged in the handling of foodstuffs but suitable arrangements were made with their employers and it was not necessary to exclude them from their employment. Twenty of the cases required hospital treatment.

## **Acute Encephalitis.**

There were two cases of acute encephalitis notified during the year. The first was a 22 year old girl who quickly developed encephalitis after a short febrile illness unconnected with any infectious disease; she was admitted to hospital but died after a few days.

The other case was part of an outbreak affecting students at a residential Teachers Training College in the City. From the beginning of the Autumn term in September a number of students developed an obscure illness characterised by severe headache, anorexia, abdominal pain, instability, followed by lethargy and



weakness of the limbs with exaggerated reflexes. There were altogether 46 cases between the end of September and the end of November, most of them being first year students.

The severity of the illness varied considerably, some having only headache and loss of appetite with some abdominal pain and diarrhoea, while 7 students were severely ill, 6 of them developing some degree of paresis and distressing emotional disturbances. A few of the more severe cases were admitted to hospital and a full investigation was carried out to find the causal agent but without significant result. The main positive finding came from electro-myelograph examination of certain of the cases, for definite evidence of muscle change was obtained.

The College closed a week or two earlier than usual and students took home with them a *pro forma* letter to give to their family doctors. Only one new case occurred during the Christmas vacation. Since the return of the girls at the beginning of the new term in January of this year no further cases have occurred but five girls are still suffering from the sequelae of the illness.

Throughout the epidemic close observation was maintained by the staff of the College and a thorough epidemiological investigation was instigated by the General Practitioner in charge. Despite this no definite diagnosis was established and no aetiological factor discovered, but consideration of the epidemiology, clinical history and myelogram evidence suggests that the illness was closely allied if not identical with that called "Royal Free Disease" and described in the Chief Medical Officers report for the year 1955.

It is a pleasure to record the close co-operation and detailed information which I readily received from the General Practitioner in medical charge of the College. I should also like to acknowledge my indebtedness to a medical officer from the Ministry of Health whose specialist experience of this type of illness proved most helpful in what was a worrying and puzzling outbreak.

### **Food Poisoning.**

Of the 21 notified cases, 16 (31) were proved to be due to food poisoning organisms. Investigation revealed a further two missed cases and 8 symptomless excretors. The cases occurred throughout the year and there was only 1 small outbreak. One food handler was involved but on her recovery her employment as a bakeress ceased. The types of organisms responsible were:—



Typhimurium 10.	Heidleberg 2.	Vancouver 1.
Montevideo 1.	Bredeney 1.	Muenchen & Tennessee 1.

Missed cases and carriers:

Typhimurium 4.	Montevideo 2.	Bredeney 2.
Blockley 1.	Dublin 1.	

The type of foodstuffs suspected but not proved responsible included cooked ham and tongue.

A mild outbreak involving 9 persons occurred in a hospital in the City in June. A thorough investigation was carried out and one member of the kitchen staff was eventually suspected as the cause of the outbreak. The incidence closed without any further cases developing but the opportunity was taken to address the catering staff on the principles of food handling.

### **Enteric Fever.**

Two cases of Paratyphoid B were notified during May and June, a boy of 17 months and a girl of 17 years, both of whom were admitted to hospital. Despite thorough investigation the sources of the infections were not found but in the case of the girl, 4 other members of the family were found to be excreting the organism. Regular surveillance and tests were maintained until all of the affected members of the family were considered free from the infection.

One typhoid death was recorded; a young Pakistani who was ill when he arrived in this country died shortly after admission to hospital.

### **Meningococcal Meningitis.**

There were 8 confirmed cases out of a total of 12 notified. All were treated in hospital and there was one death, a girl of just under two years.

### **Scarlet Fever.**

There were 132 (130) notified cases but all were of the mild type and there were no admissions to hospital.

## Measles.

The expected measles epidemic caused 5,725 (263) cases and 1 death. Most of the cases occurred as usual in the under 5 age group. Despite this large number the Health Visitors visited all but 23 of the cases and gave advice as required.

## Summary of work done by Public Health Inspectors.

### INFECTIOUS DISEASES ETC. SECTION.

Visits relating to notifiable infectious diseases .....	1888
Visits relating to non-notifiable diseases .....	20
Total disinfections (excluding Tuberculosis) .....	49
Visits in respect of Tuberculosis .....	227
Disinfection for cases of Tuberculosis .....	145
Specimens collected for bacteriological examination .....	618

### ADMISSIONS OF CITY PATIENTS TO WALKER GATE HOSPITAL.

Details of 633 (504) admissions and 28 (29) deaths for 1959 are as follows:—

Disease.	Cases.	Deaths.	Disease.	Cases.	Deaths.
Diphtheria .....	—	—	Alimentary Diseases .....	34	—
Diphtheria Carriers .....	1	—	Blood Diseases .....	2	—
Dysentery .....	9	—	Cardiovascular .....	12	4
Enteric Fever .....	1	1	Genito-urinary .....	8	—
Erysipelas .....	1	—	Respiratory .....	138	6
Gastro-enteritis .....	49	2	Sepsis and Skin .....	49	2
Influenza.....	6	—	Meningitis and Encephalitis	16	1
Measles .....	26	—	Nasopharyngeal infections	3	—
E.C.S.M. ....	5	—	New Growths .....	8	3
Mumps .....	4	—	Rheumatism .....	17	—
Pertussis .....	14	1	Tonsillitis etc. ....	27	—
Pneumonia .....	87	7	Tuberculosis—Pulmonary	6	—
Poliomyelitis .....	—	—	Meningeal	—	—
Puerperal Fever .....	4	—	Others .....	—	—
Rubella .....	—	—	No abnormality found.....	33	—
Salmonella Infections .....	10	—	Unclassified .....	54	1
Scarlet Fever .....	—	—			
Varicella .....	5	—			
Glandular Fever .....	4	—	TOTAL .....	633	28



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 1959 AND ADMISSIONS TO HOSPITAL.

NOTIFIABLE DISEASE.	AT AGES—YEARS.														NET TOTAL.					
	Under 1.		1 and under 5.		5 and under 15.		15 and under 25.		25 and under 45.		45 and under 65.		65 and up-wards.		Ages not known.		1959.		1958.	
	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	291	21	3571	4	2519	..	54	2	75	4	60	16	39	104	..	..	6609	151	1253	163
Acute Rheumatism (under 16 yrs.)	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	23	..	3	..
Diphtheria	9	7	59	..	48	..	7	..	23	..	7	..	1	..	..	..	152	..	107	..
Dysentery	1	..	1	..	..	..	1	..	1	..	..	..	1	..	..	..	3	1	4	..
Enteric fever	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	14	..
Erysipelas	1	..	3	..	..	..	1	..	2	..	4	..	1	..	..	..	16	..	31	1
Food Poisoning	10	5	..	..	..	..	2	1	..	..	..	..	..	..	..	..	2	1	..	1
Acute encephalitis	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	222	..	3298	1	2193	..	6	..	..	..	..	..	..	..	..	5725	1	263	..
Measles	..	5	1	1	1	1	..	..	1	..	..	..	..	..	..	..	8	1	6	3
Meningococcal infections	6	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..
Ophthalmia neonatorum	87	4	20	15	19	..	20	1	22	3	36	14	27	96	..	..	143	136	131	147
Pneumonia	..	..	..	..	3	..	..	..	3	..	8	2	9	8	..	..	23	10	21	10
Pneumonia (influenzal)	6	..	..	..	..	..	10	..	15	..	..	..	..	..	..	..	25	..	34	..
Puerperal pyrexia	4	..	..	..	69	..	2	..	1	..	..	..	..	..	..	..	132	..	142	..
Rubella	..	9	51	..	96	..	2	..	1	..	..	..	..	..	..	..	132	..	130	..
Scarlet fever	..	4	29	..	..	..	2	..	1	..	..	..	..	..	..	..	218	1	361	..
Whooping cough	..	33	1	114	67	..	3	..	..	..	1	..	..	..	..	..	..	..	..	..
Totals	136	291	3571	4	2519	..	54	2	75	4	60	16	39	104	..	..	6609	151	1253	163

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

WARD.	Acute Influenzal Pneumonia.	Acute Primary Pneumonia.	Acute Rheumatism under 16 yrs.	Diphtheria.	Dysentery.	Enteric Fever.	Erysipelas.	Food Poisoning.	Acute Encephalitis.	Malaria.	Measles.	Meningococcal Infections.	Ophthalmia Neonatorum.	Pollomyelitis.	Puerperal Pyrexia.	Rubella.	Scarlet Fever.	Tuberculosis (all forms).	Whooping Cough.	Total 1959	Total 1958	DEATHS.	
																						Pneumonia	Tuberculosis all forms.
St. Nicholas	...	5	...	...	3	...	...	...	...	...	158	1	...	...	...	1	5	6	8	187	51	2	2
Kenton	2	29	8	...	36	...	2	3	1	...	851	...	1	...	5	22	20	30	39	1049	218	15	1
Scotswood	6	16	1	...	12	1	...	...	...	...	314	...	...	...	3	7	7	12	24	403	94	5	1
Stephenson	...	9	2	...	9	...	...	3	...	...	353	...	...	...	2	6	9	25	24	442	115	8	4
Armstrong	...	9	...	...	10	...	...	2	...	...	363	...	...	...	3	2	5	18	16	428	114	7	2
Elswick	2	...	...	...	9	...	...	...	...	...	252	...	1	...	1	11	4	15	11	306	74	4	2
Westgate	2	7	...	...	4	...	...	...	...	...	220	...	...	...	1	3	8	9	11	265	61	4	2
Arthurs Hill	...	5	1	...	3	1	2	...	...	...	241	...	...	...	...	12	7	6	8	286	75	7	2
Benwell	1	8	1	...	10	...	...	1	...	...	355	...	...	...	1	3	1	19	17	417	116	6	2
Fenham	1	7	...	...	4	...	1	...	...	...	277	1	...	...	...	10	22	14	10	348	137	8	...
Sandyford	1	2	2	...	6	1	...	1	...	...	240	...	...	...	...	2	2	6	4	267	39	5	...
Jesmond	3	6	2	...	4	...	...	...	...	...	165	...	...	...	1	13	9	15	5	223	67	15	2
Dene	...	8	1	...	2	...	...	...	...	...	253	...	...	...	...	8	11	5	15	303	57	2	2
Heaton	...	8	...	...	9	...	...	2	...	...	287	2	...	...	1	12	7	7	5	340	65	8	1
Byker	3	...	1	...	7	...	...	2	...	...	255	1	...	...	...	6	5	15	10	313	84	6	1
St. Lawrence	...	3	1	...	3	...	...	...	1	...	251	...	...	...	2	6	1	11	2	281	59	8	...
St. Anthony's	2	4	...	...	3	...	...	...	...	...	247	1	...	...	2	4	2	10	2	277	60	10	2
Walker	...	2	3	...	8	...	...	1	...	...	429	2	...	...	3	3	3	11	6	471	73	13	2
Walkergate	...	7	...	...	10	...	...	...	...	...	214	...	...	...	...	1	4	11	1	248	37	3	2
Total 1959	23	143	23	...	152	3	5	16	2	...	5725	8	2	...	25	132	132	245	218	6854	...	136	30
Total 1958	21	131	...	2	107	4	14	31	...	2	263	6	2	3	34	142	130	343	361	...	1596	147	31



## SPECIAL SKIN CLINIC.

Attendances at the Special Skin Clinic in the Health Department's Jubilee Road premises, and approached from Grenville Street and City Road, have been 57 more patients than the previous year, and this increase has been largely due to an increase in Scabies cases. The clinic provides two baths and there is one male attendant and a female bath orderly who treats women and children on certain afternoons. Attendances are by appointment through the General Office of the Health Department.

In 1959, of 335 patients attending there were 282 males and 53 females. There were 226 cases of pediculosis (2 females) (67.6% of the total attendances) and 109 cases of scabies (51 females) and none of double infestations or of flea infestations.

### AGE DISTRIBUTION OF CASES.

	1956	1957	1958	1959
0—1 year .....	1	2	2	3
1—5 years .....	9	20	15	27
5—15 years .....	39	43	19	27
15 years and over .....	492	514	244	278

### SOURCE OF CASES.

Prudhoe Street Mission .....	136	Welfare Department .....	—
Salvation Army.....	66	Health Department .....	57
Self referred .....	8	National Assistance Board .....	—
Doctor's referrals (42 scabies)...	44	School Health Service .....	1
Newcastle Hospitals .....	21	Other sources.....	2

### GENERAL OBSERVATIONS.

No condition required special baths but one was referred back to the referring doctor. No cases were treated at home. No case was treated for another local authority. Of the pediculosis cases there were only 12 head infestations and no public infestations. About two-fifths of the scabies cases were referred by family doctors and two-fifths by the Health Department. Attendances fell after the clinic was moved to the new premises.

Monthly attendances from January to December varied from 50 to 17

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
1959	109	226	—	335	384	1.14

## VENEREAL DISEASES

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

Although the epidemiological pattern for Newcastle is by no means as bad as that for other large industrial areas in the country, there is an all round increase in the incidence of venereal disease for 1959 compared with the preceding year.

The more important statistics, with the percentage increase shown in parenthesis are as follows:—

New registrations .....	972 (+23 %)
Syphilis .....	31 (+16 %)
Gonorrhoea total .....	219 (+26 %)
Gonorrhoea male .....	160 (+22 %)
Gonorrhoea female .....	59 (+34 %)
Non-gonococcal Urethritis .....	96 (+21 %)

The upward trend is more than maintained during the current year and a persistently alarming feature during the past two or more years is the relatively large percentage of female gonorrhoea patients who are infected by their husbands.

The majority of non-gonococcal urethritis infections continue to occur amongst unmarried men and widowers and this clinical entity must be regarded as a venereal disease.

Appropriate antisyphilitic therapy given to 28 expectant mothers found to be suffering from syphilis resulted in 18 healthy infants (including one set of twins), one stillborn, while another one died before our investigations could be completed and no knowledge as to the cause of death was forthcoming. Nine 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.



Newcastle patients accounted for 9,772 attendances, 93 % of which were during the Medical Officers' sessions. This becomes increasingly important since foreshortened therapy results in rapid reinfection amongst the sexually promiscuous.

### **Laboratory Work.**

Five thousand, four hundred and eighteen specimens were examined during the year and of those 2,535 were investigated in the Laboratory and the remaining 2,883 in the department of Venereology.

### **Medico-Social Work.**

During the year 931 domiciliary 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 those people required medical examination and, in many instances, treatment. Details with reference to contact tracing efforts during 1959 were as follows:—

No. of contacts named in Newcastle area .....	180 (including 38 men).
No. of contacts sought on reasonably adequate data .....	110 (including 7 men).
No. of contacts identified .....	94 (including 7 men).
No. of contacts responsible for more than one infection .....	13 women*.
Therefore the actual number of individuals identified .....	69 (including 7 men).
No. of identified contacts who were examined .....	65 (including 7 men).
No. of identified contacts who were infected .....	47 (including 4 men).

\*They accounted for 36 infections.

In conclusion the potential gravity of the situation cannot be over-emphasised and constant vigilance is no longer a desirable aim but an absolute necessity.

## CHEST CLINICS. MASS RADIOGRAPHY.

---



---

# IV—TUBERCULOSIS.

---



---

## CONTACT CLINICS. CARE AND AFTER CARE.





## TUBERCULOSIS

There was a marked fall in the number of new cases of pulmonary tuberculosis in 1959; 221 cases, 77 less than last year, were notified, giving an attack rate of 0.82 per 1,000 population (0.22 per 1,000 below the previous lowest recorded rate for the City). The number of new cases of non-pulmonary tuberculosis also fell considerably, 24 being notified as compared with 45 in 1958, the attack rate falling from 0.17 to 0.09.

The decline in deaths from the disease continued. Thirty occurred, all but two being from pulmonary tuberculosis; this was one less than last year and the lowest number ever recorded in the City, giving a death rate of 0.110 per 1,000 population (0.103 pulmonary and 0.007 non-pulmonary).

At the end of the year the number of cases on the register kept by this department was 3,305 pulmonary tuberculosis and 474 non-pulmonary, a total of 3,779.

### Notifications.

During the year, primary notifications were received as follows:

<i>Pulmonary.</i>	<i>Non-pulmonary.</i>	<i>Totals.</i>
221 (87 East) (134 West)	24 (9 East) (15 West)	245 (96 East) (149 West)

There were also 15 second notifications which appear on the register as duplicates, and, in cases already notified, 5 notifications of the disease developing in a further site were received.

Sources of notification were:—

	Total.	East.	West.
General Practitioners .....	58	47	11
Chest Physicians .....	159	39	120
Hospital Medical Staff .....	22	6	16
H.M. Forces .....	6	4	2
	245	96	149



In addition, 64 notifications (58 pulmonary and 6 non-pulmonary) were received of cases previously notified elsewhere which had moved into the City during the year.

### AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING 1957, 1958 AND 1959.

		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—	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
	1959	...	...	1	1	3	6	15	19	32	16	21	10	5	129
Females—	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
	1959	...	2	2	3	3	8	20	22	11	9	8	4	...	92
Non-Respiratory—															
Males—	1957	...	...	2	3	1	6	1	7	3	...	1	2	...	26
	1958	...	...	...	...	2	...	2	6	3	...	2	2	1	18
	1959	...	1	...	...	1	1	3	3	3	2	...	...	...	14
Females—	1957	1	1	4	1	1	6	3	8	3	3	...	2	...	33
	1958	...	...	...	5	...	6	3	5	5	3	...	...	...	27
	1959	...	...	...	...	...	...	1	4	2	1	1	1	...	10
Totals—															
	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
	1959	...	3	3	4	7	15	39	48	48	28	30	15	5	245

### AGE DISTRIBUTION OF DEATHS DURING 1959.

		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	2	2	9	8	2	24
Females .....		...	...	...	...	1	...	...	1	...	...	...	1	1	4
Non-Respiratory—															
Males .....		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Females .....		...	...	...	...	...	...	1	...	...	...	1	...	...	2
Totals .....		...	...	...	...	1	...	1	2	2	2	10	9	3	30

## RESPIRATORY TUBERCULOSIS—PERIODS OF NOTIFICATION BEFORE DEATH

	Deaths which occurred in these years:—										1959			
	1952	1953	1954	1955	1956	1957	1958	1959			East.		West.	
								M.	F.	Total.	M.	F.	Total.	Total.
Persons not notified before death .....	19	12	11	6	9	4	4	5	...	5	3	...	3	2
Persons notified under 1 month .....	5	9	2	5	3	1	4	4	...	4	2	...	2	2
Persons notified between:—														
1 and 3 months .....	3	1	3	1	2	...	2	2	...	2	...	...	...	2
3 and 6 months .....	4	2	3	1	...	2	...	...	...	...	...	...	...	...
Total under 6 months before death .....	31	24	19	13	14	7	10	11	...	11	5	...	5	6
Persons notified between:—														
6 and 12 months .....	7	7	7	1	1	...	1	3	...	3	2	...	2	1
12 and 18 months .....	6	2	5	...	...	4	...	...	...	...	...	...	...	...
18 and 24 months .....	6	5	5	3	2	1	1	...	...	...	...	...	...	...
2 and 3 years .....	8	12	11	2	2	3	1	1	1	2	...	...	...	2
over 3 years .....	37	31	30	29	22	20	16	9	3	12	4	1	5	7
Totals before death.....	95	81	77	48	41	35	29	24	4	28	11	1	12	16



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

	1955		1956		1957		1958		1959	
	Death Rate.	Attack Rate.	Death Rate.	Attack Rate.	Death Rate.	Attack Rate.	Death Rate.	Attack Rate.	Death Rate.	Attack Rate.
Newcastle upon Tyne	0.18	1.57	0.16	1.47	0.13	1.26	0.11	1.26	0.12	0.90
England and Wales...	0.15	0.88	0.12	0.80	0.11	0.75	0.10	0.66	0.08	0.60
Glasgow .....	0.37	2.26	0.36	2.05	0.38	3.80	0.37	1.39	0.30	1.19
Scotland .....	0.19	1.48	0.16	1.32	0.14	1.59	0.13	1.14	0.11	0.87

\* 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 392,670 of which 121,570 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 social worker 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 117.

## **EAST END CHEST CLINIC.**

**(Dr. C. Verity—Chest Physician).**

From being one of the four main killing diseases, tuberculosis has been relegated to well down in the likely cause of death, and it is relatively rare to have the condition recorded as a cause of death.



## TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1925.

109A

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
1959	221	28	0.10	0.82	24	2	0.007	0.09	245	30	0.11	0.90





As shown in previous Reports,\* the Ministry recognises "Death of tuberculous persons—all causes," and "deaths from tuberculosis" as two entirely different figures:

<i>Newcastle (East) Chest Clinic</i>					
<i>Area.</i>	1955	1956	1957	1958	1959
Ministry of Health—					
All causes .....	42	42	44	38	44
True Tuberculosis.....	21	21	16	15	17

So much is this fact becoming recognised, viz.: that tuberculous patients are having a more or less normal expectation of life, that many insurance companies now accept proposals for life insurance of tuberculous patients, at normal rates.

That the drop in incidence has lagged behind the drop in death rate from this disease might have been expected, but one must not forget that notification figures—susceptible always to the ephemeral whim of the doctor to put pen to paper—are now beset by other new and disturbing factors.

The careful, conscientious clinician, using chemotherapy in a case of recognised primary tuberculosis, is bedevilled by the problem of whether such a case should be notified as active tuberculosis or not, for the previously clear-cut division between frank disease, requiring treatment, and patients with a mere tuberculin conversion, sometimes given anti-tuberculous chemotherapy prophylactically, now no longer exists.

\*(Annual Report, East Chest Clinic, 1955, page 14).

It therefore happens that in some areas, all tuberculin positive children are notified, and the figures thus inflated.

In Newcastle, whilst there are limited differences between individual chest physicians, pediatricians, and others, the broad general principle that formal notification be made only in those cases where the disease is known to be unstable or thought to have been so recently, has been our guide, unchanged for many years.

The notification figures, therefore, in this area, should reflect more or less the true state of incidence of tuberculosis.

What notification figures mean in other areas with a changed policy towards official notification of this disease is a matter for conjecture.

Whilst tuberculosis and its many problems are diminishing in severity and importance as control of the disease progresses,



review<sup>‡</sup> of the so-called quiescent cases over a number of years has shown a steady breakdown rate of about 3%. All the cases reviewed so far have had what we would regard as insufficient treatment, and it will be interesting to compare this overall figure with a similar review carried out in five years or so, especially as closer scrutiny of the figures shows that two-fifths, that is nearly one half of the cases "breaking down" were in fact incorrectly labelled "quiescent", because of errors of assessment of the patient by the clinician in the clinic.

<sup>‡</sup>Triennial Report of work done at East Chest Clinic and Chest Unit, Walker Gate Hospital (1956-7-8), page 10.

The anticipated problems of the drug-resistant cases re-seeding the population and producing new "untreatable" cases of pulmonary tuberculosis does not appear to have materialised. The true incidence of drug resistant strains is at present being assessed by the Medical Research Council review, but the known resistant cases in this area among our chronic infective group of patients is steadily diminishing.

#### CHRONIC INFECTORS—RESISTANT.

	1956	1957	1958	1959
Males .....	19	7	8	21†
Females .....	5	2	5	8†

†These are cumulative totals. Drug resistance prior to 1959 had not been assessed each year, but this is now being done.

Anti-tuberculous therapy has now been with us long enough to have produced not only an initial rise in the number of cases of tuberculosis on the register (caused by the survival of those who previously would have died), but also not only to check but now reverse this trend:—

#### TUBERCULOSIS.

##### NUMBER ON CHEST CLINIC NOTIFICATION REGISTER.

	1955	1956	1957	1958	1959
Respiratory .....	2,043	2,180	2,184	2,185	2,140
Non-Respiratory .....	305	292	280	244	194
Totals .....	<u>2,348</u>	<u>2,472</u>	<u>2,464</u>	<u>2,429</u>	<u>2,334</u>

But the chest clinic service—in Newcastle, at least—far from becoming redundant, has found itself flooded—yes, even overburdened, with the many non-tuberculous chest conditions previously not dealt with by us. Numerically the commonest of these



falls into the classification of "pneumonitis" but the problems of the chronic bronchitics, bronchiectatics, and longstanding asthmatics now form a large part of our work.

Among these non-tuberculous conditions, perhaps the most distressing is the high incidence of bronchial carcinoma. The following figures show the number of cases of carcinoma seen at this Clinic each year:

	1955	1956	1957	1958	1959
Lungs .....	46	60	76	59	73
Other sites .....	2	8	10	11	8
Totals .....	48	68	86	70	81

### Infector Pool.

We still see a number of acute forms of tuberculosis, but rather less of the more chronic forms; increased case-finding efforts, for example, examination of personnel of selected workplaces and extending the "contact" net wider and wider, to more distant relatives and to neighbours, are inevitably producing a diminishing return for our additional efforts.

Nevertheless, I think one is justified in intensifying these anti-tuberculous measures according to the specific local indications. It would appear that the Central Authority now virtually regard the problem of tuberculosis administratively as more or less solved, for one sees everywhere the closing of sanatorium beds and now\* the cessation of the special allowance to the Tuberculosis nurse. This being the case, it seems unlikely that the Central Authority will take very much interest in the clarification of criteria which require notification of the disease, but the importance of this matter should be realised, for a high incidence of primary tuberculosis as distinct from frank, so-called post-primary disease, should call for special investigation.

\*(N.M.C. Circular, No. 89).

Relief from the burden of much routine work associated with tuberculosis has freed the chest physician to enable him to turn his attention to the many non-tuberculous chest conditions so common especially among an urban community.

For the past two winters we have been included in controlled trials in chronic bronchitics, organised by the British Tuberculosis



Association and the Medical Research Council, and it is to be expected that more of this work will come our way. We are already equipped at Walker Gate Hospital to carry out simple respiratory function tests, which are a guide in our assessment of therapy and we are extending this work to develop as a unit fully equipped to deal with respiratory emergencies.

This, then, is the road before us. In what manner and how quickly it is traversed depends not only on the efforts of the individual clinician, but also on the availability of suitable equipment.

### **WEST END CHEST CLINIC.** **(Dr. G. Hurrell—Chest Physician).**

The work of the Chest Clinic has continued on the same lines as last year.

#### **Notifications.**

The following are the details of the new notifications for the west of Newcastle.

	Respiratory.	Non Respiratory.	Total.
1955	176	25	201
1956	174	35	209
1957	165	29	194
1958	174	28	202
1959	134	15	149

#### **CASES ON CHEST CLINIC REGISTER ON 31ST DECEMBER** **(NEWCASTLE AND NEWBURN AREA).**

	Respiratory.	Non Respiratory.	Total.
1955	1,574	228	1,802
1956	1,687	227	1,914
1957	1,819	253	2,072
1958	1,893	240	2,133
1959	1,850	243	2,093

## Active Register.

The active Register up to 31st December, 1959, was as follows (west Newcastle only).

	Males.	Females.	Children.	Total.
T.B.— .....	20	24	2	46
T.B.+ .....	128	51	1	180
Non-respiratory.....	2	3	—	5
	150	78	3	231

## Chronic Infectors.

I have tried to estimate the number of chronic infectious cases on the register. This is not altogether an easy task, but there were approximately 85 made up of 62 males and 23 females.

## Deaths.

The number of deaths from tuberculosis for the west of Newcastle only was the lowest on record as is seen from this table.

	Respiratory.	Non Respiratory.	Total.
1955	31	1	32
1956	28	2	30
1957	22	—	22
1958	21	1	22
1959	17	1	18

## Contacts.

As before, every endeavour has been made to examine contacts. Tables below give details (west Newcastle only).

	Males.	Females.	Children.	Total.
New contacts .....	298	260	865	1,423
Old contacts .....	26	25	2,849	2,900
	324	285	3,714	4,323



### CONTACTS DIAGNOSED AS SUFFERING FROM TUBERCULOSIS.

	Males.	Females.	Children.	Total.
T.B.— .....	2	6	1	9
T.B.+ .....	6	6	—	12
Non-respiratory.....	1	—	1	2
	9	12	2	23

### Rehousing (West Newcastle only).

During the year 27 tuberculous families were rehoused.

### Health Visitors.

The Clinic liaison with the Health Visitors has been satisfactory and there is nothing special to report.

### Social Worker.

The Social Worker has seen new and old patients when necessary and has made regular visits to patients in sanatoria and hospitals. The following table refers to the west of Newcastle only.

New patients .....	220
Total interviews .....	1,302
Patients assisted .....	432
Home visits .....	43

## MASS RADIOGRAPHY.

Table 1 below summarises the work carried out in the City of Newcastle by our Units during 1959. It includes the work of the 100 m.m. Odelca Camera Unit at the Newcastle General Hospital, the 35 m.m. Mobile x-ray Unit and the 100 m.m. Odelca Regional Caravan Unit. The Caravan Unit commenced operations in July with a visit to the Newcastle Flower Show and is used principally for the investigation of works contacts. Figures shown include a number of non-residents in the City but such groups as doctors' patients, Chest Clinic Contacts, maternity patients and school-children are made up almost entirely of Newcastle residents.

Points of interest are as follows:—

Doctors' patients (see Table 2) continue to reduce in numbers

referred but the incidence rate is still the highest of any group and remains almost unchanged at 9.7 per 1,000 x-rayed.

National Service Recruits are fewer. The number of new cases of active tuberculosis discovered is the lowest ever recorded.

Maternity patients are no longer x-rayed as routine by Mass X-ray. Sessions for these patients ceased in August which accounts for the relatively small number examined during the year. Arrangements are now made for them to attend the Main Radiological Departments of the Newcastle General Hospital and the Royal Victoria Infirmary.

General public attendances at the static Unit appear to be on the increase which is most satisfactory.

There are still a number of cases from all groups referred to Chest Clinics for which no diagnosis have yet been received. These are not shown in the tables excepting the case of Doctors' patients where the final total has been estimated.

TABLE 1 (NEWCASTLE ONLY).

Examinee Group.	Nos. x-rayed.	Referred to Chest Clinic.	Active Cases Notified.
Doctors' patients .....	8,272	824	81
Chest Clinic contacts .....	1,207	31	5
National Service Recruits .....	3,013	99	3
Maternity patients .....	2,222	20	3
Schoolchildren with positive tuberculin tests .....	944	12	—
General Public .....	11,056	316	24
Industrial Groups .....	34,167	305	22
Hospital Staff (Nursing) .....	326	—	—
Hospital Outpatients .....	1,012	41	5
Hospital Inpatients .....	20	—	—
	<u>62,239</u>	<u>1,648</u>	<u>143</u>
			(2.3 per 1,000)

TABLE 2.

SUMMARY OF GENERAL PRACTITIONERS' REFERRALS.

Year.	Nos. Referred.	Active Cases.	Rate per 1,000
1956	16,493	162	9.8
1957	14,560	113	7.8
1958	10,848	111	10.2
1959	8,272	81	9.7



## CARE AND AFTER CARE.

An Almoner or Social Case Worker employed by the Local Authority is attached to each clinic, and by arrangement, they give assistance, not only to Newcastle cases attending, but also to those living in adjacent areas for whom Northumberland County Council is responsible, thus a continuity of service to those patients rehoused outside the city boundaries is maintained.

The part-time Almoner employed at the East End Chest Clinic resigned in July, but despite repeated advertisements, the post was still vacant at the end of the year.

Of the 898 patients seen, 336 were interviewed for the first time, and some form of assistance was given in 588 cases, many on more than one occasion.

Help for patients was also obtained through various outside organisations, including the local Voluntary Tuberculosis Care and After-Care Council, which, in addition to assistance in other ways, made Christmas brighter by providing parcels of groceries for more than 120 needy families and sending small gifts to patients in hospital.

Liaison with the Ministry of Labour Disablement Resettlement Officer continued, and 70 cases were referred to him. Employment was obtained for 27, either with private firms, or in industrial rehabilitation units. Occupational therapy classes under a trained instructor were held in premises adjoining the East End Clinic on four afternoons per week.

Convalescence was arranged for 59 cases for which the Local Authority accepted financial responsibility, and two cases are maintained at the British Legion Village Settlement at Maidstone. A further patient at Wrenbury Hall, Cheshire has now been accepted as a colonist, and is no longer a charge on this Authority.

Meetings between Chest Physicians and Health Visitors to discuss individual cases took place, and close liaison was maintained throughout the year: 835 first and 2,975 subsequent visits to patients and contacts were made by the District Health Visitors.

The allocation by the Housing Management Committee of two houses per month for tuberculosis cases recommended by the Medical Officer of Health proved in its first full year of operation to be of great value and regular consultations between the Chest Physicians and the Medical Officer of Health took place to discuss cases and place them 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, 1959. ....	2,115	1,740	223	4,078	86	203	195	484
B. Children transferred to adults during the year.....	15	9	—	24	5	5	—	10
C. No. of notified cases added to Register during the year. Not bacteriologically confirmed.								
Group I	41	38	17	96				
„ II	34	23	1	58				
„ III	5	3	1	9				
Bacteriologically confirmed.					13	17	4	34
Group I	21	9	—	30				
„ II	51	26	—	77				
„ III	9	7	—	16				
D. Transfers in during the year .....	79	70	4	153	6	5	5	16
Totals of A, B, C and D .....	2,370	1,925	246	4,541	110	230	204	544
E. No. of notified cases removed from Register during the year.								
(a) Recovered .....	142	110	23	275	29	27	18	74
(b) Died (all causes) .....	61	12	—	73	1	3	1	5
(c) Transfers out .....	86	64	1	151	3	6	3	12
(d) Others .....	19	9	—	28	2	4	—	6
F. Children transferred to adults during year .....	—	—	24	24	—	—	10	10
Total of E and F.....	308	195	48	551	35	40	32	107
G Total remaining on Clinics Registers at 31st December, 1959 .....	2,062	1,730	198	3,990	75	190	172	437



# TUBERCULOSIS IN CHILDHOOD

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

The incidence of tuberculous infection, as estimated by the results of routine tuberculin testing in schools, is as expected, showing a sharp decline. The infection rate at five years is now about 2% compared with 7% in 1952 and the rate at thirteen to fourteen years is 17% compared with 45% in 1954. Only 17 children needed in-patient treatment for tuberculosis in 1959 compared with 91 in 1950 and 41 in 1958. For the first time in history no Newcastle child developed tuberculous meningitis, although two children living outside the city but within the area served by the chest clinics did so, and one of them died. The number of pre-school children found to be tuberculin positive has again declined but six were found at routine testing and not as the result of contact examination or illness. The number of young children seen in the Contact Clinic has again increased although by a smaller proportion than in previous years. The proportion of those found infected is slightly less than in the previous three years.

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 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 in maintained schools and at thirteen years in private schools. (Table 1).

Among the "leavers" tested in 1959 no case of active tuberculosis was found although three were referred to the Contact Clinic for investigation. Only 17% were tuberculin positive compared with 45% in 1954. The majority of the remainder were vaccinated with B.C.G. (Table 5).

Five ten year old children had abnormal x-rays requiring investigation but none needed treatment.



Among the 40 children found to be tuberculin positive at five years of age, 17 were already under supervision and the others were referred to the Contact Clinic. Four were found to have active infections and were treated at home: two younger children in these families were also found to require treatment as well as one mother; one father is under observation.

Unfortunately it is again not known how many of the "leavers" and the "juniors" had been previously vaccinated with B.C.G. Among the "entrants" there were 236 as compared with 118 in 1958 and 55 in 1957.

One teacher and one student teacher developed tuberculosis during the year and one of these had a positive sputum; the children who had been exposed to infection during the previous two terms were offered tuberculin testing and 123 out of 125 accepted; eight were tuberculin positive but all were already under supervision and had satisfactory x-rays.

TABLE 1.  
ROUTINE TUBERCULIN TESTING IN SCHOOLS IN NEWCASTLE.

	1952	1953	1954	1955	1956	1957	1958	1959
"Leavers" Age 13—14.								
% Tested .....	—	—	—	—	—	71	82	65
Number Tested .....	—	—	3,034	1,124	1,590	2,339	3,183	2,501
% Positive .....	—	—	45	31	31	26	22	17
"Juniors" Aged 9—10.								
% Tested .....	—	—	—	—	—	52	68	74
Number Tested .....	—	—	—	—	1,871	2,314	3,020	3,096
% Positive .....	—	—	—	—	11	10	9.6	11
"Infants" Aged 5—6.								
% Tested .....	—	—	—	—	—	67	70	74
Number Tested .....	847†	952‡	—	—	—	3,111	3,053	3,086
% Positive* .....	7.5	3.8	—	—	—	2	2.5	1.4

\* Excludes those previously vaccinated with B.C.G.

† In one area of the city only.

‡ "1,000 Family Investigation sample."

## 2. Tuberculous Illness.

There were 17 notifications compared with 41 in 1958 and 91 in 1950. Three of the six children under five years of age presented in hospital with an illness; one had tuberculous disease of the spine and the others had uncomplicated primary infections; the infectors of two are not known but the third was probably infected by a known "chronic infector" with whom the child and her mother had lived for a brief period. The other three notified children were



found tuberculin positive at routine testing; one was a contact of his grandfather who had recently died: this child had cervical adenitis when first seen and later was admitted to hospital for surgical treatment; one of the others had been found tuberculin positive at routine testing in a child welfare centre and her sister was subsequently found infected.

Of the eleven children aged five to fourteen years who were notified, ten received in-patient treatment. Infectors were known for seven; these were mother (one child) father (four children) and uncles (two children). Three of these children had been infected several years before and their hospital admission in 1959 was due to the development of late complications; two of these had bronchogenic tuberculosis (both diagnosed at routine examinations) and the third had recurrent phlyctenular conjunctivitis although his primary infection was radiologically healed. One child had a pleural effusion and another had cervical adenitis with a visible primary focus in the mouth; the others had primary respiratory infections.

There were no cases of tuberculous meningitis among city children and the steady fall in the incidence of this distressing complication is also reflected in the falling number of deaths from tuberculosis for the majority of these result from tuberculous meningitis. One child died this year at the age of 14 years and although her death was classified as due to tuberculosis, the real cause was status asthmaticus in a child with healed pulmonary tuberculosis, chronic asthma and cor pulmonale.

### 3. The Children's Tuberculosis Contact Clinic.

The Contact Clinic is still mainly concerned with child contacts under five years of age; the majority of the new ones seen in 1959 were tuberculin negative and subsequently vaccinated with B.C.G. The proportion of those found to be tuberculin positive is slightly less than in previous years and this is particularly so among the contacts of newly diagnosed adults (Table 3 and 4).

TABLE 2.  
THE NUMBER OF NOTIFICATIONS FOR TUBERCULOSIS (ALL FORMS)  
IN NEWCASTLE UPON TYNE  
AT THE AGES 0-14 YEARS FROM 1950-1959.

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
0-1 year .....	6	3	1	2	1	2	1	2	2	0
1-4 years .....	24	25	23	15	9	12	10	15	9	6
5-14 years .....	61	56	49	52	45	35	31	23	30	11
Total .....	91	84	73	69	55	49	42	40	41	17



TABLE 3.

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN IN THE CONTACT CLINIC AND THE NUMBER FOUND TO BE TUBERCULIN POSITIVE.

	1941	1945	1949	1953	1957	1958	1959
Total .....	63	139	277	577	837	1131	1206
Total TT+ .....	26	46	62	79	28	21	18
% Positive .....	41	34	22	14	3.3	1.8	1.4

TABLE 4.

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF NEWLY DIAGNOSED PATIENTS 1952-1959.

	1952	1953	1955	1957	1959
Total .....	103	141	217	230	309
Number TT+ ...	41	34	27	20	9
% Positive .....	40	24	12	8.7	3

Of the eighteen tuberculin positive children under five years of age actually seen in the clinic only ten were seen as contacts of adult patients; three others were examined as contacts of brothers or sisters found at routine testing; three were referred from child welfare centres and two from hospital out-patients. This is the first year in which any child had been found to be tuberculin positive at a routine test in a child welfare centre, and presumably reflects the higher proportion of children tested. If the five notified cases under five years of age (four city and one "county" child) who never attended the Contact Clinic are added there is a total of twenty-three children known to be infected under five years of age. Infectors were found or known for only fourteen. Fourteen were given anti-tuberculous chemotherapy entirely at home and seven were treated in hospital. Two had evidence of healed lesions and were not treated.

### Children over five years of age.

Older contacts are mostly seen in the two chest clinics but a few attended the Contact Clinic with younger brothers and sisters.

All five year old children found tuberculin positive at school were referred to the Contact Clinic. Those who had been vaccinated with B.C.G. or who were already under supervision were not seen again. Ten year old and thirteen year old children who had abnormal Mass X-rays were also seen and six other children were also referred for investigation by the School Health Service. The findings have already been described.



## Old Patients.

Children vaccinated in previous years have also attended but the number of routine attendances for each child has been reduced. Unless they are exposed to further infection or have complications children are now only seen two months and eight months after B.C.G. vaccination. Parents are then advised to accept the offer of tuberculin testing at school at five years of age; any who are then found to be tuberculin negative are re-referred to the contact clinic. During 1959 five vaccinated children with negative Heaf Tests were seen but all were mantoux positive. All infected children remain under supervision.

There were 5,539 attendances at the Contact Clinic in 1959 compared with 5,373 in 1958.

## 4. B.C.G. Vaccination.

The number of vaccinations has again increased. Among those done in the Maternity Hospitals 170 were resident in areas outside the city of whom 64 came from the County area served by the Chest Clinics and the remainder from further away. (Table 5).

TABLE 5.  
THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1952-1959.

	1952	1953	1954	1955	1956	1957	1958	1959
Chest Clinics .....	22	93	184	220	255	237	362	335
Contact Clinic .....	92	219	349	527	588	662	800	950
Newcastle General Hospital	70	114	114	143	152	162	186	258
Princess Mary Maternity Hospital .....	0	37	71	133	122	169	247	183
Total Contacts .....	184	463	718	1,023	1,117	1,230	1,595	1,726
School Leavers .....	0	0	0	713	1,041	3,345	2,968	2,760
Further Education Students	0	0	0	0	0	0	0	28
Total .....	184	463	718	1,736	2,158	4,575	4,563	6,240

In the maintained city schools 2,435 children were vaccinated with B.C.G. and a further 330 in the independant schools.

The principle of segregation from newly diagnosed or active cases of tuberculosis was maintained in all children vaccinated in the Contact Clinic. The importance of this was recently illustrated in two ways. In 1958 one quarter of the infected children under five years of age seen in the Contact Clinic were actually still tuberculin negative when first seen i.e. within six weeks of exposure to tuberculosis. (Annual Report 1958). Had they been vaccinated then

their infection would have been missed and they would not have had prophylactic chemotherapy. In 1959 one infant aged eight months living in the county area served by the chest and contact clinics developed tuberculous meningitis and died. She had not been referred to the Contact Clinic although known to have been in contact with infective tuberculosis, and had actually been vaccinated with B.C.G. but without segregation. This tragedy should have been avoided if vaccination had been postponed until a second tuberculin test six weeks after the last exposure.

No child ever vaccinated in the Contact Clinic, or the Maternity Hospitals in Newcastle has so far developed tuberculosis.

---

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  
EDUCATION COMMITTEE.**





# THE SCHOOL HEALTH SERVICE

## Administration.

The working of the Service has continued on the same lines as during the previous years.

## Medical Inspection.

Medical inspection has proceeded in maintained schools in much the same way as in former years. The number of pupils inspected was as follows:—

### A. PERIODIC INSPECTIONS.

Pupils Inspected (All ages) ..... 11,555  
(In addition, pupils were inspected at the Convent of the Sacred Heart (Independent) Grammar School).

### B. OTHER INSPECTIONS.

Special Inspections ..... 5,199  
Re-Inspections ..... 1,720

The findings at periodic inspection were as follows:—

TABLE 1.  
PHYSICAL CONDITION OF PUPILS.

Age Groups Inspected. (By year of Birth).	Number of Pupils Inspected.	SATISFACTORY.		UNSATISFACTORY.	
		No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	228	228	0.00	—	—
1954	763	757	99.21	6	0.79
1953	2,834	2,809	99.12	25	0.88
1952	154	154	0.00	—	—
1951	48	28	0.00	—	—
1950	8	8	0.00	—	—
1949	3,861	3,837	99.38	24	0.62
1948	64	64	0.00	—	—
1947	3	3	0.00	—	—
1946	82	82	0.00	—	—
1945	1,998	1,991	99.65	7	0.35
1944 and earlier	1,532	1,530	99.87	2	0.13
TOTAL .....	11,555	11,491	99.45	64	0.55



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 Table III. (3)	Total individual pupils. (4)
1955 and later	1	14	14
1954	20	82	89
1953	105	312	348
1952	4	9	11
1951	3	3	4
1950	1	2	2
1949	231	335	477
1948	5	2	6
1947	—	—	—
1946	2	—	2
1945	173	165	269
1944 and earlier	148	130	215
TOTAL .....	693	1,054	1,437

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

Defect Code No. (1)	Defect or Disease. (2)	PERIODIC INSPECTIONS.							
		Entrants.		Leavers.		Others.		Total.	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin .....	53	80	61	116	61	77	175	283
5	Eyes—								
	a. Vision .....	127	234	347	226	284	99	708	559
	b. Squint.....	90	85	60	33	64	99	214	217
	c. Other .....	10	27	11	47	12	30	33	104
6	Ears—								
	a. Hearing .....	28	65	13	22	9	28	50	115
	b. Otitis Media	15	81	13	52	10	42	38	175
	c. Other .....	5	9	1	14	10	4	16	27
7	Nose and Throat .....	88	341	17	107	44	161	149	609
8	Speech.....	43	90	5	13	16	25	64	128
9	Lymphatic Glands ...	5	76	—	15	2	51	7	142
10	Heart .....	6	47	9	34	8	22	23	103
11	Lungs .....	23	141	12	44	21	106	56	291
12	Developmental—								
	a. Hernia .....	1	4	—	1	3	12	4	17
	b. Other .....	6	30	4	25	14	38	24	93
13	Orthopaedic—								
	a. Posture .....	4	13	11	41	10	17	25	71
	b. Feet .....	66	112	19	61	21	43	106	216
	c. Other .....	35	255	53	96	53	85	141	436
14	Nervous System—								
	a. Epilepsy .....	5	9	2	4	4	2	11	15
	b. Other .....	7	25	6	12	5	15	18	52
15	Psychological—								
	a. Development	1	22	2	8	2	6	5	36
	b. Stability	4	47	—	26	8	53	12	126
16	Abdomen .....	3	9	—	—	1	1	4	10
17	Other .....	3	1	3	—	2	—	8	1

(T)—Treatment. (O)—Observation.

Other medical inspections performed by Medical Officers were as follows:—

**1. Children.**

Inspections for freedom from infection.....	561
Examination of pupils for employment .....	632
Examination of children taken into care of the Children's Department .....	336
Examination of children and young persons committed to remand homes .....	129

**2. Adults.**

Examinations for entrance to training colleges.....	181
Examination of students completing course in Kenton Lodge Training College .....	74
Appointments to the Education Staff—	
Clerical and Professional.....	241
Manual and Domestic .....	61
Examinations for extension of sick pay .....	10

Inspections performed by School Nurses were as follows:—

Hygiene inspections .....	53,247
Follow-up inspections .....	6,475
Head inspections .....	33,785

## Infestation with Vermin.

TABLE 4.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons.....	85,034
(b) Total number of individual pupils found to be infested.....	3,274
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944).....	73
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) of the Education Act, 1944)...	13

## SCHOOL CLINICS.

There are at present four independent school clinics and two combined clinics. Provision for a combined clinic at Kenton continues to make slow headway. Work in this distant area has been carefully organised in the medical rooms of schools.

### Clinics on School Premises.

The numbers of these continues to increase. There are now 20 clinics in use and the premises have shown a general improvement during the last few years. Seven are conducted in medical rooms, and separate premises are provided at Ashfield House, Brinkburn Street and Cowgate.



## Arrangement of the Work in Clinics.

School clinics are open during the afternoons and Saturday morning during term time. The Central Clinic is open throughout the day.

TABLE 5.

### PERSONNEL IN ATTENDANCE.

Sessions.	Blakelaw.	Atkinson Road.	Bentinck.	Central.	East End.	Middle Street.
1.30 — 5 p.m.						
Monday .....	N. D.	N. D.	N. D.	N. D.	N.	N. D.
Tuesday .....	N.	N.	N. D.	N. D.	N. D.	N. D.
Wednesday ...	N.	N.	N. D.	N. D.	N. D.	N. D.
Thursday .....	N. D.	N.	N. D.	N. D.	N. D.	N. D.
Friday .....	N.	N. D.	N. D.	N. D.	N.	N. D.
9—12 noon.						
Saturday .....	N. D.	N. D.	N. D.	N. D.	N. D.	N. D.

N.—School Nurse.

D.—Medical Officer.

Attendances at school clinics and clinics on school premises have been as follows:—

TABLE 6.

Name of Clinic.	Number of children attending School Clinics.	Number of children attending Clinics on School Premises.	Number of Consultations.
Atkinson Road ...	755	—	627
Bentinck .....	865	—	730
Blakelaw .....	350	—	293
Central .....	465	—	400
East End.....	1,238	—	1,104
Middle Street ...	940	—	784
TOTAL .....	4,613	9,319	3,938

TABLE 7.

RETURN OF WORK PERFORMED IN CLINICS  
BY SCHOOL NURSES.

Defect or Disease.	Number of Children.	Total Treatments.
Skin—Septic .....	4,105	12,626
Scabies .....	24	103
Ringworm .....	21	385
Other .....	2,095	5,945
Ear Conditions—		
Wax in ears .....	72	149
Discharging ears .....	90	540
Eye Conditions—		
Conjunctivitis .....	85	284
Other external eye conditions .....	492	1,080
Spectacles .....	399	—
Vision tests .....	113	—
Tonsilitis.....	22	12
Acute infectious fevers .....	21	16
Injuries .....	1,654	2,858
Malaise .....	212	54
Follow-up inspections .....	716	282
Head inspections .....	2,247	805
Cleansing .....	139	575
F.F.I's and manual workers .....	271	22
Miscellaneous .....	2,416	1,319
<b>TOTAL .....</b>	<b>15,194</b>	<b>27,211</b>

Other duties performed by nurses include:—

Home visits .....	1,168
Children escorted to clinics or hospitals.....	121
Children escorted to and from residential schools.....	76

### SPECIAL CLINICS.

The work in these clinics was as follows:—

#### Ringworm.

A large number of children attend the Skin Clinic for confirmation of diagnosis of suspects. Facilities available for their investigation include a Wood's Lamp, microscopical examination, culture in the laboratory.

The numbers of children with confirmed ringworm were:—

Ringworm—Scalp .....	19
Body.....	82

There was no occasion to screen children in school during the year.



## Plantar Warts.

There has always been a large number of children who require treatment for this condition. A number of children are treated in regional clinics, but more difficult cases are referred to the Skin Clinic at the Central School Clinic.

An increasing number of cases require surgical excision, curetting or x-ray and other procedures more properly undertaken in hospital. However, the local hospital service appears to be finding difficulty in coping with the large amount of work involved.

The number of cases treated were as follows:—

Boys .....	87
Girls .....	104
Number of cases referred to hospital .....	43

## Scabies.

Scabies is treated in regional clinics, and involves:—

- (a) Confirming diagnosis.
- (b) Treating contacts.
- (c) The management of the family, i.e. disinfestation and surveillance.

The number of cases treated during the year were:—

(a) Total children treated .....	38
(b) Number of families .....	19

## Orthopaedic.

1959 was a turning point for the department because Miss Bertha Hague, S.R.N., M.C.S.P., retired after completing 39 years' service.

She has been succeeded by Miss O. Webb, formerly Senior Physiotherapist to the department, under whose guidance the work of the department is continuing as in previous years. In presenting the annual statistics the details of the types of physiotherapy given have been omitted as they provide no real indication of the work done, each child will have more than one type of treatment, exercises being the most important.

As well as treating the children, the physiotherapists spend much time in reviewing splints and shoe alterations supplied through the department and in making sure that the apparatus is correctly used and in good repair. Old splints have to be renewed as necessary and the children watched to make sure that the alterations are doing the job for which they are intended.

## STATISTICS FOR THE YEAR 1959.

	School Medical Service.	Maternity and Child Welfare Service.
<b>1. Attendances.</b>		
New patients Boys 332 } girls 320 } .....	652 108 } 109 }	217
Total attendances at Surgeon's clinics .....	2,365	648
Waiting list .....	32	7
<b>2. Discharges</b> .....	909	142
Admissions to Sanderson Orthopaedic Hospital	46	9
<b>3. Physiotherapy.</b>		
Total number of attendances at physiotherapy clinics .....	14,198	3,385
Special therapies given for orthopaedic con- ditions:—		
Swedish remedial exercises .....	7,324	942
Massage .....	432	437
Manipulations .....	1,869	1,423
Medical electricity .....	4,698	504
Radiant heat .....	21	8
Home visits (manipulations for congenital foot deformities) .....	—	16
<b>Non-Orthopaedic.</b>		
<b>Chest Conditions:</b>		
Asthma .....	Patients ..... 62 Treatments ..... 4,431	
Bronchitis .....		
Bronchiectasis .....		
<b>Ultra violet light:</b>		
Patients .....	4	
Treatments .....	27	
<b>4. Other Information.</b>		
Number of children requiring x-ray .....	78	14
Number of children photographed .....	14	—
Number of surgical appliances (supplied and maintained) .....	1,290	434

**Ophthalmic.****A. Refractions.**

Initial refractions are performed at the Central School Clinic by three Ophthalmic Medical Practitioners. Two School Medical Officers perform a number of re-tests.

Refractions performed by:—

Ophthalmic Medical Practitioners .....	1,612
School Medical Officers .....	445
	<hr/> 2,057 <hr/>



At the end of the year the number of children awaiting refraction was:—

New cases .....	27
Old cases .....	199

Present staff is now meeting current demands and there has been no serious accumulation of work throughout the year.

### B. The Prescription of Spectacles.

The numbers of pupils for whom spectacles were prescribed were as follows:—

(i) By members of the School Health Service staff...	1,289
(ii) By the Ophthalmic Services .....	251

### C. Dispensing of Spectacles.

Numbers of pupils who obtained spectacles.....	1,224
Maintenance of spectacles was as follows:—	
Number of spectacles replaced .....	115
Number repaired .....	972

## Hearing Assessment.

The Unit is now in its second year of operation. During the year Dr. B. Buckley replaced Dr. J. McCormack who resigned from the staff. Both Dr. Buckley and Nurse Chesterton, who took over the audiometry from the Speech Therapists, attended a course of instruction at Manchester University, as preparation before taking up their duties.

The function of the Unit is the ascertainment of deaf and partially deaf pupils, their periodical review and the supervision of hearing aids.

Children suspected of being deaf are referred from schools, School Medical Officers, and occasionally from the E.N.T. Units of hospitals.

Attendances during the year were:—

New cases .....	92
Old cases .....	131

From the Unit children were passed to:—

Hospital .....	54
General Practitioner.....	14
Back to Parent Clinic .....	63
To Speech Therapist .....	10

Children were sent to hospital for the following reasons:—

- (i) Further major treatment.
- (ii) Provision of a hearing aid.
- (iii) Otologist report in cases classified as deaf.

Investigations included:—

Pure-tone audiometer tests .....	111
Performance tests of intelligence .....	7

Handicapped pupils were reported to Committee as follows:—

Ascertained .....	21
Reviewed .....	15

### Hearing Aids.

Nurse Chesterton is responsible for checking each child at least once a year and reporting to the Unit on her findings. This involves much work outside the Unit.

Aids were followed up as follows:—

Number of children known to have had hearing aids issued .....	37
Number followed up in school or at home .....	26
Number followed up at Hearing Assessment Clinic...	11

The number of aids not properly used was 11 and appropriate action was taken in each case.

### Asthma.

During the Autumn Term attention was given to children suffering from Asthma at Pendower Hall. It is hoped that this will form part of a wider scheme, which will include all chest cases and establish a closer link between the medical and physiotherapy staff.

To date only children at Pendower Hall have been attended to. Numbers of known asthmatics under treatment at Pendower and elsewhere are as follows:—

Pendower Hall .....	23
Residential special schools .....	3
Ordinary schools .....	2



The purpose of the scheme is to direct the education, home management and physiotherapy of these children. With this aim in view the Unit works in close contact with hospitals, but does not concern itself with medical treatment apart from physiotherapy, which may be regarded as remedial physical education.

The work already done is as follows:—

Number of cases examined .....	24
Number discharged .....	1
Number referred to hospital:—	
(i) For x-ray .....	18
(ii) For other investigations .....	1

## PRE-SCHOOL CHILDREN.

There are three nursery schools and classes in the City, namely, Ashfield Nursery School with accommodation for 90 pupils, Delaval Road Nursery Class with accommodation for 30 children, both provided by the Education Committee, in the west of the City; Welbeck Road Nursery School, an independent school, mainly for 24 children in the East.

The medical arrangements consist of:—

- (i) Periodic inspections.
- (ii) Head and hygiene inspections.

Details of the periodic inspections were as follows:—

Number of children examined .....	132
Number with satisfactory physical condition.....	131
Number found free from any physical defect.....	38

Number of defects found were:—

(i) Requiring observation .....	70
(ii) Requiring treatment .....	8
(iii) Referred for another opinion .....	15

The nature of the defects were as follows:—

**DEFECTS FOUND AT ROUTINE INSPECTIONS:  
REQUIRING—**

Defect.	Treatment.	Observation.	Reference to Consultant.
Skin Disease .....	1	3	—
Defective Vision .....	2	—	—
Squint .....	3	—	—
Other Eye Defects .....	—	1	3
Hearing .....	—	2	—
Otitis Media .....	1	3	1
Other Ear Defects .....	—	—	1
Nose and Throat .....	—	10	1
Speech .....	—	4	1
Heart .....	—	—	—
Lungs .....	1	2	—
Orthopaedic .....	—	32	8
Delayed Mental Development	—	2	—

## **REPORT OF THE SCHOOL DENTAL OFFICER.**

### **Dental Surveillance and Treatment.**

In consequence of the more liberal opportunity for dental treatment by practitioners outside the School Service, the A.B.C. scheme was introduced during the year, by which parents are required to signify their acceptance of dental facilities provided by the Education Authority for the duration of their school life. Such facilities will be restricted to those who have responded. About one-third of parents ask for coverage, and it is thus possible to examine each child every six months.

Recruitment of full time officers remains difficult, and part time staff continue to be used to bring the establishment up to strength.

Four dental air rotors have been ordered during the year.

One session per week is reserved for inspection in schools, the balance of a Dental Officer's time being spent in school clinics giving treatment. This treatment consists mainly in conservation of permanent teeth, although attention is given to primary teeth in suitable cases. Extraction work is generally carried out under general anaesthesia. Reference will be found in the statistics given below to artificial dentures and orthodontic work.



Close liason with the Sutherland Dental Hospital has been maintained to facilitate hospital treatment for those children in need.

TABLE 8.

## DENTAL INSPECTION AND TREATMENT.

1. Number of pupils inspected by the Authority's dental officers:—		
(a) At periodic inspections .....	37,059	39,494
(b) As specials .....	2,435	
2. Number found to require treatment.....		20,401
3. Number offered treatment .....		6,965
4. Number actually treated .....		5,948
5. Number of attendances made for treatment including orthodontic		19,650
6. Half days devoted to:—		
(a) Periodic (school) inspection .....	246	3,207
(b) Treatment.....	2,961	
7. Fillings.		
(a) Permanent teeth .....	10,291	11,409
(b) Temporary teeth .....	1,118	
8. Number of teeth filled:—		
(a) Permanent teeth .....	8,746	9,893
(b) Temporary teeth .....	1,147	
9. Extractions.		
(a) Permanent teeth .....	3,388	9,099
(b) Temporary teeth .....	5,711	
10. Administration of general anaesthetic for extraction.....		3,479
11. Orthodontics.		
(a) Cases commenced during year .....		81
(b) Cases brought forward from previous year .....		66
(c) Cases completed during year .....		45
(d) Cases discontinued during year .....		9
(e) Pupils treated with appliances .....		68
(f) Removable appliances fitted .....		163
(g) Fixed appliances fitted .....		0
Total attendances .....		1,062
12. Number of pupils supplied with artificial teeth.....		92
13. Other operations:—		
(a) Permanent teeth .....	3,917	4,605
(b) Temporary Teeth .....	688	

## HANDICAPPED PUPILS.

Arrangements for the ascertainment and supervision of Handicapped Pupils have been similar to those in previous years. The complement of four Medical Officers recognised by the Ministry for the ascertainment of Handicapped Pupils has been retained by the training of Dr. J. H. Hindmarsh in place of Dr. J. McCormack, who resigned in April. Dr. I. Robinson continued to work three sessions per week, and is largely employed in connection with Handicapped Pupils.

### Ascertainment.

Pupils were examined and classified as follows:—

Category.	Number of Children.	
	Examined.	Classified.
Blind .....	3	3
Partially Sighted .....	11	3
Deaf .....	6	6
Partially Deaf .....	20	6
Educationally Subnormal .....	218	71
Epileptic .....	5	5
Maladjusted .....	24	23
Physically Handicapped .....	16	16
Delicate .....	37	36

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

Number of children to be admitted to:—

Day special schools .....	144
Residential special schools .....	30
Number of children to be educated in ordinary schools	171

Number to receive:—

Home teaching .....	6
Play therapy .....	1



## Placement.

Pupils were placed in special schools as follows:—

Category.	Number of Pupils placed in Special Schools.	
	Day.	Residential.
Blind .....	—	1
Partially Sighted .....	1	1
Deaf .....	7	—
Partially Deaf .....	1	—
Educationally Subnormal .....	42	8
Epileptic .....	2	2
Maladjusted .....	6	9
Physically Handicapped .....	14	3
Delicate .....	38	1

## Review of Pupils.

Pupils who have been ascertained, or in whose case decision has been deferred, were reviewed under arrangements similar to those of previous years.

The number of pupils reviewed were as follows:—

Category.	Number Reviewed.
Blind .....	3
Partially Sighted .....	7
Deaf .....	6
Partially Deaf .....	22
Educationally Subnormal .....	261
Epileptic .....	20
Maladjusted .....	34
Physically Handicapped .....	172
Delicate .....	227

## Final Examinations.

During the year the Mental Health Act reached the Statute Book. Within the covers of the Act, Section 57 appears re-written and incorporating Section 8 of the Education Act, 1948, which latter has been considerably extended in its effect.

Children were examined prior to leaving school and the following recommendations were made:—

Category.	Left on reaching school leaving age.	Reported to L.H.A. for supervision.	Excluded from school.	Removed from register.
Blind .....	—	—	—	1
Partially Sighted .....	—	—	—	—
Deaf .....	—	—	—	—
Partially Deaf .....	—	—	—	—
Educationally Sub-normal ...	36	26	5	1
Epileptic .....	—	2	—	—
Maladjusted .....	2	1	1	3
Physically Handicapped .....	7	—	2	3
Delicate .....	4	—	—	1

In addition, 10 pupils removed from the City and financial responsibility was transferred to the appropriate authority.

## Home Teaching.

Number recommended for home teaching.....	6
Number discontinued .....	8
Number receiving home teaching at end of year.....	11

## SPEECH THERAPY.

### 1. Staff.

Miss J. M. Gates left in March, after two years with this Authority, to take a post in the South of England. A new single-handed Speech Therapist, Miss J. Douglas, was appointed in September, having just qualified at a London Training School. Therefore, only one full-time therapist was treating Newcastle school children, for a period of five months. This was most unsatisfactory and resulted in patients having to wait from six to eight months to be admitted for treatment. The speech therapy clerk left in April and another was not appointed until August. This added to the difficulty of running the clinic for several months single handed.



## 2. Statistics.

Children were treated for the following:—

Stammer.....	71
Dyslalia .....	177
Retarded Speech and Language .....	28
Dysarthria .....	17
Cleft Palate Speech .....	6
Other Defects .....	40
Total .....	<hr/> 339 <hr/>

## INFECTIOUS DISEASE.

During the year preventative inoculations have been given as follows:—

### (i) Poliomyelitis.

During the year adequate quantities of British Vaccine became available for the first time since the introduction of the campaign. The closing months of 1958 saw a final registration for vaccination which was open to all pupils who had not previously had complete vaccination. These were inoculated during the early months of 1959. The mopping up of outstanding pupils is still in progress, but demands are steadily declining. One afternoon per week is reserved in each School Clinic for this purpose. At these 'Open' sessions parents attend without appointment and vaccination is commenced without formality.

Children who have been protected during the year are as follows:—

Number of children who received:—

Initial Inoculation .....	9,600
Second Inoculation .....	8,987
Third (Booster) Inoculation .....	14,892

### (ii) Diphtheria.

The number of pupils and pre school children immunised were as follows:—

Primary Immunisation.....	85
Booster Doses—	
3—5 years .....	19
6—10 years .....	308
11—15 years .....	113

**(iii) Tuberculosis.**

(i) Routine Tuberculin Testing of pupils at 5 and 10 years has continued as in the two previous years. The numbers of children tested in 1959 were as follows:—

**TUBERCULIN TESTING—1959.**

	Age Groups.		
	1st	2nd	3rd
Number of parents to whom circulars were sent .....	4,160	4,075	—
Number of children for whom consents were received .....	3,498	3,436	—
Number of children tested and read.....	3,211	3,096	1,915
Number of children found to be positive	311	342	1,874

In the third age group testing formed a final check in connection with B.C.G. Vaccination for which consent has previously been given.

(ii) The investigation of Contacts of known cases of 'Open' Tuberculosis was conducted in the following schools:—

School.	No. Consents Received.	No. Children Tested.	No. found Positive.	No. Referred for X-ray.
Church High .....	—	—	—	101*
Wingrove Primary .....	83	83	9	4
St. Vincent's R.C. Primary ...	40	39	1	—

No case of active tuberculosis was brought to light.

\*These were follow up X-rays from an investigation included in my Report for 1958.

**(iii) B.C.G. Vaccination.**

Pupils continue to receive B.C.G. vaccination in their thirteenth year. Those protected in 1959 were as follows:—

Number attending—

Maintained Schools .....	2,379
Independent Schools .....	302
Colleges of Further Education .....	28



Ministry of Education Circular 7/59 recommends that B.C.G. vaccination be offered to full-time students attending Colleges of Further Education. Arrangements were put in hand for this to be done during 1960, the small number of students dealt with before the end of the year marks the beginning of the campaign.

ANNUAL REPORT OF THE  
CHIEF PUBLIC HEALTH INSPECTOR  
FOR THE YEAR 1959.

CHIEF PUBLIC HEALTH INSPECTOR  
L. MARK WEAVER, F.A.C.P.H.

State of Ohio, Department of Health

---

---

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

---

---





# ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1959.

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.
Factories, etc. Section...	{ East ... Central ... West ...	C. SANDILANDS, M.R.S.H., M.A.P.H.I. L. SMALLEY, M.A.P.H.I. J. R. SHIPLEY.
District Inspection Section ... ..	{ East ... Central ... West ...	O. BURNS, M.A.P.H.I. W. G. INGLEDEW, M.A.P.H.I. M. G. WINTRINGHAM, D.P.A.
Inspectors	... ..	20 (Nine vacancies, six of which are filled temporarily by unqualified Assistant Inspectors).
Pupil Public Health Inspectors	...	4.
Clerks	... ..	1 Senior Clerk. 8 Clerks (1 Vacancy).



The beginning of a new decade may be deemed to be a suitable vantage point from which to survey the progress in environmental hygiene achieved in our City during the past ten years. Only by comparison between that which was then, and that which is now, can achievement be measured.

In 1950, active slum clearance was merely a memory of the prewar era. The magnitude of the task of dealing with unfit houses was forbidding, and complaints from tenants in slum areas had reached unmanageable proportions. Atmospheric pollution abatement was the subject of much discussion but little action. Food hygiene was a matter of abstract theory rather than one of practical application. About 90% of complaints of insect infestation related to bugs and fleas, a type of vermin associated with conditions of neglect, squalor and structural dilapidation.

At the close of 1959, the back of the slum clearance problem has been broken so far as the Health Committee is concerned and a clearly defined, chronological programme of rehousing is in operation. The number of complaints of nuisances, mainly in respect of insanitary living conditions has been halved. The Health Committee has tackled the problem of atmospheric pollution with a vigour unequalled by any local authority in the Northeast and has already in operation the first stage of a smoke control area programme which covers more than 1,000 acres of the central area of the city. Nor is the outlook of the Committee limited to this modest beginning. The ultimate programme is phased to ensure that the whole of the 11,401 acres within the City boundaries will be the subject of smoke control orders before 1975.

Although there remain still many unsatisfactory features in relation to food hygiene, particularly in respect of outdoor food trading, the general standard in cafes and food shops has substantially improved during the past decade. Much of this welcome improvement can be ascribed to the advent of the Food Hygiene Regulations, 1955, but the perseverance of the District Inspectors, aided by the publicity arising from prepared talks to groups of food handlers and by exhibitions, has also contributed in no small degree.

During the ten year period in question, there has been little change in the total number of complaints of vermin infestation but in 1959 there had evolved a significant change in the type of vermin being dealt with. Instead of 90 per cent. of the complaints relating to bugs and fleas, the proportion had fallen to 14 per cent, by the end of



1959. As bugs and fleas are normally associated with the squalor and structural dilapidation of unfit dwellings, the reduction in this kind of infestation is an indication of the progress in slum clearance.

Whatever satisfaction may be felt as a result of the marked progress achieved during the period 1950-1959 it is, however, very quickly dispelled when the overall position in relation to environmental hygiene is examined more closely. The demolition and clearance of unfit houses in areas proceeds smoothly, but what effective steps are being taken in slum prevention by repairing unfit houses? What can be done effectively to secure a real and lasting improvement in unfit tenemented dwellings? Will the 'barrow boy' problem ultimately yield to persistence and persuasion? How far will the Committee's smoke control area programme be nullified by the indifference of adjoining authorities?

These and other aspects of environmental health are commented on elsewhere in this report in the appropriate section, but whatever action is taken to tackle these outstanding matters, the fundamental difficulty is still a shortage of qualified and experienced staff. At the close of 1958 I stated that the staffing position could be regarded with cautious satisfaction. At the end of 1959 such caution was found to have been justified. Whereas at the beginning of 1959 the Department was short of four qualified inspectors, this shortage had increased to nine when December arrived. The position was, however, relieved by the work of six unqualified assistants and the four pupils who also rendered very useful service. Such improvisations must, however, be regarded merely as a temporary expedient and until an adequate and experienced staff is available the public health inspection service will never function at full efficiency.

## **HOUSING ACT, 1957.**

### **Slum Clearance.**

The difficulties of administration caused by the physical separation of the Housing (Slum Clearance) Section in New Bridge Street from the Town Hall continued to be as irksome as in former years but, nevertheless, the volume of work proceeded at a satisfactory level, despite major staff changes during the early months of the year.

A total of 486 unfit houses were represented to the Health Committee, being 5.65% above the annual target figure. During the six



years from the beginning of the ten year programme a total of 3,143 houses have been represented and at December, 1959 the Committee was more than 13% ahead of the scheduled programme—a fall of 2% compared with the position at the end of the previous year but still, nevertheless, very satisfactory. The number of families rehoused from such clearance areas fell from 855 in 1958 to 818 in 1959 and the number of such houses demolished or closed also fell from 420 to 330 during the same period.

Concern is still felt over the deplorable condition of the houses in certain represented areas which for one reason or other still remain occupied. This very unsatisfactory situation was particularly evident in the Railway Street, Elswick East Terrace, Melbourne Street and Mitchell Street areas and it is hoped that 1960 will bring a speed-up in the making and confirmation of the required Orders.

During the year the work of inspection and recording was carried out in the areas comprised in the Bell Street; Leazes; Stone Row; Ridley Terrace; Morpeth Street; Bell Terrace; Brunel Terrace; Rye Hill and Thornborough Street districts, and all areas formed the subject of official representations with the exception of Thornborough Street on which work was in progress at the end of the year.

The number of houses dealt with individually increased to 52 as compared with 29 during 1958, and of these 52 dwellings 16 were Corporation properties and 8 were basement dwellings.

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—

Bell Street Nos. 1 and 2	...	...	...	...	98	193
Leazes Nos. 1 to 4	...	...	...	...	89	140
Stone Row	...	...	...	...	15	16
Ridley Terrace	...	...	...	...	43	79
Morpeth Street	...	...	...	...	25	82
Bell Terrace Nos. 1 to 8	...	...	...	...	36	67
Scotswood Road (Rye Hill) Nos. 1 to 4	...	...	...	...	103	218
Scotswood Road (Brunel Terrace)	...	...	...	...	26	42

(b) Individual Unfit Houses

Totals	...	...	...	...	52	138
					<hr/> 487	<hr/> 975



<i>Orders Made—</i>							Houses.	Families.
(a) Scotswood Road (Sycamore Street) C.P.O.—								
	Pinks	...	...	...	...	...	243	446
	Greys	...	...	...	...	...	165	216
(b) Elswick Road (Elm Street) C.P.O.—								
	Pinks	...	...	...	...	...	58	174
	Greys	...	...	...	...	...	14	27
(c) Denton Road (Ridley Terrace) C.P.O.—								
	Pinks	...	...	...	...	...	43	79
	Greys	...	...	...	...	...	5	7
(d) Individual Unfit Houses—								
	(i) Demolition Orders	...	...	...	...	...	7	11
	(ii) Closing Orders (Part)	...	...	...	...	...	6	6
	(iii) Closing Orders (Whole)	...	...	...	...	...	14	59
Total							555	1,025
<i>Orders Confirmed by Minister—</i>								
(a) Shieldfield C.O. 1958							188	394
(b) Scotswood Road (Hawes Street) C.P.O.—								
	Pinks	...	...	...	...	...	188	416
	Greys	...	...	...	...	...	38	44
Total							414	854

Public Inquiries were held by the Minister of Housing and Local Government in respect of the Shieldfield C.O., the Scotswood Road (Hawes Street) C.P.O. and the Scotswood Road (Sycamore Street) C.P.O. The Shieldfield and Hawes Street Orders were subsequently confirmed with minor modifications and confirmation of the Sycamore Street Order was awaited at the end of the year. The Elm Street C.P.O. was submitted to the Minister in December and the Public Inquiry will, no doubt, be held early in 1960.

### **Housing Subsidies Act, 1956.**

Because clearance, demolition or Closing Orders cannot be made in respect of unfit houses belonging to the Corporation, advantage was taken of the provisions of the above Act to enable the subsidy for rehousing to be obtained in respect of families rehoused from such unfit houses. In all 48 certificates of unfitness relating to 65 houses were issued to the Housing Manager.

The subsidy in respect of similar unfit houses in the ownership of persons other than the Corporation can also be obtained on an undertaking in writing being obtained from the owner that the house will be demolished or closed in the event of the occupants being rehoused by the Corporation. During the year 127 such undertakings in respect of 139 houses housing 257 families were obtained, all of



which houses except four were in clearance areas or proposed clearance areas.

Some grossly unfit houses in various clearance areas were dealt with in this way, much to the relief and gratification of the rehoused families, but such a procedure is very time-consuming so far as staff is concerned and in any event such a method is only an expedient. The making of appropriate clearance or compulsory purchase orders is the only satisfactory, and indeed, the only constitutional procedure.

### **Condemned Houses—Rehousing.**

A total of 818 families were rehoused during the year, as scheduled below:—

	<i>Families.</i>
Pre-War Clearance Areas ... ..	4
Pre-War Individual Unfit Houses ... ..	2
Post-War Clearance Areas ... ..	673
Post-War Individual Unfit Houses ... ..	39
Undertakings ... ..	7
Individual Unfit Corporation Properties ... ..	93
Total ... ..	<hr/> 818 <hr/>

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

### **Condemned Houses—Demolitions and Closures.**

A total of 330 houses were demolished or closed during the year, as scheduled below:—

	<i>Houses.</i>
Pre-War Clearance Areas ... ..	10
Pre War Individual Unfit Houses ... ..	1
Post-War Clearance Areas ... ..	270
Post-War Individual Unfit Houses ... ..	25
Undertakings (not included in areas) ... ..	4
Individual Unfit Corporation Properties ... ..	20
Total ... ..	<hr/> 330 <hr/>

### **Houses let-in-lodgings.**

During 1959 the survey of houses let-in-lodgings continued and a total of 39 houses were covered. The difficulty of achieving results in this type of work inherent in both the legal powers available, and in the circumstances conditioned by the acute housing shortage in



the city, became very manifest. Eighteen of the houses were found to be in such a bad condition that repair at a reasonable cost was not possible, and closing or demolition orders had to be made or are pending. Three houses were also in scheduled clearance areas, and no further action was taken. Eleven houses were dealt with by means of notices under the Public Health Act while in respect of one of these a closing order is pending on two basement holdings. In regard to a further 4, no action was necessary. In one house it was found that basement rooms already subject to a closing order were again being used for human habitation, and legal proceedings were successfully taken against the owners.

It will be noted that no notices have been served during the year under Sections 36 (provision of amenities) or 90 (overcrowding) of the Housing Act, 1957. It has been thought wise to avoid the use of these provisions until some consideration can be given by the Housing Management Committee to the needs of tenants who are liable to be evicted as a consequence of the serving of notices under these Sections. Many houses of this class have recently been bought by coloured landlords, who, it is thought, would be likely to use the opportunity given to them by the serving of notices under these last-named sections to secure the eviction of tenants. The lack of emergency accommodation for such displaced tenants has also been a factor in hindering the work of the Department. During the hearing of an appeal at the County Court by an owner against a closing order on one of the properties mentioned in last year's report, the judge upheld the Council's decision but he also made it clear that if a local authority served notices which resulted in the eviction of tenants, he regarded them as responsible, and presumably able, to care for the displaced families.

It is hoped that when the Council are in a position to consider applications for houses from overcrowded or evicted tenants, more work might be achieved under the special provisions of the Housing Act relating to houses let-in-lodgings.

It is becoming increasingly obvious that the aims of Sections 36 and 90 of the Housing Act 1957, which provisions are designed to raise living standards and abate overcrowding, are not being fulfilled, and until the present law is changed, will never be fulfilled. As long as an owner of a house can elect to evict the tenants as an alternative to executing work, the house let-in-lodgings problem will remain. There are many such houses in the City housing tenants



who would not welcome the intervention of the Public Health Inspector whose sole aim is to improve housing conditions. To such tenants the appearance of the Health Inspector carries with it the underlying fear of eviction by the landlord if any notice is subsequently served. In many such homes, rents charged are excessive, no rentbooks are provided, no receipts are given for rents received and with the thinly veiled threat of eviction in the background, tenants are forced to accept such conditions.

At the end of this year there remained some 685 known houses let-in-lodgings in the City and a total of 288 inspections were carried out as compared with 369 during 1958.

### **Rent Act 1957.**

Because full information in respect of property repair does not reach the Department it is difficult accurately to assess the effect that the Rent Act is having upon the good maintenance of property. There has, however, been a considerable falling off in the volume of work. The total number of applications of all kinds, i.e. Certificates of Disrepair, Certificates of Cancellation and Certificates as to the Remedying of Defects numbered 153 as compared with 671 in 1958.

It is not easy to account for this falling off. It could be that slum clearance is having its effect; it could be that occupiers of dwelling-houses have accepted rent increases without any regard to their rights under the Rent Act in respect of repairs; or it could be that occupiers have realised the limitations of the Act in enforcing the repair of the houses in which they live. It may be even that landlords are no longer seeking the increases of rents such as would enable them to maintain their property in a good state of repair. Whatever the reason it seems remarkable that out of 935 Certificates of Disrepair issued since 1954, 482 still remain in force. Another matter which is perhaps somewhat strange is in connection with the issue of Certificates as to the Remedying of Defects. The Act provides that when a landlord has given an undertaking to remedy defects of repair, either before or after the tenant has applied to the Local Authority for a Certificate of Disrepair the tenant or the landlord can apply for a Certificate and the Local Authority shall certify whether any, and if so, which, of the defects to which the undertaking relates remain unremedied. The Certificate is intended to serve as *prima facie* evidence in any proceedings that may be



instituted. Two hundred such applications have been made, 59 of which have been from landlords and 141 from tenants. Do these figures mean that some tenants, even after the landlord has fulfilled his undertaking, are refusing to pay the increase of rent, and the landlord, armed with the Certificate of the Local Authority, has had to pursue the matter in the County Court? If this be so, how many other cases of failure to pay increase of rent have occurred about which we know nothing, as would happen in the case of Form H undertakings? Similarly, how many landlords gave the tenant an undertaking such as would enable him forthwith to collect the increase of rent without any intention of remedying the defects of repair? The Rent Act is essentially a Landlord and Tenant Act and as such it places certain responsibilities upon both parties in the matter of seeking and revoking Certificates of Disrepair. If they are reluctant to shoulder those responsibilities there is little that can be done to help them.

Meanwhile, in an office already grossly overcrowded, there is a large amount of shelf space which could be better utilised than by being cluttered up with hundreds of Rent Act forms, many of which appear to be, in effect, "dead".

The information below is submitted as a statistical record of the work carried out by the Department under the Rent Act, but a mere numerical record cannot convey the immense number of man-hours spent by the District Inspectors in visiting and inspecting in connection with these applications.

*Certificates of Disrepair.*

*During 1959.*

Number of applications for Certificates...	...	86
Certificates refused ... ..	...	5
Applications withdrawn ... ..	...	2
Undertakings received (Form K) ...	...	46
Certificates of Disrepair issued ...	...	33

*Cancellation of Certificates of Disrepair.*

*During 1959*  
*1954 Act*      *1957 Act*  
*Certificates.*      *Certificates.*      *Total.*

Number of Applications for revocation or cancellation of certificates of disrepair .....	16	38	54
Certificates revoked or cancelled .....	14	28	42
Cancellations refused .....	—	8	8
Decisions pending .....	2	2	4
Certificates remaining in force .....	197	285	482



*Certificates as to the Remedying  
of Defects.*

*During 1959.*

										Total.
Number of applications from landlords .....									3	13
Number of applications from tenants .....									10	
Number of applications in respect of Form H Undertakings...									11	13
Number of applications in respect of Form K Undertakings...									2	
Defects remedied Form H Undertakings—										
All ... ..									3	11
Some ... ..									6	
None ... ..									2	
Defects remedied Form K Undertakings—										
All ... ..									2	2
Some ... ..									—	
None ... ..									—	

## PUBLIC HEALTH ACT, 1936.

### Nuisances.

Although it was hoped that the gathering momentum of slum clearance would have caused a reduction in the number of complaints received in the Department relating to general housing defects, the number rose from 4,001 in 1958 to 4,361 during the year under consideration. This increased figure is still, nevertheless, about half of the annual figure for the first half of the past decade, and the present slight increase may well be caused by the decrease in the use, by owners and tenants, of the provisions of the Rent Act, 1957.

Many of the complaints received related to serious defects in grossly unfit houses in confirmed clearance areas and in represented clearance areas where the slow protracted procedure of making Orders and subsequently securing the actual rehousing of long suffering tenants is most frustrating. To incur heavy expenditure in carrying out major roof repairs or remedying extensive dampness is clearly not justified and the unfortunate occupants of such unsanitary and worn-out dwellings are forced to endure such deplorable conditions with as much patience as can be mustered until the areas can be dealt with as a whole.

During the year 2,716 informal and 876 statutory notices were served requiring the abatement of nuisances. A total of 25 final warning letters were sent to owners in respect of which the work was completed in 18 cases before legal proceedings were instituted. In



two cases the work was completed after informations had been laid and before the date of the court hearing; in another case a summons was served and the hearing will be held early in 1960; in another case the work was done in default by the Committee, and the 3 remaining cases were pending at the end of the year.

Persistent complaints were received during the year of odour nuisances emanating from a factory near the north western boundary of the city and whilst, on occasion, there was some foundation for the concern felt by the residents in the area, it was clear that everything possible was being done to reduce the odour to a minimum. It is inevitable, but regrettable, that such matters are bound to arise where a residential area is contiguous to an industrial zone and it is fortunate that the ready co-operation of the management of the factory in question has been extended.

Under the provisions of the Newcastle upon Tyne Corporation (General Powers) Act 1935, 366 notices were served in respect of defective drains, waste pipes and water closets and in 70 instances the work required was carried out by the City Engineer's staff at a total recoverable cost of £102 1s. 4d.

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

Minor changes in the uses of various premises used for public entertainment took place during the year and the premises in respect of which Certificates of Sanitation were in force comprised 5 theatres, 29 cinemas, and 138 dance halls, concert halls, billiard rooms and cafes.

During the year 107 inspections of such premises were made as compared with 311 in 1958. Conditions in respect of ventilation, heating, lighting, cleanliness and sanitary accommodation were generally satisfactory and any deficiencies or contraventions found in these respects were promptly given attention after a verbal notice.

### **Licensed Premises.**

The survey of licensed premises which began in 1958 continued into the following year and altogether 405 public houses, clubs and off-licenses have been inspected in detail. In 1959, 475 visits of inspection were made and it is gratifying to record a marked improvement in the general standard of hygiene now prevailing in such premises.



The managements of the two clubs in respect of which special mention was made in my last report have satisfactorily completed the reconditioning and provision of sanitary accommodation, washing facilities, lighting and ventilation in addition to major structural repairs to the premises.

Extensions and alterations are contemplated in connection with a number of licensed houses and arrangements are being made to include, in most instances, further provision for modernised sanitary accommodation and other amenities.

### **Offensive Trades.**

Although there were some changes of premises used for offensive trade purposes caused mainly by the closing down of the East End Abattoirs in Union Road, the overall total of such premises remained the same. One gut scraper and one tripe boiler removed from the East End Abattoir to new premises in the Close and in Pottery Lane, respectively. All premises were regularly inspected and were maintained in a generally satisfactory condition.

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

Most of the problems relating to caravans etc. occurred, as is usual, during the annual three weeks residence on the Town Moor of the showmen attached to the Temperance Festival.

There was a total of 503 caravans and 8 marquee tents accommodating in all 492 families comprising 1,668 persons, being an increase in population of 159 persons as compared with the previous year.

It was interesting to note that all but 90 of the caravans were provided with private closet accommodation although many of the occupants preferred to use the accommodation provided by the Corporation. This temporary accommodation was of excellent design and construction and the supervision and maintenance were very satisfactory indeed.

From time to time throughout 1959, as in former years, certain difficulties arose from caravan dwellers illegally using their vehicles on vacant land within the City.

Serious warnings invariably had the desired effect but some resistance was offered in one case by the owner of land abutting the northern boundary of the City which he was using as a caravan site,



This land was let at a weekly rental to the owners of the vans but no adequate provision was made in respect of water supply, drainage of the site or approaches or the disposal of the contents of closets, and in December the Health Committee was obliged to order legal proceedings to be taken against the owner of the land. This case was still pending at the end of the year.

### **Common Lodging Houses.**

The one common lodging house remaining in the City at the beginning of the year finally closed its doors in March. The Committee had refused to renew the registration for this house because of extensive disrepair and sanitary defects as well as the serious hazard caused by the dilapidated condition of the fire escape.

That there is a need for this type of accommodation for the poorer persons in the City is beyond question and it may well be that some form of municipal lodging house or hostel will one day solve this social problem. In the meantime, the Salvation Army Men's Hostel provides excellent but limited accommodation of this kind, and similar but rather more austere shelter is available at the Prudhoe Street Mission.

In this latter establishment, which is conducted wholly on a charitable basis, some 40 men regularly occupy the floor of one large room for sleeping purposes, a state of affairs, which, from a hygiene point of view, must be regarded as very unsatisfactory.

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

The useful arrangement whereby plans are forwarded by the City Engineer's Department for examination before submission to the Town Improvement and Streets Committee continued effectively throughout the year. A total of 140 plans were examined and recommendations for improvements were made in relation to food hygiene, clean air, factory requirements and other matters administered by the Health Department.

### **Disinfestation (Slum Clearance).**

During the year 861 tenants were notified to the Health Department by the Housing Manager for disinfestation of their household effects prior to rehousing. This figure was a substantial increase on 1958 when 563 rehousings were notified. Concentration at the



beginning of the year was upon the Shieldfield area and during the latter months upon the Scotswood Road area. The usual method of treatment was carried out viz; the spraying of all furniture with a residual insecticide and steam disinfestation of bedding. The contents of 2,162 rooms were treated and approximately 1,000 articles of bedding removed for steam disinfestation prior to delivery to the new address. Many of the houses were poorly equipped with furniture and it is to be hoped that rehousing will not result in an influx of second-hand furniture or bedding into new dwellings, thereby increasing the risk of vermin infestation. During the last quarter of the year opportunity was taken to carry out a re-examination of furniture and bedding possessed by tenants rehoused at the beginning of the year. Deposits of residual insecticide were still visible upon the furniture and in no case was evidence of the presence of vermin found. The increase in the number of rehousings notified for treatment has given rise to certain problems in relation to general disinfestation. It has become almost impossible to arrange such work in advance as frequently the arrangement has to be postponed at the last moment owing to a number of the tenants who have been allocated houses, selecting a particular day for removal. These upsets entail additional visits and also some degree of disappointment to the householder concerned who invariably has had to incur some disruption of domestic arrangements in order to facilitate disinfestation.

### **Disinfestation (General).**

During the year 206 calls were made upon the services of the department by householders and business firms seeking assistance in the eradication of insect pests. The Home Help service also frequently required assistance in the cleansing of verminous conditions found in the houses of aged or incapacitated persons. The prolonged dry summer was responsible for a number of unusual insect nuisances, among these being severe indoor infestations of swarming house flies (*Thaumatomyia*). These tiny flies, which breed among vegetation out of doors, occasionally hibernate indoors in immense numbers and are peculiar for the habit of selecting one particular room in a building for their undivided attention. Aerosols combined with a residual insecticidal spray successfully controlled the invasions. An exceptional large number of requests were received for the destruction of wasps' nests built in close proximity to houses, the wasps causing alarm by their penetration



indoors. All nests were successfully destroyed albeit not without some discomfort to members of the staff who, during the operations, were severely stung upon a number of occasions. Other insect nuisances dealt with included, cockroaches (*oriental and germanica*), lice, bed bugs, fleas, spider beetles, paper mites, clover mites, house flies and blow flies. In addition to premises treated and already enumerated under Slum Clearance disinfection, a further 433 rooms were disinfested, 98 under-floor smoke fumigations carried out, and in all a total of 1,775 visits were made. Concomitant duties in regard to the investigation of notifiable infectious diseases were responsible for a further 2,135 visits. Details and statistical tables appear elsewhere in this Report.

## Workplaces.

"Workplaces," an expression which excludes factories but includes all places where persons are employed otherwise than in domestic service, were visited from time to time throughout the year in the course of which 755 inspections were made as compared with 981 in 1958.

Conditions generally were found to be satisfactory but in the case of many offices which satisfied the requirements of present legislation, it is becoming apparent that clearly defined standards in respect of lighting, overcrowding and sanitary accommodation are desirable. It is hoped that the Offices Regulations Bill will remedy these deficiencies.

Details of defects found are as follows:—

Want of cleanliness .....	2
Overcrowding .....	1
Inadequate ventilation .....	1
Defective or unsuitable sanitary accommodation .....	2
	<hr/>
	6
	<hr/>

## Water Supply.

Although the summer of 1959 was, perhaps, one of the driest on record, it is a matter of congratulation that never, at any time, was there any risk of shortage of water supplied to premises within the City by the Newcastle and Gateshead Water Company.

This water supply continued to be satisfactory in quality and quantity and was not liable to have plumbo-solvent action. Samples were taken each week from the mains sampling points in the City and



from domestic premises at random, and were submitted for bacteriological examinations. A total of 318 such samples were taken and of these, 5 were reported to be unsatisfactory. It should be noted, however, that these samples are examined in accordance with the standards laid down in the Government Report No. 71, relating to the bacteriological examination of water supplies, and these standards apply to water in the mains and not as discharged at the consumer's tap. Most unsatisfactory samples are, however, taken from domestic taps and, in almost all cases, any contamination which is found arises from within the tap. After suitable sterilisation of the tap, subsequent samples were obtained and these were reported by the Bacteriologist to be in Class I.

#### BACTERIOLOGICAL EXAMINATION OF WATER.

	Number Taken.	Class 1. Highly Satisfactory.	Class 2. Satisfactory.	Class 3. Suspicious.	Class 4. Unsatisfactory.
Waterworks .....	161	152	5	2	2
Domestic Taps ...	157	147	6	1	3
Total .....	318	299	11	3	5

#### Chemical Analysis.

The practice of taking 4 samples each month from domestic water supplies for chemical analysis continued throughout the year and in every case the Public Analyst stated that these samples were of satisfactory organic purity, had been adequately filtered, that the characteristics were good and that the water was suitable for a public supply.

#### Public Swimming Baths.

Within the City there are 12 public swimming baths and 3 swimming baths attached to and used exclusively by schools. These baths vary in capacity from 40,000 to 120,000 gallons and in all cases the water is supplied from the mains of the Newcastle and Gateshead Water Co., and is chlorinated by the "breakpoint" process. The chlorine residual in samples varied during the year between 0.4 p.p.m. and 2.0 p.p.m. and the pH value between 6.0 and 7.6 with an average of approximately 7.3, this figure being controlled by the introduction of sodium bicarbonate.

Bath water was changed on an average approximately every 5 hours or so with the exception of Benwell, where the type of filtration

plant limits the complete recirculation of water to once in every 18.75 hours, and in all cases alumina ferric was used to form floc over filtering surfaces.

A total of 35 visits was made to swimming baths for sampling purposes and the results of the examination of the 69 bacteriological samples taken are indicated below.

# BACTERIOLOGICAL EXAMINATION.

<i>Class 1.</i>	<i>Class 2.</i>	<i>Class 3.</i>	<i>Class 4.</i>	<i>Total.</i>
	1—2 b.coli.	3—10 b.coli.	10+ b.coli.	
66	1	—	2	69

# CHLORINE AND pH TESTS. pH VALUE.

Residual chlorine p.p.m.	6.0	6.4	6.6	7.0	7.2	7.4	7.6	Totals.
0.4				1				1
0.5						1	1	2
0.6								
0.7								
0.8					1	2		3
0.9								
1.0	1				2	1		4
1.1				1	1			2
1.2				3	1	2		6
1.3								
1.4							2	2
1.5								
1.6				2	1	2		5
1.7								
1.8			1	1	2	1		5
1.9								
2.0		1		1	2		1	5
Total .....	1	1	1	9	10	9	4	35

It is clear that throughout the year the standard of supervision in respect of the purity of water in swimming baths was excellent in every case.



SUMMARY OF VISITS CARRIED OUT BY PUBLIC HEALTH  
INSPECTORS FOR THE YEAR 1959.

Complaints received	...	...	...	...	4,268
Nuisances found on District	...	...	...	...	93
<i>Inspection of Dwelling Houses under Public Health Act and other Acts, Orders and Regulations—</i>					
1. Under Housing Acts—					
(a) On inspection of district and under any regulations made under Acts	...	...	...	...	102
(b) Individual Unfit Houses—					
(i) Repairable at reasonable cost	...	...	...	...	1
(ii) Not repairable at reasonable cost	...	...	...	...	34
(iii) Parts of buildings with view to closure	...	...	...	...	62
(c) Houses let in lodgings	...	...	...	...	288
(d) Clearance and redevelopment areas	...	...	...	...	5,425
(e) Overcrowding provisions	...	...	...	...	25
(f) Measurement for purpose of ascertaining "Permitted Numbers"	...	...	...	...	4
(g) Other visits and revisits	...	...	...	...	8,389
2. Under Rent Acts—					
(a) In connection with certificates of disrepair	...	...	...	...	118
(b) In connection with cancellation of certificates of disrepair	...	...	...	...	52
(c) In connection with issue of other certificates	...	...	...	...	11
(d) Other visits and revisits	...	...	...	...	99
3. Under Public Health Act and Water Act—					
(a) Sanitary conveniences	...	...	...	...	159
(b) Common courts, yards and passages	...	...	...	...	89
(c) Filthy and verminous premises	...	...	...	...	72
(d) In connection with provision of dustbins	...	...	...	...	361
(e) In connection with complaints of nuisance	...	...	...	...	3,383
(f) In connection with provision or reinstatement of water supplies	...	...	...	...	248
(g) Other visits and revisits	...	...	...	...	9,416
<i>Inspection of other premises under Public Health Act and other Acts, Orders and Regulations.</i>					
1. Under Public Health Acts—					
(a) Stables and other premises used for the keeping of animals	...	...	...	...	36
(b) Inns, public houses, refreshment houses	...	...	...	...	475
(c) Places of public entertainment	...	...	...	...	107
(d) Public Conveniences	...	...	...	...	377
(e) Offices	...	...	...	...	113
(f) Schools	...	...	...	...	29
(g) Shops (in connection with complaints of nuisance)	...	...	...	...	47
(h) Offensive trades—					
(i) Blood boiler and blood drier	...	...	...	...	—
(ii) Bone boiler	...	...	...	...	4
(iii) Fat extractor and fat melter	...	...	...	...	3
(iv) Fell monger	...	...	...	...	3
(v) Glue maker and size maker	...	...	...	...	1
(vi) Gut scraper	...	...	...	...	4
(vii) Rag and bone dealer	...	...	...	...	—
(viii) Soap boiler and tallow melter	...	...	...	...	—
(ix) Tripe boiler	...	...	...	...	5

(i)	Baths, washhouses and bathing places	...	...	...	31
(j)	Common lodging houses	...	...	...	5
(k)	Watercourses, ditches, ponds, etc.	...	...	...	38
(l)	Tents, vans, sheds	...	...	...	735
(m)	Other visits and revisits	...	...	...	842
2.	Under Food and Drugs Act and Regulations and Order made thereunder—				
(a)	Bakehouses (non-mechanical)	...	...	...	79
(b)	Butchers	...	...	...	653
(c)	Catering establishments	...	...	...	136
(d)	Confectioners	...	...	...	547
(e)	Dairies	...	...	...	42
(f)	Delicatessens	...	...	...	29
(g)	Fishmongers/Poulterers	...	...	...	184
(h)	Fried fish shops	...	...	...	93
(i)	General dealers	...	...	...	802
(j)	Grocers	...	...	...	413
(k)	Ice cream manufactories	...	...	...	40
(l)	Ice cream retail premises	...	...	...	847
(m)	Ice cream vehicles	...	...	...	128
(n)	Milk bars and milk retail premises	...	...	...	724
(o)	Mobile shops	...	...	...	28
(p)	Potted, pressed, pickled or preserved food premises	...	...	...	28
(q)	Sausage making premises	...	...	...	60
(r)	Street traders (other than ice cream)	...	...	...	1,231
(s)	Other visits and revisits	...	...	...	591
(t)	Greengrocers	...	...	...	436
3.	Under Clean Air Act and Regulations and Orders made thereunder—				
(a)	Smoke observations (half-hour)	...	...	...	349
(b)	Smoke observations (eight-hour)	...	...	...	—
(c)	Visits to boiler and other plant	...	...	...	206
(d)	In connection with smoke control areas	...	...	...	3,523
(e)	Smoke control area revisits	...	...	...	323
(f)	Smoke nuisances	...	...	...	45
(g)	Other visits and revisits	...	...	...	121
4.	Other miscellaneous Acts, Orders and Regulations—				
(a)	Burial Act, 1857 (Exhumations)	...	...	...	—
(b)	National Assistance Act, 1948, Sec. 47	...	...	...	4
(c)	Merchandise Marks Act	...	...	...	51
(d)	Newcastle upon Tyne Corporation Act, 1956 (Hairdressers)	...	...	...	249
(e)	Newcastle upon Tyne Corporation Act, 1926 (Tents, Vans, Sheds)	...	...	...	29
(f)	Newcastle upon Tyne Corporation (General Powers) Act, 1935	...	...	...	293
(g)	Pet Animals Act, 1951	...	...	...	29
(h)	Prevention of Damage by Pests Act, 1949	...	...	...	40
(i)	Shops Act, 1950	...	...	...	639
	Total	...	...	...	43,925



## ATMOSPHERIC POLLUTION.

### Measurement.

During the year the total calculated amount of atmospheric impurities which was deposited on the 17.81 square miles within the City boundaries was 2,992 tons, being a very welcome and substantial decrease of 656 tons below that of 1958. The most striking and perhaps rather significant reduction was found in the Denton Road gauge where the total deposited solids fell from 508 tons per square mile in 1958 to 232 tons in the year under review. There were, however, moderate increases in the deposits in the gauges at Benwell, Pendower School and Wingrove Hospital, but the total fall in the West End was less than in the previous year.

On every square mile of the City some 168 tons of solid impurities were deposited during 1959 as compared with 205 tons in 1958. It is possible that this improvement may in part be due to a reduction in the amount of "grey dust" deposited in the West End but this suggestion is not supported by the percentage of pulverised fuel ash particles extracted from the gauges situated in that area of the City. The West End pulverised fuel ash measurements produced consistently higher figures than elsewhere in the City and whereas in 1958 the proportions varied up to a maximum of 29%, the maximum figure for the current year fell only very slightly to 28%.

The measurement of the sulphur dioxide content of the atmosphere of our City showed a slight decrease to .085 p.p.m. daily mean concentration compared with 0.09 p.p.m. during the previous year.

The operation of the two volumetric filter gauges at the Wharncliffe Street Clinic and the Shields Road East End Clinic on behalf of the British Empire Campaign Cancer Research ceased in the early part of the year as the necessary data required for research purposes has been obtained.

### Clean Air Act, 1956.

Perhaps the most noteworthy single event in 1959 in the field of atmospheric pollution control was the bringing into operation by the City Council on the 1st April of the first Smoke Control Order to be made in the north-eastern counties.

Such a pioneering effort inevitably presented many new problems but experience of the procedure and the difficulties met with in



securing the required conversions and replacements of unsuitable fuel-burning appliances in the first area will prove invaluable in the years to come before the whole of our City becomes "smoke controlled." Undoubtedly the work of survey, inspection, approval of proposed works, the certification of completed works and the submission of claims for 70% grants is rather cumbersome and protracted but at the end of the year only very few outstanding claims were pending.

During the first few months of the operation of the Order a small number of contraventions were observed, perhaps most of which were due to occupiers of premises using up the remaining small stocks of raw coal left over from the previous winter. These cases were dealt with by friendly warnings and advice and the response was generally encouraging. Close watch, however, must in future be kept on certain exempted mechanically stoked boilers, one or two of which are not being operated and maintained so as to prevent, so far as is practicable, the emission of smoke into the atmosphere.

However encouraging the operation of Smoke Control Order No. 1 may be, it is merely the very small beginning of a major undertaking. In March the Health Committee approved a five year programme of smoke control areas to cover some 1,000 acres of the central area of the City. Before the completion of this programme plans will be in preparation to apply similar Orders to the whole of the City before 1975. Not until then will the citizens of our city enjoy, to the full, the benefits of a clean atmosphere, and unless the less progressive authorities on Tyneside and district strive to emulate this example of social progress, Newcastle upon Tyne will stand out as an island of smokelessness in a surrounding sea of uncontrolled murk.

In the meantime, work proceeds smoothly on the Smoke Control Area No. 2 the Order for which was made towards the end of the year and which is scheduled to come into operation late in 1960.

At the end of 1959 preliminary survey work had commenced on Area No. 3, and by and large the programme progresses very satisfactorily.

In July the Smoke Control Areas (Exempted Fireplaces) Order, 1959, which exempts certain mechanical stokers and other appliances from the operation of a Smoke Control Order, was brought into operation by the Minister, but this Order will make no material



difference to the procedure at present in operation as the new provisions are in accord with the policy of exemption already adopted by the Health Committee.

### **Grit and Dust Emissions.**

In June, 1958, the Minister brought into operation certain provisions of the Clean Air Act 1956 relating, *inter alia*, to the minimising of grit and dust from furnaces. The requirements apply to all furnaces using solid fuel and solid waste but as yet there appears little evidence of industry generally taking active steps to co-operate in suppressing this form of aerial pollution.

The matter is being carefully considered and in early 1960 some direct approach will be made to industrial interests, particularly to the large scale fuel users.

### **Prior Approval of Furnaces.**

There were 7 applications received during the year for the "prior approval" of furnaces before installation as provided for in Section 3 of the Clean Air Act, 1956. Of these applications 6 related to oil burning plant and one to a gas-fired installation.

In addition 3 notifications were received in respect of the installation of coke fired heating plants.

### **Smoke Emissions.**

There was a decrease in the number of smoke observations carried out during the year, there being 349 recorded observations as compared with 436 during 1958.

In 8 instances contraventions of the Clean Air Act were observed and letters of caution were sent in appropriate cases, on the instruction of the Health Committee.

The chimney which was described as a regular offender in my last report and in respect of which legal proceedings were pending at the end of 1958 was later the subject of an exemption certificate issued under the provisions of Section 2.

This application immediately followed the court hearing, at which the magistrates decided to dismiss the charge against the defendant on the grounds that the contravention was due to the nature of the building and its equipment and that it had not been practicable to alter or equip the building so as to enable it to be used without the



likelihood of contravening the Clean Air Act. Fortunately, such a defence is not available to a defendant after July, 1963, so there is a limit to the time during which such serious smoke emissions must be tolerated.

Site of Gauge.	Average Deposit.	RAINFALL (inches).	ENGLISH TONS OF DEPOSIT PER SQUARE MILE							
			Insoluble Matter.			Soluble Matter.	TOTAL SOLIDS.	Included in Soluble Matter.		
			Tar.	Other Combustible.	Ash.			Sulphate as SO <sub>4</sub>	Chlorine as CL.	Lime as CA.
Kenton Hall	Monthly Annual	1.76 19.34	0.17 1.89	2.62 28.88	4.43 48.76	5.86 64.55	13.09 144.08	1.77 19.48	1.23 13.57	0.43 4.78
Westgate Cemetery	Monthly Annual	1.59 19.12	0.24 2.87	4.38 52.57	10.16 121.92	6.41 77.00	21.19 254.36	2.17 26.09	1.14 13.68	0.71 8.50
Welbeck Reservoir	Monthly Annual	1.317 13.17	0.22 2.20	2.108 21.08	4.892 48.92	6.730 67.30	13.95 139.50	2.003 20.03	1.326 13.26	0.599 5.99
Benwell Reservoir	Monthly Annual	1.297 1.297	0.227 2.27	2.304 23.04	9.125 91.25	5.234 52.34	16.89 168.90	1.818 18.18	1.177 11.77	0.436 4.36
Wingrove Hospital	Monthly Annual	1.55 18.68	0.193 2.32	2.55 30.66	6.99 83.92	6.68 80.15	16.41 197.05	2.38 28.61	1.12 13.50	0.58 7.00
Freeman Road	Monthly Annual	1.39 15.31	0.14 1.59	1.37 15.06	2.96 32.58	4.09 45.03	8.56 94.26	1.28 14.13	0.92 10.10	0.27 2.96
Pendower Open-Air School	Monthly Annual	1.54 16.95	0.19 2.13	2.09 23.00	6.71 73.87	6.60 72.61	15.60 171.61	2.10 23.18	1.17 12.92	1.69 18.66
Denton Road	Monthly Annual	1.67 18.42	0.22 2.49	3.28 36.10	11.08 121.88	6.49 71.42	21.08 231.89	2.47 27.15	1.71 18.82	0.66 7.28
Walkergate Hospital	Monthly Annual	1.53 18.44	0.19 2.32	1.58 18.94	3.88 46.62	5.03 60.43	10.69 128.31	1.68 20.24	1.19 14.37	0.39 4.69
Walker Naval Yard	Monthly Annual	1.47 17.72	0.15 1.87	1.62 19.48	4.36 52.41	6.41 77.00	12.56 150.76	2.02 24.27	1.32 15.83	0.49 5.92
Average per gauge	Monthly Annual Calculated	1.511 17.012	0.1940 2.195	2.390 26.881	6.4587 72.213	5.953 66.783	15.004 168.072	1.969 22.136	1.230 13.782	0.625 7.014
TOTAL DEPOSIT ON THE CITY DURING 1959.										
TOTAL DEPOSIT ON THE CITY DURING 1959	Monthly		3.453	42.542	114.952	105.963	267.071	35.048	21.894	11.125
	Annual Calculated.		39.071	478.481	1285.391	1188.737	2991.681	394.02	245.319	124.849



## **Fume Emissions.**

During the year two major sources of localised atmospheric pollution came to the notice of the Department. Both of these were caused by the emission of industrial fumes. The most difficult problem arose from the emission of dense brown fume from chimneys serving steel converters in a foundry and although the services of the Alkali Inspectorate were called in, the technical difficulties are said to be so complex that any possible solution is not likely to be available in the immediate future.

The other case related to fumes arising from molten pitch produced in a by-products works of the Northern Gas Board. It is unfortunate that these works are situated to the windward of a residential area but when at a public meeting of the residents of the area, the situation was explained by representatives of the Gas Board, the Member of Parliament for the area, and myself and as assurances were given that certain alterations to the pitch discharging arrangements were under consideration, the complainants assumed a very reasonable outlook on the matter.

Since an adjustable canopy was fitted over the discharge to the pitch bed the emission has been very substantially reduced.

## **FOOD AND DRUGS ACT, 1955.**

During the year the total number of samples of foodstuffs and household drugs which were submitted to the Public Analyst for examination was 811 as compared with 821 in the previous year. Of these 811 samples 509 were formal samples and 302 were informal samples. The number of samples in respect of which adverse reports were submitted by the Public Analyst was 14 equal to 1.72 per cent. unsatisfactory samples as compared with 0.73 per cent. for 1958. Of the 14 unsatisfactory samples 5 were informal and one of these related to a tin of imported minced chicken which was incorrectly labelled. As a result of suitable representations by the Health Committee the importers agreed to amend the label. Another informal sample related to a mouth wash which was recommended as an aid to stop smoking. The Public Analyst reported that this sample was incorrectly labelled in accordance with the Pharmacy and Medicines Act, 1941 and the facts of the situation were forwarded to





A corner of the Food Hygiene Photographic Exhibition in the Central Library.





Industrial fume over Elswick



the Local Authority of the district in which the preparation was manufactured. It was subsequently decided that as the mouth wash was not recommended as a medicine within the meaning of the Act no further action needed to be taken.

In respect of the remaining 3 unsatisfactory informal samples, 2 formal samples were subsequently taken and these proved to be non-genuine.

Samples of barley obtained at a branch of a multiple store in the city were found to contain sulphur dioxide, a prohibited preservative. As the barley had been imported from Germany further samples were taken of this barley at the premises of the importer and although the presence of sulphur dioxide is permitted by the food laws in Germany, proceedings were taken against the vendor in this City, who, relying on a warranty from the importers, was dismissed from the case. The importers were fined a total of £25.

A sample of potted meat was reported by the Public Analyst to be not genuine in that potted meat should contain at least 90 per cent. meat. Legal proceedings were instituted and the case was pending at the close of the year. A formal sample of pork sausage was reported by the Public Analyst to contain only 58.3 per cent. of meat, and although the Public Analyst stated that he was of the opinion that pork sausage should contain not less than 65 per cent. of meat the Committee decided that in the circumstances no further action be taken.

A total of 444 of the formal samples which were taken were of milk and of these 6 were reported to be not genuine. Two of these non-genuine samples were of Tuberculin Tested (Farm Bottled) milk produced by a farmer in the city who was cautioned by the Health Committee. The other four unsatisfactory formal samples were of Tuberculin Tested (Channel Islands) Milk, produced on a farm in a neighbouring county. The fat content of all of these samples was less than 4 per cent. minimum standard and in subsequent legal proceedings the producer was fined a total of £10.

In my last report I referred to proceedings which were pending in respect of fish cakes deficient in fish content. These proceedings resulted in the manufacturer being fined £10.

One dairy in the city has ceased to pasteurise milk owing to a merger of milk interests taking place during the past year. The vast



majority of the pasteurised milk now sold in the city is processed at two dairies in the city and only a very small proportion is now coming from dairies outside the city boundaries. Because of this greater centralisation of milk processing within the city it is probable that the number of milk samples taken for analysis can again be reduced and more time devoted to the sampling of other foods.

Since the operation of the Specified Areas Order in December 1953, which prohibits the sale of undesignated milk within a specified area, there has been an increasing demand for Tuberculin Tested (Farm Bottled) Milk now the only raw milk obtainable in the city. The bacteriological condition of this Tuberculin Tested (Farm Bottled) Milk caused some concern to the Health Committee when in September, 1959 it was reported to them that of 43 samples of such milk 26 were unsatisfactory in that they failed to pass the methylene blue reduction test.

As a result of representations to the Minister of Agriculture, Fisheries and Food an assurance was received that the Minister would keep the matter under close observation. When a City housewife buys her daily milk and chooses to pay extra to have Tuberculin Tested milk which has been produced and bottled on the farm she is entitled to believe that she is buying a dairy product superior to a milk sold under any other designation. However, when almost 60 per cent. of such milk failed to satisfy the statutory minimum bacteriological standard applicable to farm bottled milk, the Committee was, not unnaturally, very disturbed at the condition of bottled milk being retailed in the City from outside sources. Since the action of the Health Committee in this matter there has been an outstanding improvement in the bacteriological quality of this farm bottled milk.

During 1959 there was a substantial increase in the demand for milk produced by the Channel Islands breed of cows. Prior to the operation of the Specified Areas Order, Tuberculin Tested (Farm Bottled) Milk was received in the City from 10 farms, 6 of which produced Channel Islands milk. In 1959 this type of milk was coming from 23 farms, 17 of which produced Channel Islands milk. The average fat content of samples taken of Channel Islands milk was 4.83 per cent. as compared with 3.6 per cent. of heated treated milks.

All sausage samples, with the exception of the pork sausage previously mentioned, were reported to be genuine, the average



meat content being 63.26 per cent. Once again there was found to be a considerable variation in the meat content of meat pies which in the current year varied from 20 per cent. to 68 per cent. There is not, as yet, a standard relating to the composition of pies but the Corporation, together with other selected Authorities has been asked by the Food Standards Committee of the Association of Municipal Corporations to assist in collecting information concerning the position in respect of meat pies. This will be done during the first six months of 1960 by forwarding to the Association the results of selected samples and from the information obtained it would be decided whether or not to recommend that a standard be fixed for meat pies and if so what that standard should be.

#### AVERAGE COMPOSITION OF MILK SAMPLES.

Designation.	Number Taken.	Fat %.	N.F.S. %
Tuberculin Tested (Farm Bottled)	85	4.63	9.50
Tuberculin Tested (Pasteurised)...	65	3.56	8.73
Pasteurised .....	213	3.62	8.72
Sterilised .....	81	3.65	8.81
Total .....	444	—	—

#### BACTERIOLOGICAL EXAMINATION OF MILK.

Designation.	Number Taken.	Satisfactory.	Unsatisfactory.	% Unsatisfactory.
T.T. (Farm Bottled) .....	231	190	41	17.74
Tuberculin Tested .....	269	223	46	17.10
Undesignated .....	194	149	45	23.19
Total .....	694	562	132	Average 19.02
T.T. (Pasteurised) .....	174	169*	Nil.	—
Pasteurised .....	247	239*	2	0.81
Total .....	421	408*	2	0.47

\* Five samples of Tuberculin Tested (Pasteurised) and six of Pasteurised milk were void owing to the temperature exceeding 65°F.

#### Phosphates Test.

A total of 421 samples of pasteurised milk were submitted to this test to establish the efficiency of the heat treatment process. Of these, 214 of the samples had been processed at dairies in the City



and 207 at dairies outside. One sample from a dairy outside the City failed to pass the test but further samples taken bi-monthly proved to be satisfactory.

Designation.	Number Taken.	Satisfactory.	Unsatisfactory.	% Unsatisfactory.
T.T. (Pasteurised) .....	174	173	1	0.57
Pasteurised .....	247	247	Nil.	—
	421	420	1	0.23

### **Turbidity Test.**

101 samples of sterilised milk were submitted for examination by the turbidity test and all were reported to be satisfactory.

### **Examination for Tubercle Bacilli.**

During the year 174 samples of undesignated milk were taken for biological examination and of these only one was reported to be infected with tubercle bacilli. This sample came from a farm in Northumberland and notification was immediately sent to the County Authority.

The number of undesignated herds in the area which supply milk to the City is rapidly decreasing and under the scheme of the Ministry of Agriculture, Fisheries and Food, for the eradication of bovine tuberculosis, compulsory testing of animals begins on 1st March, 1960, so that tuberculosis will soon be completely eliminated from dairy herds. It is thought that a more useful purpose would be served if Tuberculin Tested (Farm Bottled) Milk, which is used raw, were submitted for biological examination rather than either Tuberculin Tested or undesignated milk which are subsequently to be pasteurised or sterilised.

### **Cleansing of Milk Churns and Bottles.**

1,003 empty milk churns leaving the dairies in the City were examined as they were loaded on to transport vehicles and all appeared to be in a satisfactory state of cleanliness. In addition to this examination, 80 samples of rinses from milk churns and 120 from milk bottles were taken and submitted to the bacteriologist. He reported that 11 churns and 4 bottles were unsatisfactory



according to the suggested provisional classification of the Public Health Laboratory Service. The dairymen were notified of the results of the examination and subsequent samples usually showed improvement.

### **The Milk and Dairies (General) Regulations, 1959.**

The above regulations which came into operation in March, 1959, removed certain minor difficulties in the previous regulations relating to the regulation of milk distributors. A more important feature however, is that there are now incorporated in the new regulations certain food hygiene requirements similar to those found in the Food Hygiene Regulations 1955 but which, hitherto, were not applicable to dairies.

All dairies were subject to routine inspection and were maintained in a generally satisfactory condition. During the year 24 applications were received for registration as retail purveyors of milk and after inspection and approval these were granted. A total of 27 shops ceased to sell milk and were removed from the register and at the end of the year the number of premises registered was 858, a decrease of 3 under 1958.

### **Milk (Special Designation) Regulations, 1949.**

During the year 1,245 licences were granted to deal in designated milk comprising Tuberculin Tested, Tuberculin Tested (Farm Bottled), Tuberculin Tested (Pasteurised), Pasteurised, Sterilised and Supplementary Licences.

### **Ice Cream.**

During the year 32 samples of ice cream, including 2 of dairy ice cream, were taken and submitted to the Public Analyst who certified that they all complied with the Food Standards (Ice Cream) Regulations 1959, which prescribe a minimum standard of five per cent. fat content. The average fat content of samples submitted was 9.38 per cent.

Eighty-four samples of ice cream were taken for bacteriological examination and the results obtained showed a gratifying improvement in the bacteriological quality as compared with the previous year. The percentage of satisfactory samples was 83.34 as compared with 73.85 in 1958.



## PUBLIC ANALYST.

Fat Content Percentage.	Manufactured in City.	Manufactured Outside City.	Total.
Less than 5	Nil.	Nil.	Nil.
5 — 6	2	Nil.	2
6 — 7	4	Nil.	4
7 — 8	2	Nil.	2
8 — 9	4	Nil.	4
9 — 10	8	2	10
10 — 11	1	1	2
11 — 12	2	3	5
Over 12	Nil.	3	3
Total	23	9	32

## BACTERIOLOGIST.

Provisional Grade.	Manufactured in City.		Manufactured outside City.		Total	
		%		%		%
1	48	63.16	7	87.5	55	65.48
2	14	18.42	1	12.5	15	17.86
3	1	1.32	Nil.	—	1	1.19
4	13	17.10	Nil.	—	13	15.47
	76	100.00	8	100.00	84	100.00

Four samples of ice lollies were submitted to the Public Analyst and the bacteriologist, and all were reported to be satisfactory.

### Public Health (Preservatives etc. in Food) Regulations 1925-1953.

All samples which could contain a preservative were examined by the Public Analyst and with the exception of 3 samples of barley, all complied with the above Regulations. The 3 unsatisfactory samples of barley are referred to elsewhere in this report.

### Condensed Milk Regulations, 1959.

Four samples of condensed milk were purchased and submitted for examination and all were certified to comply with the above Regulations.

### Bakehouses.

The number of bakehouses on the register at the end of the year had again fallen. This fall has been consistent for many years and



there are now 111 bakehouses as compared with 122 in the previous year. There are now no basement bakehouses in the City. No outstanding feature meriting comment was recorded as conditions remained generally satisfactory.

### **Food Hygiene Regulations, 1955.**

Work in the field of food hygiene continued steadily, greatly aided by the improved staffing position which existed during the first half of the year. Although it was necessary on very many occasions to give verbal and written notices drawing attention to specific contraventions of the Regulations satisfactory progress in enforcement and observance was achieved.

It was found, however, that there is still a considerable hard core of ignorance of food hygiene requirements among the smaller traders and opportunity was taken to remove this obstacle by distributing printed abstracts of the requirements in a number of cases.

Whilst the "corner shop," to which reference was made in last year's report, is likely to remain something of a problem for a long time to come, the widespread introduction of self-service stores, bringing with it an increase in pre-packed foodstuffs, raised the general level of hygienic practice of food handling in the larger premises.

A serious case of a food business being carried on in unsanitary premises was discovered in August and the Health Committee instructed legal proceedings to be taken in respect of 11 contraventions of the Regulations. The case was pending at the end of the year and the hearing arranged for early 1960.

During the year no prosecutions were taken against outdoor food traders. The overall position has not improved since 1958 but it was thought desirable to suspend operations against street traders while discussions were being held between representatives of the Health Committee and the Ministry of Health. To prosecute all street traders in respect of all offences committed by them would be a task of such magnitude as to be beyond the available resources of the Corporation Departments concerned and the Committee felt that a better control would be exercised by means of a personal licence issued to individual traders. Such a licence could be revoked



upon the conviction of the holder for persistent offences against the Regulations.

With this end in view representations were made to the Minister in February by a deputation of the Committee and later in the year officers of the Ministry of Health visited the City and were shown the size and nature of the problem which exists in the Bigg Market, the Quayside and particularly in the unsatisfactory nature of the food storage premises hidden away in the back streets of the central areas of the City. It is to be regretted that the Committee's efforts were unavailing.

Arising from the visit to the City of the Food Hygiene Advisory Officer of the Ministry of Health in connection with street trading, the Health Committee initiated a programme of food hygiene publicity on Tyneside by arranging an exhibition of photographic material relating to food hygiene. This display was on view in the Central Library in May and arrangements were made for this pictorial exhibition to be shown later in most of the areas of local authorities on Tyneside and district.

### **Registered Premises—Food and Drugs Act, 1955 and Newcastle upon Tyne Corporation (General Powers) Act, 1935.**

During the year 97 new applications were received for the registration of premises for the manufacture and sale of ice cream or for the preparation of sausages or potted, pressed, pickled or preserved food. After inspection these applications were granted.

At the end of the year the premises remaining on the register were as follows:—

Type of Business.	No. of Premises.	No. of Inspections.
Ice Cream manufacturing or sale .....	1,079	1,015
Manufacturing sausages, etc. ....	281	741
	1,360	1,756

## TOTAL NUMBER OF FOOD PREMISES.

Type of Business.	Number.
1. Bakehouses .....	111
2. Food Manufacturing .....	149
3. Food Packing .....	73
4. Food Storing .....	91
5. Catering .....	253
6. Grocery and provisions .....	304
7. Butcher .....	318
8. Fish-monger .....	76
9. Fish-frier .....	100
10. Fruiterer and Greengrocer .....	268
11. General Dealer .....	635
12. Confectioner.....	368
13. Licensed Premises (including clubs) .....	405
14. Cinemas and theatres selling food .....	34
15. Miscellaneous premises .....	237
	<hr/> 3,422 <hr/>

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.	2	£20	—
2	do.	4	£20	—
3	Food & Drugs Act, 1955.	1	£10	3 3 0
4	do.	1	£5	3 3 0
5	Public Health (Pre- servatives in Food) Regulations 1925 and Food and Drugs Act, 1955.	1	£25	4 4 0
6	Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956.	1	£10	3 3 0



**OTHER PROCEEDINGS UNDER CLEAN AIR ACT, 1956 AND DARK  
SMOKE REGULATIONS, 1958; PUBLIC HEALTH ACT, 1936; AND  
HOUSING ACT, 1957.**

Case No.	Contravention of	No. of offences proved.	Fines imposed.	Costs ordered to be paid.
				£ s. d.
1	Clean Air Act, 1956 and Dark Smoke Regulations, 1958.	1	Case dismissed.	—
2	do.	1	£10	3 3 0
3	Public Health Act, 1936, Section 94.	1	Work done Case withdrawn.	0 4 0
4	do.	1	do.	0 4 0
5	do.	1	do.	0 4 0
6	Housing Act, 1957, Section 27.	2	£5 and £3	2 8 0
7	do.	2	£5 and £3	2 8 0

### FACTORIES ACT, 1937-1959.

The number of factories on the register at the end of the year increased from 1866 to 1877 and the total number of inspections carried out by the Factories etc. Section was 4,826 as compared with 5,059 during 1958. During the whole of the year rather more than half of the working time of one inspector in this Section was devoted to smoke control as the mounting administrative work associated with the programme of smoke control areas was becoming more demanding.

**PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF  
THE FACTORIES ACT, 1937**

**PART I OF THE ACT.**

**1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH (INCLUDING  
INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS).**

PREMISES. (1)	Number on Register. (2)	NUMBER OF		
		Inspec- tions. (3)	Written notices. (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	401	471	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,436	1,706	18	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) .....	40	165	—	—
<b>TOTAL .....</b>	<b>1,877</b>	<b>2,342</b>	<b>23</b>	<b>—</b>

**2.—CASES IN WHICH DEFECTS WERE FOUND (IF DEFECTS ARE DISCOVERED  
AT THE PREMISES ON TWO, THREE OR MORE SEPARATE OCCASIONS THEY SHOULD  
BE RECKONED AS TWO, THREE OR MORE "CASES").**

Particulars. (1)	Number of cases in which defects were found.				Number of cases in which prose- cutions were insti- tuted. (6)
	Found. (2)	Rem- edied. (3)	Referred. To H.M. In- spectors. (4)	By H.M. In- spectors. (5)	
Want of cleanliness (S.1)...	6	5	—	3	—
Overcrowding (S.2).....	—	—	—	—	—
Unreasonable tempera- ture (S.3) .....	—	—	—	—	—
Inadequate ventilation (S.4) .....	—	—	—	—	—
Ineffective drainage of floors (S.6) .....	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient .....	6	2	—	5	—
(b) Unsuitable or de- fective .....	35	29	—	13	—
(c) Not separate for sexes .....	8	6	—	3	—
Other offences against the Act (not including offences relating to Outwork) .....	6	6	5	4	—
<b>TOTAL .....</b>	<b>61</b>	<b>48</b>	<b>5</b>	<b>28</b>	<b>—</b>



## Outworkers.

The number of lists of outworkers submitted biannually by occupiers of factories totalled 9 and the number of outworkers in the City decreased by 38 to a total of 44. During the year 34 inspections were made of outworkers' premises.

### PART VIII OF THE ACT OUTWORK (Sections 110 and 111).

Nature of Work.  (1)	Section 110.			Section 111.		
	No. of outworkers in August list required by Section 110(1)(c) (2)	No. of cases of default in sending lists to the Council. (3)	No. of prosecutions for failure to supply lists. (4)	No. of instances of work in unwholesome premises. (5)	Notices served. (6)	Prosecutions. (7)
Wearing apparel: Making etc. ...	22	1	—	—	—	—
Cleaning and Washing .....	—	—	—	—	—	—
Other outworkers	Nil.	—	—	—	—	—
TOTAL .....	22	1	—	—	—	—

## MISCELLANEOUS MATTERS.

### Registration of Hairdressers.

The total number of hairdressers' premises on the register at the end of the year rose by 17 to 247.

In all, 249 inspections of these premises were made and 54 contraventions of the byelaws were noted in respect of which 46 informal and 8 written notices were given.

Hitherto, the Department has pursued a policy of persuasion and exhortation to secure compliance with the byelaws but there is still a number of the small one-man-barber-shops where hygiene conditions need to be improved. Too many of these backward barbers



assume that the use of neck wool and the wearing of an off-white coat are hall-marks of a hygienic hairdresser, at the same time, being quite oblivious of their omission in failing to cleanse, even infrequently, contaminated clippers, razors, combs and brushes, instruments which are so often the vehicle of scalp and skin infections.

When staffing circumstances permit, these health hazards must be examined in greater detail and although persuasion is always preferable to prosecution, a few convictions for blatant byelaw offences might have a salutary effect upon the less creditable barbers.

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

Almost all of the filling materials used in the City are produced in accordance with B.S.I. standards which accounts for the satisfactory standards of cleanliness found in the materials sampled. Sixteen samples of such materials were obtained during the year and submitted to the Prescribed Analyst who reported that they all complied with the Regulations.

#### **SAMPLES TAKEN.**

Rag flock .....	7
Woollen flock .....	1
Cotton felt .....	3
Woollen mixture felt .....	1
Coir fibre .....	2
Hair .....	1
Feathers .....	1
	<hr/>
	16
	<hr/>

### **Agricultural Produce (Grading and Marking) Act, 1928.**

There was no change during the year in the number of premises in the City registered for the cold and chemical storage of eggs. There are 4 such premises and during the year 2 of these had eggs in cold store; one store having 7,000 (360 eggs per case) in store for 3 weeks, and the other 12,000 such cases for some 3 months. All eggs were marked in accordance with the above Act before being released.

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

A type of fertiliser manufactured in the City was sampled in County Durham and was reported by the County Inspector to be deficient in phosphoric acid. Check samples taken later at the place



of manufacture were certified to be genuine and no further action was taken.

A total of 5 fertilisers and 8 feeding stuffs were sampled and submitted to the Agricultural Analyst and all were certified to comply with the Act and Regulations.

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

Listed sellers of Part II Poisons:—

General Dealers .....	75
Hairdressers .....	14
Druggists .....	8
Hardwaremen .....	10
Seedsman, etc. ....	15
Chemical and Disinfectant Manufacturers	2
Electrical Suppliers .....	1
Manufacturing Chemists .....	1
	<hr/>
	126
	<hr/>
New Registrations .....	5
Ceased to sell Part II Poisons.....	18

A total of 86 inspections were made during the year and conditions found to be satisfactory. The decrease in the number of listed sellers is due largely to a multiple store in the City ceasing to sell Part II Poisons at a number of its branches.

### **Merchandise Marks Act, 1926.**

During the year 113 inspections of shops, stalls and hawkers were made to ascertain if the provisions of the Act were being carried out. In a few instances it was found that hawkers were marking tomatoes grown in the Channel Islands as English, this not being a true indication of origin as required and verbal cautions were given.

### **Overseas Visitors.**

During the year the Department continued to arrange and provide fortnightly periods of intensive instruction to public health inspectors from abroad. These visits were arranged through the London School of Hygiene and Tropical Medicine and the students included visitors from Nigeria, Mauritius, Sierra Leone, Ghana, British Honduras, British Guiana, Brunei (Borneo), and Barbadoes.

A welcome visitor early in the year was Mr. M. J. Taylor, the Chief Public Health Inspector of the City of Maitland, New South Wales,



who admired greatly our smoke control and slum clearance work but expressed horrified amazement at the lack of hygiene in outdoor food handling.

Other parties of visitors in respect of which the Department provided assistance included an official deputation of officers and local authority members from Belfast who were interested in slum clearance, and a party of Italian journalists who were investigating social conditions.

### **Lectures and Training.**

In addition to the facilities provided by the Department for overseas visitors and the training of our own pupil and student public health inspectors, members of the inspectorial staff delivered lectures and arranged visits for Student Health Visitors, Diploma in Public Health Students, Medical Students, the National Trade Development Association, Domestic Science Students, a Social Club and certain organisations connected with the fireplace and coal distributive trades. In such ways the aims and work of the Department were made familiar to people in all walks of life, a factor which inevitably will influence the moulding of public opinion on matters of public health. The Inspectors concerned in the preparation and delivery of this training work accepted these extra duties merely as an additional vocational responsibility and appreciation of this laudable attitude should be recorded.

### **STAFF.**

One of the major changes in staffing arrangements resulted in a number of District Inspectors being seconded, on a rota basis, to the Veterinary Officer's Section of the Department.

All of the present District Inspectors are fully trained and qualified meat and other foods inspectors and because of the difficulty of the Veterinary Section in recruiting staff from outside sources the two vacancies therein were filled by seconding pairs of District Inspectors on a rota of three month periods. This assistance given by the Public Health Inspection staff appears to have worked very satisfactorily, but whilst the meat and food inspection service now enjoys its full establishment of 6 inspectors, the district work has suffered accordingly. A much closer and regular supervision of dairies, offensive trades, houses-let-in-lodgings and boiler plants is a



long standing omission in the routine work of the inspectorate but until a full staff is available, improvisation and expedience are the ruling factors.

Inevitably, with the expansion and progress of the smoke control programme, the Senior Inspector in the Factories' Section who is supervising the surveys, inspections and claims for grants, is devoting much less time to factories, restaurants and canteens and in the central area of the City this omission is becoming alarmingly apparent. In consequence the appointment of an additional inspector has been authorised to fill the need and it is hoped that this vacancy will be filled in the early months of 1960.

### **Staff Appointments.**

The Department was fortunate in obtaining the services of Mr. J. L. McGarry of Littlehampton who took up his duties as a District Inspector in September, and has since rendered excellent service in the Elswick area. Against this welcome gain must be set the loss of a Senior Factories Inspector and 6 District Inspectors as mentioned hereunder.

During the first half of the year Messrs. E. T. Arkless, R. Calland and T. W. Davison commenced duties as Assistant Inspectors in the Housing (Slum Clearance) Section, and Messrs. L. Butterworth, W. L. Cockburn and T. P. A. Sheedy were appointed as Investigators in the Smoke Control Section. Mr. C. W. Sandilands was promoted from District Inspector to Senior Inspector in the Factories etc. Section to fill the vacancy created by the retirement of Mr. J. Brown.

### **Retirements.**

In March Mr. J. Brown retired from his post of Senior Inspector in the Factories etc. Section after 35½ years service. The departure of this well liked and familiar figure from the factories of the east division of the City was also a loss to the Department and it was fortunate that there was available, in the person of Mr. C. W. Sandilands, an officer who will maintain the same smooth and efficient supervision of factory and restaurant etc. hygiene.

Mr. H. Bolton, a District Inspector, also retired during the year. He was a comparative newcomer, but during his 5 years in the Department he gave excellent service both on slum clearance and on the districts.



## **Resignations.**

During the year 4 District Inspectors left to take up appointments with other authorities: W. Alder to Gateshead C.B.; R. M. Gray to Seaton Valley U.D.; C. Mullarkey to Fiji Islands; and C. Rand to Newburn U.D.

The existing problems of staff shortage were further aggravated by these resignations and the outlook for 1960 is not bright as at least a further two District Inspectors are expected to leave during the early months of next year.

## **Conclusion.**

The growing volume and range of duties in public health inspection were sustained during 1959 but whilst a vast amount of work remains yet to be accomplished the limitations imposed by staff shortages and the inadequacy of office accommodation and equipment are becoming increasingly irksome. Slum clearance proceeded as smoothly as before but the chronic lack of adequate district inspection staff, aggravated by the additional duties in meat and food inspection and the supervision of the operative smoke control area made necessary a policy of improvisation to meet the demand of the moment.

The restricted office accommodation and equipment, particularly in regard to the clerical and administrative staff, prevents the extension and modernisation of a filing and record system which surely must have been obsolete long before the last war, before the Clean Air Act or the Rent Act with all the attendant records and files, were ever contemplated.

However, the Senior Clerk is to be congratulated again on the remarkable efficiency he has achieved with outmoded tools, and it is hoped that he can keep the wheels turning with the same results until the more modern accommodation in the new Town Hall is available.

Appreciation must be recorded for the wholehearted co-operation always offered by the entire inspectorate and my thanks are due to the Senior Inspectors for assistance in compiling this report.



I am indebted to the Health Committee and the Medical Officer of Health for the friendly encouragement and support so freely given throughout the year. Without such unfailing assistance often the prospect would indeed have been discouraging.

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.**





# **ANNUAL REPORT OF THE VETERINARY OFFICER**

**for the year 1959.**

---

## **DISEASES OF ANIMALS.**

### **Diseases of Animals Act, 1950.**

During the year 1959, 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 45 outbreaks of the disease were confirmed, necessitating the slaughter of 7,689 animals, compared with 116 outbreaks during the previous year, in which 20,006 animals were slaughtered.

### **Tuberculosis.**

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

### **Anthrax.**

The City was completely free of anthrax during the year under report, microscopical examinations of blood smears from the carcasses of two animals found in the City slaughterhouses both proving negative.

Within Great Britain 263 outbreaks were confirmed, 293 animals being attacked by the disease, compared with 167 outbreaks during the previous year, involving 170 animals. The public health dangers



of cutting infected carcasses and shedding the blood were stressed in the Veterinary Officer's Annual Report for 1956, for in that year there were 1,245 outbreaks of anthrax in Great Britain, and in no less than 135 of these outbreaks infected carcasses were cut and the blood was shed, while in 22 cases the animals were slaughtered because they were ailing. In his Report for that year, the Veterinary Officer 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, but it is regrettable that no legislative measures on these lines have so far been introduced.

### **Swine Fever.**

No outbreaks of swine fever occurred within the city during the year 1959. Within Great Britain, 1,321 outbreaks occurred, 265 swine being slaughtered, compared with 1,263 outbreaks during the previous year, in which 193 swine were slaughtered.

Visits were made to piggeries in connection with swine movements under the Regulation of Movement of Swine Order of 1959, 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 1960. Licences totalling 1,371 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 2,062 outbreaks occurred as compared with 759 during 1958.

## 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, 183 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. Two pigs and one sheep found ill in the Cattle Market were sent to the slaughterhouse, three oxen and three sheep found dead at the Cattle Docks, and one live oxen in an emaciated condition, were sent to the knacker's yard.

TABLE 1.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1959.

Railway Cattle Docks.	Cattle Market.	Piggeries.	Transport Wagons & Records Books.	Cattle & Pig Lairs.
65	118	14	304	18



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.		CARCASSES 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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
*1940...	2	1	2	4	336	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

\* Years prior to 1940 are given in previous Annual Reports.

## LIVESTOCK EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

Reference to table 3 shows the number of animals exhibited in the Newcastle Cattle Market during the year 1959. It will be noticed that a fall in the number of cattle exhibited, from 23,371 in 1958 to 17,984 in 1959, was offset by an increase in the number of sheep exhibited, namely, from 110,692 to 134,687.

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.
†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
1959	17,984	93	134,687	15,023

† Market used as a collecting centre by the Ministry of Food as from 15th January.

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

## INSPECTION OF MEAT AND OTHER FOODS.

### Animals slaughtered within the City.

The total number of animals slaughtered on licensed premises within the City has again shown an increase, from 276,838 in 1958 to 284,701 in 1959. The number of cattle slaughtered fell from 40,974 to 37,668, the number of calves slaughtered from 2,650 to 1,937, and the number of pigs from 89,173 to 79,227. Against this there was a noticeable increase in the number of sheep slaughtered, from 143,501 to 165,421.



The decline in the number of cattle slaughtered would appear to be related to the progress of the scheme for the eradication of tuberculosis from the cattle population, for the supplies of store cattle from Ireland to farms in Britain have been curtailed and as a result fewer cattle have been produced on the local farms. On the other hand, the increase in the number of sheep slaughtered during the year appears to be related to more than one factor. One is that in the spring of 1959 there was an abnormally large crop of lambs, but a second factor is that food for these became scarce because of the long dry summer and as a result the farmer was obliged to consign them for slaughter.

One slaughterhouse within the City is licensed for the slaughter of horses only and the number of these animals slaughtered in the City is falling each year, the figure of 448 for 1959 being the lowest recorded since 1940. This fall is to be expected because of the diminution in the horse population, and of the 448 horses slaughtered during the year approximately half of the carcasses were consigned to the Continent of Europe, namely Belgium, by boat. The Regulations of the Belgian authorities require the carcasses of such animals to be stamped and accompanied by a Certificate indicating that they have been inspected by an authorised officer of the local authority and passed as fit for human consumption.



## GOVERNMENT SLAUGHTER POLICY.

The Slaughterhouses Act, 1958, received the Royal Assent on the 1st August, 1958, and came into operation forthwith, one of the essential purposes of this legislation being the necessity to ensure that premises where animals are slaughtered for human food are satisfactory from the structural and hygienic points of view, and in which animals destined for slaughter could be detained and dispatched without inflicting unnecessary suffering. A feature of this Act is that it grants to private traders a limited period in which they can erect new premises or bring their existing premises up to the requisite standards as laid down in The Slaughterhouses (Hygiene) Regulations, 1958, which became operative on the 1st January, 1959.

The position in the City regarding slaughtering facilities is that there are 23 premises licensed for the slaughter of animals for human consumption, situated as set out on page 207. Practically all these slaughterhouses do not comply with the standards required by the above Regulations, nor would it be possible to render them suitable even by structural alterations. The fact that these slaughterhouses will have to be closed makes the need for a modern public abattoir within the City even more urgent, and satisfactory progress has been made with the planning and layout of the proposed new abattoir in the Paradise district of Scotswood. It is anticipated that these premises will deal with the requirements not only of the City population but of surrounding districts, embracing a total population of some 700,000.

In virtue of the public health service that is already being rendered to areas outside the City by the inspection of animals slaughtered within the City, the Ministry of Agriculture, Fisheries and Food now make a grant to this Local Authority because of the inspection of meat surplus to that required for the population of the City alone. During the financial year ended 31st March, 1959, a grant of £1,725 0s. 11d. was made by the Ministry to the Newcastle Corporation for such services.

In previous Reports stress has been laid on the difficulty of attaining adequate inspection of the carcasses and organs of all animals slaughtered when this takes place in some 23 separate premises. This difficulty will be resolved when concentration of slaughter is possible by the opening of the new public abattoir.



With regard to bovine tuberculosis the progress made in the Attested Herd Scheme has been so satisfactory that it is estimated that the whole of Great Britain will be an Attested Area and free from bovine tuberculosis by the end of 1960. The Area Tuberculosis Plan was introduced in October, 1950, and reference to table 5 shows how the number of animals found to be tuberculous during routine meat inspection in the City slaughterhouses and condemned because the disease was of a generalised nature was only 72 (15 cows, 48 other cattle, 1 calf and 8 pigs); this figure of 72 is the lowest ever recorded in the City. Table 7 shows the number of bovine carcasses totally condemned and the percentage of these condemned for tuberculosis, and it will be seen that there has not only been a fall in the number of animals totally condemned on account of tuberculosis but also on account of other diseases. Tuberculosis is also a problem in pigs and over the years there has also been a fall in the numbers of these animals totally condemned for this disease. This is strikingly evidenced if one compares the figures of 1950 with 1959, for during 1950, 4,317 pigs were slaughtered and 20 carcasses condemned for tuberculosis whereas in 1959, 79,227 pigs were slaughtered in the City but only eight carcasses were condemned for this disease.

TABLE 4.

## ANIMALS SLAUGHTERED ON LICENSED PREMISES WITHIN THE CITY.

	YEAR.				
	1959	1958	1957	1956	1955
Cattle .....	37,668	* 40,974	45,235	40,154	35,647
Calves .....	1,937	2,650	2,940	3,320	3,899
Sheep .....	165,421	143,501	163,731	162,425	136,170
Pigs .....	79,227	89,173	79,827	71,763	47,231
Horses .....	448	540	577	724	876
Total Animals	284,701	276,838	292,310	278,386	223,823

\* Includes 5,099 cows, 16,294 heifers, 16,068 bullocks and 207 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 1959.

## TUBERCULOSIS.

Year.	Cows.	Other Bovines.	Calves.	Sheep.	Pigs.	Horses.	Total all animals.
1959	15	48	1	...	8	...	72
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.

1959	25	22	19	77	66	...	209
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



TABLE 6.

TOTAL CARCASSES, &amp;C., DESTROYED AS BEING UNFIT

	Carcases, etc.				Lungs.			
	Beef.	Veal.	Mutton.	Pork.	Sets Ox.	Sets Sheep.	Sets Pig.	Sets Horse
Tuberculosis.....	63½ + 1,937 lbs.	1	...	8	1,298	...	23	...
Johne's disease with emaciation ...	13	...	...	...	...	...	...	...
Johne's disease .....	...	...	...	...	...	...	...	...
Swine erysipelas .....	...	...	...	1	...	...	...	...
Actinobacillosis .....	...	...	...	...	1	...	...	...
Actinomycosis .....	40 lbs.	...	...	...	...	...	...	...
Bacterial necrosis .....	...	...	...	...	...	...	...	...
Pyrexia .....	...	1	...	5	...	...	...	...
Pyæmia .....	2	1	8	17½	...	...	...	...
Pericarditis .....	...	...	...	...	...	...	...	...
Septic conditions .....	7 + 30 lbs.	4	25 + 189 lbs.	17 + 80 lbs.	15	1	...	...
Toxaemia .....	4	...	4	3	...	...	...	...
Enteritis .....	...	...	...	1	...	...	...	...
Jaundice .....	...	2	1	3	...	...	...	...
Uraemia .....	1	1	...	...	...	...	...	...
Tumours .....	1	...	...	...	...	...	...	...
Leukaemia .....	1	1	...	...	...	...	...	...
Pneumonia .....	...	...	...	...	23	34	4214	...
Pleurisy.....	237 lbs.	...	111 lbs.	71 lbs.	385	224	579	...
Pleurisy and Pneumonia .....	...	...	...	...	...	...	1707	...
Pleurisy and Peritonitis .....	2 + 6 lbs.	...	...	30	2	...	...	...
Pleurisy and Pericarditis .....	...	...	...	...	...	...	...	...
Peritonitis .....	...	...	...	...	...	...	...	...
Mastitis.....	...	...	...	...	...	...	...	...
Cirrhosis .....	...	...	...	...	...	...	...	...
Cavernous angioma .....	...	...	...	...	...	...	...	...
Oedema and emaciation .....	15	1	56	1 + 20 lbs	...	...	...	...
Parasites (distomatosis, cysts, &c.) .....	...	...	...	...	1681	120	...	6
Cysticercus bovis.....	...	...	...	...	...	...	...	...
Imperfect bleeding, congestion &c. ....	1	...	5	5	...	...	...	...
Melanosis .....	...	...	...	...	1	...	...	...
Muscular fibrosis .....	27 lbs.	...	...	...	...	...	...	...
Immaturity .....	...	8	...	...	...	...	...	...
Arthritis .....	15 lbs.	15 lbs.	129 lbs.	352 lbs.	...	...	...	...
Traumatism .....	1,149 lbs.	2 lbs.	2 + 84 lbs.	642 lbs.	...	...	...	...
Decomposition .....	1 + 2,363 lbs.	...	15 + 138 lbs.	6 + 998 lbs.	...	...	...	...
Extensive mould .....	...	...	1	...	...	...	...	...
Contamination .....	...	9	...	...	...	...	...	...





## NUMBER OF DISEASED ORGANS CONDEMNED.

	Bovine.		Swine.		Sheep.		Total.	
HEADS (including Tongues)—								
Tuberculosis .....	659	(125)	778	(1,248)	—	(—)	1,437	(1,373)
Other Conditions .....	62	(41)	—	(—)	—	(—)	62	(41)
LUNGS—								
Tuberculosis .....	1,298	(369)	23	(14)	—	(—)	1,321	(383)
Other Conditions .....	2,108	(72)	6,500	(213)	379	(37)	8,987	(322)
HEARTS—								
Tuberculosis .....	168	(31)	—	(—)	—	(—)	168	(31)
Other Conditions .....	137	(1)	958	(—)	162	(—)	1,257	(1)
LIVERS—								
Tuberculosis .....	216	(175)	2	(—)	—	(—)	218	(175)
Other Conditions .....	7,182+	(785)	2,785	(80)	701	(111)	10,668	(976)
	20,499	lbs.					+20,499	lbs.
PLUCKS—								
Tuberculosis .....	—	(—)	95	(83)	—	(—)	95	(83)
Other Conditions .....	—	(—)	1,707	(45)	765	(30)	2,472	(75)
UDDERS—								
Tuberculosis .....	4	(—)	—	(—)	—	(—)	4	(—)
Other Conditions .....	72	(—)	—	(—)	—	(—)	72	(—)
THICK SKIRTS—								
Tuberculosis .....	226	(—)	—	(—)	—	(—)	226	(—)
Other Conditions .....	167	(—)	—	(—)	—	(—)	167	(—)
SPLEENS—								
Tuberculosis .....	45	(—)	—	(—)	—	(—)	45	(—)
Other Conditions .....	64	(—)	—	(—)	—	(—)	64	(—)
STOMACHS & MESENTERIES & INTESTINES—								
Tuberculosis .....	236	(24)	18	(—)	—	(—)	254	(24)
Other Conditions .....	62	(—)	6	(239)	6	(—)	—	(239)

NOTE.—The figures in brackets indicate condemnations during 1939, and the increased condemnations during 1959 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.
*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
1959	110	63	57.29

\* Years prior to 1940 are given in previous Annual Reports.

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

Visits numbering 9,172 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, offals and other foodstuffs, from



92 vessels arriving from Denmark and Holland, Australia and New Zealand, were examined:—

#### FRESH MEAT.

CASES.—Beef 36, Veal 45 and Pork 38.

#### SALTED PIG OFFALS.

CASKS.—Pig casings, 5.

#### FROZEN MEAT.

BEEF.—Hindquarters 3,326, crops 3,161 and 2,508 packages boneless beef.

OFFALS (packages).—Livers 100, kidneys 1,062 and mixed offals 1,021.

CALF OFFALS (packages).—Livers 74.

MUTTON AND LAMB (carcases).—Mutton 18,554 and lamb 1,200.

OFFALS (packages).—Tongues 5,015, hearts 140, livers 186 and casings 20.

PORK.—1,200 carcasses and 1,200 sides. Packages.—Loins 1,231 and spare ribs 401.

OFFALS (packages).—Tongues 13 and livers 1,947.

#### OTHER GOODS.

1,170,335 sides Danish and Dutch bacon, 9,855 cases bacon and hams and 367,783 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 1959.

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.			
2,825	415	410	240	2548	436	8		719	296	697		264	2	1931

## TOTAL WEIGHT OF MEAT AND OTHER FOOD-STUFFS CONDEMNED.

The total weight of meat and other foodstuffs condemned during the year 1959 was 244 tons, 10 cwt., 27 lbs. as compared with 234 tons, 3 cwt., 1 qr., 27 lbs., during the previous year.

	tons.	cwts.	qrs.	lbs.
Beef, Veal, Mutton and Pork .....	47	18	3	25
Offals .....	101	13	1	6
Provisions .....	60	4	3	20
Fish.....	—	12	3	5
Fruit and Vegetables .....	34	—	—	27
	<u>244</u>	<u>10</u>	<u>—</u>	<u>27</u>



## Condemnation Certificates.

Certificates granted in respect of carcasses, offals, provisions, etc., condemned during the year, numbered 4,093.

## Bacteriological Examinations.

Reference to table 9 will show how the use of bacteriological aids has been invoked during the year, not only in the examination of animals slaughtered within the City slaughterhouses but also in the examination of other foodstuffs, including liquid whole egg and crab meat. In the case of the carcasses of slaughtered animals a bacteriological examination becomes advisable when on post-mortem examination there is slight suspicion that the animal had been ill at the time of slaughter and that pathogenic organisms might be present in the flesh and organs and might give rise to human illness of a gastro-intestinal nature if these were consumed. In animals slaughtered while in an early stage of illness there may be little naked eye evidence of the potential danger of the flesh or organs and as a result there is always a possibility that carcasses of this nature may be overlooked during routine inspection, particularly if facilities for such inspection are unsatisfactory. These facts alone make it essential that in a city of this size there should be a modern abattoir in which should operate a highly trained and experienced whole-time staff of inspectors who, when in doubt as to the significance of any pathological abnormality encountered during post-mortem inspection, can refer such problems to a qualified veterinarian.

Nine carcasses of beef and six carcasses of pork were subjected to bacteriological examination during the year and only in one case were pathogenic organisms found, namely, *Salmonella bredney*, in a carcass of pork. It will be seen, therefore, that 9 carcasses of beef and five carcasses of pork were released after bacteriological examination, thus achieving a saving of £421 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	—	—	Heifer	Septicaemia	do.
1	—	—	Cow	Toxaemia	do.
1	—	—	Cow	Toxaemia	do.
1	—	—	Steer	Toxaemia	do.
1	—	—	Bullock	Toxaemia	do.
1	—	—	Bullock	Toxaemia	do.
—	1	—	Sow	Toxaemia	do.
—	3	—	Pigs	Toxaemia	do.
—	1	—	Sow	Septicaemia	do.
—	1	—	Sow	Septicaemia	Salmonella bredney found.
OTHER FOODS.					
Material examined		Number of samples submitted.		Bacteriological findings.	
Liquid whole hen egg...		12		No Salmonella organisms found.	
Crab Meat .....		1		do. do.	
Crab Claw .....		1		Scanty growth of coagulase-positive staphylococci found.	

## SLAUGHTERHOUSES.

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

All the slaughterhouses have been regularly inspected, a total of 2,825 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 72 licensed slaughtermen within the City. All applications for these licences are submitted to, and approved by, the Health Committee.







## PREVENTION OF DAMAGE BY PESTS ACT, 1949.

During the last ten years rodent infestation within the City has shown a steady decrease, but this has only been achieved by continual inspection, the enforcing of measures to make premises rat proof, and by what is known as "block treatments." The latter term denotes the procedure when individual premises are visited and found infested but it is deemed advisable to carry out treatment also of premises in the immediate vicinity. Various poison baits of a chemical nature are used for the destruction of rodents, including red squill, barium carbonate and zinc phosphide, but the greatest use is now made of a bait known as Warfarin which causes a painless death in rodents and has the advantage that it renders it unnecessary for the operator to carry out a period of prebaiting of infested premises before actual poison bait is laid.

A rodent of particular importance to any city which is also a seaport is the Ship Rat (*Rattus Rattus*), for this species of rat is a carrier of Asiatic plague, and in 1951 the Infestation Branch of the Ministry of Agriculture, Fisheries and Food recorded that no less than 72 cities and towns in Britain were infested with rats of this type. At that time considerable trouble was being encountered in the City with ship rat infestation and the rodents had become established and were breeding in premises in the centre of the City. Concentrated efforts were made and the ship rat infestation was brought under control, so that since 1957 no further infestation by rats of this species has been reported. Indeed, the problem of rat infestation in the City over the last ten years calls for some congratulation, for in 1950, of the premises inspected for rodent infestation, 84.6 per cent. were found infested with rats or mice, whereas of the premises inspected in 1959, only 46.49 per cent. were infested.

During the year 1959, 6,820 visits were made to a total of 3,450 premises, including 3,207 in respect of which reports were received at the Veterinary Department of the presence of rats or mice. Inspection of the premises showed that rats or mice were found infesting 1,606, the remaining 1,844 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.....	3,207
Number of properties where evidence of the presence of rats or mice was found .....	16,06
Number of visits made .....	6,820
Number of poisoned baits laid .....	24,719

TYPE OF PROPERTY.				
	Dwelling Houses.	Agricultural.	All other (including Business and Industrial).	Total.
Number of properties inspected .....	1,175	3	2,272	3,450
Number of properties found to be infested by rats .....	270	3	332	605
Number of properties found to be infested by mice ...	414	...	587	1,001
Number of infested properties treated by the Local Authority .....	684	3	919	1,606

Number of "block" control schemes carried out .....	65
---	----

H. THORNTON,  
Veterinary Officer.

## APPENDIX I

---

### 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, 1960, there were 211 doctors (126 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors’ lists was 281,784 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.

1,651,950 prescriptions were dispensed during the year by City chemists and appliance contractors of which, at 31st March, 1960, there were 110. The total cost of these prescriptions to the National Health Service was £543,087.

During the year maternity medical services were provided for 3,773 patients, in which the doctor providing the service was in attendance at the confinement in 1,707 cases. The gross fees paid to doctors for these services was £24,322. The Medical Officer of Health is a member of the Local Obstetric Committee.

Under the supplementary ophthalmic service, 52,150 sight tests were given during the year, 1,186 to children under arrangements made with the Local Authority. 41,365 pairs of glasses were supplied during this period in addition to 6,045 pairs of bifocals and 1,006 single lenses. Approximately 43% of the applicants for sight tests and glasses resided outside the City Boundaries.

The total expenditure on the various services administered by the Council during the year ended 31st March, 1960, was as follows:—

	£
General Medical Services .....	404,194
Pharmaceutical Services .....	544,421
General Dental Services .....	262,865
Supplementary Ophthalmic Services .....	98,332
Administration .....	17,830
	<hr/>
	£1,327,642

Based on the Registrar-General's estimate of population at 30th June, 1959, this represents an expenditure of £4 17s. 11d. 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, 1959, viz: Coun. Mrs. I. McCambridge, Coun. Dr. D. R. Milligan, Dr. R. C. M. Pearson, Coun. Dr. H. Russell, Coun. Mrs. C. C. Scott, J.P., Coun. Mrs. M. Shaw, J. W. Telford, Esq., Coun. H. J. White, Coun. Mrs. A. Wynne-Jones.



## APPENDIX II

### FIELD STUDY

#### STAPHYLOCOCCAL INFECTION IN THE FIRST 14 DAYS OF LIFE IN BABIES BORN AT HOME.

(*Dr. F. J. W. Miller, Adviser in Paediatrics*).

During the Joint Annual Meeting of the British and Canadian Medical Associations at Edinburgh in July, 1959, a session in the section of Child Health was given to the discussion of staphylococcal infection in the newborn infant. Dr. Forfar spoke on Staphylococcal Infection in Maternity Hospitals, Miss Forshall upon surgical aspects of Staphylococcal Infection, and I was asked to speak upon the problem as it occurs in the home.

This was much more difficult than it at first seemed, for to speak of any problem of this nature and especially to do so with any sense of perspective and realism requires both that the meaning of the term 'staphylococcal infection' should be clearly defined and its incidence accurately measured.

In the end I thought my contribution to discussion could be resolved into five parts.

- (1) What do we mean by infection and how can it be defined?
- (2) What is the incidence as thus defined?
- (3) What is the bacteriology of 'surface' infection at home?
- (4) How often are 'ill' infants seen in general practice?
- (5) When should antibiotics be used, what is the antibiotic of choice and how should it be given?

To answer these fully would require a much longer contribution than this note will allow but I wish to record how the midwives in Newcastle provided me with the data to obtain at least a partial answer.

#### **What is 'Infection' in the newborn.**

The newborn infant comes into contact with organisms during or immediately after birth and thereafter must learn to live in relation-



ship with them throughout the rest of life. Long ago A. A. Miles showed that 90 per cent of infants in certain maternity hospitals carried *Staphylococcus Aureus* in the Naves by the end of the first seven days and this organism can be grown with great frequency from the umbilical stump of many infants. Those who work in maternity units where careful records are kept are also aware of the frequency of minimal 'septic spots', 'sticky eyes' and perionychia in infants who are well and who show no general signs of infection. Yet if these signs are minimal they are also nevertheless evidence that the infant is reacting to the presence of the organisms and they should be considered as 'infections'. In the maternity unit at the Newcastle General Hospital we accept as infection—

- (1) Any 'sticky' eye which requires attention.
- (2) Any skin spot larger than a pin's head.
- (3) Any evidence of redness in the skin beyond the base of the umbilicus (but not of granulation within).
- (4) Any purulent nasal discharge.

These are the criteria I have used in assessing incidence and it is my own opinion that, in maternity units, at least the incidence is proportional to the relationship between rate of flow of patients and the number and training of the hospital staff.

## **Incidence.**

The incidence of any infection is obviously a function of the definition on one hand and its ascertainment on the other. Ascertainment must be made on a sufficient number of infants over a period of time and in Newcastle with the help of the Medical Officer of Health and the city midwives this has been possible on two occasions. First, during May and June, 1947, at the beginning of the 'Thousand Families' Study, and during March and April, of 1959 as preparation for this paper. On each occasion, after thorough discussion and a pilot study to bring out any difficulties, special records were kept by each midwife for each baby born in the months concerned.

In 1959 with the help of Dr. Norton of the staff of the Public Health Bacteriological laboratory, we also tried to obtain some indication of the bacteriology of the lesions and whether, if staphylococci were grown, they were sensitive to penicillin. As com-



parison I have also almost simultaneous records, using the same definitions, from the Maternity Unit of the Newcastle General Hospital.

The data for 395 infants in the care of the city midwives from 16th March to 16th May, 1959 is set out in Table I; 340 of those infants had been born at home and 55 in hospital but discharged before the third day. Of these, 72 showed some evidence of infection before the midwife stopped visiting and most of these infections were undoubtedly staphylococcal in origin. In Table II the incidence at home in 1959 is compared with that in hospital, and in Table III the years 1959 and 1947 are compared both at home and in hospital. It can be seen that, in both years, more pustules were recorded in infants born in hospital than in those born at home and that even at home almost a fifth of all infants showed some evidence of surface infection during the first fourteen days of life.

This incidence seems high but is the result of a close and careful scrutiny without reference to the presence of clinical illness. In order, therefore, to see the problem in rather more clinical perspective I sought the help of a friend in family practice. This doctor had been for some years keenly interested in domiciliary midwifery and had kept very careful clinical records of both mother and infant without attempting to record 'infections' as we have defined them. In seven years he had looked after 648 mothers and their infants and in Table IV the eight illnesses found in the infants are recorded—probably four of these were staphylococcal. There were, in addition, 9 neonatal deaths, one of which might have been infective. The incidence of serious staphylococcal infection seen by any one family doctor or domiciliary midwife must therefore be very small indeed.

### **Bacteriology of Surface Infection.**

As part of the original plan, arrangements had been made to take a swab from each lesion seen and Dr. Norton of the Public Health Laboratory Service had offered to examine them for the presence of staphylococci, to report whether staphylococci isolated were coagulase positive and to determine sensitivities to various antibiotics in those strains found to be coagulase positive. This part of the study was disappointing for only 40 swabs were received at the laboratory and many of these did not yield any growth. The results are given in Table V. From such a small number one cannot derive very much except to note that only two of six coagulase



positive strains were penicillin sensitive. The work could be pursued and it would be very useful indeed to know the frequency of coagulase positive staphylococci and their sensitivities.

### **When should Systemic Antibiotics be used and what should be given?**

With an incidence of minor infection such as we have described there can be no question of treating all these lesions with systemic antibiotics for this would only increase problems relating to sensitivity and be a needless waste of time and material. Nor is there, to my knowledge, any evidence that routine therapy reduces the incidence of minor infection or prevents the occurrence of the occasional serious haematogenous lesion. Probably the most effective way to reduce the incidence is to improve the nursing and medical care of the newborn infants and exclude from contact with the infant any adults or children suffering from clinical staphylococcal lesions.

Occasionally, however, systemic antibiotics will be required and the following are some of the indications for their use, although the infection is not necessarily known to be staphylococcal when the lesions first appear.

- (1) Extension of any local lesion, e.g. any cellulitis of skin or palpebral or orbital oedema.
- (2) An infant who loses his appetite when he has previously fed well.
- (3) Cough or signs in the chest in an infant who is unwell in the absence of heart failure.

Whenever oral or systemic chemotherapy is required, so is a careful examination or investigation designed to localise the infection if it is not already visible on the surface, the lungs, meninges, kidneys, urine, bones, are all sites of infection in the newborn which are apt to be overlooked. Once the site of infection is localised in the infant then efforts to find an organism and obtain its sensitivities are also necessary as an emergency measure.

While this is being done, if the infant is not so ill as to warrant immediate admission to hospital and yet requires an antibiotic—and this in itself is a debatable point under conditions in Britain where hospital accommodation is so readily obtained—my choice when the organism is unknown is chloramphenicol (given as palmitate). It is

effective against most staphylococci and *B. Coli* and does not appear to encourage the formation of resistant strains. I have never been able to detect any ill effects in any infant and I never give it for longer than 14 days.

TABLE 1.  
INFECTIONS ARISING AT HOME IN 395 INFANTS  
MARCH—MAY, 1959.

50	Sticky eyes only.
3	Sticky eyes and skin lesions.
10	Skin spots, whitlows.
5	Nasal discharge or 'snuffles'.
2	Umbilical sepsis.
2	Thrush.
—	
72	children = 18.1 per cent.
—	

TABLE 2.  
INFECTION IN HOSPITAL IN 290 INFANTS  
NOVEMBER—DECEMBER, 1958

TOTAL NUMBER OF INFANTS 309 EXCLUDING N.N.D. (11; ONE FROM INTRAUTERINE SEPSIS).

10	infants had sticky eyes and skin lesions.
40	had skin lesions only.
38	had sticky eyes only.
2	others (thrush and wound sepsis).
—	
90	Infants = 29 per cent.
—	

Systemic Chloramphenicol, 3 times only.

TABLE 3.  
PROPORTION OF CHILDREN BORN AT HOME OR  
IN HOSPITAL.

<i>Lesion.</i>	<i>Year.</i>	<i>Home.</i>	<i>Hospital.</i>
Pustules .....	1947	5.0%	10%
	1959	3.8%	16%
Conjunctivitis .....	1947	15%	17%
	1959	13.2%	15.3%
<hr/>			
Proportion of all children showing signs of infection	1959	18.7%	29%

In 1947, 22% of 1,142 children showed evidence of infection in the first month.



TABLE 4.  
ILLNESSES OCCURRING IN 637 INFANTS IN ONE FAMILY  
PRACTICE 1952-1958.

- 1 purulent nasal discharge 21st day.
- 2 acute coryza—bronchitis.
- 1 umbilical sepsis, premature infant.
- 1 cellulitis of legs and abdomen, mother also  
infection of perineum. Haem. Strep in both, 5th day.
- 1 enteritis—12-13th day.
- 1 scalp abscess.
- 1 chicken pox, 7th day.

TABLE 5.  
RESULTS OF EXAMINATION OF 40 SWABS OF SURFACE INFECTION  
MARCH—MAY, 1959.

- 6 coag. positive staph. (2 sens. penicillin).
- 17 coag. neg. staph. (sensitivity not done).
- 1 strept. viridans and yeasts.
- 16 no growth or result.