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CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1960



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HEALTH COMMITTEE

(As at December, 1960)

THE LORD MAYOR

ALDERMAN MRS. G. ROBSON, J.P.

Chairman:

ALDERMAN MRS. C. C. SCOTT, J.P.

Vice-Chairman:

ALDERMAN J. CHAPMAN, M.B.E.

Ald. Miss E. B. Temple.	Coun. Mrs. I. McCambridge, J.P.
Coun. R. C. Brown.	Coun. Mrs. M. S. Murray.
Coun. Mrs. A. A. Davison.	Coun. Mrs. M. Shaw.
Coun. Mrs. V. H. Grantham.	Coun. Mrs. M. N. Sims.
Coun. R. M. Henderson, J.P.	Coun. H. J. White.
Coun. Mrs. C. Lewcock.	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:*

Dr. K. Kumar.

STAFF OF PUBLIC HEALTH DEPARTMENT.

(As at 31st December, 1960).

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.D., D.P.H., D.I.H.

Child Welfare Medical Officer:
Shirley M. Livingston, M.B., B.S.

16 General Practitioners attend Clinics on a sessional basis.

Childhood Tuberculosis Medical Officer:
Mary D. Taylor, M.D., D.P.H.

Assistant Medical Officers of Health:
G. V. Griffin, M.B., B.S., D.P.H.
A. R. Buchan, M.B., B.S., D.P.H.

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.

Dental Officer:

E. B. Hodgson.

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.

Adviser 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.

Adviser 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, 48 Health Visitors, 2 Assistant Nurses,
1 Orthopaedic Nurse, 8 Students, 12 Clerks.

Non-Medical Supervisor of Midwives:

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

Assistant Supervisor, 1 Tutor, 39 Midwives, 12 Pupils, 3 Clerks.

District Nursing Superintendent:

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

Assistant Superintendent, 47 District Nurses (8 Male, 39 Female),
6 Orderlies, 1 Clerk.

Home Help Organiser:

Miss L. M. Roddham.

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

Day Nurseries:

Superintendent Matron:

Mrs. J. Armstrong, S.R.N., S.C.M. (Part-time).

2 Play Therapists (Part-time).

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

Welfare Foods Distribution Supervisor:

Miss D. C. Brown.

9 Assistants (5 part-time).

Almoning Department:

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

Miss M. D. Clifford, Almoner.

2 Clerks.

Almoning Department—Tuberculosis:

Mrs. J. Armstrong, S.R.N., S.C.M., Social Case Worker (Part-time).

1 Vacancy.

4 Clerks (2 part-time).

Other Staffs:

Vaccination and Immunisation—5 Clerks.

B.C.G. Vaccination—2 Clerks.

Invalid Equipment—1 Clerk.

Priority Dental Service—1 Clerk.

2 Dental Technicians (*in conjunction with Education Committee*).

Mental Health Staff:

Senior Mental Welfare Officers:

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

4 Mental Welfare Officers, 1 Mental Health Worker, 1 Clerk Typist,

2 Occupation Centre Supervisors, 8 Assistant Supervisors, 2 Trainees,

1 Nurse Attendant (Part-time).

1 Male Training Centre Supervisor.

1 Male Assistant Supervisor.

Ambulance Staff:

Ambulance Officer:

H. M. Roberts.

Senior Superintendent, 32 Administrative, Supervisory and Clerical Staff, 78 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.

19 Inspectors, 5 Assistant Inspectors, 4 Pupil Inspectors,
2 Smoke Investigators, 11 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:

E. A. Moore.

Deputy Chief Clerk:

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

Finance Officer, 11 Clerks, 5 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 fifth Annual Report, the eighty-eighth in the series of Annual Reports of the Medical Officer of Health of this City.

Mental Health
services.

There is little doubt that although the City Council forwarded the Mental Health Scheme to the Ministry of Health in September 1959, it was only during 1960 that any real steps could be taken to bring the new Service into being. Much preparatory work was required and every opportunity was taken of enlightening members of the public as well as the staff about the proposed changes. A number of conferences took place with the staff, both medical, nursing and social, at St. Nicholas Hospital to formulate an agreed scheme and iron out any apparent differences. The Health Committee visited Northgate and Prudhoe and Monkton Hospitals at the invitation of their Hospital Management Committees. Eventually a summary of the proposed changes and how the scheme would operate was prepared for circulation within the Department, to Hospital staffs and amongst general practitioners.

No active steps with the exception of changing names and setting up a Psychiatric Social Club (under the guidance of the Senior Mental Welfare Officer with the assistance of members of the Toc H) were taken until the Consultant Psychiatrist in After Care could be appointed. Dr. Peter Morgan was selected and took up his duties early in 1961. However, at the end of the year, and within a few days of Dr. Morgan's actual appointment, negotiations were opened for the purchase of the first hostel for psychiatric patients.

The adult Female Training Centre was separated from the Junior Training Centre and the appointment of a Training Centre Manager approved.

On a never-to-be-forgotten day in June Her Royal Highness Princess Alexandra visited the Training Centres and captivated the children and their parents with her grace and charm. Her Royal Highness saw the work of the Centres and a short display was given in her honour. Everyone was deeply grateful to Her Royal Highness,

and their Graces the Duke and Duchess of Northumberland who accompanied her, for the interest taken in the work of the Centres and for the encouragement given to the staff by their visit.

There is a very long way to go before it can be said that the facilities within the City for the community care of the mentally ill and the subnormal are adequate, but there is plenty of interest, drive and initiative to build up a first-class service.

It is easy to talk about Health Education but much more difficult to plan a project actively, let alone assess the results of the time and money expended. After much experimentation, a co-ordinated policy is being developed in the various sections of the Department, detailed work being spread amongst many willing staff. Their efforts and the emphasis to be placed on each project is co-ordinated by Dr. A. Gatherer, ably supported by Miss C. Paterson on her return to duty after obtaining her Diploma in Health Education.

Health
Education.

The Health Exhibition on the Town Moor in 1960 stressed the important relationship between disease and environment suggesting several ways in which man can influence his destiny. Many were interested, but how many took the advice offered them ?

The stars of the Department's first weekly television programme are to be congratulated on their sincerity in a difficult medium and the interest they created. A careful check for "worried" mothers was kept by Health Visitors and Medical Officers at Infant Welfare Centres—none were found.

Detailed plans were made and a much closer link forged with the voluntary agencies already providing this service on the understanding that these agencies were to continue on a year to year basis with financial support from the Local Health Authority. Future developments were agreed upon and the first Local Authority Chiropody Clinic using Infant Welfare Centre premises was scheduled to start at the beginning of the next financial year.

Chiropody
Service.

In the meantime the collection of statistical data by voluntary agencies was worked out and agreed thus permitting systematic planning of the new service, especially for the priority groups.

laison.

Large meetings, even held regularly and well attended by already busy people, do not always achieve their objective, in this case closer liaison within the midwifery services. This might even be true in such a City as Newcastle upon Tyne where generally speaking liaison is of a very high order being not only conscientiously sought by all, but a matter of tradition. So it would seem that the alternative, namely regular informal meetings between the Medical Officer of Health and small groups of consultant obstetricians and paediatricians which permit the interchange of plans and ideas and as a result of so much cross membership of various statutory and medical committees seem to cover the field very adequately.

Tribute to the unspectacular but very essential work of the Local Medical Committee (with its membership of General Practitioners, and Consultants from Teaching and General Hospitals) is only too rarely paid. My grateful thanks are due to Dr. H. F. Wattsford, who has permitted so much time to be given to "Local Health Authority matters" and the guidance given me as a result has been most helpful.

There has never been a great demand for nursing sick children in their own homes but the link is close between the hospital and domiciliary nursing staff when children are ready for discharge. A close link has also been established between the District Nursing Service and the Departments of Geriatrics, Urology and Neurosurgery in the General Hospital, enabling patients' discharge to be predicted and facilities arranged.

Child Guidance
and Emotional
Disorders.

The almost complete absence of child guidance facilities in the City is to be regretted ("Tiverlands" Child Guidance Centre is a Regional Training Centre in this City but cannot be regarded as a Centre for normal consultative purposes as it has a long waiting list and covers a very wide area).

The shortage of Child Psychiatrists is being met but training is a slow process. Similarly the difficulty of obtaining Psychiatric Social Workers in this part of the country will, to some extent, be met when the new post-graduate course in the Department of Social Studies at King's College completes its first year of post-graduate training for Social Workers.

To meet this need for guidance to parents and children Dr. P. H. Connell, the Consultant Child Psychiatrist at "Tiverlands", arranged a short course of lectures and seminars for medical and nursing staff. Dr. Peter Morgan, Consultant Psychiatrist in After Care will follow on with staff discussions at all levels, essentially to guide health visitors and other members of the staff on problems known to exist or beginning to arise within the families under their care.

Looking at the statistical data and comparing with the figures for 1959, the fall in the birth rate—it is still high—the rise in the death rate, stillbirth rate and illegitimacy rate—all of them small—are the main items of note. A satisfactory trend, however, presents itself in the falling neonatal and perinatal mortality rates and a feature of 1960, most satisfactory of all, no maternal deaths.

Statistics.

The tuberculosis death rates continue to fall, but the lung cancer death rate is still rising. During the past ten years amongst males between 45 and 65, the latter rate has approximately doubled itself.

A year free of any major epidemic, with a falling incidence of tuberculosis and no case of poliomyelitis, is obviously a satisfactory one at first glance. A closer look, however, at the number of children and more especially the adults requesting vaccination against poliomyelitis and perhaps in direct relation, a fall in children immunised against diphtheria, can only be attributed to an attitude of indifference. Pressure by all available means to maintain a high community protection has been persistent. Plans were made in 1960 for what was probably the first co-ordinated regional drive to improve the percentage protection against poliomyelitis. The expectant mothers, usually so reasonable, seem to fail to appreciate the importance of this protection.

Infectious Diseases and their control.

The Yellow Fever Clinic meets the Tyneside demand quite easily.

The regular quarterly meetings between the Medical Administrative Staff of the Health Department and the Chest Physicians practising in the City, are always stimulating and informative.

Future of the Chest Service.

The Ministry of Health Memorandum, "The future of the Chest Services", was considered in detail with particular reference to raising the percentage of school-children receiving B.C.G. at 13 years of age to more than 80%; means of identifying males over 45

who might be disseminating tubercle bacilli, (a general practitioner campaign was developed to bring this group to light and thus for treatment); the training of all nursing staff, both in Local Health Authority and in hospitals; means by which hospital staff notified tuberculosis and the possible dissemination of tuberculosis by rehousing from slum clearance areas. A number of sound administrative procedures resulted from this reappraisal of the present and future trends, which will assist in increasing the stranglehold on tuberculosis.

Environmental Health.

Although not in the headlines this year the administrative staff has done the solid hard work required to maintain the drive towards a better and healthier environment for all and it is quietly but efficiently keeping ahead of the programme. Looking down at the City from a tall block of flats during the winter clearly indicated its progress and a glance at the respiratory statistics reveals the everpressing need for such progress.

Tall flats, however bring their problems as well as on occasion a new house. The Committee, in conjunction with the Education and Housing Committees considered the provision of Play Centres for young children resident in this new type of development and decided that such Centres should be a feature of the new redevelopment area plans.

In Mr. Mair's report, an improvement in the deposit of pulverised fuel ash from local power stations is recorded. That some will be recorded is inevitable for several years, but every step must be taken to keep the level as low as possible.

Care of the Elderly

As the elderly increase in number year by year, the search for those in need is intensified. Increased staff and training of staff have assisted, but still occasionally some (particularly those who prefer to live a solitary life) slip through the net and a tragedy occurs. The link between the statutory and voluntary organisations is one that is founded on mutual interests for the care of those in need.

Ancillary Services.

Several small but nevertheless important supporting services have been initiated or further developed. Such services as Home Helps at weekends, Night Sitters, etc., meet the need of families in distress and are much appreciated when required. Several instances are given in the Report.

It is interesting to look at the care taken to establish a liaison between all Social Workers whose daily work brings them in touch with families in need for one reason or another. Some 200 reports were made to the Co-ordinating Committee in 1960, the staff of the Health Department making 34%, the School Health Service 26%, the Inspectors of the National Society for the Prevention of Cruelty to Children 30%, and the remainder coming from Teachers, Housing Manager and various other sources. The value of such meetings is seen not only in the formal decisions reached but in the informal discussions which take place both before and after.

Co-ordination
of the work
amongst
children.

Great stress has been laid on the planning of the work of each ambulance and its crew throughout the day, a procedure only possible if the demand is known. A concerted effort has been made by hospital staff (it is no easy matter to collect all relevant data in a large hospital) to provide the information and the ambulance staff have developed a clear cut schedule which up to the end of the year held at bay the inevitable demand for more vehicles and staff to meet the increasing load placed on the Service.

Ambulance
Service.

Always interested in the comfort of their patients, and the health of their staff, the Ambulance Officer and his Engineering staff have developed easier loading devices for both stretchers and wheelchairs which will be incorporated in future new vehicles.

At the end of the year the decision as to whether the new Central Ambulance Station could be built in Blandford Street was still awaited.

There is something so attractive to all members of a team when involved in probing the unknown that even the routine recording of facts is no longer a chore. Research is vital in the Health Department if progress is to be made.

Research.

As it was decided to carry forward the 1960 Baby Survey in association with the staff of the Princess Mary Maternity Hospital to cover a total of 10,000 births, the Midwives' Record Cards were redesigned to give the necessary information.

The Survey of the facilities available for the care of the elderly in the City was completed by the Working Party mentioned in the Report for 1959 and their Report was published.

Several small but nevertheless important research projects have been undertaken and completed during the year.

visitors.

Several visitors have been to see and discuss the work of the Department. They have come from as far afield as Australia, Taiwan, Ceylon, India, Sudan, West Africa, West Indies, as well as Greece, Germany and other Authorities in the United Kingdom. They are all welcome and their experiences provide much for thought and discussion. Her Royal Highness Princess Alexandra who visited the Training Centres in June was the most welcome visitor of all.

Capital
Expenditure.

Loans towards Capital Expenditure are becoming increasingly available, sometimes at short notice. The Authority with its plans ready for development can benefit from such forethought. In redevelopment areas Health Department buildings are vital but may have to be related to the overall plan and can thus be held up.

The plans for the long awaited Clinics at Fenham, Fawdon and Kenton were prepared in 1960 and the buildings themselves should be ready for use in 1961.

A future Capital programme was prepared and the buildings required for the development of the Mental Health Service included in it.

Whilst considering the redevelopment of the Scotswood Area, an approach was made to the Local Medical Committee regarding General Practitioner Surgery accommodation. Though no actual surgeries were included in the Slum Clearance programme, several doctors practising from adjacent surgeries expressed interest in the provision of accommodation by the Local Authority.

Staff Training.

In a University City and a Regional Centre for Technical Education, it is relatively easy to provide all training required for the many disciplines within a Health Department but it is not very easy elsewhere. For this reason the Medical Officers of Health of the Local Health Authorities in the Northern Region reviewed their training requirements and a co-ordinated plan was developed to make the best use of all the resources in the Region.

My thanks are due to all those who have assisted in staff training and who have played their part in reporting on refresher courses etc. held elsewhere.

Whenever an emergency arises, however slight, the staff respond to it magnificently and great credit is due to those who have spent time in preparing plans to meet just such occurrences. The routine work of the Department must, however, not be forgotten and the field workers would be the first to acknowledge the valuable assistance given by their clerical and administrative colleagues.

Acknowledgments.

The appointment of Mr. E. A. Moore as Chief Clerk has brought much experience and some new administrative methods to the Department.

I am very grateful indeed to all members of the staff, everyone having supported me fully throughout the year.

The Chairman and Members of the Health Committee have given their willing support to a number of new projects, and all members of the staff are most grateful to them for their interest in the work of the Department.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

R. C. M. Pearson.

Health Department,
Town Hall,
Newcastle upon Tyne, 1.
June, 1961.

Medical Officer of Health.

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CITY AND COUNTY OF NEWCASTLE UPON TYNE

I—GENERAL

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

CITY AND COUNTY OF NEWCASTLE UPON TYNE

I-GENERAL

WATER SUPPLY, CREAMATION, &c.
SPECIAL CONDITIONS, CLIMATOLGY,
NORTHAMPTON TABLES

VITAL STATISTICS.

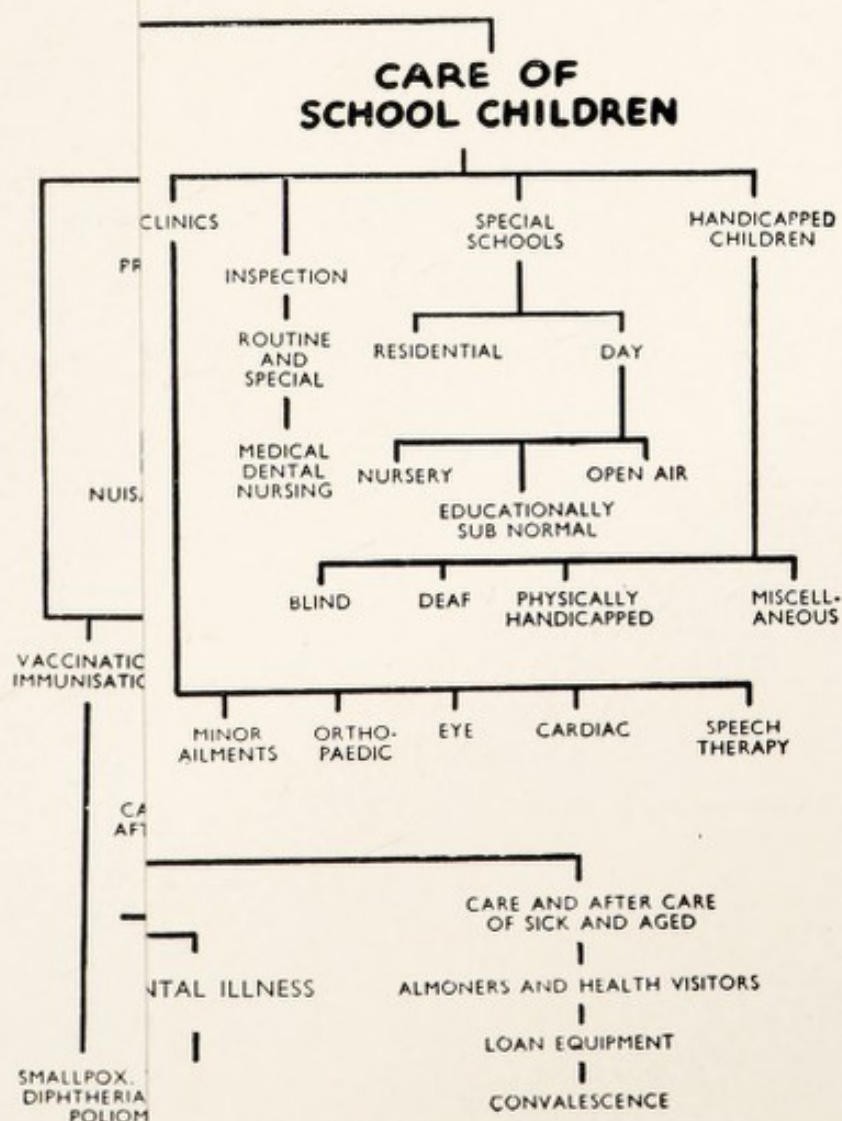
(Set out in the order laid down in Ministry of Health Circular 1/61).

Live Births	...	...	...	...	5,029.
Live Birth Rate (Crude)	...	...	...	...	18.70 per 1,000 population.
Live Birth Rate (Corrected)	...	...	...	...	18.14 per 1,000 population.
Illegitimate Live Births per cent of total Live Births	...	...	...	...	6.0.
Stillbirths	...	...	...	...	119.
Stillbirth Rate	...	...	...	...	23.15 per 1,000 live and still- births.
Total Live and Stillbirths	...	...	...	...	5,148.
Infant Deaths	...	...	...	...	134.
Infant Mortality Rate—					
Total	...	...	...	...	26.65 per 1,000 total live births.
Legitimate only	...	...	...	...	25.39 per 1,000 legitimate live births.
Illegitimate only	...	...	...	...	46.20 per 1,000 illegitimate live births.
Neonatal Mortality Rate	...	...	...	...	19.09 per 1,000 total live births.
Early Neonatal Mortality Rate	...	...	...	...	14.71 per 1,000 total live births.
Perinatal Mortality Rate	...	...	...	...	37.55 per 1,000 total live and stillbirths.
Maternal Deaths (including abortion)	Nil.				
Maternal Mortality Rate	...	...	...	...	0.000 per 1,000 live and still- births.

OTHER STATISTICS.

Population	...	...	...	...	268,970.
Area	...	...	...	...	11,401 acres.
Deaths	...	...	...	...	3,403.
Death Rate (Crude)	...	...	...	...	12·65 per 1,000 population.
Death Rate (Corrected)	...	...	...	...	14·17 „ „ „
Tuberculosis Death Rates—					
All Forms...	...	...	...	...	0·104 per 1,000 population.
Pulmonary	...	...	...	...	0·089 „ „ „
Non-Pulmonary	...	...	...	...	0·015 „ „ „
Cancer Death Rates—					
All Forms...	...	...	...	...	2·49 per 1,000 population.
Lung and Bronchus	...	...	...	...	0·73 „ „ „
Other Sites	...	...	...	...	1·76 „ „ „
Marriage Rate	...	...	...	...	16·11 per 1,000 population.
Inhabited Houses	...	...	...	...	87,718.
Rateable Value	...	...	...	...	£5,059,345.
Product of 1d. Rate	...	...	...	...	£20,600 (estimated).

THE CITIZENS LINE



GENERAL STATISTICS.

Population.

The population, as estimated by the Registrar General, was 268,970. The decrease of 2,130 since 1959 was due primarily to the re-housing of City families on estates outside the City boundary.

Births.

There were 5,029 live births recorded, representing a crude birth rate of 18·70 per 1,000 population, as compared with a rate of 19·18 for 1959. The City birth rate is higher than that for England and Wales—17·1.

In addition there were 119 stillbirths, representing a rate of 23·15, slightly higher than the 1959 rate of 22·55.

LIVE BIRTHS.				STILL BIRTHS.		
Sex.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
Male	2,449	166	2,615	57	6	63
Female	2,277	137	2,414	49	7	56
Totals	4,726	303	5,029	106	13	119

Deaths.

The net deaths amounted to 3,403 equivalent to a crude rate of 12·65 per 1,000 population, as compared with a rate of 12·08 for 1959. The death rate for England and Wales for 1960 was 11·5.

Infantile Mortality.

134 infants died before completing the first year of life, representing a rate of 26·65 per 1,000 live births. This was 5 less than last year, when the rate was 26·73. The England and Wales rate for 1960 was 21·7.

Of the 134 infant deaths, 96 occurred before attaining the age of one month, making a neo-natal mortality rate of 19·09 as compared with the England and Wales rate of 15·6.

Maternal Mortality.

No maternal deaths occurred during the year; in 1959 there were 3 deaths, giving a rate of 0·564 per 1,000 live and still births. The England and Wales mortality rate for 1960 was 0·39.

Tuberculosis.

Twenty-eight persons died from various forms of tuberculosis during the year, 24 being pulmonary and 4 being non-pulmonary, giving death rates of 0·089 and 0·015 respectively, a total of 0·104 for all forms. The provisional national rate for all forms of tuberculosis is 0·075 per 1,000 population. The City pulmonary rate is, for the thirteenth successive year, a new low record.

Infectious Diseases.

There was during the year 1 death due to infectious diseases (excluding diarrhoea, pneumonia and tuberculosis) representing a rate of 0·004 per 1,000 population, as compared with a rate of 0·018 for 1959.

Marriages.

2,167 marriages took place during the year, representing a marriage rate of 16·1 per 1,000 population, compared with 17·0 in 1959.

Street Accidents.

During the year 2,753 street accidents occurred, 495 more than last year, and as a result, 1,446 were injured, 32 fatally. The total included 279 accidents to children under 15 years of age, 4 of which were fatal.

	Under 5 years.		5-10 yrs.		10-15 yrs.		Total.	
	1959	1960	1959	1960	1959	1960	1959	1960
Killed	5	2	2	1	1	1	8	4
Injured	70	81	135	121	62	77	267	279

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 1960, there were 3,825 cremations carried out in the City, 236 fewer than last year. Of the cremations performed, 1,524 were in respect of Newcastle residents, this figure being 40% of the total cremations as compared with 34% in 1959.

The percentage of city residents who died in 1960 and were cremated was 45%.

The Medical Referee required 32 post-mortem examinations as compared with 36 in 1959, 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 230 landings from the Continent, 51 more than in 1959 and of those passengers landing, 1,299 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.

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 1960 was cooler and there was much more rain. Hours of sunshine in the City averaged 14 per month less, and over the year the rainfall was 14 inches more. Temperatures were generally lower, with June the warmest month and February the coldest.

The following table includes the sunshine records taken at King's College (Newcastle), Cockle Park (Morpeth), Hexham and Gateshead; sites and altitudes of the 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, 1960.

Month.	SUNSHINE HOURS.				RAINFALL AND TEMPERATURES.		
					LEAZES PARK.		
	King's College.	Hexham.	Cockle Park.	Gates-head.	Rainfall (inches).	Mean Max. Temp. °F.	Mean Min. Temp. °F.
January	28.5	34.5	43.4	47.4	4.87	41.38	30.32
February	64.1	87.0	104.7	84.9	1.97	42.27	29.75
March	34.0	52.0	47.9	55.5	1.68	45.74	35.41
April	69.9	139.0	141.0	139.7	0.73	56.86	37.23
May	139.8	163.7	189.3	207.5	1.87	64.22	41.67
June	182.7	209.5	224.6	241.0	0.22	71.86	48.46
July	121.3	118.0	143.2	155.6	4.51	70.19	47.90
August	137.6	129.0	156.6	178.3	3.51	67.87	47.42
September ...	71.2	101.0	108.2	115.0	2.08	62.69	45.07
October	34.2	28.0	48.2	48.2	6.37	54.49	42.51
November ...	36.3	46.5	64.4	66.5	2.67	46.30	33.50
December	32.1	45.5	62.9	61.4	2.09	41.00	30.64
Totals	951.7	1153.7	1334.4	1401.0	32.57	664.87	469.88
Averages	79.3	96.1	111.2	116.7	2.71	55.41	39.16
1959 Averages	93.1	121.4	128.7	129.3	1.55	57.67	40.46

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 177).

Sewerage.

There are 462.98 miles of sewers in the City, discharging directly into the River Tyne at various points along the 8½ miles of river frontage.

The City Engineer reported that the sewerage of the area is generally adequate. Flooding and surcharge of sewers occur in certain limited areas at times of heavy rain, and some new construction will be required to relieve these conditions.

So far as sewage disposal is concerned, the Riparian Local Authorities have accepted in principle the fifth Interim Report of the Technical Sub-Committee as to Tyneside sewage disposal which recommended that a sewage disposal scheme should be developed for Tyneside in view of the fact that a survey of the River has shown that :—

- (a) There is a net movement upstream of the water near the bed of the River which has an adverse effect on the passage of sewage solids out to sea.

- (b) The degree of dilution in the River is not such as to justify any longer the free discharge of untreated sewage to the River.

The form which a sewage disposal scheme should take is at present being investigated by the Technical Sub-Committee and a decision on this matter should be possible in some eighteen months time.

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.
11th January, 1960	4,255	1,175	5,430
12th December, 1960	3,336	986	4,322

Inhabited Houses.

There were 87,718 inhabited houses which, on the estimated population, showed an average of 3.1 persons per dwelling.

Rateable Value.

A penny rate produced £20,600 16 0d., the gross rateable value being £5,059,345, compared with £4,960,012 in 1959.

Vital Statistics of Whole City during 1960, 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
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
1960	268,970	6,409	5,029	18.7	4,365	16.2	1,258	297	134	27	3,403	12.7

* Calculated on a population of 282,200.

† Rates calculated on a population of 291,025.

[Civilians only

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

Total deaths during recent years from certain classes of disease.

	Nervous System.	Circu- latory.	Respira- tory.	Digestive.	Violent Causes.
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
1960 ...	548	1,189	438	81	108

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1960.

(REGISTRAR-GENERAL'S RETURN).

CAUSES OF DEATH.	Sex.	All ages.	0-	1-	5-	15-	25-	45-	65-	75-
1—Tuberculosis, respiratory	M. F.	15 9	... ...	... ...	... ...	... 1	1 2	9 3	4 2	1 1
2—Tuberculosis, other forms	M. F.	1 3	... ...	... ...	... ...	... ...	... 2	1 1	... ...	... ...
3—Syphilitic disease	M. F.	4 2	... ...	... ...	... ...	... ...	... ...	2 ...	2 ...	... 2
4—Diphtheria	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
5—Whooping cough	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
6—Meningococcal infections	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
7—Acute poliomyelitis	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
8—Measles	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
9—Other infective and parasitic diseases	M. F.	4 2	1 ...	... ...	1 ...	... ...	... 1	1 1	1 ...	... ...
10—Malignant neoplasm, stomach	M. F.	59 34	... ...	... ...	... ...	... ...	1 1	21 9	18 9	19 15
11—Malignant neoplasm, lung, bronchus	M. F.	170 26	... ...	... ...	... ...	... ...	7 1	96 7	48 12	19 6
12—Malignant neoplasm, breast	M. F.	2 35	... ...	... ...	... ...	... ...	... 5	1 13	1 10	... 7
13—Malignant neoplasm, uterus	F.	23	...	...	...	...	3	11	7	2
14—Other malignant and lymphatic neoplasms	M. F.	149 156	... ...	... ...	... ...	... ...	8 11	43 57	50 43	48 45
15—Leukaemia, aleukaemia	M. F.	10 7	... ...	... ...	1 1	1 ...	... ...	4 2	4 ...	... 4
16—Diabetes	M. F.	4 16	... ...	... ...	... ...	... ...	... ...	2 2	... 7	2 7
17—Vascular lesions of nervous system	M. F.	249 298	... ...	... ...	... ...	... ...	3 2	49 38	71 83	126 175
18—Coronary disease, angina	M. F.	393 265	... ...	... ...	... ...	... ...	10 2	150 45	127 99	106 119
19—Hypertension with heart disease	M. F.	20 40	... ...	... ...	... ...	... ...	... ...	4 7	8 16	8 17

Causes of Death at different periods of life for 1960—*continued.*

CAUSES OF DEATH.	Sex.	All ages.	0—	1—	5—	15—	25—	45—	65—	75—
20—Other heart disease	M.	145	2	...	...	...	5	19	41	78
	F.	181	...	...	...	...	5	15	39	122
21—Other circulatory disease	M.	78	...	...	...	...	2	13	23	40
	F.	68	...	...	...	...	1	6	16	45
22—Influenza	M.	7	...	...	...	...	...	4	2	1
	F.	3	...	...	...	...	...	1	1	1
23—Pneumonia	M.	82	13	1	...	...	4	14	19	31
	F.	91	5	1	2	...	2	9	19	53
24—Bronchitis	M.	171	3	1	...	...	3	63	53	48
	F.	55	2	...	...	...	...	9	22	22
25—Other diseases of respiratory system	M.	19	...	...	...	...	...	8	8	3
	F.	10	...	...	...	...	2	1	2	5
26—Ulcer of stomach and duodenum	M.	26	...	...	...	...	4	7	7	8
	F.	5	...	...	...	...	1	1	1	2
27—Gastritis, enteritis and diarrhoea	M.	6	1	...	...	1	1	1	1	1
	F.	11	1	...	...	...	1	...	4	5
28—Nephritis and nephrosis	M.	22	...	...	...	1	3	7	6	5
	F.	12	...	...	...	...	4	1	4	3
29—Hyperplasia of prostate	M.	13	...	...	...	...	...	...	5	8
30—Pregnancy, child-birth, abortion	F.	...	...	...	...	...	...	...	...	...
31—Congenital malformations	M.	12	10	1	...	1	...	...	...	...
	F.	10	10	...	...	...	...	...	...	...
32—Other defined and ill-defined diseases	M.	132	53	1	1	...	6	24	15	32
	F.	141	27	...	...	1	5	28	21	59
33—Motor vehicle accidents	M.	25	...	1	...	5	5	9	2	3
	F.	12	...	1	2	...	2	3	1	3
34—All other accidents	M.	27	4	...	3	2	4	8	3	3
	F.	17	2	2	...	...	...	2	5	6
35—Suicide	M.	17	...	...	...	...	3	6	6	2
	F.	8	...	...	...	1	3	2	1	1
36—Homicide and operations of war	M.	...	...	...	...	...	...	...	...	...
	F.	1	...	...	...	...	...	1	...	...
All causes	M.	1862	87	5	6	11	70	566	525	592
	F.	1541	47	4	5	3	56	275	424	727

CANCER DEATHS AND DEATH RATES FROM 1939
AND DEATHS FROM CANCER OF RESPIRATORY ORGANS SHOWING AGE AND SEX DISTRIBUTION.

Total Number of Cancer Deaths	Death Rate per 1,000 Popula- tion	RESPIRATORY ORGANS ONLY										
		Males.				Total	Females.				Total	
		Under 25	25-45	45-65	Over 65		Under 25	25-45	45-65	Over 65		
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
1960	671	2.49	..	7	96	67	170	..	1	7	18	26

CANCER DEATHS IN AGES (MALE AND FEMALE)—1960.

32A

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		
144	Do.	floor of mouth ...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	2	1		
145	Do.	oral mesopharynx	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...		
147	Do.	hypopharynx	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...		
148	Do.	pharynx(unspecified)	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	2	...		
150	Do.	oesophagus.....	...	...	...	...	...	...	...	...	...	1	...	5	3	5	7	11	10		
151	Do.	stomach	...	...	...	...	...	...	...	...	...	1	1	21	9	37	24	59	34		
152	Do.	small intestine	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2	...		
153	Do.	large intestine except rectum.....	...	...	...	...	...	...	...	...	...	...	1	11	17	18	24	29	42		
154	Do.	rectum.....	...	...	...	...	...	...	...	...	...	1	4	5	11	10	15	16			
155	Do.	biliary passages and of liver (stated to be primary site)	...	...	...	...	...	...	...	...	...	...	1	2	...	5	1	7			
156	Do.	liver (secondary and unspecified)	...	...	...	...	...	...	...	...	1	...	1	1	...	3	2	4			
157	Do.	pancreas	...	...	...	...	...	...	...	...	1	1	4	3	7	12	12	16			
158	Do.	peritoneum	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2			
159	Do.	unspecified digestive organs	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...			
160	Do.	nasal cavities	...	...	...	...	...	...	...	...	...	...	1	...	...	2	1	2			
161	Do.	larynx	...	...	...	...	...	...	...	...	1	...	1	...	4	...	6	...			
162	Do.	tracheae & of bronchus & lung specified as primary	...	...	...	...	...	...	...	...	5	1	82	6	47	12	134	19			
163	Do.	lung and bronchus unspecified as to whether primary or secondary ...	...	...	...	...	...	...	...	...	2	...	14	1	20	6	36	7			
164	Do.	mediastinum	...	...	...	...	...	...	...	...	...	5	1	13	1	17	2	35			
170	Do.	breast	...	...	...	...	...	...	...	...	3	...	8	...	4	...	15				
171	Do.	cervix uteri	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1				
172	Do.	corpus uteri	...	...	...	...	...	...	...	...	...	...	3	...	4	...	7				
174	Do.	uterus (unspecified)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
175	Do.	ovary fallopian tube and broad ligament	...	...	...	...	...	...	...	...	2	...	8	...	8	...	18				
176	Do.	other unspecified fe- male genital organs	...	...	...	...	...	...	...	...	...	...	1	...	3	...	4				
177	Do.	prostate	...	...	...	...	...	...	...	...	...	...	...	27	...	27	...				
180	Do.	kidney	...	...	...	...	...	...	...	...	...	...	4	1	1	1	5	2			
181	Do.	bladder and other urinary organs ...	...	...	...	...	...	...	...	...	1	...	2	1	8	4	11	5			
192	Do.	eye	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1			
193	Do.	brain and other parts of nervous system	...	...	...	...	...	...	...	...	1	1	1	...	...	...	1	2			
196	Do.	bone including jaw bone	...	...	...	...	...	...	...	...	2	...	2	4	...	4	4				
197	Do.	connective tissue ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...			
198	Do.	lymph nodes, second- ary and unspecified	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...				
199	Do.	other & unspecified sites	...	...	...	...	...	...	...	...	1	1	2	2	3	4	6	7			
200	Lymphosarcoma and reticulosarcoma.....		...	...	...	...	...	...	...	...	1	2	...	1	...	1	3				
201	Hodgkin's disease		...	...	...	...	...	...	...	...	1	1	1	1	...	...	2	2			
203	Multiple myeloma		...	...	...	...	...	...	...	...	...	...	3	...	2	...	5				
204	Leukaemia and aleukaemia.....		...	...	...	...	1	1	1	...	...	...	4	2	4	4	10	7			
TOTALS			...	...	...	...	1	1	1	...	16	20	164	97	208	163	390	281			
COMBINED TOTALS			...	...	...	...	2	1	...	36	...	261	...	371	...	671					

WARD DISTRIBUTION OF BIRTHS, DEATHS, INFANT MORTALITY, TUBERCULOSIS AND OTHER
RESPIRATORY DISEASES, CANCER AND HEART DISEASE, 1960.

WARD.	Estimated Population.	Average Area (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.	Rate.	Deaths.	Rate.	Deaths.	Rate.
Armstrong ..	12,400	239.6	51.8	316	25.5	194	15.6	12	38.0	19	1.53	1	0.08	4	0.32	..	..	37	2.98	23	1.85	37	2.98
Arthur's Hill.	13,200	318.1	41.5	221	16.7	232	17.6	5	22.6	13	0.98	3	0.23	1	0.08	..	..	24	1.81	31	2.35	83	6.29
Benwell	14,100	246.8	57.1	318	22.6	149	10.6	13	40.9	10	0.71	..	..	..	..	..	..	25	1.77	30	2.13	47	3.33
Blakelaw	14,470	506.0	28.6	242	16.7	161	11.1	6	24.8	13	0.90	..	..	3	0.21	..	..	21	1.45	37	2.56	43	2.97
Byker	12,900	245.4	52.6	288	22.3	170	13.2	13	45.1	12	0.93	2	0.16	2	0.16	1	0.08	22	1.71	28	2.17	51	3.95
Dene	13,200	865.4	15.3	152	11.5	164	12.4	1	6.6	7	0.53	..	..	..	..	..	..	18	1.36	40	3.03	58	4.39
Elswick	12,800	215.0	59.5	238	18.6	165	12.9	2	8.4	11	0.86	2	0.16	4	0.31	..	..	16	1.25	29	2.27	58	4.53
Fenham	15,800	650.5	24.3	202	12.8	200	12.7	6	29.7	9	0.57	1	0.06	2	0.13	1	0.06	22	1.39	43	2.72	66	4.18
Heaton	13,800	315.3	43.8	220	15.9	176	12.8	2	9.1	8	0.58	2	0.14	2	0.14	..	..	17	1.23	36	2.61	63	4.57
Jesmond	14,500	416.6	34.8	193	13.3	226	15.6	2	10.4	3	0.21	..	..	1	0.07	..	..	19	1.31	49	3.38	85	5.86
Kenton	16,900	1422.0	11.9	320	18.9	175	10.4	6	18.7	8	0.47	..	..	1	0.06	..	..	24	1.42	33	1.95	56	3.31
St. Anthony's	13,000	240.9	54.0	245	18.8	183	14.1	11	44.9	5	0.38	..	..	2	0.15	..	..	32	2.46	48	3.69	48	3.69
St. Lawrence	14,000	315.3	44.4	286	20.4	152	10.9	4	14.0	8	0.57	1	0.07	..	..	1	0.07	21	1.50	28	2.00	53	3.79
St. Nicholas	8,000	438.2	18.3	154	19.2	113	14.1	1	6.5	6	0.75	4	0.50	..	..	..	..	10	1.25	29	3.62	28	3.50
Sandyford	11,500	245.9	46.8	199	17.3	172	15.0	5	25.1	15	1.30	1	0.09	..	..	..	..	24	2.09	33	2.87	65	5.65
Scotswood ..	14,300	395.5	36.2	258	18.0	154	10.8	9	34.9	15	1.05	..	..	1	0.06	..	..	17	1.19	37	2.59	44	3.08
Stephenson ..	13,600	310.2	43.8	427	31.4	137	10.1	13	30.4	23	1.69	2	0.15	5	0.37	..	..	23	1.69	26	1.91	37	2.72
Walker	15,700	499.9	31.4	302	19.2	152	9.7	12	39.7	7	0.45	..	..	1	0.06	..	..	24	1.53	30	1.91	42	2.68
Walkergate ..	13,700	525.2	26.1	228	16.6	164	12.0	5	21.9	5	0.36	3	0.22	1	0.07	..	..	17	1.24	37	2.70	44	3.21
Westgate ...	11,100	293.6	37.8	220	19.8	164	14.9	6	27.3	7	0.63	2	0.18	..	..	1	0.09	25	2.25	24	2.16	35	3.15
CITY	268,970	8705.4	30.9	5,029	18.7	3,403	12.7	134	26.6	204	0.76	24	0.09	30	0.11	4	0.015	438	1.63	671	2.49	1043	3.88

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES
1960.

	Newcastle upon Tyne.	Gateshead.	South Shields.	Sunderland.	Tynemouth.	Northumberland.	Durham.
R.G.'s estimated population	268,970	108,560	108,600	188,000	70,010	482,480	950,870
Comparability factor:—							
(a) births	0.97	0.96	0.93	0.94	0.95	0.98	0.96
(b) deaths	1.12	1.19	1.19	1.24	1.13	1.10	1.22
Crude birth rate per 1,000 population.....	18.70	18.1	18.45	20.63	18.33	16.66	18.5
Birth rate adjusted by factor.....	18.14	17.3	17.16	19.39	17.41	16.33	17.8
Crude death rate per 1,000 population	12.65	12.0	12.03	10.8	11.47	11.80	11.5
Death rate adjusted by factor	14.17	14.2	14.31	13.39	12.96	12.98	14.0
Infant mortality rate per 1,000 live births	26.65	28.8	20.46	25.78	23.00	20.28	27.69
Neo-natal mortality rate per 1,000 live births	19.09	23.8	14.97	16.5	16.69	14.81	19.2
Stillbirth rate per 1,000 total births	23.15	23.2	23.39	21.94	17.15	17.96	23.4
Maternal mortality rate per 1,000 total births	—	0.99	0.49	—	0.78	0.60	0.44
Tuberculosis rates per 1,000 population—							
Primary Notification:							
(a) respiratory	0.76	1.07	0.92	0.66	0.88	0.43	0.47
(b) non-respiratory	0.11	0.14	0.14	0.05	0.06	0.06	0.06
Deaths:							
(a) respiratory	0.09	0.05	0.06	0.07	0.06	0.05	0.09
(b) non-respiratory	0.02	—	—	0.01	—	0.00	0.007
Death rates from Cancer:							
(a) all forms (including leukaemia and aleukaemia)	2.49	2.15	2.46	2.2	2.85	2.02	1.99
(b) lungs and bronchus only	0.73	0.64	0.57	0.57	0.57	0.42	0.37
Perinatal mortality rate per 1,000 total births	37.55	41.5	37.52	36.33	31.96	30.30	40.1
Illegitimate live births per cent. of total live births...	6.0	3.8	4.2	4.0	3.5	3.1	3.4

MATERNITY AND CHILD WELFARE

Mr. S. M. Ferguson, State Child Welfare Welfare Officer

Birth Rate.

There was a total of 5,079 live births—2,277 male and 2,802 female—registered, which is an estimated percentage of 100% compared to a crude birth rate of 14.7. Of these births 10% were illegitimate.

Still-Birth Rate.

There were 140 still-births giving a still-birth rate of 2.75.

II.—NATIONAL HEALTH SERVICE ACTS

The National Health Service Act, 1946, which provides for the establishment of a National Health Service, has been passed by the House of Commons.

Maternity Allowance Bill.

The Maternity Allowance Bill, 1946, has been passed by the House of Commons.

CARE OF MOTHERS AND YOUNG CHILDREN

Antenatal Care.

The Department of Health has issued a booklet, "Antenatal Care," which gives information about the various services available to pregnant women. The booklet is intended to help women to get the best possible care during pregnancy and to help them to understand the importance of antenatal care. It is a booklet for women only and is not intended for men. It is a booklet for women only and is not intended for men. It is a booklet for women only and is not intended for men.

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 5,029 live births—2,615 male and 2,414 female—registered, which in an estimated population of 268,970 produced a crude birth rate of 18.7. Of these births 303 or 6 per cent were illegitimate.

Still-birth Rate.

There were 119 still-births giving a still-birth rate of 23.15.

Infant Mortality, Neo-Natal and Perinatal Mortality Rates.

Ninety six babies died in the first month of life; 38 between the end of the first month and the end of the first year. This gave an infant mortality rate of 26.65, and a neonatal mortality rate of 19.09. Of the 96 babies dying in the first month 74 died in the first week of life; this gave, with the still births, a perinatal mortality rate of 37.55.

Of the 303 illegitimate live births 14 died during the first year, giving an illegitimate infant mortality rate of 46.20, compared with 25.39 for the legitimate births.

Maternal Mortality Rate.

There were no maternal deaths during the year.

CARE OF MOTHERS AND YOUNG CHILDREN. **Ante-Natal Care.**

The co-operation between the Local Health Authority and general practitioner obstetricians continues to improve. More general practitioners are holding their own ante-natal clinics in Local Health Authority premises with a midwife assisting, and the clinics run by health visitors and midwives continue to flourish. It is hoped that during the next year midwives will be assisting general practitioners at their ante-natal clinic surgeries in cases where local authority centres are not geographically suitable.

It is now possible for expectant mothers suffering from toxæmia of pregnancy, of such a degree as to require rest in bed but not necessarily in hospital, to have a free home help supplied on the recommendation of a consultant obstetrician. It is hoped that this will not only be of great benefit to the mother but also prevent some still-births and other loss of infant life and morbidity.

Child Welfare.

From the table of causes of infant deaths it is again obvious what a large number of these deaths congenital malformations and birth trauma are responsible for, and it is reasonable to suppose that some who survive may be handicapped in some way, physically or mentally, or both. Every endeavour is made to ascertain all abnormalities as soon as possible—mainly by home visiting by the health visitor who is made aware of any known condition such as prematurity, birth trauma, etc., which may possibly cause some handicap, and also by birthday check-ups at child welfare clinics. Arrangements are being made at the present time to obtain more accurate and detailed information of 'children at risk' among those born in hospital in or outside the city. This sort of information is not always passed on from the hospitals. Children who may require special schooling or who are ineducable are referred to the Senior School Medical Officer as soon as possible after reaching the age of two years, by which time parents have usually accepted and faced up to the problem. If the child is under the care of a paediatrician it is only with his approval that the Senior School Medical Officer is notified, unless the child has almost reached school age.

Children found at child welfare clinics to require specialist treatment are referred to hospital only after obtaining the agreement of the general practitioner. Children requiring other medical treatment are referred back to their general practitioners. Practically all hospitals send copies of their letters to general practitioners on discharge of children, to the Local Health Authority; the children then receive a special visit from the health visitor.

There is no doubt that the "Casual User" service in the day nurseries has been a good scheme. It can help so many mothers by giving them a rest once or twice a week, and they are very appreciative, particularly those with children who are physically or mentally handicapped. The number of individuals using this service has increased from 216 in 1958 to 321 in 1960.

The number of child-minders has increased considerably over the last year or two. There are now fifteen registrations under the Nurseries and Child-Minders Regulation Act 1948, together caring for 222 children. They cater mainly for the child of nursery school age whose parents are anxious for their children to have companionship of their own age, but who are outside the income group of day nurseries, and whose mother is perhaps not actually working outside the home. Most of these children attend only in the mornings.

The Play Therapy Groups at Blakelaw and East End Centres continue to do good work under the guidance of the psychiatrist from St. Nicholas' Hospital. The mothers of children with behaviour problems find it helpful to be able to discuss their worries and fears about their children with a consultant, and also to discuss their problems amongst one another in informal discussion groups. There were 23 individuals who made 440 attendances at Blakelaw throughout the year, and 31 individuals made 478 attendances at the East End Centre. Health visitors can also go along and discuss this type of case with the consultant, and the advice which they receive can be passed on to the mothers.

The play groups at the centres increased in number towards the end of the year. They are particularly useful during sewing group sessions, allowing the mothers to get on with their work unhampered by their demanding offspring. It is yet another means of giving the mothers a rest and the opportunity for a good gossip over their sewing and a cup of tea.

In the Autumn a course of in-service lectures and discussion groups on child psychiatry was started, lectures being given by the Director of the Child Guidance Unit attached to the Department of Psychological Medicine at the University. The course was mainly for assistant medical officers who get so little opportunity for acquiring knowledge on this subject, but who nevertheless are expected to advise mothers on the behaviour problems of their children. Health visitors and school nurses were also included in the groups, so that advice given by medical officers and nursing staff would be consistent.

Health Education in child care branched into new fields during the year. At the invitation of Tyne-Tees Television, a medical officer and a health visitor took part in short weekly talks on child

care, with a very attractive baby as the focal point. The talks covered all aspects of child care and development—mental and emotional as well as physical.

Tables and figures relevant to the service are set out in the succeeding pages.

Registration of Births.

Of the 5,029 live births in families resident in Newcastle 2,979 occurred in institutions as shown in the following table:—

Nursing Homes.....	11
Princess Mary Maternity Hospital	617
Hopedene Maternity Home	187
Newcastle General Hospital	1,355
Other outside hospitals	809
Total number of live births registered	5,029
Proportion of live births taking place in Institutions...	59%
Proportion in Newcastle hospitals	43%

Care of Illegitimate Children.

Total number of illegitimate live births	303
Number of unmarried mothers admitted to Mother and Baby Homes for whom the Local Health Authority assumed financial responsibility	4

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.
1960.....	1,964	33	1,284	33	6,285	33	13
1959.....	1,974	19	1,351	19	6,268	19	13

CAUSE OF DEATH	6 and under 9 Months.		9 and under 12 Months.		Total under One Year.	
	M	F	M	F	M	F
Salmonella Typhimurium	...	...	...	...	1	...
Lymphangioma	...	...	...	...	1	...
Adrenogenital Syndrome	1	...	...	...	...	1
Mental Deficiency	...	...	...	...	1	...
Adrenal Apoplexy	...	...	...	...	...	1
Epilepsy	...	...	...	...	1	...
Acute respiratory infection	1	...	...	...	1	1
Bronchopneumonia	...	...	1	...	6	2
Pneumonia other and unsp	...	...	...	...	4	1
Acute Bronchitis	...	...	...	...	3	2
Gastro Enteritis and Coliti	...	...	...	...	...	1
tive	...	...	...	...	1	2
Spina Bifida and Meningoc	...	...	...	...	1	2
Congenital Hydrocephalus	...	...	...	...	1	2
Congenital Malformations	...	...	...	...	7	4
System	...	...	...	...	1	2
Congenital Malformation	...	...	...	...	1	2
System	...	...	...	...	1	...
Other and Unspecified Con	...	...	...	...	7	5
ditions	...	...	...	...	1	...
Intracranial and Spinal Inj	...	...	...	...	8	1
Other Birth Injury	...	...	...	...	3	2
Post Natal Asphyxia and A	...	...	...	...	1	...
Pneumonia of Newborn	...	...	...	...	1	...
Haemolytic Disease of New	...	...	...	...	1	...
Haemorrhagic Disease of N	...	...	...	...	1	...
Diarrhoea of Newborn	...	...	...	...	8	2
Other and Ill Defined Dis	...	...	...	...	24	16
Early Infancy	...	...	...	...	1	1
Immaturity	...	...	...	...	3	...
Inhalation and ingestion o	...	...	...	...	1	...
bject causing obstructio	...	...	...	...	...	...
Accidental Mechanical Suf	...	...	...	...	...	...
Unknown Cause	...	...	...	...	...	...
TOTAL	2	2	...	1	87	47

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)
1960...	10,737	3,674	331	3,380	6,641	45,178	19,375	35
1959...	10,749	3,632	350	3,308	6,831	46,290	24,669	38

Welfare Foods.

The figures below show the 'take-up' of National Dried Milk and Vitamins compared with 1959:—

	<i>National Dried Milk.</i>	<i>Cod Liver Oil.</i>	<i>Vitamin A & D Capsules.</i>	<i>Orange Juice.</i>
1960.....	171,968 tins	17,612 bottles	12,900 boxes	116,012 bottles
1959.....	176,091 „	18,119 „	12,467 „	125,009 „

Sewing Classes.

A total of 241 classes were held at 6 centres. The number of attendances was 2,301—an average of 9 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	173
Royal Victoria Infirmary.....	57
Royal Victoria Infirmary (Speech Therapy)	45
Fleming Memorial Hospital	15
Orthopaedic Department—City Road	174
Ear, Nose and Throat Hospital	13
Total	477

Handicapped Children.

The number of handicapped children under review is as follows:—

Blind and partially sighted	5
Minor Eye Defects	71
Deaf and Partially Deaf	8
Speech Defects	97
Mentally Backward	51
Epileptic	8
Spastic	8
Congenital Defects	139
(including Congenital Heart, 37; Orthopaedic, 41; Cleft Palate and Hare Lip, 29)	
Special Defects	120
(including asthma, infantile eczema, tubercul- osis, etc.)	

DAY NURSERIES.

Of the 910 people interviewed regarding admission during the year 386 were offered places, and of these 296 children were admitted to the day nurseries. 270 children were discharged.

There was a slight increase in the number of children on the register at the end of the year and the attendances have been higher than during the previous year.

Twenty-eight physically and mentally handicapped children, as well as some with other problems, have been in the nurseries during the year using the full time or casual service.

In February the Committee decided to make special provision for seriously handicapped children after the fifth birthday, the charge to be 5/- per week unless attending for breakfast when the charge would be 7/6d. per week ; five such children between the ages of 8 years and 5 years attended the nurseries during the year.

Good use has been made of the Casual User Service. It would appear that its uses are now more widely known. The figures, as in previous years, show that the number of children attending were mainly for priority reasons. Thirty-two mothers were offered places for their children to enable them to go out to work to supplement their income ; of these 19 were admitted and only seven continued to attend for any length of time. The others left because they realised that there was no financial gain from going out to work and paying the fees of £2—£3 10s. 0d. per week according to their combined income. The eight children on the register at the end of the year who were non-priority were considered because of the father's low income and to allow the mother to work in order to have better home conditions, the mother earning as much and even more than the father.

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 ½-day attendances.
Willow Avenue ...	50	2,058	6,689	59	49	3,315
Renwick Street ...	50	1,400	4,521	53	51	1,459
Woodland Crescent	25	1,725	2,191	44	34	989
West Parade.....	50	3,162	5,684	92	83	2,053
Gosforth Street ...	50	2,318	6,048	48	53	763
Total 1960	225	10,663	25,133	296	270	8,579
Total 1959	225	11,839	20,613	318	313	8,189

Figures below show the total number of children in the nurseries at the end of 1960, and the reasons for their admission:—

Unmarried mothers	36
Widows	7
Separated or divorced	63
Mother ill	20
Father ill	9
Father unemployed	2
Confinement	9
Housing conditions	4
Difficult children	6
Special recommendations (Dr's., H.V's., etc.)	33
Mother teaching	3
Financial difficulties	8

CHILD PSYCHIATRY AND PLAY THERAPY.

Child psychiatry and play therapy continued at Blakelaw and East End Centres. Attendances are shown in the following table:—

Blakelaw Centre.

No. of sessions :	Psychiatric Clinic	10
	Play Therapy Group	49
No. of cases: Attendances continued from 1959		13
New cases during 1960		10
Attendances		440

East End Centre.

No. of sessions :	Psychiatric Clinic	9
	Play Therapy Group	51
No. of cases: Attendances continued from 1959		4
New cases during 1960		29
Attendances		478

PREVENTION OF BREAKDOWN OF FAMILIES.

Apart from discussions on these families at liaison committees, and pooling of knowledge to assist in their supervision, the Home Advisers have dealt with fifteen cases during the year. Six of these were carried over from 1959 and nine new cases were taken on at some time during the year. The Home Adviser was withdrawn from eight families during the year, in one or two cases because the family was so much improved that it was considered they could manage without their help, but more often because there seemed no hope of real co-operation from the parents. The scheme was designed to teach the mother to cope with her duties as well as to help and support her, but too often she accepts the help without making any effort herself. In these latter cases it is only possible to fall back on concentrated supervision by Health Visitors, N.S.P.C.C. Inspectors and others interested.

MIDWIFERY.

There was a slight fall in the work of the Domiciliary Midwives during 1960—the number of domiciliary births notified by midwives being 2,025 compared with 2,223 in 1959.

Visits to patients discharged from hospital before the 14th day also decreased, due to changes in the rules of the Central Midwives Board, reducing the “lying in period” during which the attendance of a midwife is required from 14—28, to 10—28 days after the end of labour. Since October 1st, 1960, Health Visitors have been responsible for patients discharged from hospital from the 9th day onwards, unless the attendance of a midwife was specially requested by the hospital or family doctor.

During 1960, 91 live premature infants were born at home—of which 27 were admitted to hospital—the remaining 64 being nursed entirely at home. The good liaison between the Newcastle General Hospital premature unit personnel and the Local Health Authority continues to flourish. 111 premature infants born in hospital were discharged home under the care of the special premature infant nurse, an increase of 29 on 1959.

After home assessment by midwives arrangements were made for delivery and discharge after two days of 164 patients at the Newcastle General Hospital, and 100 at Princess Mary Maternity Hospital. (12.1 % and 16.2 % respectively of city births born in these hospitals).

Throughout the year 207 women originally booked for home confinement were transferred to hospital during the ante-natal period, labour or post-natal period: 138 were admitted to Newcastle General Hospital, 57 to Princess Mary Maternity Hospital, and the remainder to the Royal Victoria Infirmary, Walkergate, Preston and Queen Elizabeth Hospitals. The majority returned home within three days of delivery.

536 notices of " Request for Medical Help " were received during 1960. The high number is accounted for by the strict observance of the rules of the Central Midwives Board, requiring a midwife to call in a registered medical practitioner for any deviation from the normal in mother or infant during the ante-natal period, labour or puerperium, even when a doctor is booked.

Co-operation between the Almoners of the Newcastle General Hospital and Princess Mary Maternity Hospital and the Non-Medical Supervisor of Midwives and her deputy ensured in a percentage of cases, that, where unsatisfactory home conditions existed expectant mothers were booked for hospital confinement.

Parentcraft classes were held at Diana Street, East End and Jesmond Centres throughout the year, and ' spot talks ' on parentcraft were also given at all ante-natal sessions. The relaxation classes provided by the Physiotherapy Department of the Newcastle General Hospital continued.

Twelve general practitioners or groups of general practitioners are now holding regular ante-natal sessions in Local Health Authority premises. The services of a midwife were also offered to general practitioners holding ante-natal sessions in their own surgeries, and to date two doctors have taken advantage of the offer and appreciate the help afforded.

Midwives participated in two large surveys during 1960, namely, the investigation of infection during early pregnancy (a national survey) and the Newcastle Maternity Survey. The Newcastle Survey which commenced on 14th December, 1959, necessitated the completion of a detailed proforma for every city woman delivered in 1960, and arrangements for post-mortem examinations in any still-

birth or neonatal death: this survey is to continue for a further two years, but the redesigned record cards now in use will include all the necessary information.

SUMMARY OF MUNICIPAL MIDWIVES' WORK—YEAR ENDING
31st DECEMBER, 1960.

No. of ante-natal visits.	No. of post-natal visits.	No. of clinic visits by mid-wives.	NUMBER OF BIRTHS.				No. of nursings
			Doctor not booked.		Doctor booked.		
			Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either booked Dr. or another).	Doctor not present at time of delivery of child.	
1960 22,318	3,113	2,590	1	78	409	1,537	56,229
1959 22,565	3,330	2,604	10	91	402	1,720	60,599

Still-Births.

Total	119
City births	100
City residents delivered outside City	19

The causes of the 100 City still-births were as follows:—

Ante-partum haemorrhage	5	Extra uterine pregnancy	—
Placental insufficiency	16	Prematurity	6
Foetal defects	23	Rh. negative	3
Malpresentation	4	Anoxia	16
Toxaemia of pregnancy	4	Other causes	8
Intra-uterine deaths	6	Unknown	9
			100

Puerperal Pyrexia.

Twenty-two cases of puerperal pyrexia were notified (20 City cases and 2 extra-mural cases). Of the 22 cases 18 occurred in hospital and 4 were notified from the district.

Ophthalmia Neonatorum.

Three hospital cases were notified, two City cases and one extra-mural case.

Premature Infants born at home.

No. of Premature Infant Nurses: 1 full-time, 7 part-time.

Live births	91
Still-births	10
	101
Attended by Premature Infant Nurse	87
Transferred to hospital	27
Nursed at home	64

Live Births nursed at home.

Weight.	Total.	Survived 28 Days.	Died.
Up to 2 lb. 3 ozs.	—	—	—
2 lb. 3 ozs.—3 lb. 4 ozs.	1	—	1
3 lb. 4 ozs.—4 lb. 6 ozs.	14	14	—
4 lb. 6 ozs.—4 lb. 15 ozs.	19	19	—
4 lb. 15 ozs.—5 lb. 8 ozs.	30	28	2
	64	61	3

Age groups of babies who died:—

Within 24 hours	3
2—8 days	0
8—28 days	0

Premature infants born in hospital and nursed by the Premature Infant Nurses on discharge from hospital—111.

Newcastle General Hospital	94
Dilston Hall	7
Princess Mary Maternity Hospital	3
The Green, Wallsend	1
Hopedene	2
Dryburn, Durham	1
Willington Quay	1
Ravensbourne	1
Preston	1

HEALTH VISITORS.

SUMMARY OF VISITS.

	Primary.	Subsequent.	Total.
Births and children under one year	8,422	23,901	32,323
Children over one year	13,759	45,589	59,348
Measles	97	65	162
Pneumonia	70	37	107
Whooping Cough	83	90	173
Poliomyelitis	—	7	7
Diphtheria	—	—	—
Expectant mothers	677	1,126	1,803
Aged persons	2,582	13,114	15,696
Mental and physical after-care ...	87	463	550
Orthopaedic—home visits	13	—	13
Tuberculosis cases.....	248	965	1,213
Tuberculosis contacts	437	1,069	1,506
Hospital cases	99	—	99
Special visits	1,661	—	1,661
Housing	90	—	90
Venereal diseases—contacts	198	662	860
Home accidents	61	—	61
Sanitary defects	66	—	66
Totals	28,650 (33,348)	87,088 (91,329)	115,738 (124,677)
No. of households visited	22,036 (19,886)	67,441 (60,464)	89,477 (80,350)
Orthopaedic treatments	— —	3,126 (3,390)	3,126 (3,390)

The figures shown in brackets are totals for 1959.

In addition to these visits there were 26,614 ineffective visits, and in 658 visits the family was found to have removed.

IMMUNOLOGY.

The number of all types of vaccinations and immunisations were less than in 1959—both those done at clinics and by general practitioners.

The proportion of babies vaccinated against smallpox in their first year is approximately 52%, and the percentage of children protected against diphtheria in the 1—4 age group is 67%.

There are still people who are quite ignorant about smallpox vaccination, refusing to have their children vaccinated because 'they don't believe in it' and yet are amazed when it is pointed out to them what might happen if everyone took up the same attitude.

SMALLPOX VACCINATION—TABLE I.

NUMBER OF INDIVIDUALS SUCCESSFULLY VACCINATED AGAINST SMALLPOX IN
1960 DIVIDED INTO AGE GROUPS.
(1959 FIGURES IN BRACKETS).

Age at Date of Vaccin- ation.	Under 1 year.	1—4 years.	5—14 years.	Over 15 years.	TOTAL.
<i>Clinics.</i>					
Primary.....	1,597 (1,644)	68 (54)	5 (9)	7 (15)	1,677 (1,722)
Re-vaccin- ation	— (—)	— (—)	— (1)	90 (92)	90 (93)
<i>Private Practitioners</i>					
Primary.....	1,028 (1,218)	108 (100)	29 (43)	87 (58)	1,252 (1,549)
Re-vaccin- ation	— (—)	8 (19)	20 (16)	152 (183)	180 (218)
<i>Totals—</i>					
Primary.....	2,625 (2,862)	176 (154)	34 (52)	94 (73)	2,929 (3,141)
Re-vaccin- ation	— (—)	8 (19)	20 (17)	242 (285)	270 (311)

DIPHTHERIA—TABLE II.

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR
RE-IMMUNISATION. DIVIDED INTO TWO AGE GROUPS. (1959 Figures in Brackets).

	Under 5 years.	Over 5 years.	TOTAL.
<i>Primary Immunisation.</i>			
Clinics	2,100 (2,482)	106 (641)	2,206 (3,123)
Private Practitioners	1,100 (1,661)	74 (210)	1,174 (1,871)
<i>Re-Immunisations.</i>			
Clinics	638 (728)	2,631 (558)	3,269 (1,286)
Private Practitioners	261 (386)	348 (469)	609 (855)
<i>Totals:—</i>			
Primary	3,200 (4,143)	180 (851)	3,380 (4,994)
Re-Immunisations.....	899 (1,114)	2,979 (1,027)	3,878 (2,141)

IMMUNISATION IN RELATION TO MID-YEAR CHILD POPULATION.

NUMBER OF CHILDREN WHO HAVE COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION BETWEEN 1ST JANUARY, 1946 AND 31ST DECEMBER, 1960.

Age on 31/12/60 (i.e., Born in year)	Under 1 year 1960	1—4 years 1959-1956	5—9 years 1955-1951	10—14 years 1950-1946	Under 15 years Total
A. Number of children whose last course (primary or booster) was completed in period 1956-1960	820	12,149	11,911	3,939	28,819
B. Number of children whose last course (primary or booster) was completed in period 1955 or earlier	—	—	3,804	16,697	20,501
C. Estimated mid-year child population	4,880	18,420	41,000		64,300
Immunity index	16.8	66.0	38.7		44.8

PRIMARY IMMUNISATION.

NUMBER OF CHILDREN UNDER 15 YEARS PROTECTED AGAINST DIPHTHERIA AND/OR WHOOPING COUGH AND/OR TETANUS IN 1960 ARE AS FOLLOWS:—

Diphtheria	Diphtheria and Pertussis	Diphtheria Pertussis and Tetanus	Diphtheria and Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus
72	18	3,272	18	90	3,380	3,290	3,380

RE-IMMUNISATION.

Diphtheria	Diphtheria and Pertussis	Diphtheria Pertussis and Tetanus	Diphtheria and Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus
2,416	45	1,401	16	14	3,878	1,446	1,431

Number of Persons Inoculated against Cholera, etc.

Cholera	8
T.A.B. and Cholera	1

POLIOMYELITIS VACCINATION.
INDIVIDUALS WHO RECEIVED PRIMARY AND BOOSTER INJECTIONS : JANUARY-DECEMBER, 1960.

COMPLETED PRIMARY INJECTIONS.	Under Fives.	School Children.	Aged 16-25 years.	Aged 25-40 years.	Expect- ant Mothers.	Hospital Staff and Families.	Medical Practit- ioners and Families.	Ambu- lance Staff and Families.	Public Health Dept. Staff and Families.	Total.
At M. & C.W. Clinics ...	1,878	78	148	202	126	—	—	—	—	2,432
At School Clinics	—	150	30	39	—	—	—	—	—	219
At Lunch-time Clinics ...	—	—	266	553	—	—	—	—	—	819
At Special Clinics	—	—	1,324	978	—	—	—	—	2	2,304
At G.P.'s Surgeries	1,039	307	531	1,324	383	2	2	—	—	3,588
At Hospitals	—	—	—	—	—	55	—	—	—	55
TOTAL	2,917	535	2,299	3,096	509	57	2	—	2	9,417
COMPLETED BOOSTER INJECTIONS.										
At M. & C.W. Clinics ...	2,659	520	930	73	400	—	—	—	—	4,582
At School Clinics	—	4,248	507	44	—	—	—	—	—	4,799
At Lunch-time Clinics ...	—	—	11,630	116	—	—	—	—	—	11,746
At Special Clinics	—	—	2,330	1	—	—	—	—	11	2,342
At G.P.'s Surgeries	1,952	3,570	3,115	264	455	18	3	—	—	9,377
At Hospitals	—	—	—	—	—	1,097	—	—	—	1,097
TOTAL	4,611	8,338	18,512	498	855	1,115	3	—	11	33,943

HOME NURSING.

There are some interesting statistical facts arising from the annual returns in connection with home nursing.

The majority of patients were referred by general practitioners and as expected the greatest amount of work was in connection with the patients in older age groups. The comparison between the numbers of patients and visits within the age groups shows that both increase in proportion to age, and that 156 children under five years received an average of 10 visits each, whereas 2,372 patients over 65 years had an average of 34 visits each.

The treatment given varied from injections to full nursing care, from removal of stitches in a well-healed wound to persuading the open flaps of an amputation to unite, besides supporting patients and relatives over a period of stress and strain.

Thus in the field of home nursing all the skilled technique acquired in hospital, as well as patience and understanding in dealing with those who have been independent and now are more restricted, is required to gain the co-operation of both patient and relative in giving effective nursing care.

During the year the Cathedral Nursing Society Charitable Trust devoted £40 for extra comforts for patients at Christmas, and together with £50 from the Sir James Knott Charities Trust the money was spent on warm clothing, food parcels, etc., for the elderly. An "Easicarri" Hydraulic lift was acquired—the cost £68 10s. 0d.

HOME NURSES.
CASES ATTENDED AND VISITS PAID.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Medical	Surgical	Infectious Diseases	Tuber- culosis	Maternal Compli- cations	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year*	Children included in (2)-(7) who were under 5 at the time of the first visit during the year*	Patients included in (2)-(7) who have had more than 24 visits during the year*
Number of cases attend- ed by Home Nurses during the year :—	3,411	768	19	189	88	—	4,475	2,372	156	1,410
Number of visits paid by Home Nurses during the year :—	117,691	15,442	142	11,559	599	—	145,433	82,390	1,450	111,867

*The number of visits paid to the special classes of patients in columns (9), (10) and (11) are shown under items (c) and (d) as appropriate.

HOME HELPS.

Home Helps are available to meet the needs of those residents of the City who for various reasons are unable to manage their own housework and, with the exception of a few who are too senile or difficult to keep private help, are unable to meet the cost thereof.

The service is one for which a charge, based on the financial position of the household and the hours of service given, is made. The amount of help given to a particular home depends on the need, and the availability of Home Helps.

2,739 cases were assisted in 1960 and of this number 2,238 were over the age of 60 years. From the following analysis of these cases it will be seen that the service is largely concerned with helping aged persons to live in their own homes.

	Aged 60/64	Aged 65/69	Aged 70/79	Aged 80/89	Aged 90/99	TOTAL.
Males living alone	14	34	181	109	4	342
Females living alone ...	72	183	645	431	22	1,353
Males living with other aged relatives.....	—	—	1	—	—	1
Females living with other aged relatives.....	—	3	12	5	1	21
Males living with family	1	—	9	6	1	17
Females living with family	8	12	37	40	6	103
Married couples	43	54	227	77	—	401
(under age of wife)						

A short history of a few cases which have been assisted is given below:—

Child Care.

Mr. F. Aged 47 (widower). Nine children—ages were 6 weeks to 11 years when the service commenced. This man is a cripple and the Home Help has attended this home for 17 months. The provision of a Home Help has kept the family together as satisfactorily as possible without a mother in the household.

Mrs. L. Aged 28. Three children ages 3, 4 years and baby. Patient has attacks of asthma and goes into hospital quite happy knowing that her children are being cared for by a Home Help.

Mrs. T. Aged 37. Three children ages 9, 5 and 2 years. Patient developed tuberculosis. Patient's mother, who was a widow and had to earn her living, gave up her employment and became a Home Help to look after the children. This was an excellent arrangement as the patient was able to receive full benefit from hospital with peace of mind for which she was more than grateful. Home Help attended 11 months.

Mrs. Y. Aged 38. Chronic heart condition. Five children (two sets of twins 9 and 12 years of age) and one child 13 years. Mrs. Y. has had the service approximately 8 years, and when help was first provided the patient was bedfast and twins under school age. As patient gradually improved help was reduced. At present receiving help two half days per week.

Mr. L. Aged 52. Paralysed—speech indistinct, living alone. A Home Help has been wonderful to him. He cannot dress himself. He is happy in his own home, where neighbours, who have known him since childhood, call in to see him for a chat. Home Help has attended for 10 years.

Mrs. H. Aged 63. Sclerosis. Bedfast for last 10 years and Home Help has attended all that time. Husband works. Patient very bright and looks forward to visitors.

Mr. & Mrs. H. Ages 73 & 83. Husband heart trouble; wife rheumatoid arthritis. Five years ago it was thought this couple would have to go into care. The provisions of a Home Help has prevented this measure. The husband has improved both mentally and physically, and is now able to help a little.

Mrs. P. Aged 81. Almost blind and bedfast. Six years ago the daughter of the patient approached the Home Help Department for help to enable her to keep her work: the patient was not expected to recover. Home Help has attended since that time and the patient has improved. The daughter has been able to keep her work, which is good for her and her mother.

Misses O. Ages 86 and 74 years. One of these sisters has been bedfast for 3 years: only the services of a Home Help enables them to live in their own home. Home Help has attended for 4 years.

Mrs. N. and Miss L. Aged mother 87 years and blind daughter 62 years. Home Help attended 10 years, and this help enabled them to remain in their own home. Aged mother now deceased and daughter recently taken into care.

Mental Cases.

Mrs. N. Aged 63. This patient was bedfast and mental for many years. Single daughter remained at home to look after her. The daughter was feeling the strain and the Home Help Department was approached. Help was provided which enabled the daughter to take a part-time job. The daughter improved in health. Home Help service was provided for 5 years.

Miss L. Age 18. This patient was a mental defective and sat in a chair all day, incontinent. Her mother was devoted to her and would not have her sent to hospital. To assist the mother with the work a Home Help was provided for 9 years.

Problem and Difficult Cases.

Mrs. F. Age 37. Seven children ages 2 to 17 years. This mother has always been dirty in her house and habits. She took a stroke shortly after the baby was born. It would appear she could do more but won't, or it may be a mental condition. A Home Help has attended this home since the baby was a few months old. On a Monday morning—in the words of the Home Help—"You would think a bomb had dropped."

Mrs. M. Age 42. Six children ages 11 months to 17 years. Patient absolutely refuses to have hospital attention: she has a chronic heart condition. Home Help was requested when she was pregnant and a full-time help has attended since the baby was born.

Miss J. Age 77. This patient has been helped for 8 years. She will keep cats. The odour is foul and it is difficult to keep a Home Help in this home.

Mrs. J. Age 80. Difficult woman who accepts the services of a Home Help, and writes in if the Home Help is absent, but has nothing good to say of the service. She keeps and breeds dogs. A Home Help has attended for 12 months.

ANALYSIS OF CASES ATTENDED IN 1960 COMPARED WITH PREVIOUS YEARS.

	1960	1959	1956	1952	1949
Maternity	159	186	305	367	483
Short-term illness	61	62	135	114	348
Long-term illness (under 65 years)	366	353	295	270	356
Aged 65 years and over	2,067	1,923	1,608	719	185
Child Care	39	65	67	30	—
Cancer	13	23	28	—	—
Tuberculosis	34	33	77	—	38
	<u>2,739</u>	<u>2,645</u>	<u>2,515</u>	<u>1,500</u>	<u>1,410</u>

In cases of extreme emergency and necessity, help is provided on a Sunday for two hours, which has helped both the district nurse and the patient.

The Night Sitter Service has now been operating a full calendar year and during 1960 fifteen cases were helped, making a total of 96 nights. This service has proved of great benefit to the households concerned.

Twelve filthy, foul-smelling houses were cleaned by the Home Helps of this Authority during 1960. The Home Helps who tackle these houses are worthy of note as it is a very unpleasant, hard job.

Visits.

6,964 home visits were made in 1959. From the beginning of April, 1960, the Home Help department was allowed the use of a car, and this has enabled 8,985 visits to be made in 1960. The organisers are very appreciative of the use of this vehicle as it enables them to see their new cases more quickly. The following table shows the increase in the number of visits by the organisers as a result of this more efficient transport. Although the service did not start until April, the visits have risen by almost 30%:—

	1959 Public Transport.	1960 Public Transport.	By Car.
Quarter ended 31st March	1,298	1,922	—
Quarter ended 30th June	1,807	1,783	587
Quarter ended 30th Sept.	1,802	1,566	641
Quarter ended 31st Dec.	2,057	1,843	643
Total	<u>6,964</u>	<u>7,114</u>	<u>1,871</u>

Total = 8,985

The case-load per week has risen from 1,535 at the end of 1959 to 1,718 at the end of 1960.

The weekly hours of service at the end of 1960 were 12,711 as compared with 11,385 at the end of 1959.

Home Helps.

	<i>Full-Time</i> (30 hours or more).	<i>Part-Time</i>
Number of Home Helps on the staff at 31.12.59 ...	52	454
Number of Home Helps engaged during 1960	—	241
Number of Home Helps resigned during 1960	—	197
Number of Home Helps on the staff at 31.12.60 ...	52	498

Whilst there has been a large number of helps engaged, the full complement at the end of the year does not show an increase commensurate with the efforts to recruit additional staff. For various reasons, mostly domestic, the Home Helps resign, and as the majority are married women with families this is understandable.

The Central Council for Health Education arranged one-day courses for Home Helps. The Medical Director—A. J. Dalzell-Ward, M.R.C.S., L.R.C.P., D.P.H.,—gave the lectures “How people get well again” and “How to help people get well.” A film “New Beginnings” was shown. Seventy-five Home Helps attended each of the two courses, and showed lively interest. The courses were considered highly successful and it is hoped to hold further courses in the future.

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

Special Cases Committee.

During 1960, six meetings of the Special Cases Committee were held resulting in 24 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	1960
Superintendent School Nurse	14	7	7	11	4	6	7	6	13
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	1
Organiser of Child Care	—	—	—	2	—	1	2	1	4
Probation Service	1	1	—	—	—	—	—	—	1
National Society for the Prevention of Cruelty to Children	7	5	5	1	4	6	6	7	3
Paediatrician, Newcastle General Hospital	—	—	—	—	—	—	1	—	—
Medical Officer of Health ...	—	—	—	—	—	—	2	2	1
National Assistance Board ...	—	—	—	—	—	—	5	1	1
Housing Department	—	—	—	—	—	—	—	1	—
	29	20	18	23	11	16	31	25	24

It is pleasing to record that meetings of this Committee are always well attended and the eagerness of its members is proved by the increasing numbers of cases which only need review every six months by the Committee, and of those which during the year it was possible to remove from the register and keep them under "friendly supervision" only.

The provision of Home Helps and Home Advisers to households in need of this support was continued and generally appreciated ; in no case was it felt that this service had not helped to improve the way of living, budgeting and cleanliness amongst these unfortunate families. Debts through hire purchase, etc. often make a mother harassed and unable to cope with her home and family, and herein lies the challenge which is met by this Committee, members being able to link up quickly and provide material help and advice.

Housing is still a great problem amongst families coming to the knowledge of the Committee and the interchange of information plays a major part in making recommendations for priority when it is considered that medically and physically, improved surroundings would urge families to improve their standards and give them the incentive to do so.

I maintain that this Committee, composed of officers of the local authority, voluntary societies and government departments, plays an important part in the community and the Health Department is proud of the way in which it is able to take its part in the continued care of this type of family.

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

Over the greater part of the year the Maternity and Child Welfare Dental Service was operated from the clinic at St. Anthony's Centre, serving the eastern areas of the City, while the school clinic at Cowgate was at its disposal for patients living in the western sector.

Arrangements were made with the Education Committee for part-time use of a surgery in the new Central Clinic and these came into operation towards the end of the year.

Work undertaken during the year was much the same as in previous years, some two and a half thousand patients making use of the service. Of the five hundred expectant or nursing mothers examined, three hundred were fitted with dentures, which does not speak very highly for preventive or conservative dentistry in the North-East.

The number of young children brought to the service however, shows a rise of 25% over last year's figures, and this, at least, is a move in the right direction.

It is plain however, that dental care is not a great concern of the majority of our potential patients, and much must be done in dental health education in a community where three out of every five patients of child-bearing age examined, require false teeth.

Towards the end of the year it was possible to provide a daily emergency service at the Central Clinic where patients in pain could be treated immediately. This facility met a long felt need, and in the short time it has been in operation has worked very satisfactorily.

For the rest, details of the work carried out are given below.

DENTAL TREATMENT RETURN.

A.—NUMBERS PROVIDED WITH DENTAL CARE.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	505	462	430	395
Children under five	1,993	816	646	624

B.—FORMS OF DENTAL TREATMENT PROVIDED.

	Scalings and Gum Treatment.	Fillings.	Silver Nitrate Treatment.	Crowns or Inlays.	Extractions.	General Anaesthetics.	Dentures Provided.		Radio-graphs.
							Complete.	Partial.	
Expectant and Nursing Mothers	183	357	2	—	1,226	96	234	64	10
Children under Five	16	574	2	—	996	371	—	—	2

NURSING SERVICES.

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

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

On the 31st December, 1960, the staff position was :—

Chief Nursing Officer.

Deputy Chief Nursing Officer.

Health Visitor Tutor.

21 Students.

Superintendent of Home Nurses.

Deputy Superintendent of Home Nurses.

31 Female S.R.Ns.

7 Female S.E.A.Ns.

1 Female R.F.N.

8 Male S.R.Ns.

Non-Medical Supervisor of Midwives.

Deputy Non-Medical Supervisor of Midwives.

40 Midwives.

Superintendent of Midwives Hostel.

12 Pupil Midwives.

49 Health Visitors.

2 S.R.Ns.

Superintendent of Day Nurseries.

4 Matrons.

4 Deputy Matrons.

21 Staff Nursery Nurses.

1 Nursery Assistant.

8 Junior Nursery Assistants.

HEALTH VISITORS.

In this field there has been a progressive programme, the work and activities varying in different areas.

From the 1st October, health visitors have undertaken to visit all early discharges from maternity hospitals, commencing on or about the eighth day after delivery unless for a specific reason the midwife has been asked to attend up to the fourteenth day.

Resignations : 8 Health Visitors.

Five State Registered Nurses were engaged on a temporary basis, and of these, two left to take the Health Visitors' Training Course.

Three had their appointments terminated when students came into the department as health visitors in July.

Appointments : 1 Health Visitor.

Refresher Courses : Six Health Visitors attended refresher courses, two at Oxford, two at London and two at Nottingham.

Miss Paterson, the health visitor who was seconded to take a Health Education Course at London University the previous year, was successful in her examination and commenced her duties in July, when she began the re-education of the domiciliary nursing staff in the Health Education field.

Health Visitor Training.

The 1959-1960 course commenced September 7th, 1959 and ended on June 3rd, 1960.

Seven local authorities submitted their own students for training, namely Sunderland, South Shields, Middlesbrough, Tynemouth, Gateshead, Northumberland and North Riding of Yorkshire. Newcastle authority sponsored ten students with one independent student, giving a total of twenty-four students.

Twenty-two students were successful in passing the Royal Society of Health Visitors' Examination at their first attempt, including all the Newcastle sponsored students. The other two students re-entered and were successful in September. The Newcastle student who failed in 1959 passed the examination in June.

The course lasts for one academic year. The training unit is over the Maternity and Child Welfare Centre at Wharnccliffe Street. The search for new premises has so far been unsuccessful.

Practical training is provided in co-operation with the Health, Welfare, Children's and Education Departments in Newcastle and Northumberland. Observation visits, covering both theoretical and practical aspects, are arranged. A written record is kept by each student on her practical work, and observation visits, individual and group research on some chosen project is required. This is presented in the form of a visual presentation and a written thesis to fellow students and teaching staff.

Further lectures and group discussions have been added to the Course, particularly on mental health and case-work principles and techniques.

On September 12th, 1960, twenty-one students enrolled for Health Visitor Training, eight of these being sponsored by Newcastle City Council.

Bath Orderlies.

Staff : 5 Female Bath Orderlies.

1 Male Bath Orderly.

The work carried out by these Orderlies increased during the year and it is hoped that in the next financial year, an additional Male Bath Orderly will be appointed.

Home Advisers.

This small band of people—two full-time and one part-time—continues its uphill work of trying to help rehabilitate potential problem families in their own homes. Since this scheme commenced there have been the usual successes and failures, but the service given is of great value and it is hoped that in the future we will be able to employ one or two more people to undertake this work.

HOME NURSES.

The Home Nursing Service continues to serve the City, offering bedside nursing care to all sections of the community, the greater part of the nurses' time being spent in the care of geriatric cases.

During the year there were two resignations.

The Deputy Superintendent, who had been seconded to take the District Nurse Tutor Course at the Royal College of Nursing the previous September, completed the Course in June and was successful in passing the examination. She commenced full-time duties in the department in July.

Six Home Nurses attended Refresher Courses, two at Cambridge, two at London and two at Liverpool.

The Cathedral Nursing Society Charitable Trust donated £40, and the Sir James Knott Charities Trust £50 at Christmas time for extra comforts for patients.

MIDWIFERY SERVICES.

During the year there was one retirement and one resignation.

Miss E. Kent was appointed as Superintendent of the Midwives Hostel on the 1st April, 1960.

Parentcraft classes were held at centres in the East and West end of the City.

Post Graduate Courses : Six members of the staff attended residential refresher courses ; two at London, two at Leeds and two at Oxford. In November, four midwives attended the non-residential course at the Newcastle General Hospital.

During the year, 47 pupil midwives spent three months on the district as part of their second part midwifery training ; of these 46 were successful in passing their examination of the Central Midwives Board.

DAY NURSERIES.

Resignations : 11.

New Appointments : 12.

The Superintendent Matron is now working only part-time in this department and the Superintendent Warden left in November after 18 years service.

Miss Allen, Warden at Willow Avenue Day Nursery, died on the 29th July after a long illness.

IN-SERVICE TRAINING.

During 1960, there were various activities in all sections of the nursing services. Monthly meetings were held when various people gave talks on both professional and non-professional subjects. Reports were also given to their own particular groups by nurses who had attended Refresher Courses.

Midwives from both the Northumberland County Health Department and the City Health Department spent two days on a Course on "The Teaching of Parentcraft" held at Morpeth.

Health Department Stand in the Nursing Exhibition,
Northumberland Baths Hall.





Again in conjunction with the County, the Home Nursing Sections of both Authorities had a One-Day Course on "Rehabilitation" at the Infant Welfare Centre, Jubilee Road.

A new venture was started in October, when a study day entitled "Planning Your Day" was held ; Home Nurses, Midwives and Health Visitors attended. It is hoped that during the Spring of 1961, the members of the staff who did not attend, will have a similar study day.

NURSING EXHIBITION.

From the 29th February to the 4th March, the City Health Department and the Northumberland County Health Department were responsible for one of the stands at a Nursing Exhibition in the Northumberland Baths Hall, Northumberland Road. The part of the stand for which the City was responsible depicted training offered in the domiciliary field to all State Registered Nurses.

VISITORS.

People in the medical and nursing worlds, as well as from many other fields, continue to visit the department, coming from places as far apart as India, Nigeria, Mauritius, Belgium and the U.S.A. This service is greatly appreciated by those concerned. In addition, medical students, nursing students, social science students and many others from Newcastle upon Tyne are introduced to the domiciliary field.

SURVEYS AND INVESTIGATIONS.

Surveys and investigations are carried on from year to year ; as one is completed another is always ready to take its place.

In the midwifery section, "The Investigation of Infection in Early Pregnancies" was completed, but the "Maternity Survey" continued.

In the Health Visiting field, two new surveys commenced. The first, "Oral Poliomyelitis Survey" commenced in March and was completed in December. The second, "Staphylococcal Infection", in conjunction with the general practitioners, was commenced on a small scale and is still continuing.

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 24 Other Authorities		Miscellaneous		
	Cases	Mileage	Cases	Mileage	Ancillary	Midwives	Chargeable
1959	111,552	496,066	4,736	94,179	21,830	10,655	95,687
1960	115,862	511,265	4,603	89,687	24,755	10,721	99,021
Diff.	+4,310	+15,199	—133	—4,492	+2,925	+66	+3,334

Year	Total	
	Table 'A'	Tables *'A' & *'B'
	Cases	Mileage
1959	116,288	718,417
1960	120,465	735,449
Diff.	+4,177	+17,032

*These tables are set out in an appendix to this report on pages 72 and 73.

In the report for 1959 it was indicated that at the latter end of that year there was a sharp increase in the demand for the service, and that the figures in connection with the patients carried and the mileage travelled were increasing at a steady rate. This trend has continued during 1960 ; the service has been called upon to supply transport for a total of 163,039 persons travelling 735,449 miles, this being an increase on last year of 10,386 persons and 17,032 miles. The extra demand has put a great strain on the service and it is feared that the efficiency, in regard to keeping to timetables, has suffered because of this, and there have been instances during the year where patients have had to be asked to wait longer than has been the usual practice in the past.

The daily number of persons moved is within the region of 700 to 750, sometimes rising to as high as 800. With the present establishment, it is impossible to handle this number on "a demand and supply" basis, so some pre-planning and co-ordination has been

brought in to absorb the demand. To produce a plan, early details of the requirements are essential. Great efforts were made to persuade the hospitals and other users to forecast their requirements as early as possible. These efforts have had good results and 75% of the work can be confidently forecasted before it actually takes place.

Co-ordination with Other Authorities.

Other Authorities have been asked to carry 15,863 cases by the control bureaux at the Royal Victoria Infirmary and the Newcastle General Hospital. These cases are patients that have come in from places all over the North-East, and indeed, in some instances further afield, for hospitalisation in Newcastle.

Under the National Health Service Act it is the responsibility of the Newcastle upon Tyne Local Health Authority to provide transport for patients who require it when discharged from hospital. By this close co-ordination with other Authorities, arrangements have been made for patients to travel back in vehicles belonging to the other authorities which have been visiting the City, rather than in City ambulances. This co-operation with the other authorities must have an economical effect on the overall national operating costs of the service.

Miscellaneous Services.

The work under this heading has increased again during the year. In particular, it is interesting to note the increase in the number of children conveyed to and from the Training Centre. This has gone up by some 3,858 cases, but the mileage involved has been reduced by 859 miles compared with last year. This is accounted for by the fact that during the year the Committee purchased a second-hand 30-seater coach ; this vehicle is able to make a wide sweep in the East End of the City for collection and delivery, thus relieving other vehicles and staff, and whilst it may mean that the children are slightly longer in transit, the impression one gets is that they enjoy this and it certainly effects economy.

The demands of the Welfare Committee have increased, the number of persons carried being 3,449. This has now become quite a formidable problem, however, the work done on behalf of this committee is most rewarding and appreciated by the recipients.

Maintenance.

Overhauls 10,000 miles	Inspections 2,000 miles	Miscellaneous Repairs	Rebuilt Components	Vehicle Repaints
70	320	425	58	14

The output of the workshops has again been satisfactory, as can be seen from the above table. The slight increase in the number of vehicles serviced is accounted for by the extra 17,000 miles run during the year.

It should be remembered when considering the engine wear of a vehicle that the mileage travelled is not always a complete guide, particularly in a service that is running within a city, and actual running hours must also be taken into consideration. It is often found that engine wear, particularly on the sitting case buses which operate a shuttle service for out-patients, is considerably great in relationship to the mileage that the vehicle has done.

The general standard of the fleet is high and the policy of preventative maintenance no doubt pays dividends.

After careful consideration the view is held that 10 years is too long to keep a vehicle up to operational standards, and that after 7 years the costs of labour and maintenance are proportionally too high. Thus the aim should be to reduce the original purchase price, possibly by re-designing interior equipment, so that it would be economical to "write off" the unit earlier.

Premises.

There is, unfortunately, very little to report on progress in connection with this subject. Conditions at the administrative headquarters and at the central depot are far from satisfactory, and indeed, they are to an extent affecting the efficient working of the service. It cannot be considered unreasonable of the staff when they show dis-satisfaction at these conditions, particularly when it is remembered that the service has now been operating for some 12 years and they are still working from temporary premises. The picture still looks very unsettled with rumours that there may yet be another move before the new station is available.

Vehicles.

Unfortunately, the Committee's programme for the replacement vehicles during the year 1960-61 did not materialise due to the inability of the manufacturers to meet their delivery dates. Consequently it has been necessary to retain vehicles in service longer than planned.

The programme for the year was an interesting one, the Committee deciding, due to the withdrawal from production of the B.M.C. L.C./5 chassis, to buy two Commer chassis from the Rootes Organisation, these being the Superpoise 30 cwt. model—one of the few normal control models left on the market. The Committee also decided to purchase one of the new B.M.C. F.G. chassis, which is a forward control vehicle, and also a new Martin Walker Conversion, for sitting cases, on the Bedford C.A.Z. 12 cwt. long wheelbase chassis.

So as to enable some development and research to be carried out in the workshop, a standard production 25/30 cwt. van was included in the programme. The results of this work will become known during 1961.

During the year the staff in the workshops carried out further research and development work in connection with "Power Assisted Loading," producing a prototype of a loading platform which was capable of lifting a patient and wheelchair direct into the vehicle. The potentiality of this gear appears far reaching, as the demand for the transporting of chairborne patients is considerable. It may also help in the movement of walking cases that require the assistance of two men, as it will be easier and quicker to use a wheel-chair in this instance. This method would release staff for other duties and it is thought it will be particularly applicable to the new multi-storey flats where the problem of moving patients may become quite formidable.

Staff.

During the year four operational and seven administrative staff have resigned for domestic and other reasons.

As from the 31st December, 1960 the working hours of the staff were reduced from 44 to 42 hours and this has meant a re-assessment of the service so as to maintain the same coverage. It was necessary to employ a further six driver attendants.

The working and the loyalty of the staff again has been excellent during the year and although there has been an increase in the pressure of work and conditions due to traffic conditions having deteriorated, the staff have carried on with a cheerfulness and good heart which is most commendable.

Training ambulance staff, particularly new entrants into the service, has been considered and during the latter part of the year some progress was made on a regional basis. The medical officers of health have discussed with the ambulance officers the possibility of introducing a scheme to provide initial training. The subject is a national one and the medical staff at hospitals are co-operating with local health authorities with a view to obtaining some standard form of training. It is hoped during the next year that some positive progress will be made.

There were 868 days operational sickness and 331 staff sickness during the year.

First Aid.

All members of the staff are qualified and up-to-date in this subject, and are holding either the St. John Ambulance Brigade or the British Red Cross Certificate in accordance with the Ministry of Health and Local Health Authorities' requirements.

Safe Driving Awards.

Seventy six members of the staff were entered and sixty-four were recommended for awards. Driver George Stamper, who was during the year promoted to Superintendent, was withdrawn as he did not have the necessary driving periods for qualification.

Accidents.

During the year there have been ten accidents which necessitated making claims upon the Insurance Company.

Civil Defence.

The year has been a quiet one due to a complete re-organisation of the duties and responsibilities.

Circular 9/60 issued by the Ministry of Health re-assessed the duties of the Local Authorities' Ambulance Services in the event of war. The Ambulance Officer attended a conference of Chief Ambulance Officers at Sunningdale in February, where this circular was fully discussed both with the Minister of Health and Home Office officials, and during the year re-planning has gone on.

The new conception of the service calls for a considerable number of personnel fully trained in First Aid, and it is hoped that the Voluntary Societies will persuade their members to come forward for this duty. Provision is such that they now do not lose their individuality and can remain together retaining their own identity.

During the year the Ministry of Health issued to the Section for training purposes, two new Fordson 15 cwt. Civil Defence Ambulance vehicles equipped to be able to carry four stretcher cases.

TABLE "A"
ANALYSIS OF WORK UNDERTAKEN BY THE AMBULANCE SERVICE, 1960.

Month	CITY		SECTION 24 OTHER AUTHORITIES		Co-ordinated Cases	Mid- wives Mileage	Mental Welfare Mileage	Ancil- lary Mileage	TOTAL		Working Hours
	Cases	Mileage	Cases	Mileage					Cases	Mileage	
January	9,392	41,616	329	7,013	1,231	1,050	50	1,979	9,721	51,708	—
February	9,505	41,464	373	7,231	1,369	835	30	2,126	9,878	51,686	—
March	10,154	44,169	416	8,074	1,406	997	5	2,185	10,570	55,430	—
April	8,881	40,702	385	7,418	1,261	924	2	2,081	9,266	51,127	—
May	9,889	44,116	378	7,600	1,363	759	14	2,081	10,267	54,570	—
June	8,847	40,065	377	6,919	1,380	843	21	1,596	9,224	49,444	—
July	9,197	39,983	397	8,092	1,334	975	25	2,105	9,594	51,180	—
August	8,661	39,060	365	7,304	1,279	697	—	2,135	9,026	49,196	—
September ...	9,400	41,696	364	6,485	1,191	760	28	2,135	9,764	51,104	—
October	9,975	42,784	354	6,835	1,301	949	—	1,968	10,329	52,536	—
November ...	10,340	45,158	363	7,566	1,306	802	—	1,832	10,703	55,358	—
December	11,621	50,268	502	9,150	1,442	1,130	9	2,532	12,123	63,089	—
TOTAL	115,862	511,081	4,603	89,687	15,863	10,721	184	24,755	120,465	636,428	225,395
Previous Year's Total...	111,552	495,426	4,736	94,179	16,055	10,655	640	21,830	116,288	622,730	223,545
Difference	+4,310	+15,655	—133	—4,492	—192	+66	—456	+2,925	+4,177	+13,698	+1,850

TABLE "B"

Month	Backward Children		Civil Defence Mileage	Miscellaneous Mileage	Total		TOTAL "A" & "B"	
	Cases	Mileage			Cases	Mileage	Cases	Mileage
January	3,598	3,505	81	4,391	3,598	7,977	13,319	59,685
February	3,624	3,697	262	4,512	3,624	8,471	13,502	60,157
March	4,395	4,684	175	4,813	4,395	9,672	14,965	65,102
April	2,166	2,350	124	4,592	2,166	7,066	11,432	58,193
May	4,178	4,084	398	4,901	4,178	9,383	14,445	63,953
June	2,796	2,554	147	4,657	2,796	7,358	12,020	56,802
July	2,824	2,656	410	5,199	2,824	8,265	12,418	59,445
August	166	374	56	5,043	166	5,473	9,192	54,669
September	4,173	3,771	38	4,860	4,173	8,669	13,937	59,773
October	3,446	3,131	88	4,801	3,446	8,020	13,775	60,556
November	4,476	4,277	14	4,651	4,476	8,942	15,179	64,300
December	3,283	3,586	20	6,119	3,283	9,725	15,406	72,814
TOTAL	39,125	38,669	1,813	58,539	39,125	99,021	159,590	735,449
Previous Year's Total	35,267	39,528	2,596	53,563	35,267	95,687	151,555	718,417
Difference	+3,858	-859	-783	+4,976	+3,858	+3,334	+8,035	+17,032

HEALTH EDUCATION

A Modern Challenge.

It has recently been said that the greatest threat to an individual's health in the future will come from a failure to live healthily, from a failure to observe the basic rules of health so often ignored or taken for granted. The diseases now attacking the community, such as coronary heart disease, mental illness and cancer of the lung, have a much more complex origin than the plagues and pestilences of the past. Medical progress and detailed research are, however, beginning to point towards at least tentative answers and it is becoming increasingly clear that personal factors such as diet, habits and ways of living are of vital importance in producing ill-health. As a consequence, future progress in community health will lie not so much in changing the physical circumstances in which people live as by altering their very mode of life.

This, then, is the modern challenge to a health department—to promote health by encouraging the development of positive healthy attitudes towards basic essentials such as diet, exercise, personal relationships and social habits. To meet this challenge is to educate the public.

It is essential, therefore, that health education of the public should be regarded as an important aspect of every health activity and that planning for health education must be an integral part of all public health work.

The effect of health education requires close liaison work, and its success or failure depends upon the enthusiasm and co-operation of all departments and upon the health teaching of every member of the staff. For this reason it is pleasing to be able to report the return from her course for the Diploma in Health Education of Miss C. Paterson, who has now taken up her duties as Adviser in Health Education to all sections of the department. Already the results of her intensive in-service training of health visitors, district nurses and midwives, started in the latter half of the year, are becoming apparent, and active participation in the regular group meetings has been most marked.

In order to co-ordinate the many activities in the health education field a departmental Health Education Committee has met at regular intervals to discuss policy matters and to act as a steering committee for the planning of projects.

For the immediate future, health education in the City will be based on quarterly campaigns on a variety of subjects. As the personal contacts of the staff with the people in their own homes is likely to bring the most rewarding results in any campaign, emphasis has been placed on group meetings of the domiciliary nursing staff. Discussion on many aspects of each campaign subject results in interests being stimulated and at the same time in the development of educational skill in health teaching. The quarterly campaigns are also linked with regular poster publicity displays and with talks to clubs and organisations.

The allocation of a room at the Jubilee Road Centre for health education purposes has encouraged the gradual building up of a stock of visual aids.

It is intended that in the future more display material will be made locally so that the information will have an added interest and topicality for the members of the public.

Group Teaching.

Group teaching continues to be done in many clinics. Classes in "Parentcraft" are held at Diana Street, East End and Jesmond, and it is hoped that classes will be commenced in other centres in the near future. "Mother's Clubs" too, continue to flourish in several centres and provide a welcome break for mothers who enjoy talks, discussions and films arranged by the Health Visitors.

Refresher Courses.

Refresher courses, conferences and meetings keep domiciliary staff up to date in all aspects of health education.

"The One O'Clock Baby".

An exciting development which occurred during the year was the result of an approach made by the Tyne Tees Television Authorities. They offered to insert in a regular weekly programme, a three-minute feature on the problems of child care. This was an interesting experiment on health education in a new medium. The importance of the use of mass media for the health education of the public is becoming more and more understood. In the field of maternal and child health, television has proved to be an ideal medium. The focal point in this series was the baby himself, and while watching his gradual development, the viewers could take a personal interest

in the discussion of problems of the type so often raised at infant welfare clinics. The result was pleasing and the programmes proved most popular.

Although the full value of television in the field of health education must inevitably take many years and many experiments to assess, this one experience has amply demonstrated the vast opportunities now available.

Floral and Musical Fete—Health Exhibition.

In July, the department prepared and staged another exhibition which this year was on "Bronchitis and Air Pollution." By the use of pre-constructed sections for the display of material (which were made by the Adult Male Training Centre), the overall cost was reduced.

The aim was to strike a balance between simplicity and effectiveness. The general layout was kept open and spacious and designed to be as attractive as possible. The exhibition presented first of all some facts and figures in pictorial form relating to the national and local incidence of bronchitis and enumerating some of the aggravating factors. The second half of the exhibition consisted of panels and models on many aspects of air pollution.

Use was made of the rear projection screen on which colour slides were shown illustrating many aspects of the subject ; the photographs were, on the whole, taken by members of the staff in local situations. Tape recorded messages from the Chairman of the Health Committee and the Medical Officer of Health were broadcast at intervals.

A record was kept of the visitors to the tent during the exhibition and it is gratifying to know that, in all, nearly 5,000 people saw it.

The public appeared to be interested in the subject and many people asked general questions which the health department staff answered.

In presenting such an exhibition there are, of course, limitations imposed by the short period of time available for the erection of the exhibits and the disadvantages inherent in holding it in a marquee. Nevertheless, it was thought that it was a success not only in attractively presenting suitable facts and figures, but in arousing interest and comment.

Smoking and Lung Cancer.

The routine issue of leaflets, and the display of posters pointing out the dangers in smoking has continued. The question of writing a further letter to parents of school children to follow up the one sent in 1958 is being considered.

The work in this field also included a visit by one of the Assistant Medical Officers of Health, at the request of the headmaster, to a secondary modern school. A general factual talk on smoking was given to each of the three senior boys' classes (age 14-15).

Before the talk the boys completed a questionnaire on their own smoking experiences and were asked to say whether they considered it to be harmful, and to give their reasons. Of the total of 118 boys spoken to and who completed the questionnaire 104 (88%) thought smoking was bad for them, while 14 (12%) did not think so. 57 (55%) of the 104 who thought smoking was bad for them mentioned either death or cancer in their reasons. 107 (91%) of the boys had smoked; 36 (31%) were still occasional smokers; 31 (26%) were regular smokers.

Film Shows and Talks.

SUMMARY OF TALKS AND FILM SHOWS
(Figures for 1959 in parentheses)

	Number.	Total Attendance.	Average Attendance.
Films shown at Clinics	8 (28)	160 (487)	20 (17)
Films shown to Nursing and other Staff	35 (24)	1,136 (639)	32 (27)
Films shown to other organisations	20 (10)	645 (203)	32 (20)
	<u>63 (62)</u>	<u>1,941 (1,329)</u>	<u>31 (21)</u>

Home Safety.

This is now recognised as one of the most important parts of the Health Education programme of a local authority.

The publicity for the year mainly dealt with the "Prevention of Burns and Scalds" and the "Prevention of Poisoning Accidents in the Home", the latter having been chosen by R.O.S.P.A. as an autumn campaign subject.

In these special campaigns the programme included :

Publicity in Welfare Clinics—by poster, leaflet and short talks, as well as displays of fireguards and special photographs with suitable comment and supporting statistics.

Publicity in Schools—with the help of the Director of Education and representatives of the head teachers, using posters, leaflets and book markers for school libraries.

Publicity in City Libraries—using posters, leaflets and book markers.

Publicity in Shops and Factories—with the assistance of the Chamber of Trade. Members of the Voluntary Organisations Sub-Committee on Home Safety prepared a list of those shops and smaller factories willing to co-operate. The Gas and Electricity Boards co-operated with window displays and the largest shops and factories were approached individually.

Franking of Mail—issued by the City Treasurer.

The larger Central Insurance Offices in the City—issued posters and leaflets.

Display of Posters—on the school meals service and certain ambulance vehicles and vehicles of certain firms.

Talks to Voluntary Organisations—on request, with cine film shows.

ALMONER'S DEPARTMENT

This department provides a social case work service for any individual in need requiring such help, whether they have been referred by doctors, health visitors, midwives, district nurses, other social agencies, friends, or are simply making their own application for assistance at a time of strain or crisis. Broadly, this is case work in a medical setting so that even if patients are not actually suffering or recovering from illness or injury, they are for some reason concerned about their health, being debilitated, depressed, frustrated or seriously frightened. The human needs, arising from the difficulties confronting patients, vary from relatively simple problems of material assistance, to complex personal situations involving serious emotional disturbance or character defect. Quite often the problem which has prompted the patient to apply for help is but a symptom of some deeper problem or conflict which, once recognised by the patient, requires months or even years of personal assistance to resolve. In all cases, every aspect of the problem is considered to make full use of all methods of relief and rehabilitation to assist the individual to achieve the fullest measure of health and independence and the best possible adjustment within his or her environment.

The problem of poverty and distress is not solely one of mere social maladjustment which can be cured by the inauguration of a set number of schemes. Many people need assistance to make the best use of services and benefits available to them. A large number of families who, because of their unpaid rents, damaged property and misuse of benefits, come to be known as problem families, need special assistance if they are not to become progressively more anti-social. By their behaviour they attract criticism and condemnation and sometimes a refusal of services, which leads to resentment and, in time, lasting prejudice. The only effective answer is intensive long term family case work.

The largest number of cases from any one source were patients making their own application for help, of which there were 251. However, many of these cases were originally referred to the attention of the department by their doctors in previous years but were returning this year for further assistance. The City doctors referred 245 cases and it is encouraging to note the close liaison which exists between them and the department. Without the excellent medical co-operation which we receive we should be drastically limited in what we could achieve.

The Central Register for the Aged continued and on the 31st December there were 10,977 names. We have tried to continue our aim of co-ordinating services for the aged and have also provided convalescence, friendly visiting service and acted as co-ordinating officer for a chiropody scheme and generally attempted to take a long term personal interest in our elderly patients.

As the volume of cases has continued to increase during the past year it was pleasing to have additional staff when Miss Clifford, Almoner, joined the department in September.

NEW APPLICANTS : 1,087. INTERVIEWS : 1,610.

VISITS : 253.

Cases were referred by :

Doctors	245	Probation Office	23
Health Visitors	229	Police	2
District Nurses and Midwives...	20	Clergy	5
Hospitals and Clinics	80	Councils of Social Service	13
Home Help Department	38	Voluntary Organisations	2
Mental Welfare Department ...	3	National Assistance Board	3
Health Department	11	N.S.P.C.C.	4
Day Nursery Department	12	Catholic Rescue Society	7
Welfare Department.....	13	Ministry of Labour	3
Education Department.....	8	Personnel Officers	3
Housing Department	3	Local Executive Council	1
Own applications	251	City Councillors	3
Friends/Relatives	67	Children's Co-ordinating	
Moral Welfare Workers	32	Committee	6

ASSISTANCE ARRANGED.

Convalescence	482	Care of the Aged	105
Admission to Home/Hospital...	55	Care of Unmarried Mothers ...	69
Medical Treatment	209	Care of Children	179
Chiropody	158	Personal and Matrimonial	554
Meals on Wheels	13	Material	129
Domestic Help	35	Financial	115
Loan of Equipment	45	Psychiatric	64
Bath Orderly	5	Employment	67
Legal Aid	20	Housing and Accommodation...	113
Friendly Visitors	40	Reduction of Day Nursery Fees	14

Convalescence.

Last year there was a record number of cases sent for convalescence. 482 patients were referred to this department for arrangements for convalescence but 31 cancelled their vacancies and 35 were admitted to a free home.

The local health authority maintained 416 patients in convalescent homes, of these, 63 were arranged by Hospital Almoners, Chest Clinics and Psychiatric Social Workers. Arrangements for convalescence for 419 patients were made by this department and of these, the local authority maintained 353.

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

Hemiplegia.....	5	Respiratory diseases.....	43
Diabetes.....	5	Post operative.....	11
Anaemia.....	8	Psychoneurotic disorders.....	40
Cancer.....	6	General debility.....	85
Injuries.....	8	Depression.....	3
Diseases of digestive system ...	11	Others.....	16
Diseases of circulatory system...	50		
Disease of bones and organs of movement	37		328

Once again it should be noted that a large number of patients were suffering from some form of nervous strain resulting from social stress.

MENTAL HEALTH SERVICES

Community Care.

There is great enthusiasm nowadays in the field of mental health for what is called "Community Care". Although originally stimulated by the problem of overcrowding in mental hospitals and by the realisation that too long a stay in a hospital or institution could, by itself, adversely affect eventual rehabilitation, it now appears that there are also definite therapeutic advantages for certain patients if they can be adequately treated and supported outside hospitals. This approach affords a wonderful opportunity for the hospital and local health authority mental health services to be co-ordinated more efficiently than before and at the same time for the education of the public on the much-avoided subject of mental illness. Yet despite all the support given to this new trend in an important field of public health, despite all that has been said and written on the subject, there is still considerable doubt as to what exactly is meant by the term "Community Care".

Perhaps one of the difficulties is the fact that the term will have different meanings for the various people concerned.

For the psychiatric hospital staff and the consultant psychiatrists, the term will mean more out-patient facilities, more supportive therapy and closer co-operation with the general practitioner and the local authorities. For the local health authorities on the other hand, it will mean a challenge to provide hostels and staff, social clubs and social workers, and all those services necessary to support the reassurance and encouragement which the patient has received from the psychiatrist and general practitioner. To the public at large, and especially to the relatives, it will mean increased responsibility and the difficult task of accepting this form of illness in the same way as they now accept most forms of physical illness.

Another of the difficulties in preventing a clear understanding of the term is the tremendously wide scope which it conjures up in the mind. So far the true indications for Community Care, its limitations and fundamental aims are not yet known and it must of necessity take some time for such information to be gathered and properly assessed. In the meantime there is every danger in rushing too quickly into what is after all a relatively new method of

treatment, and any progress made must be carefully considered on the grounds of benefit to the patient and to the community and not merely from the point of view of economic advantages.

The next step is surely up to the local health authorities. The psychiatrists have pointed the way and considerable public interest has been aroused. Everything seems now to be ready for the bold, well-planned and exciting developments which most assuredly will come in the next few years.

I. Administration.

The administration of this Service has, in the main, continued as in previous years except that the Mental Health Act, 1959 became operative in November, 1960.

It would be premature to attempt to assess the merits of this Act at such an early stage. It has, however, completely revolutionised all previous concepts and legal proceedings in dealing with the mentally disordered. Consequently the Committee and its Officers have been occupied throughout the year considering and preparing schemes for hostels, training centres and a social club, and the general expansion of the service with particular reference to after-care.

In October, following a meeting with Professor Roth of the Department of Psychological Medicine and Dr. Child and his staff at St. Nicholas Hospital, a start was made with after-care. Patients about to be discharged were visited in hospital by the Mental Welfare Officers and their cases discussed with the medical staff. Even at this early stage and with such little experience, it is obvious in many cases that regular visiting and support of these patients has been instrumental in avoiding, or at least delaying, early return to hospital.

A Social Club for ex-patients was started, and the inaugural meeting was held in December at the Training Centre, Jubilee Road. It was well attended and showed the need for such a Club as part of the after-care scheme. The ladies and gentlemen of Toc H have pledged their support in providing the necessary social contacts with the ex-patients.

In accordance with the requirements of the Mental Health Act, 1959, 27 doctors experienced in the diagnosis of mental disorder

were approved for the purpose of giving the necessary medical recommendations for cases where compulsory admission to hospital is necessary.

Dr. Peter Morgan, B.Sc., M.B., B.S., D.P.M., was appointed as Part-Time Consultant Psychiatrist in conjunction with the Regional Hospital Board, and will take up his duties in March, 1961.

Committee Composition and Co-ordination: Staff.

- (a) The Mental Health Sub-Committee is composed of ten members of the Health Committee.
- (b) The staff consists of two Senior Mental Welfare Officers, 4 Mental Welfare Officers, one Mental Health Worker and one shorthand typist.
- (c) Co-ordination with the Regional Hospital Board and St. Nicholas Hospital Management Committee is as good as ever. Good office accommodation has been provided for the Mental Welfare Officers in the Collingwood Clinic. This office is manned by a Mental Welfare Officer five mornings per week and on Wednesday afternoons during visiting time ; they are, therefore, readily available for anyone requiring their services. In addition, all officers so far as possible, attend case conferences with the three medical teams for the purpose of arranging after-care. The officers have also been invited to attend the medical case conferences under the aegis of Professor Roth in the Newcastle General Hospital
- (d) There is no formal delegation of duties to voluntary bodies.
- (e) One officer attended the National Association for Mental Health Refresher Course at Leeds University. Three have now been, and approval has been given for the remaining officer to go in 1961.

II. Work Undertaken in the Community.

- (a) UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946.

Prevention, Care and After-Care.

- (i) Good relationship between the staff of the Department and general practitioners in the City has not only been preserved but enhanced. The inception of the Mental Health Act, 1959 involved the general practitioners in completely new procedures in dealing with their mentally sick patients needing admission to hospital.

Although everything was done to acquaint them with these matters, a number sought the help of the Department's staff during the opening weeks. Help was readily given and most general practitioners are now able to arrange their own admissions without assistance. In cases of extreme difficulty, however, assistance is always available.

A fortnightly meeting takes place with the Senior Medical Officer (Admin.), the Chief Nursing Officer and the Senior Mental Welfare Officer to discuss cases of dual responsibility.

There is full liaison between the Hospital Psychiatric Social Workers, the Health Visitors, the District Nurses, the Home Help Organisers, the Chief Welfare Officer, the Probation Officers, the City Police, the Women's Voluntary Service and officers of the National Assistance Board.

Talks have been given to National Assistance Board Officers through the Department of Extra-Mural Studies, King's College, and to members of Toc H and some Church Guilds, to help to spread knowledge and reduce fears and misunderstandings about problems of the mentally sick.

In accordance with the spirit of the new Act many more patients have been admitted to hospital on an informal basis, and only when absolutely necessary have compulsory powers been used. This has been particularly acceptable both to relatives and the hospital staffs in dealing with the ever increasing problem of the aged senile dement, which has been commented upon in previous reports.

(ii) During the year 1967 after-care or welfare visits were carried out. The number of subnormal cases reported was 78, an increase of four over the previous year. As always, the majority came through the Education Department and included children needing after-care on leaving school.

It was necessary to attend Court on 14 occasions in respect of six male cases, and two Orders were made under Section 8 of the Mental Deficiency Act.

This Authority has always been fortunate in having the full co-operation and help of the various hospitals in placing subnormal children and adults in temporary care to relieve harassed families in times of emergency, and to permit holidays away from their handicapped patient. This year, 70 (50 male and 20 female), such

vacancies were obtained. The fact that some cases were in care on more than one occasion during the year illustrates how well the hospitals assist.

Informal admission to hospitals continued and places were secured for 11 males and 8 females: only one case was dealt with on Petition and another went to hospital as a condition of a Probation Order. During the year, therefore, 23 vacancies were secured (15 male and 8 female).

No case in the Junior Training Centre made sufficient improvement to warrant referral back to the Education Department under the terms of Section 8 Education (Miscellaneous Provisions) Act, 1948.

Further scrutiny was made of the registers, which showed that the number shown under community care is less than last year. It is considered that those doing well in employment, if stabilised and making their own way in the community, might well rank as "discharged" and this idea is in parallel with the constant review which hospital cases receive.

During the year, 20 Newcastle cases were discharged from various hospitals (12 male and 8 female) and where it was elected to accept friendly supervision and guidance, this was effected. Three of these cases were placed in the Male Training Centre, and two obtained employment. A good deal of family casework is necessary with some of the discharged cases in an effort to rehabilitate the patient back into the household.

(b) UNDER THE LUNACY AND MENTAL TREATMENT ACTS AND THE MENTAL HEALTH ACT, 1959 BY MENTAL WELFARE OFFICERS.

81 Cases were dealt with who are normally resident outside the City, having been reported to the Department whilst undergoing medical treatment in the various hospitals or otherwise in transit. In comparison, 62 cases were reported during 1959. Such cases are detailed as follows:

	1960	1959		1960	1959
Durham	12	14	North Shields	3	—
Northumberland	41	34	Birmingham	1	—
Gateshead	4	2	Lancashire	1	—
South Shields	1	2	Cumberland	1	—
Doncaster	1	—	No fixed abode	11	6
Scotland	5	4			

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

Admissions 1960	Psychiatric Unit, General Hospital		St. Nicholas Hospital		Other Hospitals		Totals	
	1960	1959	1960	1959	1960	1959	1960	1959
Under Section 20— By Mental Welfare Officers	150	168	253	307	1	5	404	480
Under Section 21— Magistrates Order	—	—	—	1	—	—	—	1
Certified at home before admission	—	—	8	13	—	5	8	18
Under Magistrates' Courts Act, 1952—								
Certified	—	—	2	2	—	—	2	2
Voluntary	—	—	—	5	—	—	—	5
Under Mental Treatment Act, 1930—								
Voluntary patients	—	213	9	269	—	1	9	483
Temporary	—	—	—	—	—	1	—	1
Informal admissions under Mental Health Act, 1959	230	31	457	63	3	—	690	94
Under Section 25 of the Mental Health Act, 1959	1	—	10	—	—	—	11	—
Under Section 26 of the Mental Health Act, 1959	—	—	5	—	1	—	6	—
Under Section 29 of the Mental Health Act, 1959	—	—	7	—	—	—	7	—
	381	412	751	660	5	12	1137	1084

The following table shows mental hospital admissions, cases dealt with under order by the Mental Welfare Officers, and domiciliary certifications before admission for the years 1953-1960:

Year	1960	1959	1958	1957	1956	1955	1954	1953
Annual admissions to mental hospitals	1137	1084	1037	937	642	542	613	639
Cases dealt with under order by Mental Welfare Officers	438	483	565	477	332	266	311	365
Domiciliary certifications before admission	8	13	90	121	113	108	120	124

SUMMARY OF DISPOSAL OF HOSPITAL CASES

	Psychiatric Unit, General Hospital		St. Nicholas Hospital		Other Hospitals		Total	
	1960	1959	1960	1959	1960	1959	1960	1959
To Mental Hospitals—								
(a) Certified cases removed	4	3	29	27	2	—	35	30
(b) Transfer from Sec. 20 to Voluntary Class	—	103	3	209	—	4	3	316
(c) Transfer from Sec. 20 to Temporary Class.....	—	—	—	—	—	—	—	—
(d) Transfer from Sec. 20 to Informal Class.....	123	31	207	40	—	—	330	71
(e) Transfer from certified class to Informal class	—	—	310	53	3	—	313	53
(f) Transfer from Sec. 25 to Informal class	1	—	3	—	—	—	4	—
(g) Transfer from Sec. 25 to Sec. 26	—	—	1	—	—	—	1	—
(h) Transfer from Sec. 29 to Informal class	—	—	3	—	—	—	3	—
(i) Transfer from Sec. 29 to Sec. 25	—	—	5	—	—	—	5	—
(j) Transfer from Sec. 29 to Sec. 26	—	—	1	—	—	—	1	—
(k) Transfer from Sec. 136 to Informal class	1	—	1	—	—	—	2	—
(l) Transfer from Sec. 136 to Sec. 25	1	—	—	—	—	—	1	—
(m) Transfer from Sec. 136 to Sec. 26	1	—	—	—	—	—	1	—
	131	137	563	329	5	4	699	470
(a) To home or hospital from Sec. 20	16	31	14	19	1	—	31	50
(b) Died in hospital	4	6	109	131	—	—	113	137
(c) Discharges	351	329	427	610	1	—	779	939

In addition to the above, 173 investigations were carried out, as compared with 221 during 1959.

(c) UNDER THE MENTAL DEFICIENCY ACTS, 1913-38 AND THE MENTAL HEALTH ACT, 1959.

Hospital accommodation for bedridden subnormals, and for the severely subnormal children, still remains difficult, as the following table shows:

Year	1960	1959	1958	1957	1956	1955	1954	1953	1952
Waiting List.....	21	25	13	19	42	51	38	80	75
(Males)	(15)	(21)	(9)	(12)	(28)	(31)	(24)	(46)	(41)
Hospital admissions	3	2	29	29	22	21	25	32	26
On Detention Order									
(Males)	(—)	(—)	(12)	(17)	(9)	(10)	(11)	(15)	(17)
Informal	20	17	—	—	—	—	—	—	—
(Males)	(12)	(10)	—	—	—	—	—	—	—
Cases ascertained ...	76	70	71	53	67	60	90	55	59
(Males)	(54)	(46)	(44)	(32)	(40)	(28)	(57)	(36)	(26)

The following gives particulars of the waiting list according to age and sex and may be compared with a total waiting list of 25 in 1959:

	Under 16.		Over 16.		Total.
	M.	F.	M.	F.	
Cases	12	5	3	1	21

(i) **Ascertainment:** including the number of subnormal persons awaiting vacancies in hospitals at the end of the year.

	Males			Females			Totals		
	1960	1959	1958	1960	1959	1958	1960	1959	1958
Awaiting hospital vacancies	15	20	9	6	5	4	21	25	13
Cases admitted to hospital.....	15	9	12	8	10	17	23	19	29
Cases ascertained ...	54	46	44	22	24	27	76	70	71
Cases reported.....	56	48	49	22	26	29	78	74	78
Percentage of ascertained to reported cases	—	—	—	—	—	—	88·3	94·6	91·0

SOURCE OF SUBNORMAL CASES REFERRED

	Males	Females	Total
Education Department.....	40	26	66
Police	2	—	2
Parents	5	—	5
Psychiatric Unit	—	1	1
Medical Practitioners	4	—	4
	51	27	78

The 66 cases referred by the Local Education Authority (59 in 1959) were analysed as under:

	Under 16 years of age			Over the age of 16 years			Total
	M.	F.	Total	M.	F.	Total	
(i) While at school or liable to attend school	8	3	11	—	—	—	11
(ii) On leaving special schools	6	2	8	33	13	46	54
(iii) On leaving ordinary schools	1	—	1	—	—	—	1
	15	5	20	33	13	46	66

DISPOSAL OF REPORTED CASES OF SUBNORMALITY.

	Males	Females	Total
To hospitals	4	—	4
Community care	49	22	71
Action unnecessary	3	—	3
	56	22	78

(ii) Guardianship and Community Care.

There are no cases under Guardianship.

Of the cases in Community Care, 65 males and 23 females are in employment compared with 90 and 26 respectively in 1959 ; 165 attend the Training Centres.

PARTICULARS OF VISITING OF CASES OF SUBNORMALITY.

	Males	Females	Totals	
			1960	1959
In Community Care	257	176	433	506
No. of Visits paid	—	—	716	966
Recorded Office Interviews	—	—	550	361
				($\frac{1}{2}$ year)
Home and Progress Reports (for Hospital cases)	20	25	45	58
No. of Petitions presented...	1	—	1	2

The figures in the above table include those attending the Junior and Adult Training Centres.

(iii) **Occupation and Training.**

(a) *Junior Training Centre.*

A wide variety of training is now provided. At the end of the year there were five classes and two nursery groups operating and a small part-time (3 day) group for children who required special care and were not yet able to join one of the ordinary classes. This small group also serves to give the mothers much needed relief. The staff comprised a supervisor, seven assistant supervisors, a part-time attendant for the special care group, and two trainee assistant supervisors, one of whom is attending the diploma course of the National Association for Mental Health. A third trainee assistant is to be appointed in the New Year. There were ninety-four children (under sixteen years of age) on the register in December, and admissions are now very largely through the nursery groups.

The children again presented a successful Christmas display, and on one of the open days for parents, a sale of work was 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.

A new hatted classroom overlooking the centre garden will be in operation early next year to enable a special group to be formed for subnormal children with a physical handicap. The eldest boys and girls attend the adult centres for simple woodwork and cookery.

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

This centre is adjacent to the Adult Male Centre and across a spacious courtyard from the Junior Centre. School meals are served and primary school holidays operate at present.

There were thirty-three trainees (6 part-time) on the register at the end of the year, working sometimes in two or three groups with, at times, one of the trainee assistant supervisors assisting the supervisor and her assistant supervisor.

The new attractive Homecraft Section, completed in the year, gives domestic and simple laundry experience and training in simple cookery, whilst a powder room encourages the trainees to be more conscious of their personal appearance.

The older girls from the Junior Centre and selected Adult Male Trainees receive simple cookery lessons and the youths have proved to be very keen and worthwhile to instruct.

A sale of work was held before Christmas in conjunction with the open day and a concert was given by the Adult Trainees ; parents attended these functions.

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

The staff comprises a supervisor and a skilled joiner. There were thirty-two trainees on the register at the end of the year but the accommodation could take approximately forty. The trainees receive school meals. The centre has four weeks holiday per year. The training endeavours to do as much work of a 'project' nature as possible as this encourages the interest of trainees in their work. Training includes gardening and physical activities with visits to a nearby swimming bath, and is soon to include simple metal working. The centre will shortly be equipped with simple power-operated tools and a lathe. The centre now has a properly equipped stage and the first Christmas concert presented in conjunction with the Female Centre was a great success. This effort is a valuable addition to training, and assists the social training provided by the social meetings for the Adult Trainees of both sexes, which were initiated during the year and are paralleled in an occasional mixed class.

**Visit of H.R.H. Princess Alexandra to the Training Centres on
28th June, 1960.**

This visit, on a fine day, was a great occasion for the Centres as well as a source of delight and wonder to the trainees.

The Princess was welcomed by the Lord Mayor, who presented the Chairman and Vice-Chairman of the Health Committee, the Medical Officer of Health and the Deputy Medical Officer of Health, to the Princess, who then received a bouquet from one of the children.

Her Royal Highness then toured the three centres and saw the trainees doing their normal work, some of which was on view. A short display was given by the children of the Junior Training Centre and before leaving, Her Royal Highness talked to some of the parents.

It is understood that this was the first occasion on which such centres have been visited by a member of the Royal Family, and the visit was a most successful and happy occasion.

III. Out Patient Clinics.

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

This clinic serves as an extension into the City of the three hospitals in the area taking cases of mental disorder, the buildings being provided by the Regional Hospital Board.

The number of city patients by sources given below, cover a five-year period:

	1960	1959	1958	1957	1956
General Practitioners	248	319	246	268	360
Follow up of discharged hospital patients	225	152	151	146	76
School Health Service	44	36	38	32	42
Probation Officers	38	28	15	20	23
Mental Welfare Officers	7	9	8	5	19
Newcastle General Hospital	—	9	—	—	—
Others.....	4	9	4	12	3
	566	562	462	483	523

(b) *Special Clinic for Subnormality.*

This local authority continues to have access to the clinic at the Department of Psychological Medicine, at the Royal Victoria Infirmary but referral of cases there has been, in the main, through general practitioners and paediatricians.

Transport Arrangements for Subnormal Persons.

The City Ambulance Section continues its excellent work in providing transport as required.

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.

HOMES ADMINISTERED BY THE WELFARE COMMITTEE.

	1960		
	Men	Women	Total
Elswick Grange, Westgate Road, Newcastle upon Tyne	83	—	83
Kenton Hall, Kenton Lane, Newcastle upon Tyne.....	—	36	36
Cedar Lodge, Bentinck Road, Newcastle upon Tyne...	39	—	39
Adderstone House, Adderstone Crescent, Newcastle upon Tyne	—	37	37
Eskbank, Clayton Road, Newcastle upon Tyne	12	41	53
Hermiston, Jesmond Park West, Newcastle upon Tyne	21	—	21
Orchard House, Kenton Lane, Newcastle upon Tyne...	—	38	38
Harehills, Burnfoot Way, Newcastle upon Tyne.....	27	37	64
	182	189	371

OTHER HOMES.

	Men	Women	Total
Other Local Authorities	1	2	3
Elswick Dene, Georges Road, Newcastle upon Tyne...	13	—	13
Eventide Homes, Western Avenue, Newcastle upon Tyne	—	12	12
St. Margaret's Home, Aberdeen	—	1	1
St. David's Home, Ealing	1	—	1
David Lewis Colony, Alderley Edge	2	1	3
Oaklands, Holmfirth	—	2	2
British Legion, Lister House, Ripon	2	—	2
Joel Intract, Sunderland	1	1	2
	20	19	39

In the City there are six Homes registered with the Welfare Committee and regularly inspected by their Officers. These are run by voluntary and private organisations and provide accommodation for 287 persons.

ADMISSIONS.

From Own Homes	103
From Hospitals.....	24
No Settled Residence	5
	132

Number of Persons awaiting Admission to Residential Accommodation.

At the 31st December, 1960, a large number of elderly persons known to be in urgent need of residential accommodation were recorded on the Waiting List, maintained by the Welfare Department, of persons requiring care and attention. Due to the limited accommodation available in residential homes, it has been necessary to maintain these persons in their own homes for long periods, and in this connection approximately 4,960 domiciliary visits were made by the staff of the department. My thanks are due to the Medical Officer of Health for his whole-hearted co-operation ; his staff, particularly home helps, bath orderlies, health visitors and district nurses, for their valuable and unstinted assistance so readily given. Members of voluntary organisations have also played an important part in this work by visiting, shopping for and decorating the homes of the old people. Particular mention must be made of the "Meals on Wheels" service run by the Women's Voluntary Services. This service is responsible for the provision of hot mid-day meals to those who are unable to prepare and cook them.

To provide for the increasing need, a building programme has been approved for five new homes within the next four years. These are all to be sited in development areas so that future residents will be accommodated in the neighbourhood to which they are accustomed.

The first of these homes, on the Montagu Estate, is now being built, and plans for a further two have been approved and it is hoped will be completed by the end of 1962.

Welfare of the Blind and Physically Handicapped.

BLIND REGISTER.

Males	293
Females	378
	671

PARTIALLY SIGHTED.

Males	68
Females	66
	134

SHELTERED EMPLOYMENT.

Workshops for the Blind.....	65
Homeworkers	3

SIGHTED INDUSTRY—32.**EXAMINATIONS FOR BLINDNESS.**

121 Examinations, out of which 85 were new applications.

Registered Blind	53
Registered Partially Sighted	10
Not Blind or Partially Sighted	22
	85

There were no new cases of Ophthalmia Neonatorum.

There are six Home Teachers and one Probationer employed to cover the needs of the blind and partially sighted ; their work includes instruction in reading and writing of embossed literature, and organisation of social and occupational facilities.

Welfare of the Deaf.

235 Registrations.

150 are in employment and only 1 unemployed.

Two officers of the department cover the needs of the deaf and are further assisted by three voluntary organisations who receive grants from the Welfare Committee. These organisations have their own social centres in the City where all forms of special activities are arranged.

Other Handicapped Persons.

422 Registrations.

Their welfare is covered by visiting officers for the instruction of simple handicrafts or to assess any need which may be assisted under the National Assistance Act, alterations and adaptations in their own homes and the provision of gadgets, etc.

Nineteen severely handicapped people had a holiday together, provided by the Welfare Committee.

Social and Occupational Facilities.

These are now provided in a specially adapted building, open daily, with an average weekly attendance of 204.

The Welfare Committee have now purchased an hotel at Whitley Bay which will be adapted for use as a holiday home for aged and handicapped people, accommodating 20. This will operate for 48 weeks in the year.

General Facilities.

Operating in the City are 42 old peoples clubs with a membership of over 4,000. These clubs are organised by voluntary societies, such as the Women's Voluntary Service, Council of Social Service, etc., and grant-aided where necessary by the Welfare Committee.

Removal of Persons in Need of Care and Attention.

It was not necessary during 1960 to take action under Section 47 of the National Assistance Act, 1948.

Burials.

Fifty burials were carried out under the direction of the Welfare Committee during 1960.

The Western Committee has now prepared a report which
has been well received by the public. The well known fact
that the people are now more interested in the
work of the year.

General Committee of the Western Committee
has been in the City of New York since the
of the year 1890. The work of the year
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and the Committee of the Western Committee
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PREVALENCE, PREVENTION AND CONTROL

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

III—INFECTIOUS DISEASE

FEVERS, FOOD POISONING

DISINFECTION, etc.

PREVALENCE, PREVENTION AND CONTROL

III- INFECTIOUS DISEASE

FEVER, FOOD POISONING

DIARRHOEA, etc.

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

It has again been a quiet year as regards infectious disease. The total notified, 742, is very much less than the 6,609 notified last year, but the difference is almost entirely due to the biennial fluctuation in measles—1960 was not a measles year.

Of the more serious infectious illnesses, diphtheria and acute poliomyelitis, the City had not one case for the second year running. It is perhaps understandable that such a happy state of affairs should lead people to suspect that these serious diseases are now no longer with us. Such a false sense of security will inevitably lead to disaster. The long history of public health shows only too well that infectious disease has an unfortunate habit of hitting back hard at any community which allows its defences, so laboriously established, to collapse from neglect and apathy. With less than half of the children in Newcastle immunised against diphtheria, for example, there is every chance that the recent outbreaks of that disease in other parts of the country could be repeated here.

There is no longer any excuse for the failure to make full use of the protective measures so widely available. Parents must realise that to omit vaccination and immunisation for their children is to run the unnecessary risk of lifelong sorrow. The choice is surely a simple one.

Scarlet Fever.

There were 67 cases notified, only one of which was admitted to hospital. All cases were mild.

Diphtheria.

One suspect case was admitted to hospital but subsequently diagnosed as another illness.

Erysipelas.

One of the 17 cases notified was admitted to hospital.

Meningococcal Meningitis.

Of 7 cases notified, four were confirmed, but although all had to be admitted to hospital, there were no deaths.

Dysentery.

Out of 179 cases notified, confirmation was received of 82. In the subsequent investigation, a further 23 symptomless excretors were discovered. All cases were of a mild Sonnei type, and only 19 had to receive hospital treatment.

Enteric Fever.

4 cases and one carrier of paratyphoid fever were confirmed, three of which and the carrier being in one family. Surveillance continues but all are now recovered and beginning to produce negative specimens.

Food Poisoning.

Salmonella organisms were responsible for 6 out of the 31 cases of food poisoning. One case, a baby of three months, died. Of the other cases, only two were admitted to hospital. Full investigations were carried out but seldom led to conclusive evidence of the vehicle of infection.

One large outbreak of food poisoning occurred in a school, in which a total of 181 children and 14 staff were affected to some extent ; of these, no less than 75 children and 5 staff were admitted to hospital but all were discharged within three days. This outbreak is reported fully in the School Health section of the report.

Summary of Work by Public Health Inspectors.

Visits relating to notifiable diseases	708
Visits relating to non-notifiable diseases	42
Total disinfections (excluding Tuberculosis)	10
Visits in respect of Tuberculosis	105
Disinfections for cases of Tuberculosis.....	40
Specimens collected for bacteriological examination	397

ADMISSIONS OF CITY CASES TO WALKERGATE HOSPITAL. 1960.

Disease	Cases.	Deaths.	Disease	Cases.	Deaths.
Diphtheria	—	—	Alimentary Diseases	52	5
Dysentery	25	—	Blood Diseases	7	2
Enteric Fever	1	—	Cardiovascular Diseases ...	46	13
Erysipelas	2	—	Genito Urinary Diseases ...	22	2
Gastro Enteritis.....	51	1	Respiratory Diseases	144	1
Influenza.....	—	—	Sepsis and Skin Diseases ...	45	—
Measles	—	—	Meningitis and Encephalitis	7	—
E.C.S.M.	4	—	Nasopharyngeal Infections	1	—
Mumps	2	—	New Growths	8	5
Pertussis	5	—	Rheumatism	12	—
Pneumonia	72	7	Tonsillitis, etc.	17	—
Poliomyelitis	—	—	Tuberculosis—Pulmonary	9	—
Puerperal Fever.....	6	—	Meningeal	1	—
Rubella	—	—	Others	—	—
Salmonella Infections	5	—	N.A.D.	38	—
Scarlet Fever	—	—	Unclassified	50	1
Varicella	11	—			
Glandular Fever	6	—	TOTAL	649	37

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 1960 AND ADMISSIONS
 TO HOSPITAL.

NOTIFIABLE DISEASE.	Hospital Admissions.	AT AGES—YEARS.												NET TOTAL.							
		Under 1.		1 and under 5.		5 and under 15.		15 and under 25.		25 and under 45.		45 and under 65.		65 and up-wards.		Ages not known.		1960.		1959.	
		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	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Rheumatism (under 16 yrs.)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	25	9	..	34	..	25	..	5	..	..	..	2	..	..	..	..	..	82	..	152	..
Dysentery	1	1	..	1	..	..	..	1	..	..	..	9	..	6	..	..	..	4	..	3	1
Enteric fever	2	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	..	17	..	5	..
Erysipelas	5	1	1	1	..	27	..	..	..	..	..	..	..	..	..	..	..	31	1	16	..
Food poisoning	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1
Acute encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Measles	..	13	..	87	..	63	..	1	..	..	..	..	..	..	..	..	..	164	..	5725	1
Meningococcal infections	4	3	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	4	..	8	1
Ophthalmia neonatorum	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..
Pneumonia	72	6	18	5	2	10	2	7	..	15	6	34	23	26	122	..	..	103	173	166	146
Puerperal pyrexia	6	..	..	..	..	..	..	5	..	15	..	..	..	..	..	..	..	20	..	25	..
Rubella	..	16	..	55	..	43	..	3	..	3	..	..	..	..	..	..	..	120	..	132	..
Scarlet fever	..	..	..	25	..	39	..	3	..	..	..	..	..	..	..	..	..	67	..	132	..
Whooping cough	5	15	..	52	..	46	..	..	..	..	..	..	..	..	..	..	..	113	..	218	1
Totals	120	66	19	260	2	267	2	26	..	43	6	47	23	33	122	..	..	742	174	6609	151

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

WARD.	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.	DEATHS.	
																			Pneu- monia	Tuber- culosis all forms.
St. Nicholas	2	...	...	3	...	...	...	...	...	5	...	...	...	...	5	2	6	2	3	4
Blakelaw	4	...	...	1	...	1	...	...	...	9	1	...	...	...	4	5	16	3	10	...
Kenton	10	...	...	4	3	2	1	...	...	12	...	...	...	1	15	5	9	2	13	...
Scotswood	19	5	...	9	...	2	1	...	...	6	...	...	...	1	4	10	16	5	6	...
Stephenson	6	1	...	7	...	...	23	...	...	7	1	...	...	3	11	...	28	7	9	2
Armstrong	2	1	...	7	...	...	...	...	...	2	...	...	...	2	3	1	23	9	17	1
Elswick	6	1	...	2	...	...	1	...	...	8	...	1	...	...	7	4	15	7	3	2
Westgate	2	...	...	...	...	1	2	...	...	8	1	...	...	1	1	2	7	18	12	3
Arthurs Hill	6	...	...	1	...	1	...	...	...	20	...	...	...	1	12	...	14	4	9	3
Benwell	6	...	...	1	...	1	2	...	...	6	...	...	...	1	5	2	10	14	6	...
Fenham	5	...	...	2	...	1	...	...	1	8	...	...	...	2	10	8	11	4	12	2
Sandyford	...	2	...	1	...	...	...	...	...	3	...	...	...	...	4	...	15	3	9	1
Jesmond	3	1	...	11	...	...	...	...	...	4	...	...	...	...	7	2	4	3	7	...
Dene	4	...	...	1	...	2	...	...	...	5	...	...	...	1	5	6	7	1	8	...
Heaton	8	...	...	3	...	3	...	...	...	2	...	...	...	...	9	1	10	2	5	2
Byker	4	...	...	17	...	1	1	...	...	9	...	1	...	1	6	8	14	10	11	3
St. Lawrence	6	1	...	3	1	...	...	...	...	10	...	...	...	2	4	3	8	8	8	2
St. Anthony's	2	1	...	2	...	...	...	...	...	8	...	...	...	2	2	2	7	9	7	...
Walker	2	...	...	1	...	2	...	...	...	15	1	...	...	1	3	3	8	1	7	...
Walkergate	6	1	...	6	...	...	...	...	...	17	...	...	...	1	3	3	6	1	11	3
Total 1960	103	14	...	82	4	17	31	...	1	164	4	2	...	20	120	67	234	113	173	28
Total 1959	166	23	...	152	3	5	16	2	...	5,725	8	2	...	25	132	132	245	218	136	30

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 much reduced from the previous year. The clinic provides two baths and there is one male attendant, and a female bath orderly who treat women and children on certain afternoons. Attendances are by appointment through the General Office of the Health Department.

In 1960, of 127 patients attending there were 105 males and 22 females. There were 96 cases of pediculosis (75·5% of the total attendances) and 31 cases of scabies and none of double infestations or of flea infestations.

AGE DISTRIBUTION OF CASES.

	1956	1957	1958	1959	1960
0—1 year	1	2	2	3	—
1—5 years	9	20	15	27	4
5—15 years	39	43	19	27	4
15 years and over	492	514	244	278	119

General Observations.

No condition required special baths, referral back to a doctor for treatment or to another local authority. Of the pediculosis cases, all were body infestations except for one woman with head and pubic infestations. About three-fifths of the scabies cases were referred by family doctors. Scabies cases mainly attended in the summer months and around Christmas.

Maximum monthly attendance was 25 (March), whilst 60 attendances were made in the three months, March—May.

The good work of the staff is once again recorded.

DIAGNOSES AND TREATMENTS 1956-1960.

Year.	Scabies.	Pedi- culosis.	Others.	Total.	Total Treat- ments.	Average No. of Treatments per patient.
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
1960	28	96	—	128	139	1·08

VENEREAL DISEASES

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

One thousand and sixty five patients who attended for the first time were classified as follows :—

Syphilis	43 (+12)
Gonorrhoea total	193 (—26)
Gonorrhoea male	131 (—29)
Gonorrhoea female	62 (+ 3)
Non-gonococcal Urethritis	106 (+10)
Non-venereal disease requiring treatment	244 (+82)
Patients seeking reassurance	476 (+19)
Others.....	3

* The figures in parentheses indicate the increase or decrease compared with 1959.

With a view to arresting the increasing incidence of Gonorrhoeal infection, prophylactic treatment was given to many women and girls. While this may partly explain the decline in male Gonorrhoeal infections, such a policy has its disadvantages as well as its advantages and only time will tell whether this measure is justified.

I would draw your attention to the decline in sex morals, with especial reference to two sections of the community. Approximately one third of all women infected with Gonorrhoea are wives who have acquired their disease from unfaithful husbands. No obvious explanation for this unsavoury conduct is forthcoming, but this social problem, all too obvious in Newcastle over the past two years, demands urgent consideration. Teenagers of the lower age groups are causing a great deal of concern, and their sexual immorality is noticeable amongst those where there is a lack of parental supervision, due to both parents working. As quite a few come from the better class homes, their parents would be horrified if they but knew some of their daughters' sexual escapades. Ignorance spreads disease and since these girls know little, if anything, about venereal diseases they should be told the facts about this social evil.

The incidence of non-gonococcal urethritis continues to increase and it may well exceed that for Gonorrhoea in this department in the not too distant future. The cause of this disease remains a mystery in the majority of cases ; it is certainly sexually transmitted and maritally acquired *Trichomonas Vaginalis* Infestation from faithful wives undoubtedly accounts for some of those infected males.

Only 16 expectant mothers were found to require treatment for syphilis. Appropriate treatment in pregnancy has resulted in 12 healthy infants, while 3 as yet have not completed their tests. One pregnancy ended in a miscarriage, which as far as can be determined, was in no way attributable to syphilis.

Modern therapy, intensive and of short duration, is reflected in (a) the increase in the amount of laboratory work (6,091 specimens), (b) a decline in the total attendances (9,206) and (c) a reduction in the volume of social efforts expended, mainly in the form of domiciliary visits (860), to those defaulting from treatment or surveillance.

The following data shows the amount of work done by the Contact Tracing Unit in locating and persuading alleged sources of infection to attend for examination and treatment. There is an all-round increase in those statistics compared with 1959.

No of contacts named in Newcastle area	172 (including 42 men).
No. of contacts sought on reasonably adequate data	121 (including 13 men).
No. of contacts identified	100 (including 12 men).
No. of contacts responsible for more than one infection	14 women*.
Therefore the actual number of individuals identified	83 (including 12 men).
No. of identified contacts who were examined	79 (including 12 men).
No. of identified contacts who were infected	52 (including 3 men).

*They accounted for 31 infections.

**CHEST CLINICS.
MASS RADIOGRAPHY.**

IV—TUBERCULOSIS.

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

TUBERCULOSIS

There was again a fall in the number of new cases of pulmonary tuberculosis ; in 1960, 204 cases, 17 less than last year, were notified, giving an attack rate of 0·76 per 1,000 population (0·06 per 1,000 below the previous lowest recorded rate for the City). The number of new cases of non-pulmonary tuberculosis was slightly higher, 30 being notified as compared with 24 in 1959, the attack rate rising from 0·09 to 0·11.

The decline in deaths from the disease continued, twenty-eight occurred, all but four being due to pulmonary tuberculosis ; giving a death rate of 0·110 per 1,000 population (0·103 pulmonary and 0·007 non-pulmonary).

Notifications.

During the year, primary notifications were received as follows :

<i>Pulmonary.</i>	<i>Non-pulmonary</i>	<i>Totals</i>
204 (76 East)	30 (9 East)	234 (85 East)
(128 West)	(21 West)	(149 West)

Sources of notification were :—

	Total	East	West
General Practitioners	41	33	8
Chest Physicians	166	42	124
Hospital Medical Staff	23	9	14
H.M. Forces	4	1	3
	234	85	149

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1926.

110A

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.
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
1960	204	24	0.09	0.76	30	4	0.015	0.11	234	28	0.10	0.87

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 1958, 1959 AND 1960.

		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—	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
	1960	1	1	2	2	6	4	16	18	16	28	22	15	1	132
Females—	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
	1960	3	...	5	4	...	9	7	18	9	7	9	...	1	72
Non-Respiratory—															
Males—	1958	...	...	...	...	2	...	2	6	3	...	2	2	1	18
	1959	...	1	...	...	1	1	3	3	3	2	...	...	...	14
	1960	...	...	...	...	3	...	1	1	1	1	...	...	...	7
Females—	1958	...	...	...	5	...	6	3	5	5	3	...	...	...	27
	1959	...	...	...	...	...	...	1	4	2	1	1	1	...	10
	1960	1	1	...	...	3	...	4	6	3	2	2	1	...	23
Totals—															
	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
	1960	5	2	7	6	12	13	28	43	29	38	33	16	2	234

AGE DISTRIBUTION OF DEATHS DURING 1960.

		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	...	7	2	4	1	15	
Females		...	...	...	...	...	...	1	...	2	1	2	2	1	9
Non-Respi. —															
Males		...	...	...	...	...	...	...	...	1	...	...	...	...	1
Females		...	...	...	...	...	...	...	2	...	1	...	...	...	3
Totals		...	...	...	...	...	...	1	1	4	9	5	6	2	28

RESPIRATORY TUBERCULOSIS—PERIODS OF NOTIFICATION BEFORE DEATH.

	Deaths which occurred in these years										1960					
	1953	1954	1955	1956	1957	1958	1959	1960			East		West			
								M.	F.	Total	M.	F.	Total	M.	F.	Total
Persons not notified before death	12	11	6	9	4	4	5	5	2	7	3	1	4	2	1	3
Persons notified under 1 month	9	2	5	3	1	4	4	1	1	2	...	1	1	1	...	1
Persons notified between—																
1 and 3 months	1	3	1	2	...	2	2	2	1	3	2	...	2	...	1	1
3 and 6 months	2	3	1	...	2	...	...	...	...	...	...	...	...	...	...	...
6 and 12 months	7	7	1	1	...	1	3	1	...	1	...	...	...	1	...	1
12 and 18 months	2	5	...	...	4	...	...	...	...	...	...	...	...	...	...	...
18 and 24 months	5	5	3	2	1	1	...	...	...	...	...	...	...	...	...	...
2 and 3 years	12	11	2	2	3	1	2	2	2	4	1	...	1	1	2	3
Over 3 years	31	30	29	22	20	16	12	4	3	7	1	3	4	3	...	3
Totals	81	77	48	41	35	29	28	15	9	24	7	5	12	8	4	12

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

	1956		1957		1958		1959		1960*	
	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate
Newcastle upon Tyne	0·16	1·47	0·13	1·26	0·11	1·26	0·11	0·90	0·10	0·87
England and Wales...	0·12	0·80	0·11	0·75	0·10	0·66	0·08	0·64	0·07	0·53
Glasgow	0·36	2·05	0·38	3·80	0·37	1·39	0·22	1·19	0·21	1·12
Scotland	0·16	1·32	0·14	1·59	0·13	1·14	0·11	0·83	0·10	0·78

* 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 395,480, of which 126,510 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 127.

EAST END CHEST CLINIC.

(Dr. C. Verity, Chest Physician).

The anti-tuberculous campaign continues unabated, though with a gradually shifting emphasis, as conditions change. The confidence engendered by adequate chemotherapy has enabled us to lengthen

the time interval between follow-up appointments of tuberculous patients after their initial period of therapy, and in some cases even to avoid taking them off work for treatment.

This last is indeed a change from former practice, for many believe that all cases of frank disease should have a period in hospital or sanatorium as soon as diagnosed to ensure adequate therapy in this important initial stage. This procedure has never been our overall policy here, but each case has been judged on its merits. The following table shows the percentage of newly notified adult cases of pulmonary tuberculosis treated in hospital or sanatorium for the last six years :—

RESPIRATORY TUBERCULOSIS.

NEWLY NOTIFIED CASES—PERCENTAGE TREATED IN HOSPITAL/SANATORIUM.

ADULTS ONLY.

	1955	1956	1957	1958	1959	1960
Notified Cases	237	231	157	156	152	113
Admissions	152	144	118	153	79	64
Percentage admitted.....	69.2	66.7	75.1	98.7	51.9	56.6

This greater freedom in dealing with known cases of tuberculosis was fortunate, for it not only ensured the avoidance of an Appointments Waiting List at the Clinic, but anticipated the leaving of Dr. L. W. Carstairs, whose vacancy was not refilled by the Regional Hospital Board.

New patients, among them an unknown number of cases of extensive and infective pulmonary tuberculosis, as well as cases of carcinoma, have continued to be seen immediately at the clinic ; it is hoped to avoid any delay in appointments for new patients, which should take first priority, as the initial and essential step in prevention is ascertainment.

NEW PATIENTS (excluding Contacts).

1955	1956	1957	1958	1959	1960
1,177	1,455	1,832	1,842	1,903	1,871

Incidence of Tuberculosis.

Diagnostic, as well as therapeutic standards, are changing rapidly but in spite of this the incidence of new cases of tuberculosis continues to decline.

TUBERCULOSIS NOTIFICATIONS.

	1955	1956	1957	1958	1959	1960
Respiratory	261	252	176	171	160	127
Non-Respiratory	61	50	39	21	19	17
	322	302	215	192	179	144
Population at risk.....	217,090	220,580	219,650	221,402	223,740	224,000 approx.

Among these cases are a number of students with pulmonary tuberculosis.

	1956	1957	1958	1959	1960
	3	0	4	2	3

It is impracticable to assess the true incidence among the students, for we do not know the student population at risk, as only those resident in the area served by this Chest Clinic are normally seen here. Nevertheless, even though the incidence cannot be assessed, suffice it to say that this disease has been occurring *annually* (1957 excepted) for a number of years, among what should be a healthy population. It will be interesting to see whether, since the recent adoption of routine search for the occult case, by means of the Mass X-ray Unit, these figures will change and in what direction.

Infector Pool.

During the last five years attention has been paid to the repeatedly infective case of pulmonary tuberculosis. Criteria were agreed as to what we should regard as a chronic infective case, and the following standards were adopted :—

1. A chronic infector is a case of pulmonary tuberculosis whose sputum *remains* persistently or occasionally infective.
2. A case is no longer regarded as a chronic infector if the sputum does not show tubercle bacilli twelve months after completion of an adequate course of treatment.
3. An "adequate" course of treatment is not demarcated in exact terms, but is left to the judgment of the clinician in charge of the case, though it is usually regarded as treatment adequate to return the patient to his "normal" occupation.
4. "Infective" sputum means sputum in which tubercle bacilli have been demonstrated either by direct Ziehl Nielsen stain or culture.

5. No case is relegated to the chronic infective group unless and until treatment has been given. The majority of infective cases, of course, rapidly become non-infective.

With these in mind all cases have been regularly reviewed and the following Table illustrates clearly the size of the problem (as at 31st December) :—

	1956	1957	1958	1959	1960
MALE.					
Not seen	5	5	5	5	2
No sputum	7	21	14	13	1
Negative*	57	55	46	32	16
Positive*	60	33	20	21	24
	129	114	85	71	43
Resistant	19	7	8	10	15
Chemotherapy ...	102	79	52	20	13
Died	—	8	4	4	1
Transferred	—	2	2	1	1
Off	—	7	24	14	29
New cases	—	2	1	5	3
		17	30	19	31
FEMALE.					
Not seen	1	2	5	5	3
No sputum	8	16	7	6	0
Negative*	25	26	18	21	5
Positive*	33	17	14	8	6
	67	61	44	40	14
Resistant	5	2	5	3	4
Chemotherapy ...	52	38	27	15	4
Died	—	3	3	2	7
Transferred	—	3	0	1	1
Off	—	2	14	3	19
New cases	—	2	0	2	1
		8	17	6	27
TOTAL	196	175	129	111	57
POSITIVE*	(93)	(50)	(34)	(29)	(30)

* Case is regarded "negative" unless Tubercle Bacilli found during current year.

It would appear from this Table that the number of cases resistant to chemotherapy is steadily increasing, but one should bear in mind that for the last twelve months full bacteriological laboratory facilities have been available to us and many more cultures have been done than in previous years, so that the figures in 1960 undoubtedly represent a better conception of the truth than previously. Further, the problem of the patient who insists that he has no sputum is now being dealt with by modification of the laryngeal swab

method, which can easily be carried out on the patient's routine visit to the Chest Clinic. Previously, we had relied upon Fasting Gastric Juice Culture—a procedure admittedly somewhat unpleasant—but this meant a second visit on the part of the patient, at an hour that was often inconvenient to him, and in some of these patients where we had reason to suspect that they were infective, the co-operation of the individual was often lacking.

By arrangement with Drs. Hale and Wright of the Public Health Laboratory Service, and the co-operation of their staff, this procedure commenced in February, 1960, and at the end of a twelve months' period, when the bulk of the cases had been seen, the following facts emerged :—

TUBERCLE BACILLI FOUND.

	Not yet Diag- nosed	Quies- cent (A. & B.)	'A' (not previ- ously positive)	'B' (previ- ously positive)	TOTALS	
					Positive	Exams.
Laryngeal Swab Cultures	1	1	1	1	4	1,203
Sputum cultures.....	14	5	6	95	120	1,669
Direct Ziehl Nielsen	20	3	9	57	89	4,055
Fasting Gastric Juice Cultures ...	1	—	—	1	2	23
	36	9	16	154	215	6,950

This table shows clearly the value of the above procedures and it is particularly interesting to notice, for example, that nine so-called quiescent cases were shown to be excreting tubercle bacilli at the time of examination.

From the General Practitioner's point of view, sputum examinations may well be easier than persuading the patient to go to an X-ray set, and it is a pity that this simple method of diagnosing infective tuberculosis is not used more often.

The incidence of four positive laryngeal swab cultures in 1,200 examinations may not seem very high but this group of patients were those who would not admit to having any sputum available for examination, and therefore they would not otherwise have been shown to be infective.

Ante-Natal Chest X-Ray.

As from August, 1959, maternity cases ceased to have routine ante-natal X-ray at the M.M.R. Unit, and arrangements were made for such cases to have a chest X-ray taken at the Radiological Department of either Newcastle General Hospital or the Royal Victoria Infirmary, at between twenty and thirty weeks' pregnancy.

It may have been coincidence, but nevertheless, it was with some concern that during 1960 we saw two mothers with extensive, infective pulmonary tuberculosis, whose disease was not diagnosed until shortly after their confinement, and on enquiry they stated that they had not been asked to have a chest X-ray during pregnancy.

Fortunately, the baby was not infected in either case. Nevertheless, one wonders whether the scare of radiation hazards has not been over-stressed to the detriment of the Public Health risk from tuberculosis in maternity cases.

Carcinoma Bronchus.

Carcinoma Bronchus continued to be seen in a distressingly large number of cases and almost as often as new cases of Respiratory Tuberculosis ; unfortunately, many of these were already in an advanced state, with widespread secondary deposits.

Cytotoxic agents, deep X-ray therapy and, in selected cases, radical surgery, were all tried wherever practicable, but with very indifferent results, though sometimes palliation rather than exacerbation was achieved for a brief period.

Child Contacts.

Towards the end of the year Dr. M. D. Taylor commenced a session at this Clinic for review of all children over five years of age, contacts of notified cases of Tuberculosis. This arrangement is at present provisional and if it proves satisfactory, will be continued.

Social Worker.

The Social Worker has continued to see cases referred to her and her services have been appreciated by patients, Care Committees and Clinic Staff in helping to solve many difficult problems.

WEST END CHEST CLINIC.

(Dr. G. Hurrell, Chest Physician).

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

This is the last occasion on which I will report concerning the work of this Clinic because I retire at the end of August, 1961. I was appointed Tuberculosis Medical Officer to the City of Newcastle upon Tyne in 1925 and held this appointment until 1945 when I became Medical Superintendent of Newcastle General Hospital. The coming of the National Health Service in 1948 severed my connection with the Health Department. In 1952 I returned to clinical work as a Consultant Chest Physician and started the Chest Clinic, 167 Elswick Road and in this capacity I again became responsible to the Medical Officer of Health for the preventive aspect of the work and for contacts in this appointment until the present time.

I have seen many changes in both the treatment and preventive aspects of medicine in connection with tuberculosis. Treatment is now almost entirely by drugs—chemotherapy. Former methods of treatment which were very extensively employed, artificial pneumothorax and peritonium, have completely ceased to be used. The introduction of B.C.G. vaccine has materially altered the preventive side of the work and the combined effect of all these various changes has been that tuberculosis has diminished so much that Barrasford Sanatorium was emptied and closed by the Regional Hospital Board in March, 1960. Sufficient sanatorium beds exist in Wooley Sanatorium and other hospitals to accomodate all cases that are now being found in the city.

In the year 1925 when I was appointed Tuberculosis Medical Officer 444 people died in the city from tuberculosis in all its various forms. The death rate per one thousand population was 1.55. In 1960 there were 28 deaths from all forms of tuberculosis giving a death rate per one thousand of 0.10.

This is a very satisfactory state of affairs and is in keeping with what has been happening with regard to tuberculosis throughout the country. The death rate fell fairly steadily from 1925 onwards until the advent of the drugs now used for the treatment of the disease. These came into use slowly round about 1950/51 and following their introduction there has been a great diminution in the mortality from the disease.

The number of cases being notified has also dropped very greatly but not to the extent that the death rate has fallen. The number of new cases notified in 1925 in the city was 849, the number notified in 1960 was 234. These figures are set out below so that they can be more clearly seen.

Tuberculosis Notifications, Attack Rate, Deaths, and Death Rate, in the City of Newcastle upon Tyne.

		Attack Rate		Death Rate
	Notifications	per 1000 pop.	Deaths	per 1000 pop.
1925	849	2.9	444	1.55
1960	234	0.87	28	0.10

The above facts are extremely gratifying but tuberculosis is still with us and every endeavour should be made to find the disease in its early stages when it is curable.

I look back with pleasure upon the years that I have been associated with the various Medical Officers of Health of the city and I wish to express my thanks for the help given me on many occasions and for the close co-operation that has been built up between the Clinic and the Health Department.

Notifications.

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

	Respiratory	Non Respiratory	Total
1956	174	35	209
1957	165	29	194
1958	174	28	202
1959	134	15	149
1960	128	21	149

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

	Respiratory	Non Respiratory	Total
1956	1,687	227	1,914
1957	1,819	253	2,072
1958	1,893	240	2,133
1959	1,850	243	2,093
1960	1,649	252	1,901

Active Register.

The active Register up to 31st December, 1960, was as follows (West Newcastle only).

	Males	Females	Children	Total
T.B. —	96	46	1	143
T.B. +	25	31	1	57
Non-respiratory	2	1	—	3
	123	78	2	203

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 57 made up of 38 males and 19 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
1956	28	2	30
1957	22	—	22
1958	21	1	22
1959	17	1	18
1960	11	2	13

Contacts.

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

	Males	Females	Children	Total
New contacts	266	254	809	1,329
Old contacts.....	6	11	2,289	2,306
	272	265	3,098	3,635

CONTACTS DIAGNOSED AS SUFFERING FROM
TUBERCULOSIS.

	Males	Females	Children	Total
T.B. —	2	3	9	14
T.B. +	4	—	—	4
Non-respiratory	—	—	—	—
	6	3	9	18

Health Visitors.

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

MASS RADIOGRAPHY.

The work carried out by the Newcastle upon Tyne Mass Miniature Radiography Units during 1960 is set out below in Tables 1 and 2.

TABLE 1.
WORK CARRIED OUT IN CITY OF NEWCASTLE UPON TYNE.

Examinee Group.	Nos. X-rayed.	Referred to Chest Clinic.	Active Cases Notified.
Doctors' patients	7,750	768	73
Clinic Contacts	667	15	2
National Service Recruits	3,223	102	8
School Children (Mantoux Positive)	954	11	1
General Public	6,718	206	19
Industrial Groups	30,811	278	36
Hospital Staff (Nursing)	425	2	—
Hospital Out-Patients	987	33	2
Hospital In-Patients	184	4	—
	51,719	1,419	141
			(2.7 per 1,000)

Table 1 summarises the work carried out in the City by the 100 mm. Odelca Camera Unit located at the Newcastle General Hospital and the 35 mm. mobile X-ray van. In addition to this work, the Regional Caravan Unit visited 21 industrial and commercial establishments, mainly for the purpose of X-raying works

contacts and X-rayed a further 1,501 persons, as a result of which 39 were referred to chest clinics and 4 new cases of pulmonary tuberculosis requiring treatment were discovered (2.7 per 1,000 examined). These figures are not included in Table 1.

TABLE 2.
SUMMARY OF GENERAL PRACTITIONERS' REFERRALS.

Year	Nos. Referred	Active Cases	Rate per 1,000
1957	14,560	113	7.8
1958	10,848	111	10.2
1959	8,316	81	9.7
1960	7,750	73	9.4

Table 2 summarises general practitioner referred patients over the past 4 years and as will be seen, the downward trend of numbers referred annually, first observed in 1957, continues despite our joint efforts to encourage greater use of the facilities for routine X-ray. This is to be regretted, for this group of examinees still produces the highest number of cases of active tuberculosis and the incidence rate per 1,000 X-rayed is still extremely high.

Particular points of interest include :

- (1) Sessions for National Service Recruits virtually ceased in August. No examinations have been undertaken since October, 1960.
- (2) No maternity patients were X-rayed by the Units during the year.
- (3) Wider use was made of the highly mobile Caravan Unit during 1960 for the purpose of X-raying works contacts and, in addition, we were able to visit several establishments previously inaccessible to us with the larger Unit.

CARE AND AFTER-CARE.

A Social Case Worker employed by the Local Authority is attached to both the East and West End Chest Clinics and, by arrangement, they assist not only Newcastle cases, but also 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 Social Case Worker of the West End Clinic, Miss Neilson, resigned in October and it has not yet been possible to fill the vacancy. As an interim measure the remaining Case Worker has undertaken work at both Clinics.

Help for patients was obtained through various outside organisations, including the local Voluntary Tuberculosis Care Council which, in addition to assistance in other ways, distributed parcels of groceries at Christmas to needy families recommended by the Chest Physicians and also sent Christmas Cards and small gifts to patients in hospital.

Meetings between Chest Physicians and Health Visitors to discuss individual cases took place and close liaison was maintained throughout the year. 685 first and 2,034 subsequent visits to patients and contacts were made by the District Health Visitors.

The arrangement by which two houses per month are allocated by the Housing Management Committee for tuberculosis patients continued throughout the year, and proved of immense value. Regular consultations between the Chest Physicians and the Medical Officer of Health took place to discuss cases and place them in order of priority.

East End Chest Clinic.

During 1960, 835 patients were seen either at the Chest Clinic, in Walkergate Hospital or in their own homes. Many of these patients were interviewed for the first time. Help in various forms was given to patients and their families, including assistance to 683 as follows :

	Newcastle	County
Information	77	28
Advice	20	4
Home Visits	79	49
Clothing	23	3
Bedding	5	5
Extra Nourishment	184	68
Housing Conditions	6	1
Household Equipment... ..	1	1
Television (Licences, etc.)	3	1
Nursing Comforts	4	—
Domestic Help	6	3
Transport	15	3
Fares	3	5
Care of Children	2	1
Convalescence	18	5
Financial Assistance	1	3
Personal Needs in Hospital	1	—
Suitable Work	44	9
Miscellaneous	—	2
	492	191

During the year, a number of Chinese have been referred to the Chest Clinic. The Hong Kong Government in London was contacted and arrangements made for the wives and families living in Hong Kong to be assisted while the breadwinner was a patient in this City.

During the past two or three months, in the absence of a Social Worker, cases which have usually been dealt with at the West End Chest Clinic have been referred to this Chest Clinic and dealt with whenever possible.

One afternoon per week is spent seeing patients in Walkergate Hospital, and another afternoon of each week in seeing patients in their own homes. Quarterly Meetings attended are Longbenton After-Care Sub-Committee and Castle Ward and Gosforth After-Care Sub-Committee, and also twice a year the Newcastle After-Care Council Meeting.

Visitors to the Social Worker's Department of the Chest Clinic included Commonwealth Scholarship Students (Chest and Heart Association :

Mr. Abdool A. Oozeerally, from Mauritius,

Mr. Isiaku Abasi, from Western Nigeria.

Visits with these students were made to Felling Industrial Rehabilitation Unit and to Finchale Abbey Training Centre.

Convalescence.

The Local Health Authority was responsible for maintenance for 16 patients referred for convalescence, while 2 patients were referred to Torquay for convalescence under the auspices of the John Routledge Hunter Memorial Fund.

The Agencies used were as follows :

VOLUNTARY.					Newcastle	County
Care Committees ...	...	...	...	...	201	87
S.S.A.F.A....	...	...	...	...	2	1
Red Cross Society	...	...	...	...	5	—
Women's Voluntary Service	...	...	...	...	16	—

STATUTORY.

	Newcastle	County
National Assistance Board	138	72
Ministry of Labour	54	8
Ministry of Pensions and National Insurance ...	6	2
Local Education Authority	2	—
Local Health Authority	49	13
Children's Department	2	2
Social Welfare Department	4	—
Housing Department	5	1

OTHERS.

Adoption Society	2	—
General Practitioners	1	—
Housing Trust	1	—
National Society for Cancer Relief	1	2
John Routledge Hunter Memorial Fund ...	2	—
Works' Welfare Officers	1	—

West End Chest Clinic.

Although functioning for part of the year without a Social Case Worker, the work of the Clinic proceeded satisfactorily and the ready co-operation of the East End Social Case Worker ensured that no case was deprived of any necessary assistance.

The 936 interviews given at the Clinic included 153 patients seen for the first time and, in addition, 31 home visits were made. 328 cases required assistance, and this was obtained through the usual voluntary or statutory organisations. Convalescence was arranged for 34 cases.

Liaison with the Ministry of Labour Disablement Resettlement Officer continued and 39 cases were referred to him with a view to employment. Five patients attended the Ministry of Labour Rehabilitation Centre at Felling.

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, 1960.	2,062	1,730	198	3,990	75	190	172	437
B. Children transferred to adults during the year.....	7	14	—	21	7	5	—	12
C. No. of notified cases added to Register during the year. Not bacteriologically confirmed.								
Group I	43	28	28	99	9	25	11	45
„ II	26	17	1	44				
„ III	4	4	—	8				
Bacteriologically confirmed.								
Group I	30	9	—	39				
„ II	33	24	—	57				
„ III	18	6	—	24				
D. Transfers in during the year	73	68	2	143	5	3	1	9
Totals of A, B, C and D	2,296	1,900	229	4,425	96	223	184	503
E. No. of notified cases removed from Register during the year.								
(a) Recovered	191	201	10	402	13	18	7	38
(b) Died (all causes)	60	25	1	86	1	4	—	5
(c) Transfers out	82	88	4	174	2	4	1	7
(d) Others	27	13	1	41	3	1	1	5
F. Children transferred to adults during year	—	—	21	21	—	—	12	12
Total of E and F.....	360	327	37	724	19	27	21	67
G Total remaining on Clinics Registers at 31st December, 1960	1,936	1,573	192	3,701	77	196	163	436

TUBERCULOSIS IN CHILDHOOD

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

Tuberculous Illness and Infection.

Tuberculous disease in children has decreased dramatically in the past ten years. In 1950, 88 children required treatment in hospital, 13 of these had meningitis and altogether 14 died from tuberculosis. In 1960, 29 children were in hospital, none of whom had meningitis and not one died (Table 1).

TABLE I.

THE NUMBER OF NOTIFICATIONS FOR TUBERCULOSIS (ALL FORMS) AND FOR TUBERCULOUS MENINGITIS AND THE NUMBER OF DEATHS IN THOSE AGED 0-14 YEARS IN NEWCASTLE 1950-1960.

Notification	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
All Forms	88	73	71	68	54	48	42	40	41	17	32
Meningitis	13	9	9	7	3	7	3	4	3	0	0
Deaths	14	6	4	4	1	0	1	0	0	1	0

The incidence of tuberculous infection at all ages in childhood is falling steadily. The children of the "Thousand Family Investigation" who were born in 1947, were tuberculin tested annually to seven years of age, again at ten years and again in 1960 when they were thirteen years old. Although 7.2% were tuberculin positive at five years and 9% at seven years, only 12.4% were tuberculin positive at thirteen years. This suggests that the majority of children now found to be tuberculin positive at routine testing at thirteen years of age were infected in early childhood.

TABLE II.

THE RESULTS OF ROUTINE TUBERCULIN TESTING IN SCHOOLS 1952-1960.

	1952	1953	1954	1955	1956	1957	1958	1959	1960
'Leavers' age 13-14									
% Tested						71	82	65	70
Number Tested ...			3,034	1,124	1,590	2,339	3,183	2,501	3,904
% Positive*			45	31	31	26	22	17	19
'Infants' aged 5-6									
% Tested						67	70	74	75
Number Tested ...	847†	952‡				3,111	3,053	3,086	3,525
% Positive	7.2	3.8				2.0	2.5	1.4	1.8

* Includes those previously vaccinated with B.C.G.

† "1,000 Family Investigation sample."

‡ In one area of the city only.

Table II shows the results of routine tuberculin testing in schools. In 1960, only 1.8% of five year old children were infected compared with 7.2% in 1952. In 1960, another 10% had positive reactions due to previous vaccination. The figures for thirteen year old children need explanation; unfortunately, throughout this table, those vaccinated with B.C.G. are included with the natural reactors. In 1954 and 1955 these were few but now they are a significant number and the percentage naturally infected is probably nearer 14% than 19%.

The efficacy of chemotherapy in preventing tuberculous illness has been demonstrated in other countries where controlled trials have been undertaken. The diagnosis of infection before the appearance of illness is therefore an essential part of the campaign against tuberculosis. It can only be done by testing children exposed to tuberculosis and by regular testing of apparently well children. The former has been undertaken for the past twenty years in the Contact Clinic, and recently the latter, which is a valuable weapon in the control of tuberculosis, by the School Health Service.

With this falling incidence of infection and the treatment of infected but clinically well children, the amount of illness has inevitably fallen and may be expected to fall further, but it is disappointing that in 1960 more infants under one year of age were notified as suffering from tuberculosis than in any single year since 1950; this reflects the continuing amount of undiagnosed tuberculosis existing in the adult community. The number of infants in the city known to have been infected in each of the preceding ten years, and it is unlikely that many escape detection, is shown in Table III. The problem of notification of childhood tuberculosis remains a difficult one and, as in previous years, only those children admitted to hospital for treatment, or in whom a complication occurred have been notified. During 1960, nine children aged one to four years were notified and thirteen other infected children were treated at home. Eighteen children of school age were notified and required in-patient treatment; this is fewer than in any year except 1959. Three, one of whom was seriously ill and came from poor social circumstances had pleural effusions; three had tuberculous osteitis; three had peripheral adenitis. The remainder had primary lung complexes, three of whom had extensive segmental lesions. There were no cases of chronic pulmonary tuberculosis among children; this is the first year in which none were found after routine school testing at thirteen years of age.

TABLE III.

THE NUMBER OF INFANTS (UNDER ONE YEAR OF AGE) KNOWN TO BE TUBERCULIN POSITIVE IN EACH YEAR 1950-1960.

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Total.....	Not known		11	7	5	6	2	3	2	0	5
Notified	6	3	1	2	1	2	1	2	2	0	5

TABLE IV.

THE INFECTORS OF 376 CHILDREN INFECTED UNDER FIVE YEARS OF AGE AND KNOWN TO THE CONTACT CLINIC 1952-1960.

	1952	1953	1954	1955	1956	1957	1958	1959	1960	Total
Mother	23	29	12	11	5	8	7	1	7	103
Father.....	30	15	12	14	7	6	7	2	5	98
Grandparent	2	8	9	2	1	5	4	3	5	39
Other Relative	12	16	8	6	5	2	6	3	2	60
Other	3	1	3	4	0	4	2	4	2	23
Not Known*	16	11	1	5	0	3	2	10	5	53
Total	86	80	45	42	18	28	28	23	26	376

* There is reasonable evidence to show that three of these were infected by milk.

Parents are still the most likely infectors of young children (Table IV). This year three mothers infected six children under five years of age and also two of their older children. Three fathers infected five of their young children and some older ones. All of these adult patients were severely ill before their tuberculosis was diagnosed. Four young children were infected by four grandparents, all of whom also infected other older grandchildren. One infant was infected by her greatgrandfather shortly before he died, yet all thirty-three of this man's grandchildren, who were older and did not play on the invalid's bed, remained uninfected.

In general then, the incidence of infection and illness at all ages in childhood is falling but this will only continue so long as active measures are taken to diagnose and treat tuberculosis both in adults and children.

The Children's Tuberculosis Contact Clinic.

The work of the Children's Tuberculosis Contact Clinic has continued as before, its main task being the supervision and care of young children exposed to tuberculous infection and the findings are summarised in Table V and Table VI. As in previous years, B.C.G. vaccination has been offered to all tuberculin negative children known to be exposed to tuberculous infection, and also to newborn infants of families in which any member has ever suffered from tuberculosis. The number of vaccinations performed in the

contact clinics, the maternity departments, and the schools is recorded in Table VII. Due to the care taken to avoid exposure to infection before and after vaccination, no child ever vaccinated in the maternity units or the contact clinic has developed tuberculosis.

Tuberculin positive children have received chemotherapy at home or, if necessary, in hospital and the supervision of children infected in earlier years has continued.

TABLE V.

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AND THE NUMBER FOUND TO BE TUBERCULIN POSITIVE IN SOME YEARS BETWEEN 1941-1960.

	1941	1945	1949	1953	1957	1958	1959	1960
Total	63	139	277	577	837	1,131	1,206	1,102
Number Tuberculin								
Positive	26	46	62	79	28	21	18	26
% Positive	41	34	22	14	3.3	1.8	1.4	2.4

TABLE VI.

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF NEWLY DIAGNOSED PATIENTS 1952-1960.

	1952	1953	1955	1957	1959	1960
Total	103	141	217	230	309	250
Number Tuberculin Positive	41	34	27	20	9	19
% Positive	40	24	12	8.7	3	7.6

TABLE VII.

THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1952-1960.

	1952	1953	1954	1955	1956	1957	1958	1959	1960
Chest Clinics	22	93	184	220	255	237	362	335	227
Contact Clinic	92	219	349	527	588	662	800	950	911
Newcastle General Hospital (Maternity Department)	170	114	114	142	152	162	186	258	187
Princess Mary Maternity Hospital	0	37	71	133	122	169	247	183	220
Total Contacts	184	463	718	1,023	1,117	1,230	1,595	1,726	1,545
School Leavers				713	1,041	3,345	2,968	2,760	3,104
Further Education Students								28	76
Total	184	463	718	1,736	2,158	4,575	4,563	4,514	4,725

The work of the contact clinic has recently been extended to include the supervision of children found to be tuberculin positive other than by examination as contacts. Since the introduction by the School Health Service in 1957 of routine tuberculin testing at five years of age, those found to be tuberculin positive have been

referred to the Contact Clinic for investigation and treatment, and investigation of their families. A more detailed report concerning this work appears in the Report of the School Health Service. Children tested in school at ten years and thirteen years have only been referred if they were found to have abnormal X-rays. It is hoped that next year it will be possible for all the ten year old reactors to attend the contact clinic for investigation.

The effective treatment of pulmonary tuberculosis in adults, together with a reduction in its incidence, is responsible for the continued decline of tuberculous infection, and therefore of disease in children. The amount of infection is being reduced further by the B.C.G. vaccination of all those likely to be exposed to infection. The amount of tuberculous disease in children is also being reduced by the detection and treatment of those infected. This can only be achieved by the regular routine testing of healthy children, and requires the co-operation of parents, teachers, doctors, health visitors and many others, including the children, but it is upon this that the future pattern of tuberculosis depends, for it is now well recognised that the amount of tuberculosis in any community is determined by the incidence of infection in childhood.

REPORT OF THE SCHOOL MEDICAL OFFICER

Administration

The working of the Service has continued for another year and is described in my Reports for 1935 and 1936.

Medical Inspection

Medical inspections held by the staff continued to be reported on additional lines of Industrial Schools. My most important work has been made with a more active system of health supervision in the London area. This is described in detail in the Annual Health Service Annual Report.

DEFECTS CALLED FOR

V-SCHOOL HEALTH SERVICE

SYNOPSIS OF REPORT SUBMITTED TO
EDUCATION COMMITTEE.

REPORT OF THE
SCHOOL MEDICAL OFFICER

The following is a summary of the work of the School Medical Officer during the year 1917-18. The work was carried out in accordance with the instructions of the Education Committee and the School Board. The work was carried out in accordance with the instructions of the Education Committee and the School Board. The work was carried out in accordance with the instructions of the Education Committee and the School Board.

The following is a summary of the work of the School Medical Officer during the year 1917-18. The work was carried out in accordance with the instructions of the Education Committee and the School Board. The work was carried out in accordance with the instructions of the Education Committee and the School Board. The work was carried out in accordance with the instructions of the Education Committee and the School Board.

SCHOOL HEALTH SERVICE

THE SCHOOL HEALTH SERVICE

Administration.

The working of the Service has continued on similar lines to those described in my Reports for 1958 and 1959.

Medical Inspection.

Medical inspections have, in the main, continued to be operated on traditional lines in Maintained Schools. However, experiment has been made with a more recent system of health supervision in the Kenton area. This is described in detail in the School Health Service Annual Report.

INSPECTIONS CARRIED OUT.

A. PERIODIC INSPECTIONS.		
Pupils Inspected (all ages)	11,890	
B. OTHER INSPECTIONS.		
Special Inspections	4,748	
Re-inspections	2,144	

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)
1956 and later	174	173	99.42	1	0.58
1955	1,276	1,271	99.61	5	0.39
1954	2,988	2,976	99.60	12	0.40
1953	196	196	100.00	—	—
1952	48	46	95.83	2	4.17
1951	11	11	100.00	—	—
1950	3,639	3,618	99.42	21	0.58
1949	32	32	100.00	—	—
1948	20	20	100.00	—	—
1947	87	87	100.00	—	—
1946	2,155	2,145	99.54	10	0.46
1945 and earlier	1,264	1,257	99.45	7	0.55
TOTAL	11,890	11,832	99.51	58	0.49

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 3 (3)	Total individual pupils (4)
1956 and later	1	20	20
1955	40	152	170
1954	122	285	355
1953	5	14	16
1952	1	2	3
1951	2	1	2
1950	256	351	509
1949	5	6	6
1948	3	4	6
1947	7	6	10
1946	169	186	280
1945 and earlier	118	96	170
TOTAL	729	1,123	1,547

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.....	55	154	64	63	60	117	179	334
5	Eyes—								
	a. Vision.....	167	261	286	226	276	181	729	668
	b. Squint	83	75	47	51	82	72	212	198
	c. Other	16	21	10	50	16	37	42	108
6	Ears—								
	a. Hearing	35	59	12	18	28	49	75	126
	b. Otitis Media	17	91	11	23	15	77	43	191
	c. Other	3	22	7	13	1	17	11	52
7	Nose and Throat	105	495	14	48	55	341	174	884
8	Speech.....	60	82	2	10	23	35	85	127
9	Lymphatic Glands ...	8	126	—	5	4	112	12	243
10	Heart	10	62	9	25	2	37	21	124
11	Lungs	31	158	14	44	24	112	69	314
12	Developmental—								
	a. Hernia	3	16	3	—	3	10	9	26
	b. Other	8	59	21	30	17	77	46	166
13	Orthopaedic—								
	a. Posture	10	27	13	17	22	63	45	107
	b. Feet	55	88	12	40	38	74	105	202
	c. Other	40	249	43	93	69	189	152	531
14	Nervous System—								
	a. Epilepsy	5	15	4	3	5	12	14	30
	b. Other	3	13	2	10	2	8	7	31
15	Psychological—								
	a. Development	1	25	—	14	3	16	4	55
	b. Stability	7	218	3	12	2	142	12	372
16	Abdomen	1	4	—	—	2	1	3	5
17	Other	3	2	6	2	1	3	10	7

(T)—Treatment.

(O)—Observation.

Other medical inspections performed by Medical Officers were as follows :

1. Children.	
Inspections for freedom from infection	387
Examinations of children taken into care of Local Authority (Children's Department)	167
Examination of children and young persons prior to admission to remand homes	80
2. Adults.	
Examination of candidates for admission to training colleges...	121
Examination of second year students—Kenton Lodge Training College	102
Examination of candidates for appointment to Local Education Authority's Staff	
(a) Clerical and Professional.....	282
(b) Manual Workers	117
Examination of staff in connection with claims for extension of sick pay	10

Other examinations performed by School Nurses :

Hygiene inspections	49,985
Head inspections	32,061
Follow-up inspections	5,969

TABLE 4.
INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	88,015
(b) Total number of individual pupils found to be infested	2,607
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	37
(d) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (3) Education Act, 1944)	8

SCHOOL CLINICS.

The provision of School Clinics and Clinics on school premises in the City has, with the exception of Kenton Secondary School, remained unchanged during the year. The Clinic at Kenton has not, as yet, been provided but there are indications that its building may be commenced during the coming year.

The repair, maintenance and decoration of School Clinics has been well up to previous standards. In the Central School Clinic major alterations were effected at an estimated cost of £3,500. By this means general Medical, Dental and Speech Therapy are arranged on three separate floors. Conditions for clerical and dental work are, as a result, much improved, whilst patients waiting for medical attention tend to be rather cramped in the waiting room on the

ground floor. The work which commenced in April, continued into 1961. During this period certain services—Refractions, Hearing Assessment, Speech Therapy and Skin Clinics—were continued in peripheral clinics without undue difficulty.

Arrangement of the Work in Clinics.

School Clinics are open during afternoons and Saturday mornings during term time. The Central Clinic is open throughout each weekday and Saturday morning. The staffing arrangements are as follows :

TABLE 5.
SCHOOL CLINICS (MEDICAL).

Day and Time	CLINIC											
	Atkinson Road		Bentinck		Blakelaw		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	D	N		N	D	N	D	N	D
Wednesday...	N	D	N	D	N		N	D	N	D	N	
Thursday ...	N		N		N	D	N	D	N	D	N	D
Friday	N	D	N	D	N		N	D	N		N	D
9 a.m.—12 noon												
Saturday	N		N	D	N	D	N	D	N	D	N	D

N—Nurse in attendance for Dressings and other duties.

D—Doctor in attendance.

Attendances.

The attendance of pupils continued to move from school clinics to clinics on school premises, as had been noted in previous years. The numbers of individual children attending were as follows :

A. School Clinics.

Atkinson Road.....	1,881
Bentinck.....	928
Blakelaw	1,369
Central	650
Kenton	101
East End	639
Middle Street	1,086
Total	6,654

B. Clinics on School Premises.

Attendances at these clinics	9,233
------------------------------------	-------

General Work done in Clinics.

Consultations by Medical Officers :

Atkinson Road.....	708
Bentinck.....	874
Blakelaw	249
Central	341
Kenton	13
East End	1,208
Middle Street	833
Total	<u>4,226</u>

TABLE 6.
RETURN OF WORK PERFORMED IN SCHOOL CLINICS
BY SCHOOL NURSES.

Defect or Disease	Number of Children	Total Treatments
Skin—Septic	4,007	11,307
Scabies	78	181
Ringworm	35	226
Other	2,130	6,303
Ear Conditions—		
Wax in Ears	40	135
Discharging Ears	93	496
Eye Conditions—		
Conjunctivitis	55	212
Other external eye conditions	432	902
Spectacles	276	—
Vision Tests	137	—
Tonsillitis	30	5
Acute Infectious Fevers	5	—
Injuries	1,756	3,095
Malaise	258	222
Follow-up Inspections	204	714
Head Inspections	2,359	211
Cleansing	135	521
F.F.I's. and Manual Workers	954	42
Miscellaneous	2,679	2,059
TOTAL	15,663	26,631

Similar work performed in Schools is shown in the table below :

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

Defect or Disease	Number of Children	Total Treatments
Skin—Septic	5,033	10,280
Scabies	25	35
Ringworm	9	5
Other	3,036	5,596
Ear Conditions—		
Wax in Ears	109	136
Discharging Ears	91	166
Eye Conditions—		
Conjunctivitis	134	111
Other external eye conditions	347	512
Spectacles	64	—
Vision Tests	122	—
Tonsillitis	22	9
Acute Infectious Fevers	5	16
Injuries	1,969	2,975
Malaise	87	33
Follow-up Inspections	2,232	22
Head Inspections	2,287	170
Cleansing	76	165
F.F.I's. and Manual Workers.....	2	1
Miscellaneous	111	933
TOTAL	15,761	21,165

Other duties performed by School Nurses :

Home Visits	1,273
Children escorted to Clinics or Hospitals.....	243
Children escorted to and from Residential Schools	58

It might be mentioned that there seems to be a growing demand for nurses to escort children to clinic, and even hospital, in order that they receive medical treatment and advice. This demand is not encouraged, for it savours of parental indifference, but on occasion it proves the only means of securing attention for a pupil, and is of great assistance to hospital staff, who frequently approach the School Health Service when they encounter difficulty in securing attendance by parent and child.

SPECIAL CLINICS.

The work in these clinics was as follows :

1. Orthopaedic.

The clinic has been very short of physiotherapy staff and the situation is likely to become worse owing to staff leaving to get

married, and replacement is very difficult. There has been no reduction in the amount of treatment given, although this has been rather a strain on everybody, but this has been alleviated to some extent by an increase in the apparatus available.

The clinic continues to be used for reference of patients by general practitioners as well as children coming from welfare centres and school doctors.

STATISTICS FOR THE YEAR 1960.

	School Medical Service.	Maternity and Child Welfare Service.
1. Attendances.		
New patients—Boys.....	533	166
Girls.....	470	113
Total	1,003	279
Total attendances at Surgeon's clinics	2,512	749
Waiting list	—	—
2. Discharges	667	138
Admissions to Sanderson Orthopaedic Hospital	4	6
3. Physiotherapy.		
Total number of attendances at Physiotherapy clinics	12,412	3,126
Special therapies given to orthopaedic patients—		
Swedish remedial exercises	6,251	850
Massage	317	275
Manipulations	1,614	1,150
Medical electricity	3,259	426
Radiant heat	110	—
Ultra Violet Light	131	—
Plasters	1	—
Home visits (manipulations for congenital foot deformities)	—	13
Non-Orthopaedic.		
Chest conditions (Asthma, Bronchitis and Bronchiectasis)—		
Patients	74	—
Treatments.....	3,225	—
Ultra Violet Light—		
Patients	17	—
Treatments.....	113	—
4. Other Information.		
Number of children requiring X-ray	88	—
Number of children requiring photographs	10	—
Number of surgical appliances (supplied and maintained)	1,322	534

2. Ophthalmic.

Refractions. A small number of refractions continue to be performed by School Medical Officers, the large majority being undertaken by Ophthalmic Medical Practitioners. During alterations at the Central School Clinic, this work was transferred to Atkinson Road, Bentinck, East End and Middle Street Clinics.

The work carried out during the year was as follows :

REFRACTIONS 1960.

A. Number of Children Refracted	1926
Number of children awaiting attention at the end of the year—	
New cases	22
Old cases	340
Number of children who received an Eye Test other than through the School Health Service—	
Hospital Service	15
Supplementary Ophthalmic Service	149
B. Prescription of Spectacles.	
The numbers of children for whom spectacles were prescribed were as follows—	
Through the School Health Service	1,146
Through Other Ophthalmic Services	122
C. Dispensing of Spectacles.	
Number of children who obtained spectacles	1,231
Number of spectacles repaired or replaced	1,047

A sum of £185 14s. 3d. was charged to the Local Education Authority for the replacement and repair of spectacles.

Other Ophthalmic Conditions. The foregoing refers almost entirely to children with errors of refraction. All cases of squint are referred to the Ophthalmic Unit at the Newcastle General Hospital. The number of squint cases treated was 51.

Injuries involving the eye are also referred to the Hospitals. Minor eye conditions, mainly consisting of Blepharitis and Conjunctivitis are treated in School Clinics.

3. Hearing Assessment.

The year under review was a difficult one owing to the structural alterations carried out at the Central Clinic. During the six months in which work was in hand at the Central Clinic, sessions were held at Ashfield and Middle Street Clinics. The new Audiometry room, which has been acoustically treated, is a distinct improvement on the former room used for this purpose.

The purpose of this Clinic is to provide for the investigation, ascertainment and supervision of pupils who are suspected of being deaf. Among a variety of sources, cases come mostly from School Medical Officers and teaching staff. A number are also sent by Speech Therapists. Children under five years of age are referred from the Maternity and Child Welfare Service.

The Clinic is normally held once a week at the Central Clinic, but additional sessions are arranged as necessary. Attendance is by appointment.

STATISTICS OF CASES HANDLED IN 1960.

A. Number of new cases attending the clinic	95
Number of cases discharged	77
B. Number of cases referred to—	
Hospital or general practitioner.....	43
Speech therapist	6
C. Handicapped Pupils—	
Number of pupils ascertained	11
Number of pupils reviewed.....	7
D. Number of pupils on register as issued with hearing aids	40
Number followed-up and reported upon	40

AUDIOMETRY AND THE SUPERVISION OF HEARING AIDS.

From January to December, 1960, 154 children have had audiometer tests as follows :

New cases	105
Reviews	49

The yearly follow-up of children issued with hearing aids was carried out in October and November.

4. Asthma.

This clinic is now in its second year and during the fifteen months of its existence 60 children have been examined. Work naturally commenced with pupils attending Pendower Hall Open Air School who suffered from asthma and the clinic was held at the school. It has since been extended to all children in the City who attend the following types of schools :

Ashfield Nursery	1
Ordinary—Primary and County Secondary.....	18
Pendower Hall	30
Residential Open Air	4
Day Technical	1
Independent Preparatory (Boarding).....	1

The aim of the clinic is to co-ordinate the various branches of the medical and educational service.

The results of investigation were as follows :

1. Absence of true Broncho-spasm	17
2. Predominantly Respiratory Infection	22
3. Predominantly Emotional	15
4. Predominantly Allergic	1
5. Assessment Incomplete	5

A word might be said of those children who do not appear to have true broncho-spasm. These have been dismissed only after a careful enquiry of the symptoms and more than one spiograph, together with such additional investigations as appeared necessary. They included two cases where asthma was used as a cloak for non attendance at school, Laryngismus Stridulus, Obstructive Tonsillitis, Feigned Asthma, and two cases of dyspnoea on exertion from other causes.

Of those referred to Hospital, 15 (or a quarter of the total seen), were for upper respiratory infection. Some of these had been previously referred and operation decided against.

Children recommended for special school are investigated at the clinic. It has become apparent that Residential Open Air School provided a very transitory improvement and rarely does more than interrupt schooling. Cases with emotional disturbance do well in a good Special School for maladjusted pupils, provided that there are facilities for psycho-therapy. These pupils require to remain away at school for long periods. Children were recommended as follows :

1. Day Open Air School	1
2. Residential (Maladjusted) School	1
3. Boarding School for normal pupils (Grant in aid under Section 80, Education Act)	1

5. Skin.

A Skin Clinic is held at the Central School Clinic on two afternoons per week—pupils attend by appointment. Work was seriously interrupted for several months in the middle of the year owing to alterations to the Central clinic, when the clinics were held at Ashfield and East End. Unfortunately, on completion of the work, facilities for the investigation and treatment of skin disease are not comparable with those previously enjoyed. The numbers of pupils treated in these clinics during the year were :

Boys	125
Girls	174

The types of skin diseases among new cases are as follows :

NEW CASES OF SKIN DISEASE TREATED 1960.

A. Virus Infections.	
Plantar Warts	94
Juvenile Warts	22
Molluscum Contagiosum	8
Herpes Zoster	2
Callosity (or hard Corn)	7
Iatrogenic Dermatitis	14
B. Pyogenic Infections.	
Impetigo Contagiosum	10
Impetigo Pityroides	12
Folliculitis	2
Ecthyma	1
Otitis Externa	4
Infected B.C.G. Lesion	1
Alopecia	7
Eczema	4
Hyperidrosis	17
Other Neuro Dermatoses	3
Psoriasis	10
Scabies (Proved)	5
Ultra Violet Burn (Home Lamp)	2
Undiagnosed	9
Granuloma Anulare	1
Contact Examinations	33
Animal Inspections	14
C. Mycoses.	
Epidermophytosis	65
Ringworm—	
Microsporiasis—Scalp	3
Body	15
Animals	15
Trichophytes (excluding Athletes Foot)—Body	3
T. Versicolor	7
Erythrasma	5
D. Seborrhoea.	
Primarily—Body	13
Scalp	8
Acne	6
E. Sensitisation Reactions.	
To Pathogens or Thread Worms, either internal (<i>i.e.</i> Respiratory infections) or on the Skin (I.D. Reactions)	24
To External Agents—	
Metal Dermatitis	4
Modelling Wax	2
Flour	1
Unknown	6
Solar Dermatitis	1
To Food Stuffs	6
F. Papular Urticaria.	
Insect Bites	31
Urticaria (unknown origin)	11

Concerning these, Dr. H. M. Dixon writes : " Ringworm continues to occur, although now less frequently, mainly on the City boundary. This means that vigilance to seek out cases must not be relaxed and School Hygiene Inspections maintained at their present standard."

REPORT OF THE SCHOOL DENTAL OFFICER.

Dental Inspections.

Nearly all the children were examined at school in the course of the year, only a few schools having to be left over. Some twenty three thousand children were found to be in need of treatment of one kind or another and of this number, six thousand were made dentally fit.

Treatment.

Treatment in the clinics was mostly given over to conservative work on the second dentition, and the new airtors in the Central Clinic proved very popular as "drilling time" was cut down immensely. It is hoped to install a machine in every clinic in the following year.

Extractions were mostly undertaken with general anaesthesia and a gas session was held in the late afternoon each day at the Central Clinic to which children suffering from pain could be referred from school or the outlying clinics, and receive immediate attention.

There was a great increase in the amount of orthodontic work undertaken during the year, one full-time officer giving almost all his time to it and details of the work carried out are given at the end of this report.

Specialist Services.

These were available from the Royal Victoria Infirmary and the Sutherland Dental School, and arrangements with the Ambulance Service for transport of children who were distressed after extractions under general anaesthesia were very satisfactory.

Statistics for the year are given below.

TABLE 8.
DENTAL INSPECTION AND TREATMENT.

1. Number of pupils inspected by the Authority's dental officers—		
(a) At periodic inspections	42,878	
(b) At specials	2,469	
		45,347
2. Number found to require treatment		23,323
3. Number offered treatment		13,036
4. Number actually treated		5,720
5. Number of attendances made by pupils for treatment, including those recorded at 11(h) below		20,008
6. Half days devoted to—		
(a) Periodic (school) inspection	298	
(b) Treatment	3,108	
		3,406
7. Fillings—		
(a) Permanent teeth	9,057	
(b) Temporary teeth	1,805	
		10,862
8. Number of teeth filled—		
(a) Permanent teeth	7,800	
(b) Temporary teeth	5,424	
		9,376
9. Extractions—		
(a) Permanent teeth	3,291	
(b) Temporary teeth	5,424	
		8,715
10. Administration of general anaesthetics for extraction		3,338
11. Orthodontics—		
(a) Cases commenced during the year		162
(b) Cases brought forward from previous year		163
(c) Cases completed during year		47
(d) Cases discontinued during year		11
(e) Pupils treated by means of appliances		136
(f) Removable appliances fitted		280
(g) Fixed appliances fitted		0
(h) Total attendances		1,650
12. Number of pupils supplied with artificial teeth		124
13. Other operations—		
(a) Permanent teeth	4,749	
(b) Temporary teeth	1,421	
		6,170

HANDICAPPED PUPILS.

Whilst arrangements for the ascertainment and supervision of Handicapped Pupils as a whole have been similar to those of previous years, two developments of note have occurred during the year, both in connection with mentally retarded children.

The Mental Health Act, 1959 came into force in November, 1960. Although the changes in legislation are considerable, established

principles to meet the needs of severely handicapped children are retained and developed to allow the Health Authority, through its Junior Training Centre, to contribute to a more comprehensive system of education and training of children of all ranges of ability.

For some years the Junior Training Centre at Jubilee Road has been developing to link up with the Special Schools; Medical Officers of the School Health Service have given to children in the Centre and at the School Clinic similar facilities to those available to children in schools maintained by the Local Education Authority and, just as pupils attending Special Schools are periodically reviewed, so in the Centre, children are re-tested from time to time in order that promising cases may be brought forward for denotification and admission to a Special School.

Children were formerly excluded from school in a variety of circumstances. Young and very backward children were recommended for deferred entry to a Special School. Under the new Act they should be notified and after a period in the Centre be denotified for entry to the Special School. Children who proved after fair trial to be too backward to profit from education in a Special School were reported as ineducable to the Local Health Authority, at whose discretion they might be admitted to the Centre. Children whose behaviour disorders rendered their presence in school prejudicial to other children were likewise notified. These three categories are now combined in the term 'Unsuitable' for school and the Local Health Authority needs to know from a Responsible Medical Officer, what most useful help may be extended to each under the Act. Accordingly School Medical Officers have been officially recognised by both authorities for duties under the Education and Mental Health Acts.

In September, facilities for pupils in Day Special Schools were re-arranged. Bolam Street for Girls moved to Silverhill where, in addition to the advantages to be enjoyed in a post-war school building, the number of places was increased from 80 to 160. Junior pupils at Lower Condercum School for Boys were transferred to the School at Bolam Street, which was re-named Headlam, and provides 80 places for boys under 13 years of age. The total number of places for E.S.N. pupils has thus been increased to 400, and the long waiting list for these pupils considerably reduced.

Work in connection with Handicapped Pupils was as follows :

Ascertainment.**HANDICAPPED PUPILS ASCERTAINED AND CLASSIFIED—1960.**

Category	Number of Pupils	
	Examined	Classified
Blind	1	1
Partially Sighted	1	1
Deaf	2	2
Partially Deaf	11	11
Educationally Subnormal	232	134
Epileptic	5	4
Maladjusted	31	26
Physically Handicapped	19	17
Delicate	26	24
Total	328	229

NOTE—This and subsequent Tables take no account of Multiple Handicaps. Cases are allocated to the most important disability.

The recommendations arising out of these examinations were as follows :

Admission to—

Day Special School	134
Residential Special School	19
To stay in Ordinary School	58
Home Teaching	9

In the case of pupils not classified, the Medical Officer reported as follows :

Decision Deferred	41
Not classifiable as a Handicapped Pupil	67

Placement.**NUMBER OF PUPILS PLACED IN SPECIAL SCHOOLS 1960.**

Category	Day	Residential
Blind	—	1
Partially Sighted	2	—
Deaf	—	2
Partially Deaf	11	—
Educationally Subnormal	116	11
Epileptic	1	4
Maladjusted	6	4
Physically Handicapped	12	—
Delicate	17	—

The numbers of pupils awaiting placement at the end of the year were :

Awaiting placing in Day Schools	41	(1959—96)
Awaiting placing in Residential Schools	27	(1959—17)

Provision of Special Educational Facilities.

NUMBERS OF PUPILS BEING EDUCATED IN SPECIAL SCHOOLS
DECEMBER, 1960.

Category	Day	Residential
Blind	1	7
Partially Sighted	17	1
Deaf	19	3
Partially Deaf	11	1
Educationally Subnormal	308	45
Epileptic	5	8
Maladjusted	15	10
Physically Handicapped	75	4
Delicate	86	5

Periodical Review of Handicapped Pupils.

Handicapped Pupils and those in whose case decision was deferred, were reviewed under arrangements similar to those of previous years. The numbers of pupils examined were as follows :

Category	Number Reviewed
Blind	12
Partially Sighted	12
Deaf	15
Partially Deaf	7
Educationally Subnormal	267
Epileptic	12
Maladjusted	35
Physically Handicapped	123
Delicate	228

SPEECH THERAPY.

Staff.

The year has been characterised by a serious shortage of staff. The Senior Speech Therapist, Mrs. M. Stuart, resigned in March, leaving Miss J. Douglass, who had joined the staff from Training College six months previously, as sole therapist. The establishment had, in the early part of the year, been increased to two single-handed

Therapists and one senior Therapist. The services of Miss S. Robinson were obtained in September as the second single-handed Therapist, but only a month before Miss Douglass resigned. Shortly afterwards, Mrs. S. M. Skinner was appointed to fill the vacancy of single-handed Therapist, and about the same time Miss H. Miller served in a temporary capacity, but the year closed with the post of Senior Speech Therapist unfilled. In the interval the work was organised by the Senior School Medical Officer.

Clinics.

Alterations at the Central School Clinic did not bear so heavily on the Department, depleted of staff as it was. The rooms used by the Therapists were taken over by the Dental Department, and a new unit consisting of waiting room, two therapy rooms and audiometry room was constructed in the sub-floor basement. The new premises, tastefully decorated, became available in September.

During the re-construction, treatment was given in the following peripheral School Clinics :

Atkinson Road.
Ashfield House.
Middle Street.

In addition, children were treated in the following Special Schools :

Condercum Day E.S.N.
Headlam Day E.S.N.
Silverhill Day E.S.N.
Pendower Hall Day Open Air.

Finally, arrangements were made for Miss Miller and Mrs. Skinner to visit schools in the Fawdon and Kenton areas.

The Types of Cases seen.

Stammer.....	81 children
Dyslalia	193 "
Retarded Speech	51 "
Dysarthria	12 "
Cleft Palate	2 "
Other Defects	53 "

Attendances and Treatments.

Number of patients treated.....	392
Number of new patients	169
Number of patients discharged	114
Number of patients on waiting list at 31st December, 1960...	67
	(1959—65)
Number of treatments given	3,088
	(1959—3,413)

It might appear therefore that, in spite of difficulties, the work of the Department was reasonably well maintained.

INFECTIOUS DISEASES.

The mid and later months of 1960 were unusually wet and the year, with the exception of 1956, had the highest rainfall since 1950. There was relatively little sunshine, but temperatures were about average. There was no major epidemic which could be associated with unusual climatic conditions.

Diseases notified to the Health Department are shown in the table below :

NOTIFIABLE DISEASE IN SCHOOL CHILDREN—1960.

Disease	Number of Cases Reported		
	Aged 5—9 years	Aged 10—14 years	Total
Scarlet Fever	31	8	39
Acute Rheumatism	5	8	13
Meningococcal Infection ...	1	—	1
Measles	62	2	64
Rubella	37	6	43
Dysentery	21	2	23
Pneumonia	6	4	10
Whooping Cough	44	2	46
Tuberculosis—			
Pulmonary	6	6	12
Non-Pulmonary	—	6	6

The main incident in the year was an outbreak of food poisoning on 6th July at Cambridge Street School, details of which are given below.

An Outbreak of Food Poisoning at Cambridge Street School.

Following information received about 2.30 p.m. from the School Meals Department that a number of pupils had been taken ill, Dr. Mather was sent to the School to deal with the situation as he might find it. Dr. Mather reported to the Senior School Medical Officer at the end of the day, and in doing so gave valuable clinical information which showed that a major outbreak had occurred and that the school lunch was probably responsible. On the following morning full scale investigation into the outbreak was launched, the

various participants being the school health service, the school meals service, public health inspectors, the public health laboratory service and hospital staffs who treated children admitted to the wards.

This team was to establish :

- (1) The nature and size of the outbreak.
- (2) The infecting agent.
- (3) The vehicle.
- (4) The means by which the agent found its way into the food.

It is mainly with the part played by the School Health Service in this investigation that this account deals.

(1) The nature and size of the outbreak.

Information on this point was supplied by the Senior School Medical Officer and the educational administrative staffs and is as follows :

Department	Number of Children		
	On Roll	Who partook of School Lunch	Affected
Senior	150	66	51
Junior	199	97	74
Infants	148	68	55
Total	497	231	181
Staff.....	31	21	14

Seventy children and five staff were admitted to hospital.

Onset of Symptoms. Information was given by Dr. Mather and the Senior School Medical Officer in respect of 119 out of the 181 children affected. Lunch was served between 12 noon and 12.30 p.m. The onset of symptoms was as follows :

Time	Infants	Junior	Senior	Total
At or before 1.30 p.m.....	1	1	1	3
„ 2.30 p.m.....	17	7	3	27
„ 3.30 p.m.....	14	15	13	42
„ 4.30 p.m. and after	12	16	19	47
Totals	44	39	36	119

Clinical Features. These were given by the teaching staff, School Medical Officers and hospital staffs. In 192 out of the total 195 affected, the following symptoms were observed :

Vomiting	148
Diarrhoea	92
Abdominal Pain	64

The vomit consisted of undigested food. Among younger children vomiting was more conspicuous. It occurred earlier and was accompanied by a variable degree of dehydration and collapse. Diarrhoea and colic were more frequent in older victims.

(2) The vehicle.

Two items of food were purveyed in school that day, namely milk and the school lunch.

- (a) Milk was not distributed until the afternoon among infants, when the outbreak was already on its way.
- (b) Lunch. This consisted of a first course of scotch egg, potato, carrots, beans and gravy ; and a second course of trifle.

Since it might be presumed that all children did not partake of every item of food, it seemed feasible, by a process of elimination, to determine the nature of the suspected food by ascertaining its effect, or absence of effect, upon those who consumed it. In fact, this line of approach proved more difficult since teachers had encouraged children to take a little of everything. Nevertheless, they were able to give a quite extraordinarily detailed account of what each child did consume, and as a result, it was possible to hazard a guess at which was the contaminated food. The information is tabulated below :

Item of Food	Number of Children who		Of those affected, number who		Of those not affected, number who	
	Took Item	Refused Item	Took Item	Refused Item	Took Item	Refused Item
Scotch Egg	189	3	163	3	26	0
Potato	190	2	164	2	26	0
Carrots	180	12	157	9	23	3
Beans	183	9	160	6	23	3
Trifle—						
With Cream.....	181	7	165	1	20	6
Without Cream	4	—	—	—	—	—

The child affected who refused trifle was found to have somewhat different symptoms than the rest, and later declared that he had not eaten the meal at all. This may have been a coincidental illness. Among those who partook of trifle was a baby who received no other food, but was affected. Suspicion, therefore, fell more heavily on the trifle.

The Preparation of the Trifle. The kitchens were inspected by both the school health and public health staffs and found to be in excellent order.

The workers were examined by both staffs, throat and nasal swabs and stools being taken for examination.

The manner of preparation of the meal was investigated by the school meals service. The trifle consisted of sponge mixture and jelly which was prepared two days previously. Custard was made and added the day previously. Cream was delivered the day previously and placed in the refrigerator, but the mixture was not. The prevailing temperature overnight was 60°F.

(3) Laboratory findings.

The following specimens were examined at the Public Health Laboratory :

Nasal and throat swabs.
Faeces.
Vomit.
Samples of food.

From each of these, coagulase positive staphylococci were isolated. Neither metallic poisons nor other bacteria were found in the food. The heaviest contamination was found in the trifle.

One of the staff employed in the kitchen had suffered recently from sinusitis and it was in her swabs that the organism, which was identical with that in the food, was found.

Two identical tins of carrots were opened, one by a public health inspector and one by this member of staff. When the contents of each were examined, that opened by the member of the kitchen staff was found to be contaminated.

Conclusion.

The four questions investigated were thus answered, and the matter can be summarised briefly :

This was an outbreak of food poisoning arising out of the school lunch. Of 231 pupils who partook of the meal 181 were affected. The organism was a coagulase positive staphylococcus type which had been transferred, in the course of preparation of the meal, from the upper respiratory passages of one of the kitchen staff to the food—particularly the trifle. The breach of routine by which the trifle mixture was left out of the refrigerator overnight permitted the organisms to multiply and produce a heavy contamination.

Preventive Measures—Immunisation.

(i) Poliomyelitis.

Pupils have been protected during the year as follows :

Number of children who received—

Initial Inoculation	183
Second Inoculation	157
Third (Booster) Inoculation	3,854

The majority of these were given in school clinics. No special sessions were set apart, but such children as presented themselves were attended to in the course of other duties in the afternoon sessions.

(ii) Diphtheria.

The numbers of pupils and pre-school children immunised were as follows :

Primary Immunisation.....	150
Booster Doses— 3—5 years.....	21
6—10 years.....	2,376
11—15 years.....	6

A number of these were done in schools when the medical officers were engaged in periodic inspections.

(iii) Tuberculosis.

(a) Tuberculin Testing.

This forms part of the periodic medical inspection. In the third age group, testing performs the function of a post-vaccination check for children who received B.C.G. vaccination the year previously.

Testing is performed by the school nurse using the multiple puncture test with a Heaf Gun. Most nurses are now competent to read the reactions, but they refer all doubtful cases to the medical officer. Severe reactions are also referred by the medical officer to the Child Tuberculosis Medical Officer.

The numbers of children tested in 1960 were as follows :

TUBERCULIN TESTING—1960.

	Age Groups		
	First	Second	Third
Number of parents to whom circulars were sent	4,999	3,878	—
Number of children for whom consents were received	4,427	3,372	—
Number of children tested and read	3,926	3,092	1,976
Number of children found to be 'positive'	472	351	1,953

(b) B.C.G. Vaccination.

Pupils continue to receive B.C.G. Vaccination in their thirteenth year. Those protected in 1960 were as follows :

Number attending—	
Maintained Schools	2,978
Independent Schools	399
Further Educational Establishments	68
Special (Residential) Schools	47

In view of the rapidly diminishing numbers of children with naturally acquired positive reaction, the value of the tuberculin testing at five years is being reconsidered. At the same time, consideration is also being given to the advisability of bringing forward vaccination to the twelfth or even the eleventh year.

(iv) Yellow Fever.

The whole of the work of vaccination of emigrants for areas where Yellow Fever is endemic has been undertaken by the staff of the School Health Service.

ANNUAL REPORT OF THE
CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1908.

CHIEF PUBLIC HEALTH INSPECTOR,
J. M. MURPHY, M.D.

DEPUTY CHIEF PUBLIC HEALTH
INSPECTOR,
J. P. FARMER, M.D.

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

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PUBLIC HEALTH INSPECTOR

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1960.

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	...	C. SANDILANDS, M.R.S.H., M.A.P.H.I.
		Central	...	L. SMALLEY, M.A.P.H.I.
		West	...	J. R. SHIPLEY.

District Inspection Section	{	East	...	O. BURNS, M.R.S.H., M.A.P.H.I.
		Central	...	W. G. INGLEDEW, M.A.P.H.I.
		West	...	M. G. WINTRINGHAM, D.P.A.

Inspectors 21 (Eleven vacancies, five of
which are filled temporar-
ily by unqualified Assistant
Inspectors).

Pupil Public Health Inspectors ... 8 (Four vacancies).

Clerks 1 Senior Clerk.
10 Clerks.

Progress in the field of environmental hygiene during 1960 can justifiably be described as steady though unspectacular. The work of the public health inspection service is necessarily devoid of sensational publicity and the constant war against squalid living conditions, polluted air, unclean and unsound food, contaminated water supplies and insanitary factories is waged unremittingly without acclaim or glory. Only the losing battles in this war are known to the man in the street, the successes of today are merely unrecognised contributions to that state of affairs contemporaneously described as "a higher standard of living".

Every public health inspector worthy of his calling will accept that the measure of progress is not so much that which has been achieved, but rather that which remains yet to be accomplished and because of this progressive forward-looking attitude he will never be satisfied. His aims will never be achieved ; he is aware that whatever current problems are overcome there remain unlimited tasks to be tackled in the future in the cause of the well-being of the community. He is seeking an unattainable ideal and that is as it should be.

That his work and achievements are truly "back-room" activities was obvious during 1960 when the Department gave several talks, on the work of the public health inspector, at meetings of clubs, social organisations and similar institutions. Very few indeed of the audiences were aware of the influence of the public health inspector on the health environment of the citizen, whether in the home, at work or during leisure and to learn that his duties cover such unlikely matters as exhumations, upholstery filling materials and animal feeding stuffs merely served to emphasize the diversity of his activities. Beyond the confines of the Town Hall (and not infrequently within) few people appreciate that the Public Health Inspector, together with the Town Clerk, the Treasurer, the Surveyor and the Medical Officer of Health, is a statutory officer and that his duties are prescribed by statute.

It is possible that, because of this lack of awareness of the functions of public health inspection and its value as a very worthwhile career in the social service, there has been for some considerable time a grave deficiency in recruitment, a lack which is prejudicing to a marked degree, the success of the plans of all progressive local authorities. Because of this alarming situation, which augurs so ill for the future, the Health Committee has tackled the problem by increasing the establishment of pupils in the training section from

four to eight and it is solely through the efforts of the Committee locally and the Association of Public Health Inspectors regionally, that sufficient pupils were recruited during 1960 to enable the new training course for pupil public health inspectors to be commenced at our College of Further Education during the current session. Nevertheless, the recruitment position is still precarious and every approved local authority in the North-East will have to appoint their allotted maximum number of pupils if the present shortage and the future wastage from deaths and retirements are to be overcome.

The present shortage of staff is reflected in the comparatively small number of unfit dwellings represented for clearance during 1960 and it was indeed fortunate that a commanding lead in this field had been built up in previous years. Nevertheless, it is gratifying to note that 1,357 families were rehoused from unfit dwellings during 1960 as compared with 818 in the previous year. Such is the measure of the success of the new revised clearance programme, but if this rate of increase is maintained during 1961 the slum clearance section of the department will find it difficult to keep ahead of clearance with only the present depleted staff available.

For the district inspection staff, 1960 was a year of day-to-day improvisation in the allocation of duties as it was in this section that the loss of inspectors to other authorities was felt greatest. Undoubtedly the most serious impediment to progress in this sphere was the lack of fully qualified and experienced inspectors and it is becoming increasingly obvious, in view of these difficulties, that a reorganisation of the administrative structure will be necessary with a view to providing an opportunity for internal promotion as an inducement to retain inspectorial staff and in this way enable a fair share of the staff available in the North-East to be retained in our own department. It is significant that at the end of 1960 the vacancies for public health inspectors in the eight county boroughs in the North-East totalled twenty-six and that more than half of those vacancies were in our own City.

A much happier picture is presented in the field of atmospheric pollution. The current five year smoke control area programme is proceeding as planned and already, with only two areas in operation, several instances of a marked local improvement have been noted. Comments have been received concerning the noticeable improvement in cleanliness inside the rooms of a large office block

in Dean Street and particularly marked is the improvement in conditions in the Black Gate Museum and in the library attached thereto. I am informed that members of the Antiquarian Society have remarked on the fact that the walls of the Castle Keep appear now to be much cleaner, but that which is obvious to the enquiring eye of the antiquarian might not be so readily apparent to the man in the street. Be that as it may, no apparent overall improvement can be expected for some years hence, but in any event the improvement in physical well-being which will surely result from a clean atmosphere is much more important on bronchitic Tyneside than merely a visible reduction in pollution, welcome though that may be.

The gathering momentum of slum removal is responsible for another substantial reduction in the number of complaints received during the year from householders in those areas but there are still too many occupants of grossly unfit houses, particularly in the Elswick East Terrace, Melbourne Street and Mitchell Street areas who are forced to endure conditions of squalid dilapidation uncomplainingly. Nevertheless, their patience will ultimately be rewarded, a source of hope and encouragement which is denied the unfortunate tenants of many multi-occupied tenemented houses in the west end of our City. This serious problem is referred to at greater length elsewhere in this report.

HOUSING ACT, 1957.

Slum Clearance.

During the opening months of 1960 the Health Committee's second slum clearance programme was formulated. This programme of unfit houses was prepared on the basic principle that the worst should be dealt with first, but the requirements of other Committees resulted in the Health Committee's order of priority being subordinated to the production of cleared sites for residential development. The boundaries of proposed areas were determined by the rehousing needs of the City Architect and original schedules of unfit and near unfit houses had to be drastically altered to fit these needs. Much of this additional work produced no useful result so far as the Health Committee was concerned and it is therefore a sense of satisfaction that the Committee was still more than 5% ahead of its scheduled programme at the end of the year.

The difficulty of maintaining a satisfactory liaison between the Town Hall and the Housing (Slum Clearance) Section in New Bridge Street continued throughout the year and it is hoped that this method of remote control will soon be rendered unnecessary by the early completion of Health Department accommodation in the new Town Hall.

The number of families rehoused from clearance areas increased to 1,222 as compared with 671 for the previous year and the number of houses demolished in such areas also rose from 330 to 523.

During the year the work of inspection and recording proceeded in the proposed clearance areas formed by the Croft Stairs, Leslie Terrace, Park Road, Molineux Street, Thornborough Street, Harriet Street and Parker Street districts and official representations were submitted in respect of all these areas with the exception of Molineux Street and Parker Street.

The following tables show in statistical form the work carried out by the Housing (Slum Clearance) Section during 1960.

<i>Represented to Health Committee—</i>					Houses.	Families.	Persons.
(a) Unfit Houses in Areas :							
Leslie Terrace C.A.	...	...	...	...	12	12	32
Croft Stairs C.A.	...	...	...	...	6	18	40
Park Road C.A.	...	...	...	...	17	47	122
Thornborough Street C.A.	...	...	...	...	108	271	746
Harriet Street C.A.	...	...	...	...	27	55	166
(b) Individual Unfit Houses	...	...	...	...	69	162	530
Totals	...	...	...	...	239	565	1,636

<i>Orders Made—</i>					Houses.	Families.	Persons.
(a) Morpeth Street C.P.O. :							
Pink	...	...	...	...	25	82	214
Grey	...	...	...	...	16	28	79
(b) Wilfred Street C.O.	...	...	...	...	27	57	163
(c) Elswick East Terrace C.O.	...	...	...	...	45	76	216
(d) Scotswood Road (Bell Terrace) C.P.O. :							
Pink	...	...	...	...	79	156	435
Grey	...	...	...	...	62	77	222
(e) Individual Unfit Houses :							
(i) Demolition Orders	...	...	...	...	21	65	225
(ii) Closing Orders (Part)	...	...	...	...	12	20	80
(iii) Closing Orders (Whole)	...	...	...	...	8	24	68
Totals	...	...	...	...	295	585	1,702

<i>Orders Confirmed by Minister—</i>						Houses.	Families.	Persons.
(a) Scotswood Road (Sycamore Street) C.P.O. :								
	Pink	...	...	...	...	224	425	1,294
	Grey	...	...	...	...	178	231	622
(b) Elswick Road (Elm Street) C.P.O. :								
	Pink	...	...	...	...	57	172	522
	Grey	...	...	...	...	15	29	72
(c) Morpeth Street C.P.O. :								
	Pink	...	...	...	...	25	82	214
	Grey	...	...	...	...	16	28	79
(d) Denton Road (Ridley Terrace) C.P.O. :								
	Pink	...	...	...	...	43	79	214
	Grey	...	...	...	...	5	7	20
Totals						563	1,053	3,037
<i>Undertakings Given—</i>								
(a) To Demolish						5	7	28
(b) To Close :								
	(i) Part of a House	...	...	...	...	7	8	29
	(ii) Whole House	...	...	...	...	11	17	55
Totals						23	32	112

Public Inquiries were held by the Minister of Housing and Local Government in respect of the Elswick Road (Elm Street) C.P.O. ; the Denton Road (Ridley Terrace) C.P.O. ; and the Morpeth Street C.P.O. The Morpeth Street and Ridley Terrace Orders were confirmed without modification and the Elm Street Order was confirmed after one house had been changed from pink to grey.

The Scotswood Road (Sycamore Street) C.P.O. (which had been submitted to the Minister for confirmation during 1959) was confirmed in early 1960 with certain modifications involving 15 occupied premises, 2 derelict properties and one cleared site which were changed from pink to grey. All of the 15 occupied premises were used for business purposes on the ground floor with living accommodation on the floors above and it was held that such properties were predominantly business in character.

The Scotswood Road (Bell Terrace) C.P.O. 1960, the Wilfred Street C.O. 1960 and the Elswick East Terrace C.O. 1960 were submitted in November to the Minister for confirmation and no doubt public inquiries will be held in the early months of 1961.

Individual Unfit Houses.

Whilst it may be said that the overall plan for slum clearance is making a definite if somewhat unsteady progress, this very fact is

causing the problem of the individual unfit house to become more acute than ever. Properties with which the Department has to deal in this way are invariably in the final stages of unfitness when such action is taken, as it is realised that every such house dealt with by way of demolition or closure means some measure of delay in the rehousing of tenants from confirmed clearance areas. Action under Sections 17 and 18 of the Housing Act, 1957 is therefore taken only as a last resort. As soon as the possibility of demolition or closure is made known both owners and tenants incline to lose interest in the property and a further rapid deterioration in conditions is characteristic of such premises. It has, moreover, been a matter of experience over the past year, that the rehousing of the unfortunate tenants is becoming a more and more protracted process, resulting in living conditions which can often only be adequately described as chaotic and deplorable.

Another factor contributing to such delay has been the efforts of owners to avoid the making of closing or demolition orders by submitting offers to repair. Most of the owners involved were coloured landlords and a great deal of the inspectors' time has been spent in attempting to negotiate a satisfactory and acceptable schedule of works of repair. In not a single case did a fruitful result emerge. It has been impossible to get our coloured friends to understand the English way of life as applied to formal action under the Housing Act. The standards of repair and amenities contained in such undertakings submitted were quite inadequate and such owners are unable to appreciate that a mere four walls and a roof do not necessarily constitute a fit house. Appeals to County Court have played their part in the delaying tactics employed in respect of these houses. Two appeals against closing orders affecting two basement premises dragged on from May to October and were then withdrawn, and another appeal was lodged in December in respect of a tenemented house and is now under consideration.

During the year, 9 basement dwellings were the subject of closing orders but the acute shortage of housing accommodation in the city necessitated constant vigilance on the part of the district inspectors to prevent re-letting of these closed rooms. A few cases of such illegal occupation ceased on written warnings being given but in one case it was necessary to institute proceedings and two defendants were convicted and fined £5 for contravening the terms of the closing order.

Housing (Financial Provisions) Act, 1958.

Many proposed clearance areas which have been officially represented to the Health Committee cannot, for one reason or other, be immediately dealt with by way of clearance and it was obvious that some of the houses in these areas were in such a state of advanced dilapidation that the rehousing of the occupants was a matter for immediate action. In such cases, machinery is available under the above Act to enable a rehousing subsidy to be obtained in respect of such families when the owner of the unfit house furnishes an undertaking to demolish or close the house in the event of the Corporation rehousing the occupants. During 1960, 160 such undertakings were obtained in respect of 215 houses containing 406 families, all of which houses were contained in confirmed or proposed clearance areas.

The provisions of the Act also enable similar action to be taken in respect of unfit houses in the ownership of the Corporation by means of the issue of Certificates of Unfitness and during the year 20 such certificates relating to 26 unfit houses were issued.

Unfit Houses—Rehousing.

A total of 1,357 families were rehoused during 1960, as scheduled below :

						<i>Families.</i>
Pre-war clearance areas	...	...	...	...	...	3
Post-war clearance areas	...	...	...	...	...	1,219
Individual Unfit Houses	...	...	...	...	...	60
On Undertakings by owners	...	...	...	...	...	30
Individual Unfit Houses (Corporation properties)	...	...	...	...	...	45
Total	...	...	...	...	...	1,357

In every one of the above cases, the disinfection of household furniture and effects prior to rehousing proceeded effectively and smoothly.

Unfit Houses—Demolitions and Closures.

During the year a total of 589 houses were demolished or closed as scheduled below :

						<i>Houses.</i>
Pre-war clearance areas	...	...	...	...	...	3
Post-war clearance areas	...	...	...	...	...	520
Individual Unfit Houses	...	...	...	...	...	27
On Undertakings by owners	...	...	...	...	...	16
Individual Unfit Houses (Corporation properties)	...	...	...	...	...	23
Total	...	...	...	...	...	589

HOUSING ACT, 1957 — HOUSE LET-IN-LODGINGS.
APPEAL AGAINST CLOSING ORDER ON THE GROUND THAT THE HOUSE WAS NOT
UNFIT FOR HABITATION.



FIG. 1.

Showing disintegration of floor joists overhead due to extensive dry rot aggravated by dampness.

HOUSING ACT, 1957 — HOUSE LET-IN-LODGINGS.
APPEAL AGAINST CLOSING ORDER ON THE GROUND THAT THE HOUSE WAS NOT
UNFIT FOR HABITATION.



FIG. 2.
Extensive rising dampness in walls of only living room.

Houses let-in-lodgings.

Work on the survey of houses let-in-lodgings continued throughout 1960 so far as the staffing situation permitted, and a total of 146 houses were dealt with, a very substantial increase over the previous year when 39 houses were surveyed. Because of the possible subsequent eviction of tenants caused by the service of notices under the provisions of Sections 36 and 90 of the Housing Act, 1957 only in carefully selected cases were these powers employed. The lack of suitable alternative accommodation for such displaced tenants and their families has had a marked retarding effect upon progress in this field and the obvious intentions of the Housing Act, *i.e.* to improve housing amenities and reduce overcrowding, will continue to be difficult to achieve so long as the present legal position remains unchanged. Another factor which aggravates the situation is the intractable attitude of many of the coloured landlords of such houses. The minimum standards of accommodation laid down by the Health Committee are often regarded as unnecessarily luxurious by such immigrants particularly when the house is owned solely as a source of income and subsequent negotiations to secure compliance with those standards are rendered even more irksome because of language difficulties.

The frustrating effect of ineffective legislation and the acute housing shortage is well illustrated in the case of an owner who took over the ownership of a house let-in-lodgings in respect of which a Section 90 notice was in force. As would be expected, he took court action to evict two of the overcrowded tenants and arising from this action, the County Court Judge suggested that application be made to the Health Committee for licences to permit temporarily the overcrowding to continue for a period of three months. After careful consideration of this case, the Committee granted the licence and on expiry it was renewed for a further period. Thus do the wheels of administration continue to revolve, resulting not in progress but rather in the maintenance of *status quo*.

Of the 146 houses dealt with during the year, 97 were dealt with by the service of notices under the Public Health Acts and in this way the possibility of evictions were avoided in these cases. Closing Orders or Demolition Orders were made on the whole or parts of 12 houses, formal action under the Housing Acts under Sections 36 and 90 was taken in respect of 4 houses, 16 houses were in clearance areas or proposed clearance areas and 15 of these were the subject of owners' undertakings to close or demolish. In 8 cases the houses

were earmarked for early action and the remaining 9 were deemed to be reasonably satisfactory.

Rent Act, 1957.

So far as the issue of Certificates of Disrepair is concerned the Rent Act is rapidly falling into disuse. This is to be regretted as the Act could, if properly applied, serve a most useful purpose in preventing the deterioration of houses to a state when the Committee are compelled to exercise the statutory powers of the Public Health and Housing Acts. The satisfactory maintenance of a dwelling would seem to be an essential basic principle in landlord and tenant relations ; for the landlord, his investment would maintain its value and produce the maximum permitted rent and the tenant would enjoy the use of a house in a state of good repair. This desirable state of affairs is not reflected in the office records which show that of the 969 Certificates of Disrepair issued since 1954 no application has been received for the cancellation of 469. It would seem at first glance that there are 500 tenants of houses who refuse to pay the rent increase and 500 landlords who are content to forego the increase and not carry out the requisite repairs. However, it may well be that the repairs have, in fact, been completed without application for the cancellation of the certificate, or (and this is more likely) that the tenant is content to live in the house at the lower rent and forego the repairs. It is, therefore, gratifying to record that, on many occasions, this situation has been overcome in the Public Health Inspectors' Office by the District Inspector who, with commendable tact and impartiality, has brought the landlord and tenant together and helped to resolve their differences. Such progressive actions cannot, however, be statistically shown in the record of the work of the Department indicated below.

<i>Certificates of Disrepair—</i>							<i>During 1960.</i>
Number of applications for Certificates	...	...	...	...	...	...	34
Certificates refused	...	...	...	...	...	...	2
Applications withdrawn	...	...	...	...	...	...	—
Undertakings received (Form K)	...	...	...	...	...	...	20
Certificates of Disrepair issued	...	...	...	...	...	...	10
Decisions pending	...	...	...	...	...	...	2

<i>Cancellation of Certificates of Disrepair—</i>		<i>During 1960.</i>	
	<i>1954 Act Certificates.</i>	<i>1957 Act Certificates.</i>	<i>Total.</i>
Number of applications for revocation or cancellation of Certificates of Disrepair	2	24	26
Certificates revoked or cancelled	4	19	23
Cancellations refused	—	2	2
Decisions pending	—	1	1
Certificates remaining in force	193	276	469

HOUSING ACT, 1957 — HOUSE LET-IN-LODGINGS.

APPEAL AGAINST CLOSING ORDER ON THE GROUND THAT THE HOUSE WAS NOT
UNFIT FOR HABITATION.

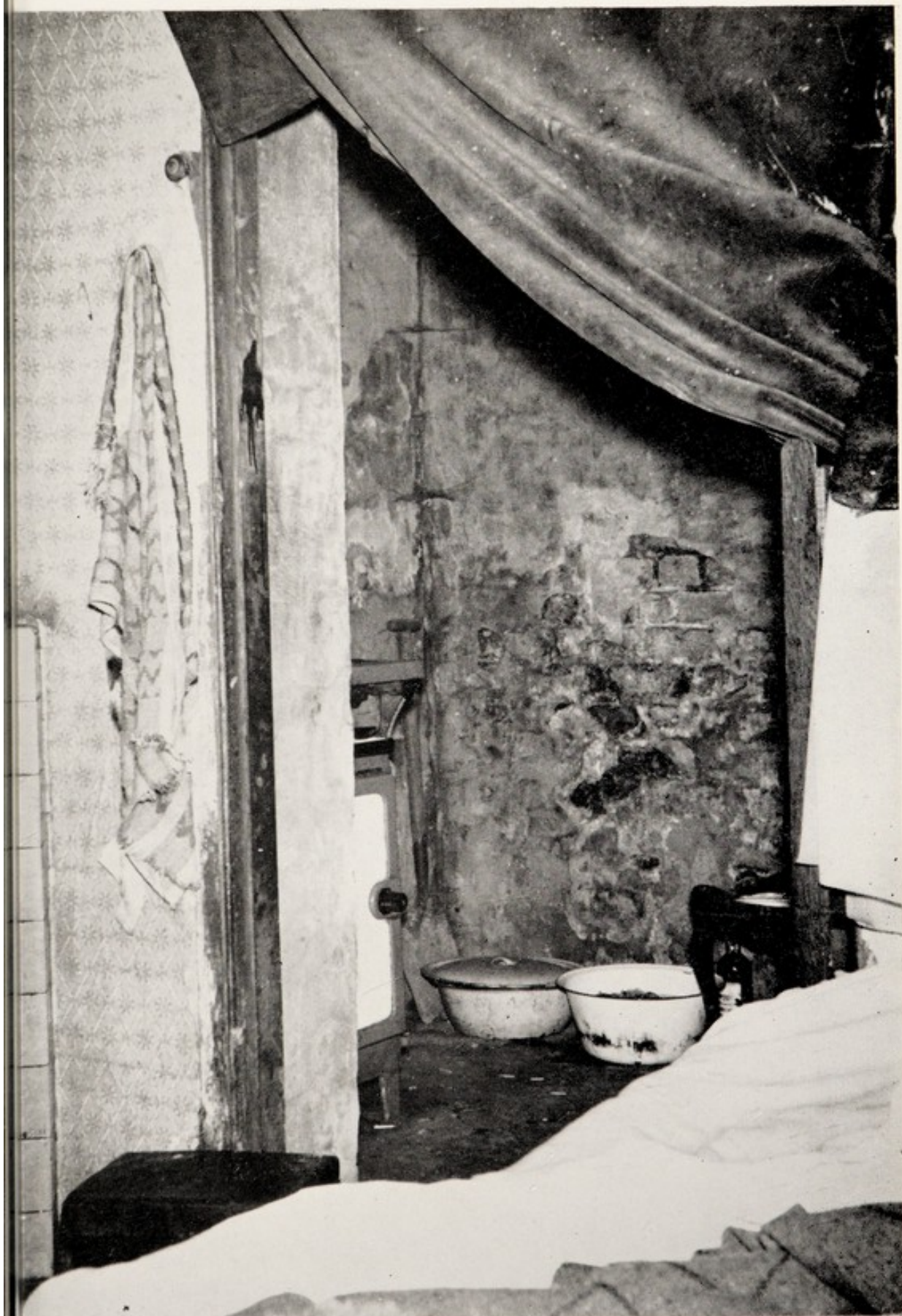


FIG. 3.

Showing "Kitchen" facilities for preparation and cooking of food—no light, no ventilation, no sink and no water supply.

HOUSING ACT, 1957 — HOUSE LET-IN-LODGINGS.
APPEAL AGAINST CLOSING ORDER ON THE GROUND THAT THE HOUSE WAS NOT
UNFIT FOR HABITATION.



FIG. 4.

Extensive and long standing rising dampness in walls of basement passage.

<i>Certificates as to Remedying of Defects—</i>								<i>During 1960.</i>	<i>Total.</i>
Number of applications from landlords	...	...	...	...	...	...	...	12	} 15
Number of applications from tenants	...	...	...	...	...	...	...	3	
Number of applications in respect of Form H undertakings...								2	} 15
Number of applications in respect of Form K undertakings...								13	
<i>Defects remedied Form H undertakings—</i>									
All	...	...	...	...	...	...	...	2	} 2
Some	...	...	...	...	...	...	...	—	
None	...	...	...	...	...	...	...	—	
<i>Defects remedied Form K undertakings—</i>									
All	...	...	...	...	...	...	...	6	} 13
Some	...	...	...	...	...	...	...	7	
None	...	...	...	...	...	...	...	—	

PUBLIC HEALTH ACT, 1936.

Nuisances.

It has long been hoped that the gathering momentum of slum clearance and the subsequent elimination of much of the grossly unfit property involved therein would lead to a reduction in the number of complaints received. It is pleasing to record that this has come to pass in 1960 as the number of complaints relating to general housing defects has fallen to 3,686 as compared with 4,361 during 1959. Many of these complaints related to very deplorable conditions in several of the grossly unfit houses in both proposed and confirmed clearance areas and it was found difficult in such cases to take any effective action. Before a clearance or compulsory purchase order is confirmed it is argued on behalf of the Corporation that the houses in question are unfit for human habitation and that it is imperative that such unfit properties be demolished without delay. It is, therefore, somewhat difficult after confirmation of the Order to justify the service of notices requiring the execution of repairs in such houses to abate nuisances and as the rehousing of the unfortunate tenants is invariably a protracted procedure their lot is an unenviable one. In some of the clearance areas many of the tenants feel that their prospects of early rehousing will be enhanced if complaints concerning the living conditions are continually made to the Health Department and this time-consuming practice is difficult to deal with satisfactorily. Fortunately, many of the district inspectors have become adept at reassuring such complainants and leaving them in a more settled state of mind about their plight, even though their actual circumstances and prospects remain unchanged. It would seem that these occupiers of unfit dwellings are anxious to be reassured that they have not been forgotten.

Nevertheless, taking the City as a whole, the work of securing the abatement of nuisances proceeded remarkably well throughout 1960 and the practice of giving the recalcitrant owner about fourteen days' notice before instituting legal proceedings is now usually proving to be sufficient to secure the execution of the necessary work of abatement apart from the very exceptional case. During the year 32 such final letters were sent in respect of 41 outstanding statutory notices and in 7 cases only were proceedings found to be necessary and Nuisance Orders were made and small fines imposed. In one instance no effort was made to obey the Nuisance Order and the defendant was again prosecuted, a further small fine being inflicted. This also was ineffectual in persuading him to remedy the nuisance himself although he lived in the flat below the one in which the nuisance existed, so finally the Corporation carried out the work in default at a cost of approximately £45. In two of the remaining cases the necessary work was completed before the date of the hearing and costs only were awarded to the Corporation. One case was adjourned and was still pending at the end of the year.

Following a series of complaints from residents in the Jesmond area concerning serious nuisances from fumes, noise, road obstruction and damage to property by vibration caused by certain business and industrial operations in that district, the Town Clerk was instrumental in bringing the matter to a satisfactory conclusion by convening in January a meeting of the complainants and the offending parties. At this meeting a frank discussion and exchange of views took place and the happy result was an excellent example of what can be achieved by mutual co-operation and compromise. Unfortunately, such a satisfactory outcome still seems unattainable in the case of complaints received of odour nuisances emanating from a factory on the north-western boundary of the City although, as mentioned in the report of last year, everything possible was being done to reduce the odour to a minimum.

During Whitsuntide of 1960 many complaints were received in the department concerning particularly foul and offensive odours emanating from the river. Many of these complaints were from visitors to the Quayside market and that neighbourhood, and a special investigation was made during the weeks immediately following.

This investigation revealed the already well-known fact that the waters of the Tyne are grossly polluted, but it was noticeable that

during this particular period the visible floating pollution was much more obvious than on previous occasions.

In July, numerous complaints were received from residents of a terrace of houses adjoining a refuse tip on the City's western boundary and investigations showed that the dwellings were being invaded by beetles. It was found that a moderate infestation was taking place by the migration of beetles from the tip to the interior of the houses and immediate and effective steps were taken to deal with the matter by spraying both in the houses and on the tip. The insect was identified as *Harpalus Latus*, the common ground beetle which is harmless to man and does not normally establish itself in houses, its food being other insects living in soil.

Under the provisions of the Newcastle upon Tyne Corporation (General Powers) Act, 1935, 301 notices were served in respect of defective drains, waste pipes and water closets and in 59 instances the work required was carried out by the City Engineer's staff at a total recoverable cost of £156 10s. 0d.

Places of Public Entertainment.

Perhaps the greatest changes in the character of premises of public entertainment were caused by the unusually high number of cinemas closing. During the year 7 cinemas and one theatre closed, leaving 23 cinemas, 4 theatres, and some 140 dance halls, concert halls, billiard rooms and cafes which were given special inspections in connection with the granting of licences for music and dancing.

A total of 178 inspections of such premises were made compared with 311 during 1959 and the minor deficiencies and defects found in respect of ventilation, cleanliness and sanitary accommodation were promptly remedied by verbal notice.

Licensed Premises.

The survey of licensed premises which began in 1958 and was completed in 1959, resulted in detailed inspections of 405 public houses, clubs and off-licences. During 1960, 426 visits were made to 400 of these premises and the general improvement secured during the previous year was, in the main, satisfactorily maintained. Nevertheless, for various reasons, adequate supervision was unable to be given, and it is important that a more regular inspection be maintained, particularly in respect of sanitary accommodation and beer cellars.

Offensive Trades.

In the 12 offensive trades premises within the City, consent has been given by the Committee in respect of the following trades :

Blood boiler	1	Size maker	1
Bone boiler	1	Soap boiler.....	1
Fat extraction	2	Tripe boiler	3
Fat melter	1	Hide and skin dealer	2
Fellmonger.....	1		
Glue maker	1	Total number of trades	16
Gut scraper	2		

Mention was made in the report of 1959 concerning the removal of gut scraping and fat extracting operations from the East End Abattoir in Union Road to a central riverside area of the city. During the first months of operation, conditions were reasonably satisfactory but during the summer months of 1960 complaints of offensive odours were received. A firm of industrial odour control consultants was brought in and after an initial period of experimentation the volume and severity of the odours were very considerably reduced. It cannot be claimed that all cause for complaint has been completely eliminated and certain weather conditions may aggravate this nuisance. However, it is anticipated that the particular trades in question will be moved to the new municipal abattoir as soon as this long-awaited building is available, where the management and supervision of all offensive trades ancillary to animal slaughter will be such that all possibility of nuisance will be prevented.

Tents, Vans and Sheds.

Once again the showmen of the Temperance Festival took up their annual 3 weeks residence on the Town Moor in June. During 1960, the Festival was held under ideal weather conditions and the 502 families, comprising 1,574 persons, employed at or connected with this Festival were housed in 515 caravans. This is the largest number of families stationed on the Moor in connection with this event for very many years and perhaps the most significant feature of the housing accommodation was the luxurious character of many of the caravans, some of which were provided with every possible domestic amenity.

Perhaps because of the giant construction of many of these caravans and also, of course, because of the very large number of vans on this occasion, there was considerable congestion of vehicles on the site, and although the size of the site obviously must be restricted, some rearrangement of caravans may be necessary to prevent a recurrence of this confusion.

Almost all of these vans had private built-in closet accommodation, although many of the occupants still preferred to use the excellent accommodation provided by the Corporation. This temporary accommodation was again of excellent construction and the supervision and maintenance were of a highly satisfactory standard.

Throughout 1960, as in previous years, difficulties also arose from time to time from caravan dwellers illegally using their vehicles on vacant sites within the City. It will be recalled that at the end of 1959 a farmer on the northern boundary of the City persisted in using a field as a caravan site and the Health Committee instructed legal proceedings to be taken against him. Fortunately, before information could be laid the caravans removed to other sites and in this way the matter was satisfactorily resolved.

Nevertheless, there still exists a need in the City for a suitable caravan site to cater for travelling members of the theatrical and similar professions as numerous enquiries are received annually in connection with the parking of caravans in the City centre.

Common Lodging Houses.

Although of a much higher standard of accommodation than that attributed to the usual common lodging house, the Salvation Army Men's Hostel in Pilgrim Street is, nevertheless, legally a common lodging house as defined in the Public Health Act, 1936 and in March of 1960 this house was duly registered as such by the Health Committee. This excellent hostel, which provides cubicle accommodation for 242 men, is the only common lodging house remaining in the City, a fact which may be taken as a measure of the social advancement achieved during the past 40 years. In 1921, there were 50 common lodging houses (most of which were in a dubious structural condition) housing some 1,600 inmates.

Reference was made in last year's report to the form of shelter provided by the Prudhoe Street Mission and that, from a hygiene point of view, such accommodation was completely unsatisfactory. This shelter was provided on a charitable basis and despite the excellent motives of the organisers it was felt, on grounds of public health alone, the use of the premises for this purpose should be discontinued. The room in question is now used as a Youth Club and the displaced persons who required shelter have been adequately and satisfactorily catered for elsewhere.

Nevertheless, the problem of the shortage of reasonably priced accommodation for men in our City is still serious and a working men's hostel with perhaps a slightly higher standard of accommodation than that provided by the Salvation Army is still a dire need.

New Buildings and Alterations.

During the year a steady increase in building alterations was reflected in the larger number of plans forwarded by the City Engineer's Department for examination before submission for bye-law approval by the Town Improvement and Streets Committee. A total of 255 such plans were examined compared with 140 during 1959 and various recommendations in respect of food hygiene, clean air, and factory legislation requirements were submitted for the consideration of the City Engineer.

Disinfestation (Slum Clearance).

During the year 1,221 tenants were notified by the Housing Manager to the Health Department for disinfestation of their household effects prior to rehousing. Once again this was a substantial increase on the previous year when 861 rehousing notifications were received, and is more than 100% higher than 1958 when 563 notifications were received. The contents of 3,134 rooms were treated with a residual insecticide and approximately 3,000 articles of bedding were also treated, either by a process of steam disinfestation or in situ with a residual liquid insecticide. The increasing use of spring interior mattresses is tending to reduce the number of mattresses removed for steam treatment because their size and construction makes it impossible to get them into the apparatus.

Rehousing of tenants was carried out from most of the Clearance Areas within the City including Hawes Street, Elm Street, Sycamore Street, Morpeth Street, Shieldfield, Church Street and Gibson Street.

Disinfestation (General).

In the course of the year, 211 requests were received for the services of the department with regard to the eradication of insect pests and the premises disinfested included 188 dwelling houses, 12 schools, 1 fire station, 1 bakehouse and 3 canteens. This work involved the individual treatment of 368 rooms and the application of 74 underfloor fumigations and a total of 461 gallons of liquid insecticide, 135 lbs. of powder and 500 insecticidal smoke generators were used in connection with this work of disinfestation. Insects

dealt with included cockroaches, crickets, bugs, lice, fleas, silver fish, ants, wood beetles, wood lice and spider beetles.

A total of 2,503 visits were made in regard to pest control. Concurrent duties with regard to notifiable infectious diseases were responsible for a further 855 visits.

Workplaces.

As the expression "workplace" includes all premises and places (not being factories) where persons are employed otherwise than in domestic service, it is perhaps obvious that the majority of workplaces are offices. The lack of clearly defined statutory standards for the lighting, overcrowding and the provision of sanitary accommodation for workplaces such as offices has long been a deterrent to the achievement of really hygienic conditions and it is hoped that the regulations which the Minister of Housing and Local Government is empowered to make under the Offices Act, 1960 will rectify this situation. When this Act comes into operation in January, 1962 a lengthy and heavy task awaits the district inspectors, as an essential operation to be carried out as soon as possible is a survey of all office premises.

During the year 972 workplaces were inspected, compared with 755 in 1959, and details of defects found are as follows :

Lack of cleanliness	...	...	...	...	...	5
Overcrowding	...	...	...	...	...	—
Inadequate ventilation	...	...	...	...	...	—
Defective or inadequate sanitary accommodation	...	...	...	...	...	—
						5
						—

Water Supply.

The monthly statement supplied by the Newcastle and Gateshead Water Co. indicating the quantity of water held in their reservoirs, showed that throughout 1960, as in previous years, the water supply to the city was adequate for all purposes. The supply also continued to be satisfactory in quality and was not liable to have plumbosolvent action.

Bacteriological samples were obtained weekly from the 6 fixed mains sampling points in the City and from domestic premises at random. A total of 316 such samples were taken, 8 of which were reported as unsatisfactory as indicated in the table below.

BACTERIOLOGICAL EXAMINATION OF WATER.

	Number Taken	Class 1. Highly Satisfactory	Class 2. Satisfactory	Class 3. Suspicious	Class 4. Unsatisfactory
Mains Sampling Points	161	147	8	2	4
Domestic Taps ...	155	138	10	3	4
Totals	316	285	18	5	8

Check samples were immediately taken in every case of a sample falling below Class 2 and all of these check samples, except one, were satisfactory. This exception was a check sample from a domestic tap, which obviously was the source of contamination as, after suitable sterilisation, further check samples proved to be satisfactory.

At the end of the year the statistical position in relation to the supply of water for domestic purposes was as follows :—

- (a) number of dwelling houses.....87,718.
- (b) number of the population supplied from public mains :
 - (i) direct to houses268,970
 - (ii) from standpoints.....Nil.

Chemical Analyses.

During the year 48 samples were submitted for chemical analysis 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.

The following statement is prepared and submitted in accordance with paragraph 12 of the Ministry of Health Circular No. 1/61.

The number of swimming baths in use in the City remains unchanged at 15, comprising 12 public baths and 3 attached to and used exclusively by schools. The baths vary in capacity from 40,000 to 120,000 gallons and in all cases the water is supplied from the mains and is subject to the "breakpoint" chlorination process of treatment. Bath water is changed on an average of every 5 hours

or so and during 1960 the frequency of change at Benwell baths, where the re-circulation of water took some 18.75 hours, was improved to once in 12 to 14 hours. It should be mentioned that this bath is in use only during the months March to October.

A total of 42 visits were made to the baths for the purpose of taking samples of bath water for bacteriological examination, for estimating the amount of residual chlorine and for ascertaining the pH value. In all, 84 bacteriological samples were submitted to the Public Health Laboratory and the results are indicated in the table below.

The chlorine residual in the samples varied during the year between 1.1 p.p.m. and 2.0 p.p.m. with an average of 1.7 p.p.m. The pH value ranged between 6.8 and 7.6 with an average of 7.2.

It was evident that the standard of supervision in respect of the purity of the swimming bath waters continues to be high.

BACTERIOLOGICAL EXAMINATION.

<i>Class 1.</i> 0 b.coli.	<i>Class 2.</i> 1-3 b.coli.	<i>Class 3.</i> 4-10 b.coli.	<i>Class 4.</i> 10+ b.coli.	<i>Total.</i>
78	2	2	2	84

CHLORINE AND pH TESTS. pH VALUE.

Residual chlorine p.p.m.	6.8	7.0	7.1	7.2	7.3	7.4	7.5	7.6	Total
1.1			1		1				2
1.2									
1.3									
1.4				1	3		1		5
1.5									
1.6				3	3	1	2		9
1.7				1		1			2
1.8	1	1	1	4	1	1		1	10
1.9		1		1	1	1			4
2.0	1	2	1	1	2	3			10
Totals	2	4	3	11	11	7	3	1	42

SUMMARY OF VISITS CARRIED OUT BY PUBLIC HEALTH
INSPECTORS FOR THE YEAR 1960.

Complaints received	3,598
Nuisances found on District in addition to above	88

*Inspection of Dwelling Houses under Public Health Act and other Acts,
Orders and Regulations—*

1. Under Housing Acts :	
(a) On inspection of district and under any regulations made under Acts	40
(b) Individual Unfit Houses :	
(i) Repairable at reasonable cost	22
(ii) Not repairable at reasonable cost	213
(iii) Parts of buildings with view to closure	40
(c) Houses let in lodgings	193
(d) Clearance and redevelopment areas	542
(e) Overcrowding provisions...	14
(f) Measurement for purpose of ascertaining "Permitted Numbers"	116
(g) Other visits and revisits	14,885
2. Under Rent Acts :	
(a) In connection with certificates of disrepair	48
(b) In connection with cancellation of certificates of disrepair	19
(c) In connection with issue of other certificates	13
(d) Other visits and revisits	52
3. Under Public Health Act and Water Act :	
(a) Sanitary conveniences	97
(b) Common courts, yards and passages	10
(c) Filthy and verminous premises	45
(d) In connection with provision of dustbins	239
(e) In connection with complaints of nuisance	3,228
(f) In connection with provision or reinstatement of water supplies	428
(g) Other visits and revisits	7,460
(h) Disinfestation	2,503
(i) Infectious Disease Enquiries	855

*Inspection of other premises under Public Health Act and other Acts,
Orders and Regulations—*

1. Under Public Health Acts :	
(a) Stables and other premises used for the keeping of animals...	19
(b) Inns, public houses, refreshment houses	426
(c) Places of public entertainment	178
(d) Public Conveniences	152
(e) Offices	38
(f) Schools	60
(g) Shops (in connection with complaints of nuisance)	98
(h) Offensive trades :	
(i) Blood boiler and blood drier	3
(ii) Bone boiler	—
(iii) Fat extractor and fat melter	15
(iv) Fell monger	1
(v) Glue maker and size maker	—
(vi) Gut scraper	23
(vii) Rag and bone dealer	3
(viii) Soap boiler and tallow melter	—
(ix) Tripe boiler	4
(i) Baths, washhouses and bathing places	23
(j) Common lodging houses...	8
(k) Watercourses, ditches, ponds, etc.	12
(l) Tents, vans, sheds...	551
(m) Other visits and revisits	388

2.	Under Food and Drugs Act and Regulations and Orders made thereunder :	
(a)	Bakehouses (non-mechanical)	23
(b)	Butchers	376
(c)	Catering establishments	94
(d)	Confectioners	407
(e)	Dairies	37
(f)	Delicatessens	20
(g)	Fishmongers/Poulterers	116
(h)	Fried fish shops	81
(i)	General dealers	500
(j)	Grocers	341
(k)	Ice Cream manufactories	27
(l)	Ice cream retail premises... ..	492
(m)	Ice cream vehicles... ..	128
(n)	Milk bars and milk retail premises	422
(o)	Mobile shops	23
(p)	Potted, pressed, pickled or preserved food premises	32
(q)	Sausage making premises	38
(r)	Street traders (other than ice cream)	147
(s)	Greengrocers	311
(t)	Other visits and revisits	1,337
3.	Under Clean Air Act and Regulations and Orders made thereunder	256
(a)	Smoke observations (half-hour)	—
(b)	Smoke observations (eight-hour)	128
(c)	Visits to boiler and other plant	3,028
(d)	In connection with smoke control areas	951
(e)	Smoke control area revisits	38
(f)	Smoke nuisances	169
(g)	Other visits and revisits	
4.	Other miscellaneous Acts, Orders and Regulations :	
(a)	Burial Act, 1857 (Exhumations)... ..	2
(b)	National Assistance Act, 1948, Section 47	1
(c)	Merchandise Marks Act	25
(d)	Newcastle upon Tyne Corporation Act, 1956 (Hairdressers)... ..	496
(e)	Newcastle upon Tyne Corporation Act, 1926 (Tents, Vans, Sheds)	68
(f)	Newcastle upon Tyne Corporation (General Powers) Act, 1935	263
(g)	Pet Animals Act, 1951	29
(h)	Prevention of Damage by Pests Act, 1949	30
(i)	Shops Act, 1950	279
		43,781

ATMOSPHERIC POLLUTION.

Measurement.

It is regrettable to have to state that the substantial decrease recorded in 1959 in the total amount of atmospheric impurities deposited over the 17·81 square miles of the City was not continued in 1960. The total calculated amount in 1960 was 3,482 tons, being an increase of 490 tons over the previous year. It is perhaps significant that whilst the annual deposit of ash was less than in 1959, the totals of soluble matters, tar and other combustibles were higher. These factors may be regarded as indicative of increased domestic

smoke pollution and could possibly be associated with the dry warm summer of 1959 as compared with the comparatively cool summer of 1960 when more coal would be consumed on the domestic fire. Such a theory is incapable of demonstrable proof but the reasonableness of the supposition does lend support to the need to proceed, without delay, with the smoke control area programme initiated by the Health Committee. The increase was fairly evenly distributed over the ten deposit gauges, the only exception being Pendower School where the monthly deposit fell from 15.60 to 15.54 tons per square mile, but perhaps the most heartening improvement is indicated in the Denton Road gauge where the average monthly ash figure fell from 11.08 to 8.29 tons per square mile. It is possible that this improvement may be due to a reduction in the amount of "grey dust" emitted from neighbouring electricity generating stations and this suggestion is supported by the reduced percentages of pulverised fuel ash particles extracted from the gauges situated in the west end of the City. During 1959, the maximum proportion of pulverised fuel ash so extracted was 28% whereas in 1960 the maximum fell to 14%.

On each square mile of the City some 195 tons of solid impurities were deposited as compared with 168 tons during 1959.

There was a slight increase in the average sulphur dioxide content of the atmosphere from 0.085 p.p.m. to 0.090 p.p.m. and it is interesting to note the differences in the monthly measurements of concentrations in the accompanying table. There was a very marked increase during the four winter months as compared with the rest of the year but this difference is not unusual and has no particular significance apart from meteorological considerations.

For more than forty years the Committee has been engaged in atmospheric pollution measurement, the measurements having been conducted in co-operation with the Department of Scientific and Industrial Research. This Government Department acts as a co-ordinating body but the actual field work is carried out by co-operating bodies such as local authorities, electricity and gas generating boards and similar organisations. Starting from a very small beginning some fifty years ago, the work has developed until nearly 4,000 instruments are in regular use throughout the country and the results of this research are submitted by the co-operating bodies to the Warren Spring Laboratory of the D.S.I.R.

Since the passing of the Clean Air Act the methods and objectives of air pollution measurement have changed and in 1959 a Working Party was set up by the D.S.I.R. "to advise on the details and the changes that should be introduced into the present co-operative scheme". In November, 1960 this Working Party presented a comprehensive report to the Standing Conference of Co-operating Bodies to which this Committee sends me as its representative. It is quite clear that there are impending changes in the methods of atmospheric pollution measurement and whereas in the past we have relied in the main on the atmospheric pollution deposit gauge and the lead peroxide gauge, it is now felt that such instruments are suited only for local investigations and that the results arising therefrom have been mainly of local significance. It seems likely that the instrument for pollution measurement on a national basis will principally be the volumetric gauge incorporating the smoke filter. It is probable that 1961 will be the last year in which deposit gauges and lead peroxide gauges will be in general use in the City as it is expected that the Warren Spring Laboratory will be advising on the desirability of a change in methods early next year.

Clean Air Act, 1956.

During the year the progress of the Smoke Control Area programme proceeded smoothly. The Smoke Control Area No. 1, which had come into operation in 1959, continued to operate satisfactorily, few contravening smoke emissions were observed and compliance with the requirements of the Order may be said to be, on the whole, reasonably good. Only a minority of the contraventions related to dwelling houses and it may be significant that a substantial proportion of the infringements were due to improper use of underfeed stokers.

In connection with the use of coal burning plants and in particular with the use of underfeed and other mechanical stokers, the department is now working in close co-operation with the National Coal Board who are offering a free advisory service to coal users in Smoke Control Areas. The services and assistance of the National Coal Board are gratefully acknowledged, but perhaps the main cause of difficulty to the department is that too many users of mechanical stokers are not sufficiently acquainted with the details of the conditions under which their exemptions are granted. Details of illegal smoke emissions in Smoke Control Area No. 1 are listed in the table below. In relation to this No. 1 Area, the administrative work

connected with the payment of grants and recovery by the Corporation of the Exchequer's share of the costs of the works and adaptations, etc. to fireplaces in dwellings was brought to a conclusion.

During the year the Smoke Control Order No. 2 was confirmed by the Minister of Housing and Local Government on the 31st May and it came into operation on the 1st December. It is generally accepted that it is better not to have an area coming into operation in the winter months and the Order had been submitted to the Minister in time for it to have been brought into operation at least two months earlier than was the case, *i.e.* on the 1st October. However, delay by the Minister in confirming the Order required that the date of operation be set back to allow the statutory six months' waiting period to be achieved. This No. 2 area extends over some 161 acres of the west central district of the City, immediately to the west of and contiguous with the No. 1 area and contains 3,039 premises. The total area now under smoke control in the City is 279 acres, involving a total of 4,531 premises of all types.

During the six months statutory period following the confirmation of the No. 2 Order a big effort was made by distributing information and advice to the principal property owners and others to urge them to carry out the necessary adaptations to fireplaces in dwellings and the majority had been completed or were approved and in hand before the 1st December. However, in some cases where it seemed unlikely that action would be taken by the owners of the premises, notices were served under the provisions of Section 12 of the Act requiring the work to be done and it would appear that satisfactory progress has been made with these outstanding matters and that the number of works which will have to be carried out in default is likely to be very small.

It had been hoped that ample supplies of coke produced to meet the requirements of B.S.S. 3142 : 1959 would have been available for general use in the No. 2 Area but unfortunately this was not so. There exists an urgent need for a solid smokeless fuel better in quality and higher in reactivity than existing coke yet a little cheaper than the high grade "premium" fuels which are not, in any case, readily available on Tyneside. The demand for such a fuel will continue indefinitely into the future and although we have been encouraged with glowing accounts of the excellent properties of certain manufactured fuels to be produced by the National Coal Board, it is

equally discouraging to learn that it will be some years before such fuels are generally available. Perhaps the manufacturers of solid smokeless fuels could, with advantage, bear in mind the words of G. K. Chesterton who, in inimitable fashion, stated that "a queer fancy seems to be current that a fire exists only to warm people—it exists also to light their darkness, to raise their spirits, to toast their muffins, to air their rooms, to cook their chestnuts, to tell stories to their children, to make chequered shadows on their walls, to boil their hurried kettles and to be the red heart of a man's house and hearth, for which, as the great Heathens said, a man should die." In the meantime, we must rely upon the ample supplies of Elswick gas coke already available and hope that reports indicating an increase in the production locally of Gloco (a more reactive fuel produced by the Northern Gas Board) are well founded.

Detailed surveys for Smoke Control Areas Nos. 3 and 4 were completed during the year and the reports were submitted to the Health Committee in November. These areas are planned to be brought into operation in late 1961 and will add another 243 acres and 3,029 premises to the existing smoke controlled centre of the City. Towards the end of the year a start was made on the detailed survey of area No. 5, but lest it is thought that Newcastle upon Tyne is a leading authority in the north-east by planning to be smoke controlled by 1975, it will be as well to remember that the City lags behind the aims of such places as Blaydon U.D., Gosforth U.D. and Jarrow M.B. who are scheduled to be completely smoke controlled before 1970.

In a circular issued by the Minister of Housing and Local Government in July, 1960, guidance was given to local authorities on the question of smokeless ignition to fireplaces in smoke control areas with particular reference to premises where no gas supply exists. The Minister indicated how suitable exemptions could be given to permit the use of kindling sticks and paper and this procedure has been followed by the Committee in the drafting of the Nos. 3 and 4 Orders. A similar policy will almost certainly be adopted in respect of all future Orders but it has not, as yet, been thought worth while to make amending Orders in respect of Nos. 1 and 2 areas.

In July, the department participated in the Corporation's Flower Show by staging an exhibition entitled "Atmospheric Pollution—Its Nature, Causes, Effects, Measurement and Remedies". The exhibition was manned by staff of the Smoke Control Section and

as over six thousand visitors passed through during the four days on which the exhibition was open to the public, much interest seems to have been aroused by the exhibits.

SMOKE CONTROL AREA No. 1.
SUMMARY OF CONTRAVENTIONS OF ORDER.

Type	No.	WARNING			Prosecutions	Remarks
		Verbal	Written	Committee		
Dwellinghouses	5	4	1	—	—	Old Aged Pensioners' Illness
Office fires	6	3	1	2	—	Rubbish Coal Wood
Underfeed stokers	12	9	1	1	1	Maintenance
Combustion stoves	5	5	—	—	—	Rubbish Wood Waste
Refuse fires	6	5	1	—	—	Trade Wastes
Railway engines	2	—	2	—	—	High Level Bridge
Non Mech. Central Heating Boilers	2	2	—	—	—	Rubbish
Totals	38	28	6	3	1	

Grit, Dust and Fume Emissions.

As forecast in my previous report, a direct approach was made in early 1960 to the large scale fuel users in the City, drawing attention to the requirements of the Clean Air Act in relation to the minimising of emissions of grit and dust from fuel burning plants. It is pleasing to record that certain industrial interests have responded excellently and it is expected that five of the largest cast iron cupolas in use in the City will be fitted with wet washers and operating before the end of 1961. It is hoped that other industrial concerns will follow this example and in this way reduce substantially the contribution of industry to the overall pattern of solid atmospheric pollution.

Less encouraging is the problem of fume emission from the steel converters mentioned in my last report. The elimination of pollution from such sources is a most complex problem and the financial implications are a serious hindrance to progress. Nevertheless, the

District Alkali Inspector is pressing the matter and although no immediate solution is likely to be forthcoming there are signs that a long term solution is within sight.

Smoke Emissions.

Smoke observations are time-consuming operations and in view of the deterioration in the staffing situation during 1960 it is not surprising that the total number of such observations fell from 349 during 1959 to 256 during the year under review.

In 12 instances contraventions of the Clean Air Act were recorded and in one case a persistent offender was prosecuted resulting in a fine of £10 and an order to pay £5 5s. 0d. costs. In this particular case, the firing to the boiler plant is to be modified and with normal care no further difficulty should be experienced. In the remaining cases letters of caution were served on the instructions of the Health Committee.

A very serious smoke nuisance occurred in March when an oil tanker blanketed the Walker area in a pall of murk by emitting black smoke continuously for more than 24 minutes within half-an-hour. This was only one of many occasions when smoke nuisance had been caused in the City by vessels on the Tyne and when such vessels are moored or under way in the vicinity of a smoke control area, the occupiers of premises, who themselves are complying in a co-operative manner with both the letter and the spirit of the Smoke Control Order, naturally resent this invasion of aerial pollution. As these vessels are below the high-water mark the responsibility for the enforcement of the Clean Air Act in such cases rests with the Tyne Port Health Authority but it is obvious, for a number of reasons, that adequate supervision is very difficult to enforce. The possibility of a delegation of smoke control duties under the Public Health Act, 1936 and the Clean Air Act, 1956, from the Port Health Authority to the City Council is worthy of consideration.

Prior Approval of Furnaces.

There were 4 applications for prior approval received during the year in accordance with Section 3 of the Act. One installation was a proposed pulverised fuel plant in respect of which special provisions were incorporated to ensure adequate dust arrestation, and the remaining 3 related to oil fired plant.

In addition, 3 notifications were received in respect of 2 oil fired and one coke fired boilers.

FOOD AND DRUGS ACT, 1955.

Food and Drugs Sampling.

The total number of samples of food and household drugs procured for examination during 1960 was 803 as compared with 811 in the previous year. Because of the greater centralisation of milk processing and bottling within the City caused by a merging of commercial interests it has been possible to reduce the number of milk samples taken from 444 to 349 and at the same time maintain an adequate coverage of the various supplies. This avoidance of unnecessary duplication of samples has enabled more attention to be given to the sampling of other foods on a selective basis, and the success in detecting unsatisfactory foods is reflected in the increase in the proportion of non-genuine samples. During 1960, adverse samples were 1.99% of the total taken whereas in the previous year the proportion was 1.72%. This increase does not mean that a greater proportion of food was adulterated or below standard during 1960, but rather that the sampling officers have directed more of their attention to foods which were more likely to have been adulterated or below standard.

The overall proportion of sampling during the year was 2.98 samples per 1,000 population which is perhaps slightly below the generally accepted standard.

Tinned Crab.

Of the 803 samples taken 424 were formal and 379 informal and only one of the latter was found to be unsatisfactory and not genuine. This instance concerned a tin of imported dressed crab which was stated on the label to contain 95% of crabmeat but, in fact, contained only 80.6%. Subsequent formal samples proved to be genuine but this particular sample resulted in much correspondence with the foreign packer's British agents and it was later established that a particular consignment forwarded to our City had been labelled with obsolete labels. All such incorrectly labelled goods were immediately withdrawn for re-labelling.

Potted Meat.

Four formal samples of potted meat were taken during the year, all of which were reported by the Public Analyst to be deficient in meat content.

There is no statutory standard for the composition of potted meat, but the Public Analyst has expressed an opinion, and it appears to be a reasonable view, that potted meat is meat which has been potted and should contain at least 90% of meat. Such a commodity with a meat content of less than 90% would, therefore, be to the prejudice of the purchaser as it was not of the quality demanded.

In my report last year I referred to a prosecution pending at the end of the year relating to a sample of potted meat which contained 63.5% of meat. At the hearing in early 1960, the defendant in this case was convicted of selling potted meat not of the quality demanded and was fined £10. One of the four unsatisfactory samples of 1960 contained a mere 39.3% and in the subsequent proceedings at the same court the case was dismissed. A further case was prosecuted later in the year in which the meat content of the potted meat sample was 60.1% and in this instance the vendor was found guilty of the offence and given an absolute discharge on payment of £9 13s. 0d. costs. The defendants have given notice of appeal and the appeal will probably be heard in the early months of 1961. Whatever the result of the appeal may be it will be helpful to both the Department and potted meat manufacturers as it seems that no reliable guidance may be obtained by way of magisterial proceedings.

Sausages.

A similar difficulty exists in relation to a quality standard for meat sausages. The Public Analyst holds the view that a commodity sold as pork sausage should contain at least 65% of pork and indeed, all samples of pork sausage, except one, procured during the year satisfied this standard. The deficient sample contained only 59.8% of pork meat and in the absence of any statutory guidance, the Health Committee decided to take no further action.

Fish Cakes.

A formal sample of fish cakes was certified to be 40% deficient of the 35% minimum fish content prescribed by the Food Standards (Fish Cakes) Order, 1950, and in the subsequent proceedings the vendor, who was also the manufacturer, was fined £5 0s. 0d.

Meat Pies.

During the first 6 months of 1960 a planned series of samples of meat pies were procured and details of results were submitted to the Food Standards Committee of the Association of Municipal Corporations as contributory evidence in a national survey.

Of the 24 pies examined, some were manufactured locally and others were from makers with a national distribution. The meat content of these sample pies varied between 17.2% and 43.3%, the average being 26.7%. It is hoped that the Food Standards Committee now have sufficient evidence to indicate that a meat content standard should be adopted and what that standard should be.

Household Drugs.

In all, 82 samples of household drugs were submitted for analysis and all were reported to be genuine.

Milk.

Of the 349 samples of milk taken during the year, 9 were reported as being not genuine, 3 of which were Channel Islands Tuberculin Tested (Farm Bottled) Milk, each containing less than the minimum of 4% of milk fat prescribed by the Milk and Dairies (Channel Islands and South Devon) Milk Regulations, 1956. In two of these samples the deficiencies were small and the vendors were cautioned by the Committee and in the other case, where the deficiency was substantial, legal proceedings were instituted against the vendor, resulting in the producer being fined £5.

On a small number of occasions requests were received from an occupier of a dairy to take samples of milk on arrival at the dairy and of the 14 samples taken on one such occasion, 3 were slightly deficient and the matter was satisfactorily dealt with informally as there was no evidence of added water. On another similar occasion, the samples revealed added water and further samples were taken at the point of collection and on Appeal to Cow. This resulted in the farmer being prosecuted and fined £15.

AVERAGE COMPOSITION OF MILK SAMPLES.

Designation	Number Taken	Fat %	N.F.S. %
Tuberculin Tested (Farm Bottled)	62	4.43	9.19
Tuberculin Tested	12	3.60	8.68
Tuberculin Tested (Pasteurised) ...	61	3.65	8.77
Pasteurised	103	3.63	8.78
Sterilised	85	3.70	8.93
Undesignated (Course of Delivery)	26	3.37	8.65
Total	349	—	—

Bacteriological Examination of Milk.

The results of the 963 bacteriological samples obtained during the year showed a welcome improvement over 1959, and although the cool summer of 1960 may have contributed to this improvement, perhaps this was helped, in the case of Tuberculin Tested (Farm Bottled) milk, by an arrangement made between producers and dairymen for such farm-bottled milk to be delivered to the dairies overnight, thus reducing by about 12 hours the period from production to delivery to consumer. This arrangement was, however, brought into operation only in late summer and the full benefits will perhaps be more obvious at the end of 1961, after a full season's operation.

RESULTS OF BACTERIOLOGICAL EXAMINATIONS.

Designation	Number Taken	Satisfactory	Unsatisfactory	% Unsatisfactory
Tuberculin Tested (Farm Bottled)	241	205	36	14.9
Tuberculin Tested	230	204	26	11.3
Undesignated	151	120	31	20.5
Totals	622	529	93	14.95 (Average)
Tuberculin Tested (Pasteurised)	156	156	—	—
Pasteurised	185	182	3	1.62
Totals	341	338	3	0.88 (Average)

Examination for Tubercle Bacilli.

Arrangements were made with the Director of the Public Health Laboratory for samples of Tuberculin Tested (Farm Bottled) milk to be submitted for biological examination in addition to undesignated milk samples and during the year a total of 192 samples, comprising 29 of Tuberculin Tested (Farm Bottled) milk, 12 of Tuberculin Tested milk and 151 of undesignated milk were tested for the presence of tubercle bacilli. All of these samples were certified to be free of infection.

The scheme of the Ministry of Agriculture, Fisheries and Food for the compulsory testing of all dairy herds is now in full operation in the area supplying milk to the City and the eradication of bovine

tuberculosis in that area should soon be achieved. It is felt, however, that the taking of samples should continue as a particular sample so taken might well be the first indication of a breakdown in a tested herd.

Turbidity Test.

A total of 100 samples of sterilised milk were submitted to the above test and all were found to be satisfactory.

Phosphatase Test.

A total of 341 samples of Tuberculin Tested (Pasteurised) and Pasteurised milk were submitted to the phosphatase test and were found to be satisfactory. Of these samples, 146 were of milk processed at dairies within the City and 195 in other outside districts.

Examination of Milk Churns and Bottles.

Three dairies in the City receive their milk on arrival in bulk and at two of these dairies the churns pass into washing machines immediately after the milk is tipped. This renders almost unnecessary the visual examination of churns leaving those dairies, and at the other dairy, it is possible, but very improbable, that an unwashed churn could be sent out. Nevertheless, a total of 724 churns were inspected at these dairies and all were found to be in a satisfactory condition.

In addition to visual inspection, 76 rinsings of churns were taken of which 9 were classified by the Public Health Laboratory as unsatisfactory. Similarly, 108 milk bottles were taken for bacteriological examination after washing and 10 were classified as unsatisfactory. After notification to the dairymen concerned, subsequent samples were all satisfactory.

The Milk and Dairies (General) Regulations, 1959.

The total number of premises registered for the sale of milk increased from 858 in 1959 to 872 at the close of the year under review. During the year 44 applications were received for registration as retail purveyors and after inspection and approval by the Committee these were granted.

All dairies were subject to routine inspection and were found to be maintained in a generally satisfactory condition. In this connection the additional food hygiene requirements contained in the above Regulations were found to be extremely useful.

The Milk (Special Designations) Regulations, 1960.

These Regulations came into operation on the 1st October, 1960 and the main changes which they bring about relate to the introduction of new tests for certain designated milks. The procedure relating to the granting of licences remains unchanged and during the year 1,283 licences were granted to deal in designated milk, comprising Tuberculin Tested, Tuberculin Tested (Farm Bottled), Tuberculin Tested (Pasteurised), Pasteurised, Sterilised and the usual Supplementary Licences.

Ice Cream.

During the year 33 samples of ice cream were submitted for analysis and all were certified to comply with the Food Standards (Ice Cream) Regulations, 1959 which prescribe a minimum fat content of 5 per cent. The fat content of the samples submitted varied from 5.2 per cent to 13.4 per cent, the average being 9.4 per cent. It is apparent that the ice cream manufactured outside the City by the principal national distributors is of a consistently better quality than that manufactured in our district.

The bacteriological grading of ice cream during 1960 was less satisfactory than during the previous year. Of 110 bacteriological samples which were taken, 29 were graded as unsatisfactory, this being 26.4 per cent as compared with 16.6 per cent in 1959. Repeated check samples were taken from producers whose ice cream had been graded as unsatisfactory, and those producing ice cream consistently of a satisfactory bacteriological grading were, of course, sampled less frequently. This variation in sampling technique is the main reason for the apparent high proportion of unsatisfactory samples.

PUBLIC ANALYST.

Fat Content Percentage	Manufactured in City	Manufactured Outside City	Total
Less than 5	Nil	Nil	Nil
5 — 6	1	1	2
6 — 7	3	Nil	3
7 — 8	7	Nil	7
8 — 9	4	Nil	4
9 — 10	7	Nil	7
10 — 11	1	4	5
11 — 12	1	2	3
Over 12	Nil	2	2
Totals	24	9	33

BACTERIOLOGIST.

Provisional Grade	Manufactured in City		Manufactured Outside City		Total	
		%		%		%
1	57	58.18	10	83.33	67	60.9
2	14	14.24	Nil	—	14	12.7
3	6	6.14	2	16.67	8	7.3
4	21	21.44	Nil	—	21	19.1
	98	100.00	12	100.00	110	100.00

Desiccated Coconut.

Information reached the Department that certain consignments of desiccated coconut imported from Ceylon and which had subsequently been delivered into the City could possibly be infected with *S. Paratyphi B* organisms and, in consequence, samples of this commodity were taken from several wholesalers and stockists and from a selected number of retailers. In all, 29 samples were examined at the Public Health Laboratory and one sample was found to contain *Salmonella* organisms, the organism being *Salmonella* Bootle and not *Salmonella* Paratyphi B.

The Public Health (Preservatives, etc. in Food) Regulations, 1925-1958.

All of the samples which were submitted to the Public Analyst for examination and which were likely to have contained a preservative, were examined for its presence and all were found to comply with the above Regulations.

The Colouring Matter in Food Regulations, 1957.

Added colouring was listed as being amongst the ingredients of 28 of the informal samples and all of these were reported as being in compliance with the above Regulations.

Condensed Milk Regulations, 1959.

During the year, 4 samples of condensed milk were taken and upon examination by the Public Analyst were certified by him to comply with the above Regulations.

Bakehouses.

The general modern trend towards centralisation in commerce and industry is also reflected in the number of bakehouses on the register at the end of the year. This number had fallen to 106 as compared with 111 in the previous year and this fall has been consistent for many years and is likely to continue for some time. Supervision of these premises continued as a matter of routine and no unusual feature meriting comment was recorded, although it may be mentioned that there are now no basement bakehouses in the City.

Food Hygiene Regulations, 1955 to 1960.

The general upward trend in food hygiene noticeable in recent years continued but improvement now seems mainly limited to modernisation of premises and equipment. It is obvious that many retailers are finding that they must modernise or lose trade and with the high standard now attainable in the reconditioning of old premises or the fitting out of new, both the staff and the inspector find the carrying out of their statutory obligations much easier and in a spirit of closer co-operation.

There is becoming noticeable a clearer line of demarcation between the satisfactory and the unsatisfactory food trader and the outdoor food handler still ranks far too low in his appreciation of the elementary principles of food hygiene. In this particular field progress has been insignificant compared with the effort expended by district inspectors in futile endeavours to educate the barrow boy, and the time-consuming procedure involved in legal proceedings of this type can be ill-afforded in view of the present staffing situation. On the other hand it is exceptional to find premises so neglected as to warrant the consideration of legal proceedings, but one instance of this kind was encountered where the trader failed to respond within a reasonable time to written warnings from the department. Consequently proceedings were taken in respect of 11 offences, on all of which convictions were secured and fines totalling £35, with £5 5s. 0d. costs, were imposed. As this trader had, however, been previously convicted of similar offences it was felt that these penalties were much too light to have any salutary effect on the future behaviour of this particular food handler.

Another food hygiene case which was pending at the end of 1959 came before the Court in February and again convictions were secured in respect of 11 offences. The fines in this case totalled £80 and the defendant was ordered to pay £6 6s. 0d. costs.

Registered Premises—Food and Drugs Act, 1955 and Newcastle upon Tyne Corporation (General Powers) Act, 1935.

During the year, 92 applications were received for the registration of premises for the manufacture and sale of ice cream and for the preparation of sausages or potted, pressed, pickled or preserved food. After inspection, these applications were approved by the Committee and 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	1,160	647
Manufacturing sausages, etc.	292	446

TOTAL NUMBER OF FOOD PREMISES.

Type of Business.	Number.
1. Bakehouses	106
2. Food Manufacturing	146
3. Food Packing	73
4. Food Storing	91
5. Catering	264
6. Grocery and Provisions	280
7. Butcher	304
8. Fish-monger	73
9. Fish-frier	101
10. Fruiterer and Greengrocer.....	254
11. General Dealer	636
12. Confectioner.....	369
13. Licensed Premises (including Clubs)	400
14. Cinemas and Theatres selling food	28
15. Miscellaneous premises	248
	3,373

FACTORIES ACT, 1937-1959.

There was a further increase during 1960 in the number of premises in the City occupied as factories. At the end of the year the number had increased by 6 to 1,883 and the total number of inspections carried out by the Factories, etc. Section was 5,620 as compared with 4,826 during 1959. With the rapidly increasing volume of work on smoke control survey, the services of one inspector were transferred from the Factories Section to Smoke Control. This transfer was at first in the nature of a temporary measure but it is clear that, in respect of the Factories Section as well as other sections of the Department, the changing pattern of duties demands consideration being given to some adjustments in organisation.

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	390	389	8	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,440	1,825	57	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' Premises)	53	166	1	—
Total	1,883	2,380	66	—

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 prosecutions were instituted (6)
	Found (2)	Rem- edied (3)	Referred To H.M. In- spector (4)	By H.M. In- spector (5)	
Want of cleanliness (S.1) ...	15	9	—	2	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable tempera- ture (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	11	3	—	1	—
(b) Unsuitable or de- fective	74	48	—	23	—
(c) Not separate for sexes	5	6	—	3	—
Other offences against the Act (not including offences relating to Out-work)	5	2	—	—	—
Total	110	68	—	29	—

Outworkers.

A total of 9 lists of outworkers were submitted in February and August during the year and the number of outworkers employed in the City increased from 44 to 49, more than half of which were engaged in paper bag making. During the year 76 inspections of outworkers' premises were made as compared with 34 during 1959.

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.	24	—	—	—	—	—
Cleaning and Washing ...	—	—	—	—	—	—
Other outworkers	25	—	—	—	—	—
Total	49	—	—	—	—	—

MISCELLANEOUS MATTERS.

New Legislation.

During the year the following legislation came into operation :

Noise Abatement Act, 1960.

This Act commenced on the 27th November, 1960 and the administration of Section 1, relating to noise or vibration nuisance, has been delegated to the Health Committee. In effect, this Act merely extends the list of statutory nuisances defined in the Public Health Act, 1936 to include nuisances arising from excessive or unnecessary noise and the procedure to secure abatement is, apart from a few minor features, much the same.

Caravan Sites and Control of Development Act, 1960.

This enactment came into operation on the 27th August, 1960. The main provision is to make better provision for the control by licensing of caravan sites and it introduces a new licensing system to be administered by county borough and county district councils. Part I of the Act, which deals with licensing, has been delegated to the Health Committee, the remainder being referred to the Town Planning Committee.

Offices Act, 1960.

This legislation was enacted on the 29th July, 1960 but will not come into operation until 1st January, 1962. The purpose of this new Act is to make better provision for securing conditions in offices designed to protect the health, welfare and safety of office workers.

Clean Rivers (Estuaries and Tidal Waters) Act, 1960.

Came into force on the 29th September, 1960 and extends the powers of Rivers Boards to deal with new outlets and new discharges of trade or sewage effluents into tidal waters.

Fluorine in Food Regulations, 1960.

Came into operation on the 14th March, 1960 and revokes the 1947 Order. These regulations prescribe lower maximum limits for the fluorine content of acidic phosphates used in food.

Arsenic in Food (Amendment) Regulations, 1960.

Came into operation on the 14th December, 1960. The Regulations permit an increase from 2 p.p.m. to 5 p.p.m., in the maximum amount of arsenic permitted in brewers yeast intended for use by manufacturers in the manufacture of yeast products.

Fertilisers and Feeding Stuffs Regulations, 1960.

Came into operation on the 10th October, 1960. The Regulations prescribe the manner in which fertilisers and feeding stuffs intended for sale should be marked and also deal with the keeping of registers of persons dealing in these substances. The manner of taking samples is described in an explanatory statement and the forms and certificates to be used in connection with the Regulations are prescribed.

The Milk (Special Designations) Regulations, 1960.

Came into operation on the 1st October, 1960. These Regulations introduce new tests for tuberculin tested milk, modify the methylene blue test for tuberculin tested and pasteurised milks and prescribe a different phosphatase test for pasteurised milk. The period of validity of licences to deal in designated milks is extended by these Regulations from 12 months to 5 years as from the 1st January, 1961.

The Food Hygiene (General) Regulations, 1960.

Came into operation on the 1st October, 1960. These Regulations consolidate and amend the Food Hygiene Regulations of 1955 and 1957 and extend the application of Regulations to food businesses carried on from home-going ships and moored vessels.

The Food Hygiene (Docks, Carriers, etc). Regulations, 1960.

Came into operation on the 1st November, 1960. The Regulations prescribe requirements to ensure the hygienic handling of food at docks, warehouses, cold stores and carriers' premises and follow generally the pattern of the Food Hygiene (General) Regulations, 1960.

The Skimmed Milk with non-Milk Fat Regulations, 1960.

These Regulations were made in December, but do not come into operation until September, 1961. They impose certain requirements as to the labelling and advertising of certain foods which have the appearance of milk, condensed milk or dried milk.

The Public Health (Infectious Diseases) Amendment Regulations, 1960.

These Regulations extend the list of notifiable diseases to include anthrax.

The Factories (Cleanliness of Walls and Ceilings) Order, 1960.

This Order prescribes the manner and frequency of painting and repainting inside walls and ceilings in factories.

Legal Proceedings.

A summary of the legal proceedings instituted by the Health Committee during 1960 is shown below :

Case No.	Contravention of	No. of offences proved	Fines imposed	Costs ordered to be paid
				£ s. d.
1	Public Health Act, 1936, Section 94	1	Summons withdrawn	0 4 0
2	Food Hygiene Regulations, 1955	11	£80	6 6 0
3	Public Health Act, 1936, Section 94	1	£5	—
4	Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956 and Food and Drugs Act, 1955	2	£10	—
6	Food Hygiene Regulations, 1955	11	£35	5 5 0
7	Food and Drugs Act, 1955, Section 2	1	Case dismissed	—
8	Non-compliance of Nuisance Order	1	£2	0 2 6
9	Food and Drugs Act, 1955, Section 2	1	Absolute discharge	5 5 0
10	Food and Drugs Act, 1955, Section 2	1	£15	3 3 0
11	Clean Air Act, 1956 and Dark Smoke Regulations, 1958	2	£20	15 15 0
12	Public Health Act, 1936, Sections 45, 75 and 94	3	£1 10s.	—
13	Food Standards (Fish Cakes) Order, 1950	1	£5	—
14	Public Health Act, 1936, Section 94	1	Nuisances abated before hearing	0 4 0
15	Public Health Act, 1936, Section 94	1	£3	—
16	Public Health Act, 1936, Section 94	1	Nuisances abated before hearing	0 4 0

Registration of Hairdressers.

There was a further increase of 23 during the year in the total number of hairdressers' premises registered by the Health Committee and the overall total at the end of the year was 270. Of this total, 15 were private dwelling houses in each of which a separate room is reserved for hairdressing operations, and comprise 14 premises used for ladies only and one for ladies and gents. In all, 496 inspections of these registered premises were carried out and a number of contraventions of the byelaws were noted. Some of these infringements related to premises requiring cleansing and wash basins needing repair or renewal, but the majority of cases was in respect of failure to display conspicuously the Certificates of Registration and copy of the Byelaws.

There has been observed during the past year a slight improvement in the general standard of cleanliness in hairdressers' premises but there remains much room for improvement in regard to the facilities for cleansing and sterilising instruments. A few instances of businesses being carried on on unregistered premises were found and dealt with. In one case hair-cutting was being carried out during the lunch interval at a factory, in another at a school and in a third case in an extension to a domestic scullery. In each case the hairdresser elected to cease practice when the question of registration was raised.

Rag Flock and Other Filling Materials Act, 1951.

In the City there were at the end of the year 34 premises registered under the above Act for the use of filling materials, mainly in connection with upholstery. Only 2 premises are licensed as rag flock stores and there is no rag flock manufacture carried on in the City. All of the materials used are produced in accordance with B.S.I. standards and were found to be in a satisfactory condition. A total of 14 samples were taken and submitted to the Prescribed Analyst and were all found to satisfy the appropriate statutory standards of cleanliness.

SAMPLES TAKEN.

Rag flock	5
Woollen flock	1
Woollen mixture felt	1
Cotton felt	3
Coir fibre	3
Feathers	1
Total	14

During the year, 45 inspections of registered and licensed premises were carried out by the Factory Inspection staff.

Agricultural Produce (Grading and Marking) Act, 1928.

The number of premises registered for the cold or chemical storage of eggs remained at 4 at the end of the year and of these, only one had eggs in store. This store had 500 cases (300 eggs per case) in cold store for about 6 weeks during the months of May and June. All these eggs were marked in the prescribed manner before being released.

Fertilisers and Feeding Stuffs Act, 1926.

During the year, 6 samples of fertilisers and 8 samples of feeding stuffs were procured and submitted to the Agricultural Analyst who certified in each case that the samples were genuine and that the statutory statements attached to these products were correct within the limits of variation.

Pharmacy and Poisons Acts, 1933-1941.

There was a further decline in the number of sellers on the Register and it would seem that in many cases many of the smaller shops do not find it profitable to deal in commodities which are listed as Part II poisons under the above Acts. At the end of the year the listed sellers were as follows :

General Dealers	67
Hairdressers	15
Druggists	8
Hardwaremen	10
Seedsman, etc.	15
Chemical and Disinfectant Manufacturers ...	3
Electrical Suppliers	2
	120
New Registrations	2
Ceased to sell Part II Poisons	8

Merchandise Marks Act, 1926.

Although during the year 80 inspections of shops, stalls and hawkers' barrows were made, most of the work of inspection was directed to the outdoor food traders. Most shopkeepers comply readily with the provision of the Act relating to the indication of origin of food stuffs, but stall holders and barrow boys are extremely lax in respect of this requirement, particularly where apples and

tomatoes are concerned. Numerous verbal cautions were given to outdoor food traders at the time of inspection which had an immediate but very short-lived effect.

Overseas Visitors.

Because of pressure of work and staffing difficulties during 1960 the Department was unable to provide the usual training facilities for public health inspectors from abroad. These facilities usually comprise two periods of intensive instruction given in April and November but on this occasion the April session was not held. In November, in co-operation with the London School of Hygiene and Tropical Medicine, overseas public health inspectors from Nigeria, Trinidad and Sudan attended the Department and were most appreciative of the assistance afforded them.

Other visitors included representatives from Madras State and a special welcome was given to Mr. L. Tucker, the Air Pollution Control Engineer of the City of Johannesburg, who was studying all aspects of atmospheric pollution with particular regard to the formulation of a clean air programme for his City.

Lectures and Training.

Training facilities continued to be provided by the Department for our own pupil public health inspectors, in addition to lectures and visits for health visitors, day nursery nurses, a food technology class, medical students, the National Trade Development Association, the Cookery and Food Association, various Townswomen's Guilds, a Darby and Joan Club, Co-operative Women's Guilds and the National Society for Clean Air. Many of these talks involved senior members of the staff in evening work and some appreciation of the ready acceptance of these extra duties should be recorded.

Supplementary and refresher training for the inspectorial staff were provided during the year by courses dealing with Radiation Protection at the Rutherford College of Technology, Entomology at the Department of Zoology, King's College, a Public Health Inspectors' Civil Defence Course at the Staff College, Sunningdale, and on various aspects of public health inspection at the week-end school of the Association of Public Health Inspectors at Lambton Castle.

All of these training activities were of great value to the staff and the opportunities to participate were appreciated.

STAFF.

In 1953, the Working Party appointed by the Minister of Health two years previously to enquire into the Recruitment, Training and Qualification of Sanitary Inspectors (the description of the office in use at that time), published its report which included a recommendation dealing with a revised system of recruitment and training. This revised training course came into operation on a national basis during 1960 and the many changes introduced included the restriction of entry to the final statutory qualifying examination to full-time paid pupils trained on a part-time day release basis. The report also made recommendations relating to the selection and approval of training centres, and because of comprehensive nature of the training available in our City, Newcastle upon Tyne is such an approved training centre.

The approved theoretical training course is conducted by the College of Further Education and caters for pupils from the counties of Northumberland, Durham and parts of Yorkshire and Cumberland. A formula for calculating the maximum number of pupils which a training authority may appoint has been agreed between the Public Health Inspectors' Education Board and the Association of Municipal Corporations and in accordance with this scale, the Health Committee forthwith increased the establishment of pupils from 4 to 8. As the training course extends over a period of 4 years, it is hoped that the training facilities in the department will provide 2 qualified inspectors every year, but the obvious and disturbing fact is that the first such recruits will not be available to the department until 1964. For many years past the department has been almost entirely dependent upon its own training scheme for the supply of staff to fill vacancies and this 4-year break will create a most serious problem unless, either steps are taken to secure qualified inspectors from outside sources, or some means is adopted to reduce the steady loss through resignations.

Throughout the year the arrangement permitting pairs of district inspectors to be seconded to the Veterinary Officer's Section of the Department continued satisfactorily, but there were many occasions when the existing staff shortage in the district inspection section, aggravated by the further loss to the Veterinary Section, created serious difficulty. Nevertheless, this form of intersectional co-operation worked smoothly to the mutual benefit of all concerned.

Staff Appointments.

During the year welcome additions to the staff to fill existing vacancies were Messrs. K. Smith and P. Yeats, pupils who were successful in their qualifying examination. In addition was Mr. J. Tait, an Assistant Housing Inspector, and Messrs. F. Higgins and G. Maddison, entrants from the building industry, who were all successful in the final qualifying examination. All 5 officers were appointed as District Public Health Inspectors. At the end of the year Mr. P. Carvlin was appointed to fill a vacancy for a Smoke Control Investigator created by the resignation of Mr. L. Butterworth.

Staff Resignations.

Against the staff gains mentioned above must be set the loss due to the resignation of 5 district Inspectors to other authorities, comprising J. T. Nicholson to Morpeth R.D.C. ; J. R. Bailey to the City of Cambridge ; J. L. McGarry, now with Barnsley C.B. ; P. Budd to Sunderland C.B. and D. H. Reed to Hexham R.D.C.

Retirements.

Although not a member of the inspectorial staff, reference should be made in this report to the untimely retirement of Mr. H. G. Oliver from his post of Senior Clerk in the Public Health Inspectors' Section of the Department.

For more than 38 years Mr. Oliver had been one of the pillars of the administrative structure and it was particularly regrettable that he was forced to retire because of ill health before completing his full-term of service. Over the years he had acquired a remarkable expertise in office administration and because of the unavoidably restricted accommodation and equipment available, so much of the administration and records were personal to himself that he had, quite unknowingly, become an integral part of the system. The absence of this conscientious and thoroughly likeable figure from the general office will be long felt and it was indeed fortunate that there was available from within the department a replacement in the person of Mr. W. H. Cartwright, who took over the post in August. There is no doubt that he will carry on the tradition of service established by his predecessor.

At the end of the year Mr. L. Butterworth, Smoke Control Investigator in the Smoke Control Section, retired from his appointment. During his last 6 months of service, Mr. Butterworth was absent on sick leave.

Obituary.

It is with profound regret that I record the untimely death of Mr. T. Dinning, District Public Health Inspector, who died in March at the age of 55. Mr. Dinning had spent the major part of his professional career in the Sudan Health Services and upon his return to this country was appointed on the staff of the department in 1954.

Mr. Dinning was popular with his colleagues and his sudden death was a loss to the department.

CONCLUSION.

When considering the difficulties facing the department at the beginning of 1960, the year can be reviewed in retrospect with a certain satisfaction. Slum Clearance and Smoke Control proceeded apace and it is hoped that 1961 will bring a similar improvement in the level of efficiency and achievement in the work of the other sections.

The widening scope of public health inspection work generally served, among other things, to emphasize the inadequacy of the present office accommodation, equipment and filing and records systems, and the Senior Clerk, probably more than anyone, surely must look forward to occupying the more spacious accommodation in the new Town Hall when the long-needed reorganisation of the clerical administration can be introduced.

Although it is fitting that a well-deserved tribute should be paid annually for the whole-hearted co-operation of the inspectorial staff, such co-operation is now a thing to be expected and taken for granted. However, an Annual Report is perhaps an appropriate, and possibly the only, opportunity to say a word of thanks to other departments of the Corporation. In numerous ways all of these departments have been of material assistance, but particular thanks are due to the staff of the Town Clerk's Department for such friendly and unfailing assistance in slum clearance and smoke control administration ; to the engineering staff of the City Architect for guidance in connection with prior approval applications under the Clean Air Act and to the City Estate and Property Surveyor for the excellent service so readily given in connection with the execution of various works in default

under the Public Health, Housing and Clean Air Acts and also in relation to the preparation of plans for slum clearance and smoke control areas.

In closing this report, thanks must be expressed to the Health Committee and the Medical Officer of Health for the support which has been given so readily and in such friendly fashion. The spirit of co-operation revealed throughout the year, aided by a discerning appreciation of the many problems facing the department, have been an unfailing source of encouragement. With the continuation of such teamwork no problem will prove insurmountable.

VII-VETERINARY OFFICER

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DATE AND NAME DESTROYED

under the Public Health, Housing and Clean Air Act 1969
the Department of Health has been asked to consider
the possibility of introducing legislation to control
the use of asbestos in buildings. In doing this, the
Department has to take account of the fact that
asbestos is a naturally occurring mineral which
has been used for many years in a wide range of
products. It is a fibrous material which, when
disturbed, releases fine particles into the air.
These particles can be inhaled and may cause
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INCLUDING REPORTS OF
DISEASES OF ANIMALS AND
INSPECTION OF MEAT AND OTHER FOODS.

THE VETERINARY OFFICER

for the year 1960.

DISEASES OF ANIMALS.

Diseases of Animals Act, 1950.

During the year 1960, the following diseases of animals were reported:

VII—VETERINARY OFFICER.

ANIMALS SLAUGHTERED, CARCASSES CONDEMNED,
RATS AND MICE DESTROYED.

INSPECTOR OF MEAT AND OTHER FOODS
DISEASES OF ANIMALS AND
PREVENTING REPORTS OF

IN THE DISTRICT

VETERINARY OFFICER.

ANIMALS SLAUGHTERED, CARCASSES CONDEMNED,
MEATS AND BONES DESTROYED

ANNUAL REPORT OF THE VETERINARY OFFICER

for the year 1960.

DISEASES OF ANIMALS.

Diseases of Animals Act, 1950.

During the year 1960, two outbreaks of scheduled disease occurred within the City.

Foot and Mouth Disease.

Two outbreaks of Foot and Mouth Disease occurred within the City during the year.

On Monday, 7th November, 1960, in the late afternoon, Foot and Mouth Disease was found to exist on premises near Ponteland. The immediate effect of this as far as Newcastle was concerned was that the City came within the Infected Area and no movement of livestock out of the area was permitted.

On Tuesday, 8th November, inspection of the animals slaughtered in a City slaughterhouse revealed one with suspicious ulceration of the mouth and feet and that evening it was confirmed that the disease existed and Form 'A' was served on the premises. The affected carcase and all organs were dealt with by the officers of the Ministry of Agriculture, Fisheries and Food and immediate cleansing of the whole slaughterhouse was commenced. On the evening of Wednesday, 9th November, Form 'A' was withdrawn by the Ministry officials and normal slaughtering was resumed.

On Thursday, 10th November, Foot and Mouth Disease was found in cattle in another slaughterhouse within the City and immediate cleansing and disinfection was commenced. Restrictions on these premises were withdrawn on the evening of Saturday, 11th November.

No further cases occurred within the City.

Within Great Britain 298 outbreaks of the disease were confirmed, necessitating the slaughter of 63,631 animals, compared with 45 outbreaks during the previous year and the slaughter of 7,717 animals.

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 three animals found in the City slaughterhouses all proving negative.

Within Great Britain 221 outbreaks were confirmed, 227 animals being attacked by the disease, compared with 263 outbreaks during the previous year, involving 293 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.

A disturbing feature in connection with this disease is the fact that the great increase in the use of antibiotics for the treatment of ill animals, particularly cattle and pigs, may render it difficult to demonstrate the causal organism in the body and may have the further effect of preventing the appearance of the lesions by which the disease is recognised on post-mortem examination.

Swine Fever.

No outbreaks of swine fever occurred within the City during the year 1960, but a number of outbreaks occurred in nearby areas. Within Great Britain, 1,213 outbreaks occurred, 184 swine being

slaughtered, compared with 1,321 outbreaks during the previous year, in which 265 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 957 were granted for the movement of swine from the Cattle Market, mainly to slaughterhouses.

It is anticipated that the Ministry of Agriculture, Fisheries and Food will shortly embark on an extensive programme in an attempt to eliminate swine fever from the country, and the recognition of the disease in pigs which have been slaughtered is a valuable contribution which can be made by the meat inspection services of the country. Though the presence of ulcers in the bowel of pigs affected with swine fever has usually been regarded as the main diagnostic lesion of the disease it should be realised that these ulcers may not always be present in affected animals. The lesions which are consistently present in swine fever and of great diagnostic value are a bluish discolouration of the ears and skin, sometimes ulceration of the latter, gastritis, petechial haemorrhages in the kidney cortex, and haemorrhagic infarcts at the edge of the spleen. Again, as in anthrax, the use of antibiotics on pigs which are ill but are, in fact, affected with swine fever, may have the effect of masking the typical lesions associated with the disease.

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 2,301 outbreaks occurred as compared with 2,062 during 1959.

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, 236 visits were made to the Cattle Market and the railway cattle docks during the year. The cleansing and disinfection were found to have been carried out efficiently. One ox found dead in a cattle wagon, two pigs and one sheep found dead in a slaughterhouse, three cattle, two pigs and one sheep found dead at the cattle docks, were sent to the knacker's yard.

TABLE 1.

NUMBER OF VISITS AND INSPECTIONS OF PREMISES DURING THE YEAR 1960.

Railway Cattle Docks.	Cattle Market.	Piggeries.	Transport Wagons & Records Books.	Cattle & Pig Lairs.
98	138	2	515	112

TABLE 2. OUTBREAKS OF SCHEDULED DISEASES WITHIN THE CITY.

	ANTHRAX.			SWINE FEVER.		FOOT AND MOUTH DISEASE.								PARASITIC MANGE.		FOWL PEST		TUBERCULOSIS. DAIRY COWS SLAUGHTERED.
	Number of Outbreaks.	Diseased Animals.	Diseased Carcasses.	Number of Outbreaks.	Number Diseased, Dead or Slaughtered as Exposed to Infection.	NUMBER OF OUTBREAKS.				ANIMALS DISEASED.				Number of Outbreaks.	Number of Horses found diseased.	Number of Outbreaks	Number of birds Slaughtered.	
						Cattle Lairs.	Pig Lairs.	Slaughterhouses.	Registered Cowsheds.	Farms.	Cattle.	Sheep.	Pigs.						Beef.	Pork.
*1941...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
1942...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6
1943...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
1944...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
1945...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18
1946...	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
1947...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7
1948...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
1949...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
1950...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
1951...	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
1952...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1953...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1954...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1955...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1956...	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1957...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1809	..
1958...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1959...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1960...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

* Years prior to 1941 are given in previous Annual Report.

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 1960. It will be noticed that there was a fall in the number of all classes of livestock exhibited in the Cattle Market during the year. The reason for this was that from the 14th November, 1960, until the end of the year, no Cattle Market could be held inasmuch as an Order of the Ministry of Agriculture, Fisheries and Food prescribes that no livestock market may be held where Foot and Mouth Disease exists on premises within a distance of five miles.

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.
†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
1960	13,896	40	77,599	10,175

† Market used as a collecting centre by the Ministry of Food as from 15th January, 1940.

‡ 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 during 1960 comprised 36,330 cattle, 1,361 calves, 143,682 sheep, 64,438 pigs and 419 horses. In every case the

number of animals slaughtered is less than in the previous year and for this there would appear to be two main reasons:—

- (a) There is a steady increase in the number of animals of all classes which are slaughtered outside the City and the carcasses brought to the Wholesale Meat Shops within the City for sale.
- (b) Firms slaughtering within the City have encountered difficulty of obtaining certain classes of pigs at an economic price and this has necessitated them importing pigs in carcase form from outside areas, including Northern Ireland.

The number of premises within the City licensed for the slaughter of animals for human consumption remains the same as in previous years, namely 23, the situation of these being set out on page 229.

One of these slaughterhouses 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 419 for 1960 being the lowest record since 1940. This fall is to be expected because of the diminution in the horse population, and of the 419 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.

The total number of animals slaughtered in Newcastle upon Tyne during the year, i.e. 246,230, not only supplied the needs of the City for home killed meat but also the needs of surrounding districts and it is estimated that some 700,000 people are supplied with meat from animals slaughtered within the City of Newcastle upon Tyne.

It will be seen, therefore, that the meat inspection activities of the Newcastle upon Tyne Corporation also provide a valuable Public Health Service to the areas outside the City itself and this is now recognised by the Ministry of Agriculture, Fisheries and Food, which, since 1957, has made financial recognition to those authorities which carry out inspection of meat surplus to that required for the population of its own area. During the Financial Year ending March, 1960, a grant of £1,651 15s. 11d. was made by the Ministry to Newcastle upon Tyne Corporation for such services and it is a condition of payment that the inspection of carcasses shall be carried out by properly Authorised Officers who, by implication, are competent to undertake such work.

Adequate inspection has been maintained but with some difficulty, for the 23 slaughterhouses are not located in any one central area and, being scattered, make it impossible to have an inspector located in each slaughterhouse at the time the animals are actually slaughtered. This difficulty will be resolved when the proposed Public Abattoir within the City is provided.

Proposed Public Abattoir.

Considerable progress has been made with the planning of the Abattoir, Wholesale Meat Market and Cattle Market on the site selected and approved in the Paradise area of Scotswood and covering an area of approximately 11 acres.

The Slaughterhouse Report, required to be submitted to the Ministry of Agriculture, Fisheries and Food by every Local Authority, was prepared and submitted. The Report had to set out in detail the slaughtering premises in the City which :—

- (a) Already complied with the requirements of the Construction Regulations for the time being in force in respect of new slaughterhouses.
- (b) Do not comply with the above requirements but which the Local Authority expect to comply by the date recommended by them in their Report.
- (c) The Local Authority expects will not comply with the above requirements by the date recommended in the Report.

This Report, detailing the slaughtering facilities within the City, was submitted to the Health Committee on 12th September, 1960, and subsequently to the Ministry of Agriculture, and indicated that of the 23 slaughterhouses at present licensed within the City, only one was included under the heading (a) above, the remainder being classified under heading (c).

The Report also indicated the date, namely 1st July, 1963, on which it was suggested that the Construction Regulations should apply to all premises licensed for slaughter within the City and the Report was approved without qualification by the Minister.

BOVINE TUBERCULOSIS.

Until recent years the prevalence of disease in cattle and also tuberculosis in pigs was the main problem and the most important disease encountered in routine post-mortem examination within the slaughterhouses.

With the object of eradicating the disease from the cattle population throughout the country, the Area Tuberculosis Plan was introduced in October, 1950, and the progress made in the Attested Herd Scheme was so satisfactory that by November, 1960, the whole of Great Britain became an Attested Herd Scheme and free from bovine tuberculosis. Reference to Table 5 shows that the number of animals found to be tuberculous during routine meat inspection in the City's slaughterhouses and condemned because the disease was of a generalised nature was 89, comprising 62 cows, 22 other cattle, 3 calves and 2 pigs.

Though this total of 89 carcasses totally condemned during 1960 was more than the number condemned in 1959, namely 72, it should be pointed out that this does not indicate any increase in the incidence of the disease but was the direct result of the final stages of the tuberculosis campaign, when all cattle which reacted to the tuberculosis test were culled from herds and were consigned for slaughter.

Reference to Table 7 shows that the progressive eradication of bovine tuberculosis has had the effect of progressively lowering the proportion of carcasses of beef condemned within the City, compared with those condemned for other diseases. This figure, namely 52.83%, is the lowest ever recorded in the Veterinary Officer's report and it is anticipated that in the year 1961 this figure will have fallen to a very marked degree.

The Eradication Scheme, primarily directed towards the eradication of the disease from the cattle population, has also had an effect on the number of carcasses of pork condemned on account of tuberculosis, and in 1960 only 2 carcasses of pork were totally condemned out of 64,438 pigs slaughtered, compared with 8 carcasses totally condemned during the year 1959.

TABLE 4.

ANIMALS SLAUGHTERED ON LICENSED PREMISES WITHIN THE CITY.

	YEAR.				
	1960	1959	1958	1957	1956
Cattle	36,330	37,668	40,974	45,235	40,154
Calves	1,361	1,937	2,650	2,940	3,320
Sheep	143,682	165,421	143,501	163,731	162,425
Pigs	64,438	79,227	89,173	79,827	71,763
Horses	419	448	540	577	724
Total Animals	246,230	284,701	276,838	292,310	278,386

TABLE 5.

COMPARISON BETWEEN TUBERCULOSIS AND OTHER DISEASES AS CAUSES OF TOTAL CONDEMNATION OF CARCASES OF ANIMALS SLAUGHTERED WITHIN THE CITY, BETWEEN THE YEARS 1955 AND 1960.

TUBERCULOSIS.

Year.	Cows.	Other Bovines.	Calves.	Sheep.	Pigs.	Horses.	Total all animals.
1960	62	22	3	...	2	...	89
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

OTHER DISEASED CONDITIONS.

1960	60	15	13	91	94	1	274
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

NUMBER OF DISEASED ORGANS CONDEMNED.

	Bovine.		Swine.		Sheep.		Total.	
HEADS (including Tongues)—								
Tuberculosis	361	(125)	341	(1,248)	—	(—)	702	(1,373)
Other Conditions	147	(41)	8	(—)	2	(—)	157	(41)
LUNGS—								
Tuberculosis	569	(369)	4	(14)	—	(—)	573	(383)
Other Conditions	1,912	(72)	5,617	(213)	181	(37)	7,710	(322)
HEARTS—								
Tuberculosis	101	(31)	—	(—)	—	(—)	101	(31)
Other Conditions	107	(1)	611	(—)	133	(—)	851	(1)
LIVERS—								
Tuberculosis	110	(175)	—	(—)	—	(—)	110	(175)
Other Conditions	6,272	(785)	1,769	(80)	258	(111)	8,299	(976)
	+ 19,721 lbs.						+ 19,721 lbs.	
PLUCKS—								
Tuberculosis	—	(—)	6	(83)	—	(—)	6	(83)
Other Conditions	—	(—)	1,042	(45)	262	(30)	1,304	(75)
UDDERS—								
Tuberculosis	1	(—)	—	(—)	—	(—)	1	(—)
Other Conditions	37	(—)	—	(—)	—	(—)	37	(—)
THICK SKIRTS—								
Tuberculosis	89	(—)	—	(—)	—	(—)	89	(—)
Other Conditions	106	(—)	—	(—)	—	(—)	106	(—)
SPLEENS—								
Tuberculosis	5	(—)	—	(—)	—	(—)	5	(—)
Other Conditions	49	(—)	—	(—)	—	(—)	49	(—)
STOMACHS & MESENTERIES & INTESTINES—								
Tuberculosis	98	(24)	5	(—)	—	(—)	103	(24)
Other Conditions	86	(—)	7	(239)	3	(—)	96	(239)

NOTE.—The figures in parentheses indicate condemnations during 1939, and the increased condemnations during 1960 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 6.

TOTAL CARCASSES, &C., DESTROYED AS BEING UNFIT FOR

	Carcases, etc.					Lungs.			
	Beef.	Veal.	Mutton.	Pig.	Horse.	Sets Ox.	Sets Sheep.	Sets Pig.	Sets Horse.
Tuberculosis.....	84 + 1,141 lb.	3	...	2	...	569	...	4	...
Johne's disease with emaciation ...	36	...	...	...	...	...	...	...	...
Johne's disease	...	...	...	...	...	...	...	...	...
Actinobacillosis	...	...	...	...	...	...	...	...	...
Actinomycosis	...	...	...	...	...	...	...	...	...
Pyrexia	1	...	...	4	...	...	...	...	...
Pyæmia	2	2	10	13	...	...	...	...	...
Pericarditis	...	...	...	...	...	...	...	...	...
Septic conditions.....	10 + 30 lb.	2	30 + 23 lb.	15 + 6 lb.	...	83	...	...	...
Toxaemia	5	...	3	11	1	...	...	...	...
Jaundice	...	...	...	2	...	...	...	...	...
Tumours	...	...	1	...	...	...	...	...	...
Neoplasms	1	...	...	...	...	...	...	...	...
Leukaemia	...	...	1	...	...	...	...	...	...
Anaemia	...	...	1	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	57	50	4876	...
Pleurisy.....	79 lb.	...	76 lb.	2 + 5 lb.	...	552	81	156	...
Pleurisy and Pneumonia	...	...	...	...	...	...	...	584	...
Pleurisy and Peritonitis	...	...	...	35 + 23 lb.	...	...	...	1	...
Peritonitis.....	48 lb.	...	...	5 lb.	...	...	...	...	...
Mastitis.....	...	...	...	...	...	...	...	...	...
Fascioliasis	...	...	...	...	...	564	...	...	...
Cavernous angioma	...	...	...	...	...	...	...	...	...
Oedema and emaciation	16	1	31	5	...	...	...	...	...
Parasites (cysts, etc.)	...	...	1	...	...	652	52	...	4
Cysticercus bovis.....	1	...	...	...	...	...	...	...	...
Imperfect bleeding, congestion, etc.	2	...	4	2	...	...	...	...	...
Brown Fat disease	...	...	...	1	...	...	...	...	...
Metaplasia	...	...	...	20 lb.	...	...	...	...	...
Melanosis.....	8 lb.	1	...	...	...	4	...	...	...
Muscular fibrosis	58 lb.	...	...	...	...	...	...	...	...
Immaturity	...	6	...	...	...	...	...	...	...
Arthritis	32 lb.	...	4 + 74 lb.	140 lb.	...	...	...	...	...
Traumatism	1 + 560 lb.	73 lb.	2 + 57 lb.	1 + 213 lb.	...	...	...	...	...
Decomposition	1,351 lb.	1 + 116 lb.	2 + 211 lb.	3 + 16 lb.	...	397	36	...	...
Contamination	...	...	1 + 41 lb.	...	...	...	...	...	...

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.
*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
1960	159	84	52.83

* Years prior to 1941 are given in previous Annual Reports.

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

Visits numbering 6,835 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 97 vessels arriving from Denmark and Holland, Australia and New Zealand, were examined :—

FRESH MEAT.

CASES.—Veal 7.

SALTED PIG OFFALS.

CASKS.—Kidneys 350.

FROZEN MEAT.

BEEF.—Forequarters 716 ; hindquarters 470 ; crops 45 and 120 packages brisket beef.

OFFALS.—(Packages) Tongues 40 ; hearts 20 ; livers 392 ; kidneys 2,169 and oxtails 293.

CALF OFFALS.—(Packages) Livers 1 ; tongues 4.

MUTTON.—(Carcases) 18,143.

PORK.—(Packages) Loins 1,427 ; fillets 2,214 ; cheeks 130 ; bacon ends 83 and headmeat 230.

OFFALS.—(Packages) Tongues 1,997 ; liver 2,308 ; kidneys 8,183 ; spleens 100 and chitterlings 102.

OTHER GOODS.

1,220,512 sides Danish and Dutch bacon and 335,349 cases tinned meat.

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 1960.

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.							
2,249	194	200	97	1831	154	14		858	168	249	16	135	21	1360

TOTAL WEIGHT OF MEAT AND OTHER FOOD-STUFFS CONDEMNED.

The total weight of meat and other foodstuffs condemned during the year 1960 was 210 tons, 4 cwts., 0 qrs., 26 lb. as compared with 244 tons, 10 cwts., 0 qrs., 27 lb. during the previous year.

	tons.	cwts.	qrs.	lbs.
Beef, Veal, Mutton and Pork	47	16	1	11
Offals	81	8	1	25
Provisions	51	18	—	21
Fish.....	—	1	1	1
Fruit and Vegetables	28	19	3	24
	210	4	—	26

Condemnation Certificates.

Certificates granted in respect of carcasses, offals, provisions, etc., condemned during the year, numbered 3,854.

Bacteriological Examinations.

Table 9 shows how bacteriological tests can be of value in the judgment of carcasses as to their fitness or otherwise for human food. Examination of the carcass and organs of a slaughtered animal, during routine inspection, may enable an Inspector to decide that these are unfit for food because of the presence of lesions indicating that some generalised infections such as septicaemia exist, in which case bacteria which may be pathogenic to man will be present in the blood and organs of the animal at the time of slaughter. In some cases, however, the evidence to the naked eye of such a generalised condition may be slight and in such cases it is wise to subject portions of the flesh and certain organs to a bacteriological examination, the judgment of the carcass being based on the findings or otherwise of pathogenic organisms in the samples submitted.

Specimens from six carcasses of beef and one horse carcass were subjected to bacteriological examination as a result of which six carcasses were passed for food thus achieving a saving of £254, inasmuch as the carcass would have had to be totally condemned had bacteriological aids not been available.

Other food examined during the year for pathogenic organisms were samples of liquid egg, coconut and one turkey.

TABLE 9.

Carcase.				Type of Animal.	Disease suspected.	Bacteriological findings.
Beef.	Pork.	Mutton.	Horse.			
1	—	—	—	Heifer	Septicaemia	No pathogenic organisms found.
1	—	—	—	Cow	Toxaemia	do.
1	—	—	—	Cow	Toxaemia	do.
1	—	—	—	Cow	Toxaemia	do.
1	—	—	—	Cow	Toxaemia	do.
1	—	—	—	Cow	Tuberculosis	do.
—	—	—	1		Toxaemia	Growth of <i>B. coli</i> , <i>B. proteus</i> and enterococci.

OTHER FOODS.		
Material examined.	Number of samples submitted.	Bacteriological findings.
Liquid egg	4	No <i>Salmonella</i> organisms found.
Turkey	1	Growth of coagulase-positive staphylococci. No other pathogens isolated.
Coconut	8	No <i>Salmonella</i> organisms found.

SLAUGHTERHOUSES.

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

All the slaughterhouses have been regularly inspected, a total of 2,249 visits being made during the year.

Licensed Slaughtermen.

Under the Slaughter of Animals Act, 1933, 6 slaughtermen's licences were granted during the year, making a total of 78 licensed slaughtermen within the City. All applications for these licences are submitted to, and approved by, the Health Committee.

TABLE 10
POULTRY AND GAME, FRUIT AND VEGETABLES, PROVISIONS, &C., DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION
DURING THE YEAR 1960.

POULTRY AND GAME.	lbs.	PROVISIONS, ETC.—continued.	TINNED GOODS.		TINNED GOODS—continued.	
			lbs.	tins.	lbs.	tins.
Chicken	162½	Cheese.....	608		Baby Food.....	272
Rabbit.....	71	Chocolate Spread—6 cartons ..	—		Beans	2,026
Turkey.....	39	Coffee—7 tins	—		Chicken	492
Fish (various).....	141	Cordial—24 bottles	12		Cream	126
		Cornflour	56		Curried Prawns.....	2
		Dried Peas	3		Duck	6
		Flour	650		Fat	3
		Frozen Egg.....	6		Fish—53 packets	12,511
		Ginger (crushed)	775		Frankfurter Sausages ..	10
		Ham	—		Fried Rice	3
		Horsradish—96 jars	—		Fruits	12,392
		Ice Cream—201 packets	—		Golden Syrup	4
		Jam	215		Ham	24,996
		Lard	224		Irish Stew	22
		Lentils.....	336		Kidneys	42
		Margarine.....	87		Meats	14,862
		Marmalade.....	9		Meat Paste—6 jars	—
		Meat Pies.....	99		Milk	2,262
		Mince—5 jars	224		Milk Puddings	361
		Oatmeal	—		Mixed Grill	13
		Potato Crisps—332 packets.....	—		Mixed Vegetables	93
		Pickles—36 jars.....	449		Peas.....	4,184
		Rice.....	56		Pease Puddings	103
		Sago	120		Pork Brawn	82
		Salad Cream—10 jars	601		Ravioli	3
		Salami Sausage	—		Sauerkraut	3
		Sausage	2		Sausage	503
		Sauce—32 bottles	—		Soups	2,374
		Semolina.....	45		Spaghetti	692
		Sponge Mixture—12 packets ..	4,480		Steak Fillets	42
		Suet	672		Steak and Kidney	96
		Sugar	94		Sweetcorn	13
		Tea	76		Tomatoes	4,548
		Tripe	—		Tomato Concentrate.....	56
		Yeast	—		Tomato Juice.....	82
FRUIT AND VEGETABLES.						
Brazil Nuts.....	16					
Cabbage	4,130					
Carrots	15,680					
Chicory	4					
Coconuts	644					
Currants	305					
Grapes	16,462					
Melons	5,120					
Onions	8,000					
Plums	2,440					
Potatoes	424					
Raisins	574					
Spinach	111					
Sprouts	2,044					
Sultanas	305					
Tomatoes	14,168					
PROVISIONS, ETC.						
Bacon	3,040					
Barley	28					
Beetroot—11 jars	—					
Biscuits	84					
Butter	255					
Butter Beans	56					
Cake	20					

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

During the year 1960, 6,433 visits were made to a total of 3,294 premises, including 3,226 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 1,495, the remaining 1,799 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.....				3,226
Number of properties where evidence of the presence of rats or mice was found				1,495
Number of visits made				6,433
Number of poisoned baits laid				24,893
TYPE OF PROPERTY.				
	Dwelling Houses.	Agricultural.	All other (including Business and Industrial).	Total.
Number of properties inspected	932	3	2,359	3,294
Number of properties found to be infested by rats	251	3	347	601
Number of properties found to be infested by mice ...	390	...	507	897
Number of infested properties treated by the Local Authority	641	3	854	1,498
Number of "block" control schemes carried out				35

PREVENTION OF DAMAGE BY PESTS ACT

1949

During the year 1949, 6,715 visits were made to a total of 2,304 premises including 1,121 in respect of which reports were received at the Veterinary Department of the presence of rats or mice. Inspectors of the premises showed that rats or mice were found infesting 1,492 of the totaling 1,779 being found (see Table enclosed at annex). During the year Control work (i.e., baiting, etc.) was carried out on all of the infested premises.

Table II

PREVENTION OF DAMAGE BY PESTS ACT 1949

Type of Premises	Number of Premises			Number of Premises		
	Visited	Infested	Total	Visited	Infested	Total
Private Dwellings	1,121	1,492	2,613	1,121	1,492	2,613
Public Buildings	1,121	1,492	2,613	1,121	1,492	2,613
Industrial Premises	1,121	1,492	2,613	1,121	1,492	2,613
Commercial Premises	1,121	1,492	2,613	1,121	1,492	2,613
Other Premises	1,121	1,492	2,613	1,121	1,492	2,613
Total	1,121	1,492	2,613	1,121	1,492	2,613

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 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’.

