

[Report 1962] / Medical Officer of Health, Newcastle-upon-Tyne City & County.

Contributors

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

Publication/Creation

1962

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CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1962



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HEALTH AND SOCIAL SERVICES COMMITTEE

(As at December, 1962)

(This Committee replaced the Health and Welfare Committees in May, 1962).

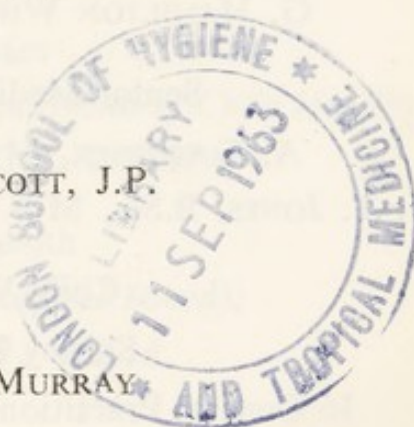
THE LORD MAYOR
ALDERMAN G. JACOBSON

Chairman:

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

Vice-Chairman:

ALDERMAN MRS. M. S. MURRAY



Ald. J. Chapman, M.B.E.	Coun. Mrs. M. E. Graham, M.B.E.
Coun. B. Abrahams.	Coun. R. M. Henderson, J.P.
Coun. B. W. Abrahart.	Coun. Mrs. C. M. Lewcock.
Coun. A. Blenkinsop.	Coun. Mrs. I. McCambridge, J.P.
Coun. R. C. Brown.	Coun. S. Peddie.
Coun. Mrs. E. G. Chalk.	Coun. Mrs. M. Stephenson.
Coun. G. Cowan.	Coun. A. G. Trotter.
Coun. Mrs. A. A. Davison.	Coun. H. J. White.
Coun. Mrs. V. H. Grantham.	Coun. Mrs. A. Wynne-Jones.

*Representing the British Medical Association and
the Local Medical Committee:*

Dr. K. Kumar.

STAFF OF HEALTH AND SOCIAL SERVICES DEPARTMENT

(As at 31st December, 1962).

Medical and Dental Staff:

Medical Officer of Health and Principal School Medical Officer:

R. C. M. PEARSON, M.D., F.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. (left 3.6.1962)

J. T. JONES, B.Sc., M.B., B.Ch., D.P.H. (commenced 27.9.1962)

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. (left 8.7.1962)

A. R. Buchan, M.B., B.S., D.P.H. (left 1.7.1962)

L. Burn, M.B., B.S. (commenced 3.9.1962)

A. H. Young, M.B., B.S. (commenced 26.11.1962)

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, M.R.C.S., L.R.C.P., L.D.S.

Dental Officer:

A. D. G. Beynon.

1 Anæsthetist (*sessional*).

Consultant Psychiatrist (*in conjunction with Regional Hospital Board*):

Peter Morgan, B.Sc., M.B., B.S., D.P.M.

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

J. R. Lauckner, M.B.(Ed.), M.R.C.P.(Ld.), F.R.F.P.S.

P. Leggatt, M.D., M.R.C.P.

E. A. Spriggs, D.M., M.R.C.P.

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

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:

Miss L. Willoughby, D.N.(Leeds), S.R.N., R.F.N., Part I Midwifery,

H.V. and H.V.T. Certs., C. & G. Tech. Cert. Health Education

49 Health Visitors, 2 Assistant Nurses, 1 Orthopaedic Nurse,

7 Students, 10 Clerks, 2 Shorthand Typists.

Non-Medical Supervisor of Midwives:

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

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

District Nursing Superintendent:

Miss R. M. Lovett, S.R.N., Q.N., R.G.N., S.C.M., H.V. Cert.,

Q.I.D.N., D.N.T. Cert.

Assistant Superintendent, 45 District Nurses, (9 Male, 36 Female),

9 Bath Orderlies, 1 Clerk.

Home Help Organiser:

Miss L. M. Roddham.

Assistant Organiser, 2 Area Organisers, 1 Visitor, 6 Clerks,
576 Home Helps (full and part-time).

Superintendent Matron of Day Nurseries.

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

3 Play Therapists (Part-time).

5 Nurseries with Matrons, Nurses, etc., 1 Clerk.

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, A.M.I.A.

2 Clerks.

Almoning Department—Tuberculosis:

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

Miss M. Hind, Cert. in Social Studies, Social Case Worker.

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*).

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.

34 Inspectors, 2 Assistant Inspectors, 4 Pupil Inspectors 9 Rodent
Operators, 6 Smoke Investigators, 13 Clerks.

Social Services Staff:

Chief Welfare Officer:

H. CRAIG.

Deputy Chief Welfare Officer:

Miss B. HAYTHORNTHWAITE, H./T. Cert., H.H.O.C.

Welfare Officers 9.

Home Teachers for Blind 6 (1 student).

Eight Residential Homes each with Superintendents Matrons and other staff.

Administrative Staff 3, Clerks 7.

Social and Occupational Centre:

1 General Assistant.

Mental Health Staff:

Senior Psychiatric Social Worker:

Miss O. Holliday, P.S.W. Cert.

Senior Mental Welfare Officer:

T. E. J. R. Mather.

3 Mental Welfare Officers, 3 Trainee Mental Welfare Officers, 2 Mental Health Workers, 1 Clerk Typist, 1 Manager of Training Centres, 2 Training Centre Supervisors, 10 Assistant Supervisors, 4 Trainees.

Ambulance Staff:

Ambulance Officer:

H. M. Roberts.

Senior Superintendent, 17 Administrative, Supervisory and Clerical Staff, 106 Operative Staff (Drivers, Attendants, Maintenance Staff, etc.).

General Administration—Staff:

Chief Clerk:

E. A. Moore.

Deputy Chief Clerk:

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

Finance Officer, 13 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 seventh Annual Report, the ninetieth in the series of Annual Reports of the Medical Officer of Health of this City.

The Ten
Year Plan.

It is relatively easy to point out minor difficulties in a Service and to think of ways of meeting a particular need which may perhaps be only temporary. It is much more difficult to stand aside from the ever increasing round of routine duties to review a whole service. It cannot just be done a little at a time because each section of the services rendered by a health department is to a greater or lesser extent dependent on one or more other sections and frequently on other parts of the National Health Service.

The fact that the administration of the department had been reviewed in 1961 made it easier to look at each functional section early in 1962, fit all the department's requirements as far ahead as could be foreseen into a comprehensive 10 year plan and submit the plan as a whole and in good time for forwarding to the Ministry of Health. Naturally much consultation was necessary both within the Corporation departments and further afield in the Hospital and General Practitioner Services. Credit must be given to Mr. D. H. Macpherson, Deputy Principal Administrative Assistant for keeping the plan moving and to all those who assisted him with the financial implications. The Committee in large measure found the plan acceptable.

It has now been published in the Minister of Health's Report to Parliament entitled "Health and Welfare. The Development of Community Care."

This creative exercise was exciting and must not be allowed to die in infancy. Many services exist but need development in close association with the allied services for the elderly and others. It will now be possible to compare the proposed rate of progress throughout the country. Newcastle upon Tyne must lead.

Briefly if expansion is to take place as expected within 10 years, considerable capital expenditure will be required to replace seven clinics, two day nurseries, two ambulance depots and erect ten old

people's homes, 34 bungalows, six hostels for use by psychiatric and psycho-geriatric patients, three training centres and three hostels for the subnormal plus a holiday home for the elderly, and a day centre for the handicapped. Running costs must increase accordingly. There is a long way to go but at least the plans have been worked out and the details are being studied for the early stages of implementation.

Throughout 1962 running alongside the provision of a 10 year ^{Health and Welfare.} plan and looking very much into the future of the personal side of the service the fusion of the health and welfare departments took shape. In the early months the heads of the two departments presented a proposal for the new committee structure and the Council decided upon fusion from the date of the annual meeting.

The Health and Social Services Committee, slightly enlarged in size to 21 members (a Council committee usually has 15 members) considers environmental matters, while its various sub-committees consider the more detailed aspects of mental care, residential care, community care, etc. A General Purposes Sub-committee deals with matters of policy in the personal health services and when necessary the Ambulance, Smoke Control and Staff Sub-committees meet. The plan outlined has with minor adjustments commended itself to the Committee.

Following the fusion, two matters of mutual interest, namely residential care (old people's homes and psychiatric hostels) and community care (health visiting, social workers in mental health, almonering and visitors for handicapped persons) were reviewed in detail. The Chief Welfare Officer became responsible for the hostel service and the Principal Social Worker (to be appointed) the community visiting services. The nursing services remained the responsibility of the Chief Nursing Officer and the position of the home help service was left for consideration at an appropriate time. The staffing of the new service was worked out on Younghusband lines and finally approved with its development to be spread over several years. The success of much of this is dependent upon travelling allowances and staff training. A plan is to be found in Appendix II on page 234.

Naturally such a major change in long established committee custom, in staff duties and in general outlook could not take place reasonably smoothly without much goodwill on all sides. The intention from the start was to put those in need before personal

feelings and long established customs and loyalties. A well deserved tribute must be given to all who have done their best to weld the team together, especially the Chief Welfare Officer, his Deputy, his Administrative Assistants and the Social Workers in all sections who are trying loyally to work as one team. The support of the Chairman, Vice-Chairman and Committee Members has been a great help and the move to the Civic Centre will make matters of co-ordination much easier.

Voluntary Work.

It would have been inappropriate to review the statutory health and social services provided by the City Council without at the same time considering the many and varied services provided by the voluntary organisations. The services for old people were reviewed some years ago by a working party of University staff, Voluntary Organisation members and Council officers. On this occasion each organisation providing services for mothers and young children, mentally disturbed persons and the elderly and handicapped, was invited to outline its present work and indicate whether it had any plans for expansion including the use of premises. A meeting was then arranged with each organisation and a full and amicable discussion took place. The total picture left only too apparent the gaps filled by neither voluntary nor statutory bodies.

Representatives of the voluntary organisations then met a sub-committee of the Health and Social Services Committee and recommended that a joint consultative body be set up with the Newcastle upon Tyne Council of Social Service acting as co-ordinator of voluntary activities in the City. Progress of this interesting development will be reviewed next year.

Evicted Families.

One of the most pressing social problems in recent years gave several committees some concern towards the end of 1961, namely families evicted, sometimes as a result of rent arrears, but frequently through no fault of their own. Families with children could rarely solve this problem unaided and came, often without warning, when eviction took place, to seek the help especially of the Health, Welfare and Housing departments. They arrived by various routes at any time, day or night.

After some discussion the Council agreed that families should be assisted as a unit and kept together in reasonable privacy throughout. The provision of staged accommodation should be made by the Housing Management Department and the Health and Social

Services Department would provide the social worker support throughout for each individual family.

With the assistance of a team of officers from the two departments to meet immediate necessities, and temporary hostel accommodation to be provided as soon as possible, the year closed on a more hopeful note. Only a few large urbanised authorities have had to meet this acute social problem, but with determination a solution is possible.

Progress

Developments in a number of ways may be seen within the department, quite apart from the major reorganisation already mentioned. Much of this depends on availability and interest amongst the staff as well as financial support. The loss of Dr. A. Gatherer to Northamptonshire, Dr. A. R. Buchan to South Shields and Dr. G. V. Griffin to Reading—all by way of promotion—left a large gap in the medical staff. The study work at Kenton continued, notably with the completion of the skin testing where the parental response in Newcastle upon Tyne was truly magnificent and considerably above the other five areas in England and Wales undertaking the same study. The results have now been published.

The tragedy of the thalidomide babies drew attention to the care that is vital when new drugs are brought into use, but it also emphasised that keeping careful records of large numbers of persons may reveal a situation in its early stages and point out where further investigation is essential. For a number of years it has been becoming apparent from studies undertaken in various places (some in Newcastle upon Tyne) that medical and social manpower can frequently be concentrated where it is most needed in the observation of certain children known through parental, or their own past history, to be “at risk”—an indication that a handicap such as deafness, may be found at a time when the provision of an aid would be most effective. Rather than just take the registration of all such children as the most appropriate follow up measure, Dr. Mary D. Taylor set out to review the children born in 1961 to find out whether the present follow-up arrangements could be improved upon as if so, how. Her results will be published in 1963. This is one more example of assessment before embarking upon administrative decisions.

Professor J. K. Russell's team studying 15,000 maternities had collected all the required data by the end of 1962 and its first findings are being published in 1963. The City domiciliary midwives and

the ambulance service have played a major part, and the application of the findings will require careful study. As a by-product the study by health visitors of the milestones of these children will tie up eventually with the "At Risk" children, and follow them forward into school life.

Building progress is always exciting, but by no means as important as staff interest, dedication and training. Kenton, Fawdon and Fenham Infant Welfare Centres were opened by the Chairman (Alderman Mrs. C. C. Scott, J.P.) at the same ceremony in June, 1962—an occasion unlikely to be repeated.

For the old people, the extension of the chiropody service to Kenton and the 'Meals on Wheels' throughout the City was welcome. The devoted care and attention given by the voluntary workers to assist the chiropodist is much appreciated, so too is their assistance with the meals delivery.

The long awaited opening of 'Summerhill', the hostel to accommodate patients ready to take their place in the community after psychiatric treatment but with no suitable home of their own, was put forward into the first weeks of 1963, but all the work was carried out in 1962 and great hopes were held for the development of this service.

The progress towards clean air over Newcastle upon Tyne continues. There are clouds on the horizon, however, which indicate that not only must financial provision be steady throughout the years ahead, but technological developments in the gas industry must go hand in hand with a sufficiently high production and sound distribution of suitable solid smokeless fuels. Already it will be years before the full impact of clean air is apparent in the improved general health of Tynesiders.

There are other forms of polluted atmosphere, i.e. from cigarette smoke and radioactive fall-out. There are signs of a slight increase in public interest but still the younger generation lights up on almost every possible occasion—more local and central control are essential. Approval was given by the Ministry of Health to the inclusion in the Council's scheme under Section 28 of the National Health Service Act, 1946, of a Smokers' Experimental Advisory Clinic. The scheme was ready to commence in January, 1963. The results of monitoring fall-out are carefully assessed and whilst there is no reason for alarm, a continuing and close watch is vital.

A large statutory organisation such as a health department, ^{Further Development.} ably supported by voluntary workers providing individual services for over $\frac{1}{4}$ million people could become impersonal if the administrative strings are held too tightly by the central office. Area clinics and hostels for old people, each in their own way, as well as the development of the team spirit amongst health workers in the neighbourhood units within the City, provides local interest and a focal point within easy reach of those who need these services, the more difficult problems being referred centrally. A lead given by the Council of Churches in bringing together social workers in areas is to be encouraged.

Elderly men are still accommodated in the much improved but still Poor Law buildings at Elswick Grange. A determined effort is to be made in 1963 to close these buildings but much will depend upon progress with alternative buildings. A change in emphasis is also required. Just as ordinary as well as elderly persons go into hospital for treatment, so elderly and handicapped persons may need a period of care and attention in a Home. A number, however, become fit to lead their own lives again either in their previous home or in a special unit under Warden supervision. Such accommodation is being developed in conjunction with the Housing Committee.

Experience proves that it is easier and possibly more important to bring together people and develop a much needed service than it is to erect buildings. The Public Abattoir, the Central Ambulance Depot and the redevelopment at Bell Terrace (to replace the Wharncliffe Street Infant Welfare Centre) have for one reason or another been delayed. The present slaughterhouse provision and the facilities for meat inspection are so out of date and lacking in elementary hygiene that the utmost priority must be given to the erection of the new public abattoir.

It has been a tradition in Newcastle upon Tyne to study matters ^{Research.} of medico-social interest—the community is interested, responsive and of a suitable size (See Appendix I, page 230). Support for such projects has come from the University, the Corporation and the Regional Hospital Board. The General Practitioners have willingly played their part.

More could still be done in this City, which if also carried out in comparative areas, would be beneficial to national plans. It only requires central sponsorship of local ideas (of which there is no

shortage), funds, equipment for statistical purposes and above all encouragement. With central guidance further studies could be undertaken by groups of authorities. Clinical research is building up but in a field such as the community outside the hospital walls, where there is ample material, leadership (with time to think) is required. How many research committees of Regional Hospital Boards have a Medical Officer of Health or a local authority Social Worker as a member?

If the 10 year plan is to succeed then medical and social workers trained in the hospital atmosphere must be encouraged to work outside the walls. They need constant contact with their training schools. Research is usually the interest of young and active minds but frequently through contact with research an enduring link can be formed which will invigorate local authority medico-social work and be a benefit to mankind.

Doctors, Nurses and Social Workers are mentioned here, but research is everyone's business. The work carried out for the Department of Scientific and Industrial Research by the Public Health Inspectors is a clear example. Such an outlook must permeate the whole department and not just become the concern of backroom boys.

Post entry
training.

Members of the staff enter the Department over a very wide age span. Some have taken their basic training before deciding on a career in local authority work, others can now be trained as part of their terms of service. Many require post entry training over and above their basic skills and then finally comes experience. There is also a small but valuable group trained before marriage who return when the children grow up and require "bringing up-to-date."

In a University and Regional centre, there are ample opportunities. There is every encouragement given, but the difficulties are recognised. Some sacrifice may have to be made both by the individual and the department. Extra burdens may have to be shouldered by the rest of the sectional staff. Whatever it is, attendance at the appropriate society meetings, at refresher courses, or even new training for those with special aptitudes, is essential in an advancing and modern department.

Several members of the staff have taken the opportunity, others are anxious to go. The support given both by the University staff and the staff of the College of Technology, is very welcome.

New innovations in 1962 were a study day for Training Centre staff, and a practical refresher course as an alternative for domiciliary midwives which received the approval of the Central Midwives Board.

Usually a feature for early comment, but today very much a question of constant review of the ever changing knowledge of immunological control of infection, the search for the airborne traveller carrying an infection from abroad and the vehicle of infection in our daily diet.

Control of
Infectious
Diseases.

Several localised outbreaks of smallpox early in 1962 (the nearest being in Bradford) gave rise to some concern and a considerable rise in vaccination. Great care was taken with each contact and the response by those who needed vaccination as a protective or precautionary matter (especially amongst hospital and local authority staff) was very good indeed.

Poliomyelitis gave no trouble but plans were ready for the immediate use of oral vaccine had it become necessary on a large scale. Oral vaccine became available early in the year as an alternative protective measure for the priority groups.

For the first time in history a local authority rather than a commercial firm designed, built in its own workshops and exhibited an ambulance at the Congress of the Royal Society for Health. Great credit is due to the Newcastle upon Tyne staff for carrying this project through and for distributing so much information from Newcastle upon Tyne to others areas for the benefit of those who need special wheelchair transport in a suitable vehicle.

Ambulance
Service.

The Council approved a joint report from the Education Committee and the Health and Social Services Committee recommending that a service to include diagnosis, treatment and follow up of emotionally disturbed children and a full range of psychological services for children be provided. The implementation of the report is to be spread over several years and requires the co-operation of the Regional Hospital Board for staffing purposes.

Child and
Family
Guidance
Service.

After discussions lasting several months plans for the gradual development of a comprehensive service for all Corporation staff were approved. Some alteration was made in the method of medical assessment for superannuation purposes and a closer working relationship built up with the various employing departments. The service will commence in January, 1963.

Occupational
Health.

Appreciation.

It has not been by any means an easy, quiet year. I have asked many of my staff to take on new duties. I have received from them much helpful advice and loyal support. I am very grateful indeed.

Looking back, considerable ground has been covered. Without the unfailing support of the Chairman, Vice-Chairman and Members of the Health and Social Services Committee little progress would have been made towards our mutual object—to render service to the families in Newcastle upon Tyne who need it most.

In November, Alderman John Chapman, M.B.E., completed 50 years uninterrupted service on the City Council and as a member of its Health Committee, having been its Chairman for many years. Few, if any, can have served so many so well for so long.

Let us not dwell too long on the successes of the past—let us press on forward.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

R. C. M. Pearson.

Medical Officer of Health.

Health and Social Services Department,

Town Hall,

Newcastle upon Tyne, 1.

July, 1963.

CITY AND COUNTY OF NEWCASTLE UPON TYNE

I—GENERAL

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

VITAL STATISTICS.

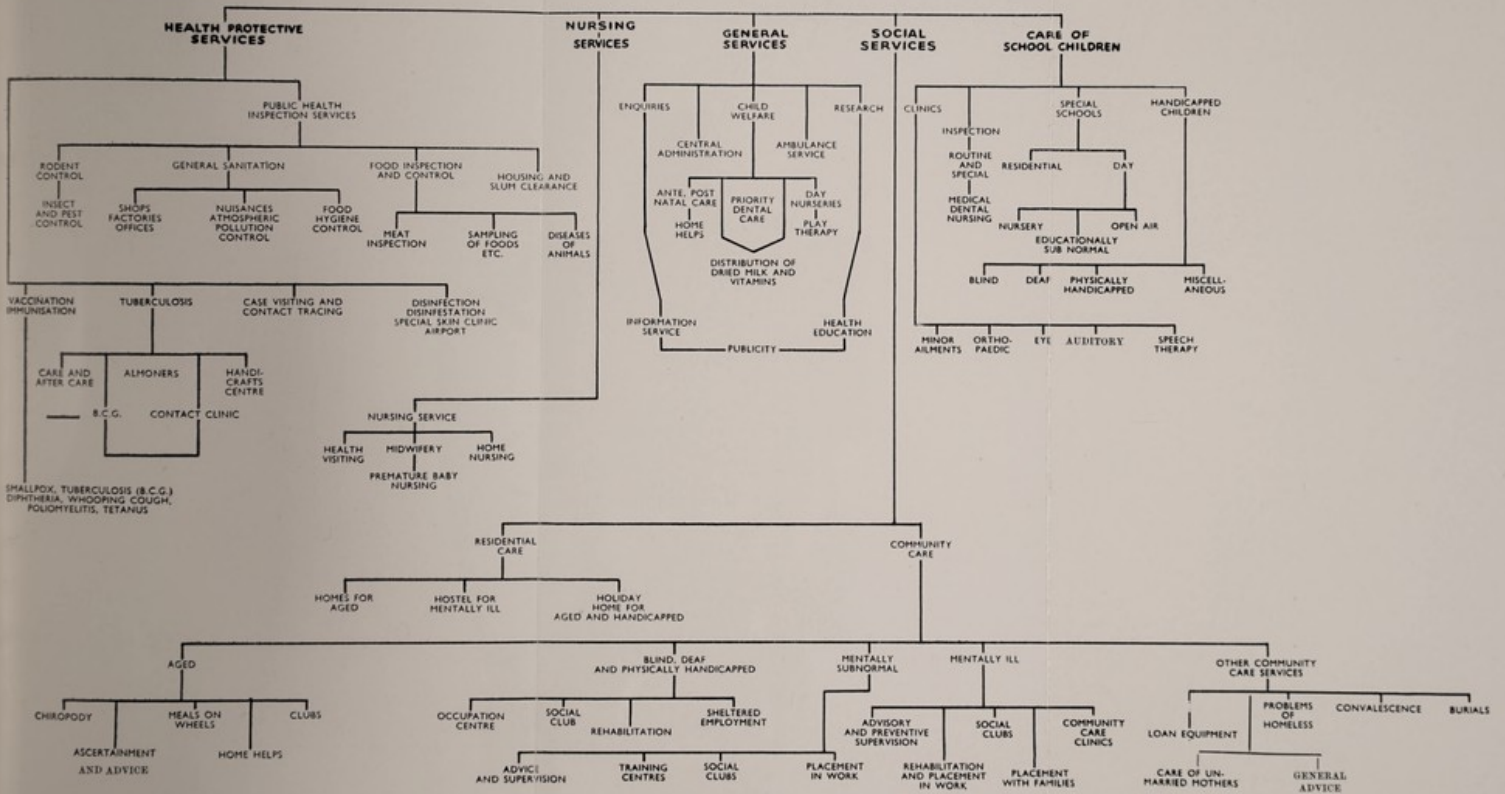
(Set out in the order laid down in Ministry of Health Circular 1/63).

Live Births	...	...	...	...	4,767.
Live Birth Rate (Crude)	...	...	...	...	17.85 per 1,000 population.
Live Birth Rate (Corrected)	...	...	...	...	17.31 per 1,000 population.
Illegitimate Live Births per cent of total Live Births	...	...	...	...	7.4
Stillbirths	...	...	...	...	101
Stillbirth Rate	...	...	...	...	20.75 per 1,000 live and still- births.
Total Live and Stillbirths	...	...	...	...	4,868
Infant Deaths	...	...	...	...	106
Infant Mortality Rate—					
Total	...	...	...	...	22.24 per 1,000 total live births.
Legitimate only	...	...	...	...	20.38 per 1,000 legitimate live births.
Illegitimate only	...	...	...	...	45.58 per 1,000 illegitimate live births.
Neonatal Mortality Rate	...	...	...	...	13.43 per 1,000 total live births.
Early Neonatal Mortality Rate	...	...	...	...	12.38 per 1,000 total live births.
Perinatal Mortality Rate	...	...	...	...	32.87 per 1,000 total live and stillbirths.
Maternal Deaths (including abortion)					2
Maternal Mortality Rate	...	...	...	...	0.411 per 1,000 live and still- births.

OTHER STATISTICS.

Population	...	...	...	...	267,090.
Area	...	...	...	...	11,401 acres.
Deaths	...	...	...	...	3,330.
Death Rate (Crude)	...	...	...	...	12.47 per 1,000 population.
Death Rate (Corrected)	...	...	...	...	13.96 „ „ „
Tuberculosis Death Rates—					
All Forms...	...	...	...	...	0.090 per 1,000 population.
Pulmonary	...	...	...	...	0.082 „ „ „
Non-Pulmonary	...	...	...	...	0.007 „ „ „
Cancer Death Rates—					
All Forms	...	...	...	...	2.55 per 1,000 population.
Lung and Bronchus	...	...	...	...	0.77 „ „ „
Other Sites	...	...	...	...	1.78 „ „ „
Marriage Rate...	...	...	...	...	15.18 per 1,000 population.
Inhabited Houses	...	...	...	...	87,803
Rateable Value	...	...	...	...	£5,171,407
Product of 1d. Rate	...	...	...	...	£21,064 7s. 9d. (estimated).

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



GENERAL STATISTICS.

Population.

The population, as estimated by the Registrar General, was 267,090, a decrease of 140 since 1961.

Births.

There were 4,767 live births recorded, representing a crude birth rate of 17.85 per 1,000 population, as compared with a rate of 18.11 for 1961. The City birth rate is lower than that for England and Wales.—18.0

In addition there were 101 stillbirths, representing a rate of 20.75, slightly higher than the 1961 rate of 19.25.

Sex.	LIVE BIRTHS.			STILL BIRTHS.		
	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
Male	2,210	175	2,385	52	5	57
Female	2,206	176	2,382	42	2	44
Totals	4,416	351	4,767	94	7	101

Deaths.

The net deaths amounted to 3,330 equivalent to a crude rate of 12.47 per 1,000 population, as compared with a rate of 12.28 for 1961. The death rate for England and Wales for 1962 was 11.9.

Infantile Mortality.

106 Infants died before completing the first year of life, representing a rate of 22.24 per 1,000 live births; this was 12 less deaths than last year, when the rate was 24.38. The England and Wales rate for 1962 was 21.4.

Of the 106 infant deaths, 64 occurred before attaining the age of one month, making a neo-natal mortality rate of 13.43 as compared with the England and Wales rate of 15.1.

Maternal Mortality.

Two maternal deaths occurred during the year giving a mortality rate of 0.411 per 1,000 live and still births; there were no maternal deaths in 1961. The England and Wales maternal mortality rate for 1962 was 0.35 per 1,000 live and still births.

Tuberculosis.

Twenty-four persons died from various forms of tuberculosis during the year, 22 being pulmonary and two being non-pulmonary, giving death rates of 0.082 and 0.007 respectively, a total of 0.090 for all forms. The provisional national rate for all forms of tuberculosis is 0.072 per 1,000 population.

Marriages.

2,027 marriages took place during the year, representing a marriage rate of 15.18 per 1,000 population, compared with 15.54 in 1961.

Street Accidents.

During the year 2,774 street accidents occurred, a decrease of 64 as compared with 1961, and as a result, 1,505 were injured, and 26 died. The total included 297 accidents to children under 15 years of age, two of which were fatal.

	Under 5 years.		5-9 yrs.		10-15 yrs.		Total.	
	1961	1962	1961	1962	1961	1962	1961	1962
Killed	2	2	3	—	—	—	5	2
Injured	88	90	143	129	87	76	318	295

Cremation.

During 1962, there were 3,530 cremations carried out in the City, 17 more than last year. Of the cremations performed, 1,552 were in respect of Newcastle residents, this figure being 44% of the total cremations as compared with 42% in 1961.

The percentage of city residents who died in 1962 and were cremated was 47%.

The Medical Referee required 28 post-mortem examinations as compared with 30 in 1961, 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.

The programmes of the various companies using Newcastle Airport, Woolsington were almost the same as in the previous year, and the volume of traffic to and from the Continent showed only a slight increase. There were 240 landings from the Continent, seven more than in 1961 and of those passengers landing, 1,420 were aliens.

Health Department staff attended to carry out the duties imposed by the Public Health (Aircraft) Regulations 1952-54, the Aliens Order 1953, and the Commonwealth Immigrants Act, 1962.

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.

The weather during 1962 was very similar to that during the previous year. Hours of sunshine in the City averaged four per month more, and the rainfall 0.26 inches less than in 1961. June was the warmest month and December 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, 1962.

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	50.7	60.0	73.7	83.7	1.65	43.26	32.26
February	58.4	59.0	75.8	80.6	0.85	44.39	34.67
March	44.3	94.7	113.2	90.8	1.42	42.74	29.03
April	109.2	138.3	166.7	156.5	1.91	54.43	36.66
May	139.0	130.3	175.4	179.7	2.31	59.93	42.61
June	151.4	169.4	208.4	199.2	0.51	68.93	47.63
July	60.3	96.7	116.4	107.1	2.19	68.71	49.22
August	127.7	155.2	175.4	165.7	1.99	66.84	49.84
September ...	57.2	74.5	73.1	70.1	3.58	59.22	45.93
October	70.6	100.5	85.3	91.9	0.59	56.45	44.58
November ...	49.7	42.7	66.6	53.9	2.78	45.06	36.03
December	22.5	42.5	67.5	61.7	2.32	38.71	29.42
Totals	941.0	1163.8	1397.5	1340.9	22.56		
Averages	78.4	97.0	116.5	111.7	1.87	54.06	39.82
1961 Averages	74.3	92.0	112.1	115.5	2.13	55.90	39.20

Water Supply.

Details relating to the City's water supply are shown in the Chief Public Health Inspector's section of this report (see page 179).

Sewerage.

There are 462.46 miles of sewers in the City, discharging directly into the River Tyne at various points along the 8½ miles of river frontage.

The Technical Sub-Committee as to Tyneside Sewage Disposal is still making investigations and collecting data and it is hoped that a report will be published in the near future.

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 AND ORDERS 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.
10th January, 1962	4,440	965	5,405
10th December, 1962	5,095	2,072	7,167

Inhabited Houses.

There were 87,803 inhabited houses which, on the estimated population, showed an average of 3·0 persons per dwelling.

Rateable Value.

A penny rate produced £21,064 7s. 9d., the gross rateable value being £5,171,407 compared with £5,122,733 in 1961.

Vital Statistics of Whole City during 1962, 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.			
		Uncorrected Number	Net.			of Non-residents registered in the City	of Residents not registered 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
1919	275,099	6,793	6,674	23.3	5,358	737	234	806	120	4,855	17.6
1920	286,061	8,433	8,070	28.0	4,609	779	195	817	101	4,025	14.0
1921	278,400	7,720	7,284	26.2	4,602	817	142	699	96	3,927	14.1
1922	281,600	7,432	6,987	24.8	4,698	831	145	646	92	4,012	14.2
1923	283,800	6,961	6,367	22.4	4,298	789	150	623	98	3,659	12.9
1924	285,900	7,029	6,335	22.2	4,607	929	172	632	100	3,850	13.5
1925	286,300	7,031	6,215	21.6	4,732	989	165	550	88	3,908	13.6
1926	284,700	6,728	6,007	21.0	4,460	979	161	530	88	3,642	12.8
1927	288,500	6,215	5,395	18.7	4,468	1,058	178	474	88	3,588	12.4
1928	281,500	6,360	5,429	19.2*	4,683	1,178	179	447	82	3,684	13.1
1929	283,400	6,120	5,126	18.1	5,040	1,313	172	438	85	3,899	13.8
1930	283,400	6,190	5,223	18.4	4,665	1,232	133	384	74	3,566	12.6
1931	283,600	6,058	5,056	17.8	4,911	1,251	145	467	92	3,805	13.4
1932	285,100	6,006	4,883	17.1	4,579	1,174	134	370	76	3,539	12.4
1933	286,500	5,770	4,712	16.4	4,695	1,182	127	359	76	3,640	12.7
1934	287,050	5,848	4,695	16.4	4,823	1,322	145	389	83	3,646	12.7
1935	292,700†	5,895	4,666	16.0	5,040	1,489	121	400	86	3,672	12.6
1936	290,400	5,709	4,537	15.6	5,148	1,421	151	408	90	3,878	13.1
1937	290,400	5,996	4,796	16.5	5,107	1,403	160	435	91	3,864	13.3
1938	291,300	6,101	4,678	16.1	4,866	1,413	168	307	66	3,621	12.4
1939	293,400	5,855	4,646	15.8	4,804	1,328	185	289	62	3,661	12.9†
1940	255,900	5,501	4,519	17.6	4,727	1,181	187	284	64	3,733	14.6
1941	254,960	4,599	4,176	16.4	4,905	1,208	254	315	76	3,951	15.5
1942	254,100	4,686	4,289	16.9	4,398	1,140	222	255	59	3,480	13.7
1943	254,890	5,162	4,548	17.8	4,759	1,235	185	291	64	3,709	14.6
1944	262,920	6,799	5,359	20.4	4,585	1,298	221	270	50	3,508	13.3
1945	265,990	5,950	4,836	18.2	4,469	1,234	200	192	40	3,435	13.0
1946	283,740	8,219	6,079	21.4	4,569	1,242	188	249	41	3,515	12.4
1947	290,470	8,512	6,449	22.2	4,726	1,190	211	286	44	3,747	12.9
1948	293,600	7,414	5,705	19.4	4,504	1,215	186	217	38	3,475	11.8
1949	294,540	6,916	5,377	18.3	4,740	1,215	232	213	39	3,757	12.7
1950	294,800	6,473	5,051	17.1	4,720	1,110	315	170	34	3,925	13.3
1951	291,700	6,053	4,803	16.5	4,535	976	341	166	34	3,900	13.4
1952	289,800	5,982	4,792	16.5	4,099	1,012	337	140	29	3,424	11.8
1953	289,700	6,313	4,922	17.1	4,040	1,018	137	132	27	3,159	10.9
1954	286,500	5,984	4,852	16.9	4,076	1,041	196	124	25	3,231	11.3
1955	281,000	5,910	4,705	16.7	4,285	1,053	245	158	33	3,477	12.4
1956	277,100	6,256	4,913	17.7	4,068	1,056	267	121	25	3,279	11.8
1957	275,100	6,506	4,998	18.2	4,299	1,186	281	116	23	3,394	12.3
1958	272,400	6,778	5,069	18.6	4,221	1,115	302	126	25	3,408	12.5
1959	271,100	6,601	5,201	19.2	4,228	1,256	304	139	27	3,276	12.1
1960	268,970	6,409	5,029	18.7	4,365	1,258	297	134	27	3,403	12.7
1961	267,230	6,152	4,840	18.1	4,236	1,236	281	118	24	3,281	12.3
1962	267,090	6,102	4,767	17.8	4,349	1,377	259	106	22	3,330	12.5

* Calculated on a population of 282,200.

† Rates calculated on a population of 291,025.

[Civilians only

‡ Death-rate calculated on a population of 233,200.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1962.

(REGISTRAR-GENERAL'S RETURN).

CAUSES OF DEATH.	Sex.	All ages.	0-	1-	5-	15-	25-	45-	65-	75-
1—Tuberculosis, respiratory	M. F.	13 9	... ...	... ...	... ...	... 2	... ...	7 1	3 3	3 3
2—Tuberculosis, other forms	M. F.	... 2	... ...	... ...	... ...	... ...	... 1	... ...	... ...	... 1
3—Syphilitic disease	M. F.	5 4	... ...	... ...	... ...	... ...	... 1	1 1	2 1	2 1
4—Diphtheria	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
5—Whooping cough	M. F.	1 ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
6—Meningococcal infections	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
7—Acute poliomyelitis	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
8—Measles	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
9—Other infective and parasitic diseases	M. F.	... 2	... ...	... ...	... ...	... ...	... 1	... ...	... ...	... 1
10—Malignant neoplasm, stomach	M. F.	54 33	... ...	... ...	... ...	... ...	2 1	25 3	14 10	13 19
11—Malignant neoplasm, lung, bronchus	M. F.	180 25	... ...	... ...	... ...	... ...	7 3	102 9	58 8	13 5
12—Malignant neoplasm, breast	M. F.	1 37	... ...	... ...	... ...	... ...	... 7	... 14	1 8	... 8
13—Malignant neoplasm, uterus	F.	23	...	...	...	...	1	16	3	3
14—Other malignant and lymphatic neoplasms	M. F.	175 144	... ...	1 ...	2 ...	1 ...	11 4	57 48	51 52	52 40
15—Leukaemia, aleukaemia	M. F.	2 7	... 1	... ...	... ...	... ...	... ...	1 3	... ...	1 3
16—Diabetes	M. F.	5 15	1 ...	... ...	... ...	1 ...	... 1	2 3	... 7	1 4
17—Vascular lesions of nervous system	M. F.	223 283	... ...	... ...	... ...	3 ...	4 3	48 42	69 85	99 153
18—Coronary disease, angina	M. F.	429 234	... ...	... ...	... ...	... ...	20 2	165 51	146 81	99 100
19—Hypertension with heart disease	M. F.	27 49	... ...	... ...	... ...	... ...	... 1	6 5	8 16	13 27

Causes of Death at different periods of life for 1962—*continued.*

CAUSES OF DEATH.	Sex.	All ages.	0-	1-	5-	15-	25-	45-	65-	75-
20—Other heart disease	M. F.	118 189	... ...	... ...	... ...	1 1	3 7	18 22	27 41	69 118
21—Other circulatory disease	M. F.	75 94	... ...	... ...	... ...	... 1	... ...	16 11	13 25	46 57
22—Influenza	M. F.	4 4	... ...	... ...	... ...	... ...	... ...	1 3	1 1	2 ...
23—Pneumonia	M. F.	71 57	9 5	1 ...	... ...	... ...	2 ...	12 7	17 12	30 33
24—Bronchitis	M. F.	164 53	3 1	... ...	... ...	... ...	3 1	59 12	59 11	40 28
25—Other diseases of respiratory system	M. F.	17 8	1 ...	... ...	... ...	... ...	1 ...	4 1	5 3	6 4
26—Ulcer of stomach and duodenum	M. F.	22 8	... ...	... ...	... ...	... ...	... ...	11 1	4 5	7 2
27—Gastritis, enteritis and diarrhoea	M. F.	6 8	2 1	... ...	... ...	... ...	... 1	1 ...	2 3	1 3
28—Nephritis and nephrosis	M. F.	13 17	... ...	... ...	... 1	... ...	1 1	5 4	3 4	4 7
29—Hyperplasia of prostate	M.	9	...	...	...	...	...	1	4	4
30—Pregnancy, child-birth, abortion	F.	2	...	...	...	1	1	...	...	...
31—Congenital malformations	M. F.	17 5	15 4	1 ...	... ...	... ...	... ...	... 1	1 ...	... ...
32—Other defined and ill-defined diseases	M. F.	101 137	29 24	2 4	... ...	... 1	7 7	30 19	11 29	22 53
33—Motor vehicle accidents	M. F.	22 7	... ...	... 2	... ...	5 ...	4 ...	8 3	3 1	2 1
34—All other accidents	M. F.	43 43	5 4	1 1	... 2	5 2	10 1	7 5	5 3	10 25
35—Suicide	M. F.	23 9	... ...	... ...	... ...	1 ...	6 2	10 4	5 2	1 1
36—Homicide and operations of war	M. F.	1 1	... ...	... ...	... ...	... ...	... 1	1 ...	... ...	... ...
All causes	M. F.	1821 1509	66 40	6 7	2 3	17 8	81 48	598 289	512 414	539 700

CANCER DEATHS IN AGES (MALE AND FEMALE)—1962.

31A

SITE.			Under 1 year	1 year & under 2 years	2 years & under 5 years	5 years & under 15 years	15 years & under 25 years	25 years & under 45 years	45 years & under 65 years	Over 65 years	TOTAL	
			M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
141	Malignant neoplasm of tongue		...	...	...	...	...	...	1	...	1	...
145	Do. oral mesopharynx		...	...	...	...	...	...	1	...	1	...
147	Do. hypopharynx		...	...	...	...	...	...	1	1	...	1
150	Do. oesophagus.....		...	...	...	...	...	...	1	2	4	11
151	Do. stomach		...	...	...	...	...	2	1	25	3	54
152	Do. small intestine		...	...	...	...	...	...	...	2	...	3
153	Do. large intestine except rectum.....		...	...	...	...	1	...	1	...	13	44
154	Do. rectum.....		...	...	...	...	...	1	...	9	2	10
155	Do. biliary passages and of liver (stated to be primary site)...		...	...	...	...	...	...	1	3	...	5
156	Do. liver (secondary and unspecified)		...	...	...	...	...	...	1	1	...	1
157	Do. pancreas		...	...	...	...	...	...	6	6	2	16
160	Do. nasal cavities		...	...	...	...	...	...	1	...	3	...
161	Do. larynx		...	...	...	...	...	1	...	2	4	...
162	Do. trachea & of bronchus & lung specified as primary		...	...	...	...	...	1	2	73	8	17
163	Do. lung and bronchus unspecified as to whether primary or secondary		...	...	...	...	...	6	1	29	1	8
170	Do. breast		...	...	...	...	...	...	7	...	14	37
171	Do. cervix uteri		...	...	...	...	...	...	...	12	...	16
172	Do. corpus uteri		...	...	...	...	...	...	...	2	...	4
174	Do. uterus (unspecified)		...	...	...	...	...	1	...	2	...	3
175	Do. ovary fallopian tube and broad ligament		...	...	...	...	...	1	...	8	...	12
176	Do. other unspecified fe- male genital organs		...	...	...	...	...	...	1	...	4	5
177	Do. prostate		...	...	...	1	...	...	3	...	27	...
180	Do. kidney		...	...	...	...	...	2	...	2	...	...
181	Do. bladder and other urinary organs ...		...	...	...	...	...	...	5	1	10	4
191	Do. skin		...	...	...	...	...	1	...	1	...	...
193	Do. brain and other parts of nervous system		...	...	...	1	...	1	1	5	1	3
194	Do. thyroid gland		...	...	...	...	...	...	1	...	...	1
196	Do. bone including jaw bone		...	...	...	...	...	...	1	2	...	1
198	Do. lymph nodes, second- ary & unspecified		...	...	...	...	...	...	...	1	3	3
199	Do. other & unspecified sites		...	...	...	...	...	2	...	4	6	14
200	Lymphosarcoma and reticulosarcoma.....		...	1	...	...	...	...	2	...	1	2
201	Hodgkin's disease		...	...	...	...	...	3	...	1	1	...
203	Multiple myeloma		...	...	...	...	...	...	1	...	3	2
204	Leukaemia and aleukaemia		1	...	...	...	...	...	1	3	1	7
TOTALS			...	1	...	2	...	1	...	20	16	...
COMBINED TOTALS			1	1	...	2	1	36	278	362	681	...

Total deaths during recent years from certain classes of disease.

	Nervous System.	Circu- latory.	Respira- tory.	Digestive.	Violent Causes.
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 ...	547	1,190	438	82	107
1961 ...	543	1,180	367	66	140
1962 ...	506	1,215	378	73	149

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

RESPIRATORY ORGANS ONLY												
Total Number of Cancer Deaths	Death Rate per 1,000 Popula- tion	Males.				Total	Females.				Total	
		Under 25	25-45	45-65	Over 65		Under 25	25-45	45-65	Over 65		
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
1961	636	2.38	..	7	88	58	153	..	..	14	8	22
1962	681	2.55	..	7	102	71	180	..	3	9	13	25

WARD DISTRIBUTION OF BIRTHS, DEATHS, INFANT MORTALITY, TUBERCULOSIS AND OTHER RESPIRATORY DISEASES, CANCER AND HEART DISEASE, 1962.

WARD.	Estimated Population.	Average Area (Less River Spaces)	Density of Population per Acre.	Births.	Birth Rate.	Deaths.	Death Rate.	Deaths under 1 year.	Infant Mortality Rate.	PULMONARY TUBERCULOSIS.				NON-PULMONARY TUBERCULOSIS				OTHER RESPIRATORY DISEASES.		CANCER (All Forms)		HEART DISEASE.	
										New Cases	Attack Rate.	Deaths.	Death Rate.	New Cases	Attack Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.
Armstrong ...	12,400	239.6	52.5	305	24.6	155	12.5	7	23.0	8	0.65	2	0.16	2	0.16	...	...	18	1.45	29	2.34	49	3.95
Arthur's Hill	12,700	318.1	39.9	243	19.1	202	15.9	2	8.2	13	1.02	1	0.08	4	0.31	...	...	14	1.10	44	3.46	69	5.43
Benwell	13,750	246.8	55.7	294	21.4	141	10.3	8	27.2	3	0.22	...	...	2	0.15	...	...	23	1.67	28	2.04	38	2.76
Blakelaw ...	14,500	506.0	28.7	202	13.9	180	12.4	2	9.9	3	0.21	...	...	2	0.14	...	...	21	1.45	45	3.10	52	3.59
Byker	12,800	245.4	52.2	284	22.2	166	13.0	6	21.1	8	0.62	2	0.16	2	0.16	...	...	22	1.72	38	2.97	40	3.12
Dene	13,200	865.4	15.3	130	9.8	164	12.4	3	23.1	5	0.38	2	0.15	...	...	...	...	12	0.91	34	2.58	52	3.94
Elswick	12,800	215.0	59.5	249	19.5	185	14.5	6	24.1	3	0.23	2	0.16	1	0.08	...	...	23	1.80	47	3.67	60	4.69
Fenham	15,650	650.5	24.1	163	10.4	187	11.9	2	12.3	12	0.77	1	0.06	4	0.26	...	...	18	1.15	33	2.11	72	4.60
Heaton	13,750	315.3	43.6	252	18.3	200	14.5	2	7.9	8	0.58	...	...	2	0.15	...	...	16	1.16	47	3.42	72	5.24
Jesmond	14,350	416.6	34.4	215	15.0	247	17.2	7	32.6	4	0.28	...	...	2	0.14	...	...	22	1.53	43	3.00	95	6.62
Kenton	17,350	1422.0	12.2	272	15.7	190	11.0	3	11.0	6	0.35	1	0.06	1	0.06	1	0.06	18	1.04	37	2.13	57	3.29
St. Anthony's	13,000	240.9	54.0	190	14.6	166	12.8	4	21.1	9	0.69	1	0.08	...	...	...	...	21	1.62	35	2.69	46	3.54
St. Lawrence	14,040	315.3	44.5	246	17.5	153	10.9	2	8.1	9	0.64	2	0.14	2	0.14	...	...	22	1.57	29	2.07	51	3.63
St. Nicholas	7,400	438.2	16.9	136	18.4	83	11.2	2	14.7	11	1.49	1	0.14	1	0.14	...	...	13	1.76	20	2.70	21	2.84
Sandyford ...	11,300	245.9	46.0	208	18.4	153	13.5	5	24.0	7	0.62	...	...	1	0.08	...	...	12	1.06	30	2.65	47	4.16
Scotswood ...	14,200	395.5	35.9	244	17.2	150	10.6	4	16.4	7	0.49	2	0.14	1	0.07	...	...	16	1.13	35	2.46	48	3.38
Stephenson...	13,300	310.2	42.9	417	31.4	131	9.8	21	50.4	11	0.83	2	0.15	6	0.45	...	...	28	2.11	16	1.20	29	2.18
Walker	15,800	499.9	31.6	281	17.8	162	10.3	11	39.4	11	0.70	...	...	2	0.13	...	...	20	1.27	27	1.17	62	3.92
Walkergate...	13,800	525.2	26.3	233	16.9	155	11.2	2	8.6	2	0.14	2	0.14	1	0.07	1	0.07	18	1.30	32	2.32	45	3.26
Westgate.....	11,000	293.6	37.5	203	18.5	160	14.5	7	34.5	9	0.82	1	0.09	1	0.09	...	...	21	1.91	32	2.19	41	3.73
CITY	267,090	8705.4	30.7	4,767	17.8	3,330	12.5	106	22.2	149	0.56	22	0.08	37	0.14	2	0.007	378	1.42	681	2.55	1046	3.92

MATERNITY AND CHILD HEALTH

(Dr. S. M. Livingston, Chief, Hygiene, Maternal and Child Health)

Although the infant mortality deaths were down last year and the infant mortality rate lower, the proportion of deaths between two and twelve months was much greater. The low infant mortality in respiratory infections—bronchitis and pneumonia—was a comparatively large group of deaths due to pneumonia of which in all probability also caused by respiratory infection.

II.—NATIONAL HEALTH SERVICE ACTS

Of the 4,737 births in the City 2,470 occurred in hospitals as shown below—

St. Mary's Hospital	1,200
St. Vincent's Hospital	1,100
St. John's Hospital	1,000
St. Peter's Hospital	900
St. Paul's Hospital	800

Artificial Care

More general consideration is now being given to the fact that many patients in local hospitals are suffering from the effects of artificial care in the form of artificial feeding, artificial warming, artificial lighting, artificial ventilation, artificial humidity, artificial dryness, artificial cold, artificial heat, artificial noise, artificial silence, artificial light, artificial darkness, artificial color, artificial taste, artificial smell, artificial touch, artificial feeling, artificial thought, artificial emotion, artificial action, artificial inaction, artificial life, artificial death.

The above facts are being given to the public in order that they may be able to judge for themselves the value of artificial care in the treatment of patients in local hospitals and the value of natural care in the treatment of patients in the home.

MATERNITY AND CHILD HEALTH

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

Although the total infant deaths were fewer than last year and the infant mortality rate lower, the proportion of deaths between one and twelve months was much greater. This was due mainly to respiratory infections—bronchitis and pneumonia—and to a comparatively large group of deaths due to inhalation of vomit, in all probability also caused by respiratory infection.

There were more still-births than in 1961, but as the deaths under one week were so much fewer the perinatal mortality rate was lower than in the previous year.

The illegitimate births were slightly higher than in 1961 and the infant mortality rate per 1,000 illegitimate births was higher than that for the total.

Thirty-seven unmarried mothers were maintained by the Local Health Authority in mother and baby homes.

Of the 4,767 births in the City 3,070 occurred in institutions as shown below:—

Nursing Homes	...	...	...	...	14
Hopedene Maternity Home			...	...	164
Princess Mary Maternity Hospital...				...	649
Newcastle General Hospital			...	...	1,303
Other 'outside' hospitals	...	...	...	...	940

Ante-Natal Care.

More general practitioners are now holding ante-natal clinics for their own patients in Local Authority premises and midwives are also assisting general practitioners at ante-natal clinics in their own surgeries.

The scheme for providing free home helps to mothers needing rest during pregnancy has now been extended to heart cases as well as cases of toxæmia of pregnancy.

Child Welfare.

Three new clinics were opened during the Summer of 1962—one in Kenton, one in Fawdon and one in Fenham. Those in Kenton and Fawdon are to serve new estates, and that in Fenham replaces the centre which has been held in a church hall at Grange Road for many years. The new centres are greatly appreciated by staff and mothers in the area, and besides enjoying the clinic facilities the mothers are more ready to attend such things as sewing classes and mothers' clubs in the pleasanter surroundings. General practitioners, too, are more ready to use these new attractive centres for their own patients.

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.
1962.....	1,590	26	953	26	4,820	26	9
1961.....	1,412	25	1,049	25	5,416	25	12

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)
1962...	12,193	3,540	471	3,114	8,029	47,682	27,625	38
1961...	11,912	3,610	496	3,351	7,671	47,210	25,130	38

RETURN OF DEATHS UNDER ONE YEAR OF AGE DURING THE YEAR 1962.

38A

CAUSE OF DEATH.	AGE PERIODS—NET.																			
	Under 1 Week.		1 and under 2 Weeks.		2 and under 3 Weeks.		3 and under 4 Weeks.		Total under 1 Month.		1 and under 3 Months.		3 and under 6 Months.		6 and under 9 Months.		9 and under 12 Months.		Total under One Year.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Leukaemia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
Diabetes Mellitus	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...
Pneumonia	...	1	...	...	...	...	...	...	1	4	1	4	1	...	...	...	...	8	3	...
Acute Bronchitis	...	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	3	1	...
Other Respiratory Diseases	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...
Gastro Enteritis and Colitis except Ulcerative	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Spina Bifida and Meningocele	1	1	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	2	1	...
Congenital Malformations of Circulatory System	4	...	1	...	...	...	...	1	5	1	1	...	...	1	...	...	...	7	1	...
Congenital Malformations of Genito-Urinary System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
Other and Unspecified Congenital Malformation	6	1	...	...	...	...	...	...	6	1	...	...	...	...	...	...	...	6	1	...
Intracranial and Spinal Injury at Birth	3	...	1	...	...	...	...	...	4	...	2	1	...	...	...	...	...	5	2	...
Other Birth Injury	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Post Natal Asphyxia and Atelectasis	5	2	...	...	...	...	...	...	5	2	...	...	...	...	...	...	...	5	2	...
Pneumonia of Newborn	1	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	1	1	...
Haemolytic Disease of Newborn	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Haemorrhagic Disease of Newborn	3	1	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	3	1	...
Diarrhoea of Newborn	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	2	...	...
Other and Ill Defined Diseases	3	3	...	...	...	...	...	...	3	3	...	2	2	1	...	...	...	5	6	...
Immaturity	10	11	...	...	...	...	...	...	10	11	...	...	...	...	...	...	...	10	11	...
Mental Deficiency	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	...	...	1	1	...
Inhalation and ingestion of food or other object causing obstruction and suffocation	...	...	...	...	...	...	...	...	...	...	1	1	1	2	1	...	...	3	3	...
Accidental Mechanical Suffocation in Bed	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...
Accidental Fall	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	1	...
TOTAL	37	22	2	1	...	...	1	1	40	24	9	8	11	6	4	2	2	...	66	40

425 children were referred from child welfare clinics for specialist advice and treatment to:—

Newcastle General Hospital	119
Royal Victoria Infirmary.....	36
Royal Victoria Infirmary (Speech Therapy)...	39
Fleming Memorial Hospital	5
Orthopaedic Department—City Road	202
Ear, Nose and Throat Hospital	17
Hearing Assessment Clinic—City Road	7
Total	425

The number of handicapped children under review was made up as follows:—

Blind and partially sighted	1
Eye defects (squints)	248
Other eye defects	46
Deaf and partially deaf	12
Mentally backward	68
Epileptic	9
Spastic	12
Congenital defects	147
(including congenital hearts, hare lip, cleft palate, spina bifida, meningocele, etc.)	
Orthopaedic	158
Special	103
(eczema, tuberculosis, asthma, etc.)	
Speech defects	65

Prevention of Phenylketonuria.

Since February 1960 the health visitors have been testing urine of all new born babies between the 3rd and 6th weeks of life. So far approximately 14,000 babies have been tested with no positive results.

Play Therapy Groups and Clinic Play Groups.

In the year 1962 the high level of attendance shown in the previous year has been maintained. The problems of mothers and children who are referred to the play-therapy groups are many and varied. Often mothers will attempt to come from some distance but they find, in some cases, that this is an insurmountable difficulty, so the

child may discontinue attendance for this reason only. The service is still without a consultant psychiatrist, but the mothers benefit from discussing their problems with the Supervisor of the groups and with each other in group discussion, and the children benefit from the play with others.

With the co-operation of doctors and health visitors this service within the Health Authority has become very firmly established and it is now more widely known.

Play Therapy Attendances:

BLAKELAW CENTRE—

No. of sessions:	Play therapy group	...	...	48
No. of cases:	Attendances cont. from 1961	...	...	9
	New cases during 1962...	...	...	12
	Total attendances	...	...	427

EAST END CENTRE—

No. of sessions:	Play therapy group	...	...	50
No. of cases:	Attendances cont. from 1961	...	...	6
	New cases during 1962...	...	...	10
	Total attendances	...	...	481

Welfare Foods.

The figures below show the 'take-up of National Dried Milk and Vitamins compared with 1961:—

	<i>National Dried Milk</i>	<i>Cod Liver Oil</i>	<i>Vitamin A & D Capsules</i>	<i>Orange Juice</i>
1962.....	142,811 tins	6,639 (bottles)	4,943 (boxes)	41,101 (bottles)
1961.....	147,202 „	12,454 „	8,446 „	143,525 „

Proprietary brand foods are also available in the clinics.

There has been a big fall in the amount of vitamins taken up, no doubt due to the cost. Judging from enquiries made by health visitors, however, quite a lot of mothers are buying rosehip syrup and other Vitamin C preparations instead of the orange juice and many are buying other vitamin A & D supplements instead of cod liver oil or capsules. The diet of expectant mothers is better than it was some few years ago and there seems very little likelihood of vitamin deficiency occurring. Certainly those mothers who at one time took up their Government subsidised vitamin supplement still take these vitamins in some form.

Sewing Classes.

The Local Education Authority have now taken over the organisation of sewing classes at child welfare centres and a new class has been started at Kenton in addition to those which were already in operation. There were 202 classes held at child welfare centres with a total of 2,150 attendances.

Mothers' Clubs .

The health visitors give up a great deal of time and energy to the organisation of mothers' clubs, and there are now seven flourishing clubs running throughout the City.

PREVENTION OF BREAKDOWN IN FAMILIES.

Home Advisers were working with 13 families during the year, seven of these cases being carried over from 1961, and six being new cases started in 1962. All the new cases were still receiving help at the end of the year, and most of them were making some progress. Of the seven cases started in 1961, four could be judged as fairly successful, two only fair and the other one refused after a month to allow the Home Adviser to carry on.

DAY NURSERIES.

Work in the day nurseries has continued on much the same lines as in previous years. 818 parents attended for interview. 417 places were offered, and of these 319 were taken. 350 children were discharged and 401 individual children attended as 'casuals'.

Figures show that there was an increase in the number of children under two years of age taken into the nursery, but those over two years have decreased. The reasons for admission follow the same pattern as in 1962, there being very few children admitted so that the mother can go out to work to supplement the income.

Specially assessed cases during the year totalled 79, and of these 55 have been discharged from the nurseries. At the end of December, 24 children were attending at special fees.

Thirty-one physically and mentally handicapped children, eight of these between the ages of five and seven years, have attended the nursery during the year, being either full-time, or on a 'casual' basis. The day nursery staff enjoy having these children, and are pleased to do all they can to carry out any special treatment and instructions required of them.

DAY NURSERY ATTENDANCES

Nursery.	No. of places provided.	No. of attendances 0—2 years.	No. of attendances 2—5 years.	Admissions during the year.	Discharges during the year.	Casual users No. of $\frac{1}{2}$ -day attendances.
Willow Avenue	50	1,791	7,065	53	63	1,791
Renwick Street ...	50	2,100	5,332	68	78	1,811
Woodland Cres. .	25	1,165	2,890	36	42	445
West Parade.....	50	2,672	5,366	81	78	1,970
Gosforth Street	50	1,971	4,608	80	88	1,671
Total 1962	225	9,699	25,261	318	349	7,688
Total 1961	225	8,682	27,613	331	310	8,311

At the end of 1962 children attended the day nurseries for the following reasons :—

Unmarried mothers	34
Mother a widow	11
Mother separated or divorced	56
Mother ill	14
Father ill	4
Father unemployed	2
Father in prison	2
Confinement in the family	11
Difficult children.....	6
Special recommendations	30
(Dr.'s H.V.'s etc.)	
Family in financial difficulties	19
	189

Child Minders.

There are 11 registered child minders looking after 144 children, mostly in the minders' own homes.

NURSING HOMES.

There are seven registered nursing homes in the City, with a bed accommodation of 151, 31 of which are for maternity cases. All are regularly inspected by medical and nursing staff of the Local Health Authority.

MIDWIFERY.

The number of births notified by domiciliary midwives fell again in 1962 by 64. This decrease is accounted for in some measure by the increasing numbers of expectant mothers being booked into hospital for confinement and discharge within 48 hours of delivery.

Domiciliary midwives assessed all homes before the hospital bookings for 'early discharge' were confirmed. 438 homes were visited for this purpose, 269 for the Newcastle General Hospital and 169 for the Princess Mary Maternity Hospital.

Throughout the year 341 mothers were discharged from hospital within 48 hours and a further 213 between the third and sixth day after delivery: in all 963 were discharged to the care of the district midwife.

231 City residents booked for confinement at Dilston Hall received regular ante-natal visits and were eventually escorted to Dilston Hall by the domiciliary midwives.

The number of premature infants born at home varied little—74 live infants in 1961 and 76 in 1962, and of these 20 were transferred to hospital, the remaining 56 were nursed at home and all survived.

The long established arrangements for the after-care of premature infants born in the Newcastle General Hospital have been extended to include those born in the Princess Mary Maternity Hospital. During the year 137 premature infants born in hospital were discharged home under the care of the premature infant nurses, who had previously assessed the home conditions.

Domiciliary midwives assisted seven groups of general practitioners at ante-natal clinics held in their own surgeries. At the end of the year fifteen groups of general practitioners were holding clinics in Local Health Authority premises, several of these groups holding more than one session weekly.

Parentcraft classes were held at the main ante-natal clinics, also at Elswick Lodge and Hopedene Mother and Baby Homes. Instruction in relaxation has increased in demand, flourishing classes being held in Blakelaw and Diana Street centres and the Midwives' Hostel, 48, Osborne Road, Jesmond.

404 notices of request for Medical Aid were received during the year compared with 333 in 1961.

SUMMARY OF MUNICIPAL MIDWIVES' WORK.

No. of ante-natal visits.	No. of post-natal visits.	No. of clinic visits by mid-wives.	NUMBER OF BIRTHS.				No. of nursings
			Doctor not booked.		Doctor booked.		
			Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either booked Dr. or another).	Doctor not present at time of delivery of child.	
1962 25,050	2,620	3,402	4	47	444	1,210	42,823
1961 21,575	2,903	2,838	4	59	423	1,283	48,075

Still-Births.

Total	106
City births	95
City residents delivered outside City	11

Premature Infant Service.

One full-time and seven part-time infant nurses were employed on this service. The numbers of premature infants born on the district were as follows:—

Live births	76
Still births	9
	85

Of these 85, 69 were attended by the Premature Infant Nurse. 20 of the live births were transferred to hospital and 56 were nursed at home.

Live Births Nursed at Home.

Weight	Total Live Births	Survived 28 days	Died
Up to 2lb. 3 ozs.	—	—	—
2 lb. 3 ozs.—3 lb. 4 ozs.	—	—	—
3 lb. 4 ozs.—4 lb. 6 ozs.	4	4	—
4 lb. 6 ozs.—4 lb. 15 ozs.	18	18	—
4 lb. 15 ozs.—5 lb. 8 ozs.	34	34	—
	56	56	—

Premature infants born in hospital and nursed by the Premature Infant Nurses on discharge from hospital—137.

Newcastle General Hospital	90
Dilston Hall	5
Princess Mary Maternity Hospital.....	26
The Green, Wallsend	8
Willington Quay	4
Preston Hospital	4
	137

HEALTH VISITORS.

Home visits paid by health visitors were as follows:—

	Primary.	Subsequent.	Total.
Births and children under one year	9,377	25,153	34,530
Children over 1 year.....	14,698	49,335	64,033
Measles	117	—	117
Pneumonia	3	—	3
Whooping Cough	48	—	48
Poliomyelitis contacts	715	—	715
Other Infectious Diseases	46	—	46
Expectant mothers	612	912	1,524
Aged persons	2,017	12,457	14,474
Mental & physical after-care	664	—	664
Orthopaedic	32	—	32
Tuberculosis cases.....	292	697	989
Tuberculosis contacts	1,020	700	1,720
Hospital cases	62	—	62
Special visits	1,648	—	1,648
Housing	142	—	142
Venereal diseases—contacts	108	466	574
Home accidents	17	—	17
Sanitary defects	37	—	37
Totals	31,655 (35,124)	89,720 (92,366)	121,375 (127,490)
No. of households visited: 18,661 (23,823)			

The figures shown in brackets are totals for 1961. In addition to the totals shown there were 24,092 ineffective visits.

Arrangements for following up by health visitors patients discharged from hospital have improved a little. Discharges of children under five years of age are notified by all childrens' hospitals in the City except one. Apart from the children the geriatric patients form the main bulk of those notified to the health visitors

as being discharged; this is usually done by direct contact by telephone between the almoners and the health visitors concerned.

Health Visitor Training.

Fifteen students—eight being sponsored by Newcastle, six by other authorities and one independant—were trained in the 1961/62 course.

Fourteen students were successful in passing the Royal Society of Health, Health Visitors' Examination in July at their first attempt; the other student re-entered and was successful in the September examination.

More time was given in this course to "Occupational Health," "Current Health Problems" and "Family Structure and Attitudes."

Practical training was again provided by health visiting and school nursing staff in the City and in the County of Northumberland, lectures and observation visits veing arranged with the aid of staff in the local authority, university and voluntary agencies. This course could not be administered without the goodwill and co-operation of the people who give so much time and thought to the training of the student health visitors.

HOME NURSING.

The statistical review of the home nurses' work in 1962, shows an increasing number of patients referred by the family doctor and a reduction in those referred by hospital.

Total increase in cases from 1961 is 53 with an increase of 1,337 visits.

Increases in attendance on the 15—25 year old and the over 65 year old age groups are not quite balanced by a fall in the number in the 45—65 year old age group.

Cardiac conditions, respiratory infections, accidents, carcinoma, breast abscess, stomach and intestinal diseases showed increases whereas there was a decrease in attendance on cases of skin disease, rheumatism and gynaecological disease.

The laundry service continues to serve a maximum of 24 patients throughout the year. 58 patients used the service during 1962—one of these having been using it since 1958.

HOME HELPS.

Once again the main task of the organising staff has been that of meeting the demand with the number of Home Helps available. To meet extreme emergencies help has had to be withdrawn temporarily from the less needy cases, such as the aged. Elderly people whose frailty renders them incapable of doing their household duties, usually occupy only one room. Experience has shown that very little help is needed, four to six hours' service a week is sufficient to keep their room clean. This amount of time may be increased if the patient suddenly becomes ill or extra time may be given to do their shopping during severe winter weather. The demand for care of the old people continues to grow and it forms the major part of the work of the Home Help Service.

2,979 cases were assisted in 1962. From the following analysis of these cases it will be seen that the largest increase in the number of applications for Home Help came from the aged or infirm.

	1962	1961	1959
Maternity	130	130	186
Short-term illness	58	61	62
Long-term illness (under 65 years)	379	369	352
Aged 65 years or over	2,310	2,240	1,923
Child-Care	51	32	65
Cancer	22	19	23
Tuberculosis	29	28	33
	2,979	2,879	2,645

During 1962, 137 Home Helps resigned, chiefly because of domestic or health reasons, but there was no difficulty in obtaining suitable replacements.

The number of Home Helps engaged during 1962 was 162. All these were part-time Helps working hours varying between 20 and 30 per week.

The real success of a Home Help Service depends largely upon the Home Helps themselves. They are part of a team and their work is an important contribution towards the well-being and health of the nation. Home Helps must be possessed of a great understanding and tolerance and be prepared to work under considerable difficulties.

7,279 supervisory visits to the patients' homes were made in 1962 compared with 8,919 in 1961. This reduction was due to sickness amongst the visiting staff.

Regular visiting by the organising staff is essential so as to avoid the abuse of the service. The organisers have found transport by car has enabled them to visit new cases more quickly.

The scale of charges for the Home Help Service was increased on the 10th May, 1962 to a maximum of 4/6 per hour and the minimum for the confinement cases where the applicant is in receipt of the home confinement grant was increased to 1/5d. per hour.

Twenty-six night cases were served in 1962. This service is a great relief to relations who are worn out looking after the elderly and sick; it also enables families to carry on with their own work during the daytime. Duties of the night-sitter consist only of sitting with the patient, and undertaking any tasks necessary for the patient's personal comfort. Normally a night-sitter is only available for two nights a week.

Nineteen dirty cases have received help during 1962. Most of the patients were grateful for the good work that the Home Helps did. It is usual to put two Home Helps into this type of home as they encourage each other and do not feel as though they have been imposed upon.

IMMUNOLOGY.

The number of persons vaccinated against Smallpox during 1962 was higher than for many years. This was because of Smallpox outbreaks in other parts of the country. Positive risk of infection can achieve what health education can never do.

The number of children immunised against diphtheria and whooping cough has remained very much the same as in the previous year, but more children have been protected against tetanus.

SMALLPOX VACCINATION.

NUMBER OF INDIVIDUALS SUCCESSFULLY VACCINATED AGAINST SMALLPOX
DIVIDED INTO AGE GROUPS.
(1961 FIGURES IN BRACKETS).

Age at Date of Vaccination.	Under 1 year	1—4 years	5—14 years.	Over 15 years.	TOTAL
<i>Clinics.</i>					
Primary.....	1,632 (1,547)	463 (73)	96 (4)	506 (8)	2,697 (1,632)
Re-vaccination	— (—)	21 (—)	212 (3)	1,440 (71)	1,673 (74)
<i>Private Practitioners</i>					
Primary.....	969 (1,033)	447 (115)	1,024 (36)	1,768 (93)	4,208 (1,277)
Re-vaccination	— (—)	140 (6)	1,039 (25)	4,113 (204)	5,292 (235)
<i>Totals—</i>					
Primary.....	2,601 (2,580)	910 (188)	1,120 (40)	2,274 (101)	6,905 (2,909)
Re-vaccination	— (—)	161 (6)	1,251 (20)	5,553 (275)	6,965 (309)

DIPHTHERIA IMMUNISATION IN RELATION TO MID-YEAR CHILD POPULATION.

NUMBER OF CHILDREN WHO HAVE COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION BETWEEN 1ST JANUARY, 1948 AND 31ST DECEMBER, 1962.

Age on 31/12/62 (i.e., Born in year)	Under 1 year 1962	1—4 years 1961-1958	5—9 years 1957-1953	10—14 years 1952-1948	Under 15 years Total
A. Number of children whose last course (primary or booster) was completed in period 1958-1962	901	12,594	12,868	8,974	35,337
B. Number of children whose last course (primary or booster) was completed in period 1957 or earlier	—	—	4,653	10,158	14,811
C. Estimated mid-year child population	4,660	18,840	39,100		62,600
Immunity index	19.3	66.8	55.9		56.4

DIPHTHERIA IMMUNISATION.

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR RE-IMMUNISATION. DIVIDED INTO TWO AGE GROUPS. (1961 Figures in Brackets).

	Under 5 years.	Over 5 years.	Total.
<i>Primary Immunisation.</i>			
Clinics	1,980 (2,401)	546 (172)	2,526 (2,573)
Private Practitioners.	1,122 (1,477)	55 (126)	1,177 (1,603)
<i>Re-Immunisation.</i>			
Clinics	979 (780)	2,571 (2,682)	3,550 (3,462)
Private Practitioners.	341 (350)	275 (275)	616 (625)
<i>Totals—</i>			
Primary.....	3,102 (3,878)	601 (298)	3,703 (4,176)
Re-immunisations.	1,320 (1,130)	2,846 (2,957)	4,166 (4,087)

NUMBER OF CHILDREN UNDER 15 YEARS PROTECTED AGAINST DIPHTHERIA AND/OR WHOOPING COUGH AND/OR TETANUS IN 1962 ARE AS FOLLOWS:—

PRIMARY IMMUNISATION.

Diphtheria	Diphtheria and Pertussis	Diphtheria Pertussis and Tetanus	Diphtheria and Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus
24	Nil	3,615	64	59	3,703	3,615	3,738

RE-IMMUNISATION.

Diphtheria	Diphtheria and Pertussis	Diphtheria Pertussis and Tetanus	Diphtheria and Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus
48	Nil	3,937	145	102	4,166	3,973	4,220

Number of persons inoculated against Cholera, etc.

Cholera	4
T.A.B.	5

ORAL POLIOMYELITIS VACCINATION.
INDIVIDUALS WHO RECEIVED PRIMARY COURSE (3 DOSES) AND BOOSTER DOSES,
1962.

COMPLETED PRIMARY COURSE. (3 DOSES)	Under Five.	School Children	Aged 16-25 years.	Aged 25-40 years.	Expect- ant Mothers.	Hospital Staff and Families.	Total.
M. & C.W. Clinics	4,305	375	226	2,749	14	—	7,669
School Children	—	3,858	78	215	—	—	4,151
At Hospitals	—	—	—	—	—	11	11
Special Clinics	2	3	302	1,259	—	—	1,566
G.P.'s Surgeries	1,486	884	455	1,489	73	—	4,387
Central Clinic Wed. p.m.	—	—	270	656	—	—	926
Central Clinic Sat. a.m.	—	—	180	577	—	—	757
TOTAL	5,793	5,120	1,511	6,945	87	11	19,467
COMPLETED FOURTH DOSES. (BOOSTER)							
M. & C.W. Clinics	28	52	4	25	—	—	109
School Children	—	1,929	3	29	—	—	1,961
Special Clinics	12	7	17	21	—	—	57
G.P.'s Surgeries	58	240	30	33	9	—	370
Central Clinic Wed. p.m.	—	—	7	11	—	—	18
Central Clinic Sat. a.m.	—	—	6	7	—	—	13
TOTAL	98	2,228	67	126	9	—	2,528

SALK POLIOMYELITIS VACCINATION
INDIVIDUALS WHO RECEIVED PRIMARY AND BOOSTER INJECTIONS,

1962.

COMPLETED PRIMARY INJECTIONS.	Under Fives.	School Children.	Aged 16-25 years.	Aged 25-40 years.	Expect- ant Mothers.	Total.
At M. & C. W. Clinics	327	2	2	51	9	391
School Children	—	37	—	—	—	37
Special Clinics	—	—	7	—	—	7
G.P.s. Surgeries.	513	260	163	404	62	1,402
Central Clinic. Wed. P.M.	1	1	18	49	—	69
Central Clinic. Sat. A.M.	—	—	16	34	—	50
TOTAL	841	300	206	538	71	1,956
COMPLETED THIRD INJECTIONS.						
M. & C.W. Clinics	282	8	6	74	5	375
School Children	—	143	8	—	—	151
Special Clinics	—	—	19	207	—	226
G.P.'s Surgeries	419	267	208	784	68	1,746
Central Clinic Wed. p.m.	2	1	196	483	—	682
Central Clinic Sat. a.m.	—	—	200	468	—	668
TOTAL	703	419	637	2,016	73	3,848
COMPLETED FOURTH INJECTIONS.						
School Children	—	27	—	—	—	27
G.P.'s Surgeries	4	299	25	45	3	376
TOTAL	4	326	25	45	3	403

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

Special Cases Committee.

During 1962 seven meetings of the Special Cases Committee were held and seventeen new cases brought forward for discussion. The Constitution of the Committee, with the Medical Officer of Health as Chairman, continues.

Cases have been referred from the following sources.

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Superintendent School Nurse	7	7	11	4	6	7	6	13	10	3
Chief Nursing Officer...	6	5	7	2	2	7	4	—	1	7
Social Case Worker.....	1	—	—	—	—	—	—	—	—	—
Head Teacher										
Representatives	—	1	2	1	1	1	3	1	3	—
Organiser of Child Care	—	—	2	—	1	2	1	4	1	—
Probation Service	1	—	—	—	—	—	—	1	3	—
National Society for the Prevention of Cruelty to Children	5	5	1	4	6	6	7	3	1	6
Paediatrician, Newcastle General Hospital ...	—	—	—	—	—	1	—	—	—	—
Medical Officer of Health	—	—	—	—	—	2	2	1	—	1
National Assistance Board	—	—	—	—	—	5	1	1	—	—
Housing Department...	—	—	—	—	—	—	1	—	—	—
	20	18	23	11	16	31	25	24	19	17

It is indeed pleasing to report that the downward trend of notifications of new cases to the Committee continues. Meetings of the Committee continue to be extremely well attended and the enthusiasm of members is most encouraging. Approximately 25 cases, previously reported, apart from new cases, are brought up at each meeting for discussion and the interchange of information amongst the members of both statutory bodies and voluntary organisations is most helpful in ensuring that maximum aid is being provided, without the services overlapping.

The provision of home helps and home advisers to cases requiring this form of assistance continues, and although some families do not respond quickly, patience is rewarded and the children benefit greatly from the help and advice given to the parents and thus some measure of success is achieved.

Housing is ever a problem and arrears of rent often prevent cases from being even considered for alternative accommodation. Advice on how to meet these debts and also debts for gas, electricity, hire purchase etc. is one of the many ways in which members of the Committee are able to link up and assist families from the various sources of financial help and advice they are able to call upon. I would mention here the valuable and prompt assistance given by the National Assistance Board.

I fully appreciate my responsibility as Chairman and Convenor of this Committee composed of officers of the local authority, voluntary organisations and government departments, and place on record the enthusiasm of all its members in their eagerness to improve the lot of these unfortunate families and their efforts in trying to improve their conditions, sometimes at cost to themselves and very often giving their services out of normal office hours. There is also a problem however in certain families, where parents leave children on their own for hours at a time. This can be extremely dangerous, especially in winter, when there is risk of children being burnt etc. and until we can educate these families, through the Child Welfare Centres and other means, in the correct and decent way to care for their children, this danger will remain. Situations such as this are often reported to the health visitors and officers of the N.S.P.C.C. and then find their way on to the Register of this Committee. Many require supervision for only a short time and much of this neglect is through thoughtlessness only, but it is felt that neighbours could show a little more consideration and help rather than criticise, although of course, members of the Committee are always appreciative of this type of information as it enables them to give supervision and advice where required.

This Committee plays a vital part in the services provided by the Health and Social Services Department, with the prompt and willing aid of other statutory services and the voluntary organisations.

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

The Maternity and Child Welfare Dental Service was operated during the year from three clinics, serving the east, west and central areas of the City. From January until August the services of a full-time dental officer were available, but on his resignation at the end of that month the service was maintained until the end of the year by part-time officers working on a sessional basis.

While routine dental work such as fillings, extractions etc. were undertaken in all three clinics patients requiring Laboratory work and more complicated treatment were seen at the Central Clinic where full facilities were available, and from where specialist advice and treatment if necessary could be readily obtained from the Sutherland Dental Hospital.

Extraction sessions under gas were held at each clinic at weekly intervals while at the Central Clinic arrangements were in force for mothers and children in pain, or requiring emergency treatment to be seen and treated any day in the late afternoon. These emergency sessions were well attended.

Figures for work carried out during the year are considerably lower than those for last year and the year before as far as work on expectant and nursing mothers is concerned. Staffing difficulties may probably account partly for this, but there remains little doubt that the main reason is that all dental treatment including dentures is now free and readily obtainable from private practitioners throughout the Country, and it seems the need for a Priority Dental Service for mothers at any rate may no longer be a pressing necessity although the case for its retention for children under five appears to be as strong as ever.

Details of the work undertaken during the year are as follows.

DENTAL TREATMENT RETURN.

A.—NUMBERS PROVIDED WITH DENTAL CARE.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	204	199	166	129
Children under five	1,423	507	364	316

B.—FORMS OF DENTAL TREATMENT PROVIDED.

	Scalings and Gum Treatment.	Fillings.	Silver Nitrate Treatment.	Crowns or Inlays.	Extractions.	General Anaesthetics.	Dentures Provided.		Radio-graphs.
							Full upper or Lower	Partial upper or Lower	
Expectant and Nursing Mothers	61	303	7	0	596	57	101	44	27
Children under five	7	479	6	0	319	149	0	0	13

NURSING SERVICES

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

Health Visiting Section.

The Centenary of health visiting was celebrated in 1962 throughout the Country. In this City, by kind permission of the Lord Mayor, a Reception was held at the Mansion House on 23rd August. An Exhibition was also held on the Town Moor at the Summer Holiday Fair—23rd to 27th August.

In June, a second health visitor was seconded to a group practice in the west end of the City, in addition to the health visitor already doing this type of work in the east end of the City. As this scheme is proving of great value to the community, it is hoped that before it is enlarged still further, car allowances may be granted to health visitors undertaking this type of work.

Surveys, which are an essential part of a health visitor's work, continued: to the 'Child Development Survey', now in its third year, and the 'Bronchitic Survey' in its second, was added the 'Nuffield Hospital Waiting List Survey'.

Requests for housing reports on medical grounds for the Housing Committee are increasing, and during the year 159 such health visitors' reports were submitted.

In conjunction with the midwives, Parentcraft and Relaxation Classes are held at five centres.

In August Mrs. Macauley, a health visitor who had been trained in health education, resigned. It is realised that the role of a health visitor as a 'health educator' is essential, and it is hoped that in the foreseeable future it may be possible to second another health visitor to undertake this training, or to appoint someone with capabilities in this field to undertake this specialised work.

During the year nine health visitors resigned for various reasons, including three who did not fulfil their two-year contract, of these three, two left for domestic reasons and one for health reasons.

In July, eight student health visitors left the Training School and commenced work in the department.

Home Nursing Section.

At the beginning of January the long awaited Training School for Home Nurses commenced. Of the eight students, four were from

Northumberland County and four from Newcastle upon Tyne. Six of these students were successful in passing the Ministry of Health Examination, and of these, three were from Newcastle upon Tyne. In October the second course commenced with nine students; four from Northumberland County, three from Durham County and two from Newcastle upon Tyne.

Another new scheme commenced in June with the employment of two women who would act as 'Dressing Attendants'. This was designed to try to help and encourage handicapped people living alone to be as active and independent as possible. This has already proved most helpful and it is hoped that it may be increased in the future.

The Night Sitter Service, The Marie Curie Memorial Foundation Service, together with the Laundry Service, are proving of inestimable value.

As in previous years the accent on the district nursing service was that of caring for the geriatric patient.

During the year there were six resignations, one retirement, and five new appointments.

Day Nursery Section.

There have been very few changes in the overall picture of this section.

Mrs. Calvert, who had been Matron at West Parade Day Nursery for 13 years, retired. Mrs. M. B. Liepins was appointed in her place.

Resignations, 14, and new appointments, 18.

Midwifery Section.

As in other fields of nursing the pattern of midwifery is changing, more and more expectant mothers wish to be delivered in hospital, and therefore the need for the domiciliary midwife is decreasing. Because of this trend, the staff was depleted by two. Three midwives left, two retired and one left for domestic reasons; only one appointment was made.

Miss Kent, who had been Superintendent of the Midwives Hostel for the last two years, asked to return to active midwifery and this request was granted; her vacancy was filled by Miss Rogers who is now acting as Warden.

Six midwives occupied the new flats built at Fawdon and Kenton; this has proved to be a most satisfactory arrangement.

In conjunction with the Newcastle General Hospital, and by permission of the Central Midwives Board, an experimental scheme in Refresher Courses was commenced in this City. Newcastle Domiciliary Midwives attended the Newcastle General Hospital Maternity Department for weekend courses, as an alternative to a national refresher course.

During the year 43 pupil midwives completed Part II domiciliary midwifery training, of these 42 were successful in passing the examination of the Central Midwives Board.

In-Service Training.

As in previous years monthly meetings were held in each branch of the services. At these meetings lectures, and reports on refresher courses, were given, and discussions held.

Refresher Courses.

As in previous years members of the staff attended Refresher Courses in London, Durham, Manchester, Hull and Brighton.

Visitors.

Again a number of national and international students visited the department. These were in addition to medical students, nursing students, D.P.H. students, and students from training colleges and school children.

Bath Orderlies.

The bath orderly staff was increased by one in April, making a total of nine (seven females and two males).

This type of work is steadily increasing and the staff will have to be further increased if the demands are to be covered adequately.

Home Advisers.

This small but valuable service was expanded slightly during the past year and now consists of three full time women working very closely with the health visitors.

This is a difficult type of work, and although health visitors would like to see them visiting more homes, it is not always possible because of the inability to gain the consent of the husband.

AMBULANCE SERVICE

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

A summary of the patients carried and the miles travelled during the year under review is set out below with comparable figures for the previous year.

Year	City		Section 24. Other Authorities		Ancillary	Miscellaneous (includes) Training Centre & Welfare	
	Cases	Mileage	Cases	Mileage	Mileage	Cases	Mileage
1961	124,900	534,907	4,381	84,529	19,790	52,231	121,217
1962	128,938	533,209	3,955	73,510	23,897	61,189	132,579
Diff.	+4,038	-1,698	-426	-11,019	+4,107	+8,958	+11,362

Year	Total	
	Cases	Mileage
1961	181,512	760,443
1962	194,082	763,195
Diff.	+12,570	+2,752

There has been an increase in the number of persons transported, of 4,038 under the category of Section 27 of the National Health Service Act, and 8,958 under the category of miscellaneous services, which includes Jubilee Road Training Centre and the Social Services, making a total of 12,996 extra cases over the year. Offset against this figure is the reduction of 426 cases moved for other authorities.

The total mileage for the year has only increased by 2,752 miles, thus reducing the average "mile per patient carried" to 3.9 from last year's figure of 4.1. No doubt this worthwhile reduction in patient mileage is due to the intensified planning and co-ordinating now introduced into the control of fleet movement, and it is felt that now the administrative staff are working the crews and the vehicles to maximum capacity.

Co-ordination with Other Authorities.

Because of the increased pressure of local demands on the Service, even greater efforts have had to be made to improve the liaison with visiting authorities and this is reflected by the fact that there have been 1,179 more cases co-ordinated by the control into their vehicles. Unfortunately this figure has only been achieved through jeopardising the interests of the hospitals and patients on some occasions.

Miscellaneous Services.

This heading was created to account for the small amount of transport that the service provided for other sections of the department, and for the assistance given to the Hospitals and Blood Transfusion Service during off-peak periods. However it has now become a separate division of the Service, with heavy daily commitments to the Mental Health Services, Education Committee, Social Services Section, Home Nursing, Home Helps, Day Nurseries, Invalid Loan Equipment and the recently introduced Meals on Wheels Service.

In addition to these, there is an "on demand" service provided for the Domiciliary Midwives for emergency visiting, and special transport for the Maternity Flying Squad from the Newcastle General Hospital and for the Mobile Incubator, the latter two covering districts outside the City boundaries.

Consequently now, rather than being a miscellaneous or ancillary service, run in conjunction with the Ambulance Service, the section is fast becoming in reality a Transport Service of the Department with special responsibilities in regard to the Ambulance work.

No doubt in view of the growing development of the General Health and Social Services within the City, this is a natural consequence, and the placing of additional work on to an existing service must surely be more economical than creating a number of individual services to meet each new demand.

Nevertheless it does present problems within the existing establishment, particularly in regard to staffing, as most of the demands are in the mornings and evenings creating "peak periods" which makes difficulty in negotiating duty rotas with the staff, and as the demands increase, it will be necessary to ask the users to consider some form of staggering working time-tables. This specially applies where bulk transport is required, such as Jubilee Training Centre, Collingwood Clinic, and Percy Hedley School for Spastics.

Maintenance.

Year	Overhauls 10,000 miles	Inspection 2,000 miles	Miscellaneous Repairs.	Rebuilt Components	Vehicle Repaints.
1961	73	305	369	59	16
1962	67	315	376	16	25
Diff.	—6	+10	+7	—43	+9

Year by year the pattern of the returns from the workshops alter very little, and as their work is unspectacular it is often forgotten, that without their support in maintaining the vehicles in good running order and reducing the incidence of breakdown to the minimum, it would be impossible to maintain the present service.

During the year the workshops have been handicapped, because of prolonged illness of one of the engineers, which is reflected in the number of rebuilt components, and has resulted in the need to purchase from outside, reconditioned components, a policy which has proved costly and less reliable.

The introduction of the 7-year Ministry of Transport vehicle testing has resulted in 21 vehicles being submitted and issued with the necessary certificates. Next year this will be down to 5-year periods and will involve more than 50% of the total fleet.

Premises.

During 1962 there were high hopes that the problem of providing a permanent headquarters for the service had been overcome and that it would be possible in this report to give a statement on progress of the new building. Unfortunately this is not the case, as no start has been made and there appears to be little chance of progress in the first half of 1963.

It must be appreciated that this delay in providing reasonable accommodation for the section, causes a great deal of insecurity and unrest amongst the staff, especially when it is remembered that for more than 10 years they have been housed in temporary inadequate premises, and have suffered the inconvenience and upset of 3 major moves. It also makes the task of the Senior Officers more arduous, as under the poor conditions from which the service is having to be operated, it is very difficult to maintain the standard of efficiency and cleanliness required for a service of this nature.

Vehicles.

During the financial year 1961/2 the committee purchased seven new vehicles and one second-hand 30 seater coach. Three of the new vehicles were to the specification which resulted from the development work that the service had carried out on the "Multi-Purpose" Ambulance Body, the principle being, that the interior was fitted with detachable types of equipment providing for interchangeability to enable it to accommodate either stretcher, sitting or wheelchair cases, or a combination of the three, and the design incorporated a power loading platform capable of loading wheelchair cases without disturbing the patient.

A further two vehicles were of a special specification which provided for the carrying of four stretcher cases and four sitting cases, this capacity being required for the hospital to hospital transfer work, where there are numbers of patients being moved from and to the same destinations.

During the year nine vehicles were disposed of, three of these being vehicles that the Committee had retained for the limited uses in connection with the work for the Jubilee Training Centre, and were all over 12 years old, and the introduction of the Ministry of Transport standards made it uneconomical to retain them.

The introduction of the "Multi-Purpose" Ambulance enables the service to take this action as they are capable of carrying up to 18 persons.

Staff.

During the year two of the operational staff and one of the administrative staff resigned for domestic or other reasons.

The Committee of Medical Officers of Health and Chief Ambulance Officers which has been considering the need for providing a training establishment for ambulance personnel, came to full agreement that such an establishment was a pressing necessity and this conclusion was endorsed by the Standing Medical Advisory Committee on Accident and Emergency Services in its report issued in August, 1962.

It is unfortunate that no further action has been taken on this matter and it is hoped that the Ministry of Health may give some guidance to local authorities on the subject in the very near future.

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 the Local Health Authorities' requirements.

Sickness.

The operational staff lost 1,476 days due to sickness, and 66 days were lost by the administrative staff.

Safe Driving Awards.

Eighty two members of the staff were entered, and sixty seven were recommended for awards.

Accidents.

During the year there have been eight accidents which necessitated making claims upon the insurance company.

Civil Defence.

Again progress has been regrettably slow and the section has made little headway during the year.

Meetings have been held with the Voluntary Societies for the purpose of enlisting the service of their members into the First Aid section of the Corps, and the results of these are awaited with interest.

During the year there has been some major reorganisation within the Corps, which has included the payment of a bounty to volunteer members, this combined with the general streamlining of the organisation gives encouragement for the future.

Whatever the future of the Corps, the peacetime ambulance service will have a very important role to play, and it may be at this stage that more consideration should be given to the duties that will be expected from the peacetime ambulance driver/attendant.

HEALTH EDUCATION

(*Dr. J. T. Jones*).

Various groups of professional people have in the past taught the public about health matters. Many improvements of course have been made as the result of this, for example, it is not so common to see people spitting on the roads and pavements because of propaganda material which has been displayed on buses, television, and wireless etc., stressing the relationship between this habit and the spread of infection.

People know more about the function of their bodies than hitherto. Health visitors have always taught parents about health matters during their day to day work, for example, at infant welfare and mothercraft clinics, where posters and leaflets are always found on display. Recently attempts have been made to put health education on a more formal basis, and in Newcastle upon Tyne the following have been set up.

- (a) The Departmental Health Education Committee made up of personnel drawn from all sections of the Health and Social Services Department. This meets quarterly and decides on general policy and planning of quarterly campaigns.
- (b) Head Teachers Health Education Committee. This is composed of head teachers representatives, the Principal School Medical Officer and senior staff of the Health and Social Services and Education Departments. This Committee forms a link between the Central Department and head teachers and it is at this Committee that the guidance of head teachers is sought on the best methods of approach to the school children and parents.
- (c) Home Safety. A Home Safety Committee which is a sub-committee of the Health and Social Services Committee was established in March, 1958, and in an attempt to interest voluntary organisations, a Voluntary Organisations Home Safety Sub-Committee was also set up.

Head teachers because they are in contact with children at an important stage in their physical, mental and social development, can play a part in teaching them about health, and have ideal opportunities to influence the development of correct attitudes to their bodies, prevention of illness and personal hygiene.

To determine the way in which the Health and Social Services Department could help head teachers and class teachers in this task, head teachers were requested to complete a questionnaire asking whether they required any assistance and if so, how it would be provided. Analysis of these questionnaires showed that:—

- (a) Head teachers of primary schools could include health education in the normal curriculum.
- (b) Secondary school head teachers on the other hand felt that they required help of a specialised nature and that the teaching should be on a more formal basis but again included within the normal curriculum. At a subsequent meeting between the head teachers representatives and the Principal School Medical Officer, subjects suitable for various age groups were suggested and agreed upon. The Principal School Medical Officer undertook to provide head teachers with guides containing details of material available on these various subjects and to publish a quarterly Bulletin containing progress reports on health education in Newcastle upon Tyne, a short article on the current health education campaign and short notes of interest.

It is intended to hold quarterly campaigns during 1963 during which a particular health topic will be concentrated upon. Materials will be distributed to schools, maternity and child welfare clinics and will be available to head teachers on request. Assistant medical officers, health visitors and school nurses during this particular period will advise parents.

Smoking and Health.

In Ministry of Health Circular 6/62 Councils were asked to use all their channels of health education to bring home to the public the danger to health of smoking, particularly of cigarettes. Discussions were held with head teachers representatives about this whole subject and posters, leaflets and a film were made available; talks were given to one or two youth clubs by assistant medical officers and posters were displayed in maternity and child welfare and school clinics and at various vantage points throughout the City. No definite anti-smoking campaign was undertaken.

Maternity and Child Welfare.

Health visitors have continued to give group discussions on topics of interest to mothers. Poster and various projects are on display at intervals in clinics throughout the City.

Exhibitions.

Royal Agricultural Show—July 3rd-6th.

The theme of the exhibition staged in the Royal Agricultural Show which was held in Newcastle upon Tyne from July 3rd-6th was "The Health Department Looks Ahead."

The exhibition was divided into seven parts, each illustrating the health problems of one of the seven ages of man. Each of these sections showed the startling progress made during the past fifty years, and also indicated the problems still to be overcome. The part that the Health and Social Services Department will play in solving these problems, and the way in which the public themselves can do much to improve the health of the community, were emphasised.

The staff and students of the City College of Art and Industrial Design co-operated in the presentation and design of this exhibition, and it was largely due to their efforts that the presentation of the exhibition was of a very high standard.

Summer Fete—August 24th-27th.

To mark the Centenary of Health Visiting an exhibition was presented in the City Summer Fete held in the Exhibition Park in August.

The exhibition traced the work of the health visitor during the past 100 years, and gave in considerable detail the present qualifications and duties of health visitors.

Models dressed in period costume, and a setting showing the inside of a Victorian room added realistic features to the exhibition which despite being damaged by high winds was well presented.

SUMMARY OF FILM SHOWS.

(1961 figures in parenthesis).

	Number.		Total attendance.	
Film Shows at Clinics	8	(9)	243	(213)
Film Shows to nursing and other staff	36	(42)	957	(1,223)
Film Shows at Flower Show exhibition	—	(20)	—	(450)
Film Shows to other organisations	23	(21)	995	(719)
Totals	67	(92)	2,195	(2,605)

HOME SAFETY

(Dr. G. H. Whalley).

The Home Safety Sub-Committee of the Health and Social Services Committee, which meets quarterly, has given increased support to Home Safety which is regarded as an essential and salient part of overall health education.

It is assisted by a Voluntary Organisations Home Safety Sub-Committee which meets several weeks later and assists communication with nearly 170 Women's Organisations and groups in the city.

As far as possible topics selected for National Campaigns, and associated with the Royal Society for the Prevention of Accidents, are included in publicity by the Committee which included a number of talks to voluntary organisations.

Publicity during the year is outlined as follows:—

January—March.

Varied publicity continued in support of the National Fire Prevention Campaign and included the issue of roundels to 297 public houses in the City.

Extensive publicity was also made on the "Prevention of Falls" through posters and comment by staff, with special attention given to the elderly.

April—June.

The "Prevent that Fall" campaign was continued and linked in particular with Women's Organisations and Old People's Clubs.

July—September.

Prevention of injuries from broken glass was given considerable publicity.

Supporting publicity was given to 'Water Safety.'

Token support was given to 'National First Aid Week.'

October—December.

1. The National Home Safety Training Year was supported and two posters were specially designed to encourage the public to 'do more' and 'learn more' about Home Safety. Lecture demonstrations on 'Housework with Ease and Satisfaction' were offered to women's organisations and given to the Home Help Service.

Staff, including Home Helps, were encouraged to give suitable mention to Home Safety Training, in their contacts with the public.

2. Publicity was given in November to 'Care with Fireworks' and about 400 stockists were circulated with small posters with the assistance of the Chief Fire Officer. A special strip notice was printed for quantity display informing the public that it is illegal to sell fireworks to children under 13 years of age.

3. A limited display of posters on the risk of burns was issued before Christmas and into the New Year.

General Scope of Publicity for Main Campaigns.

This covered:—

The Health and other departments of the Corporation including the City Libraries, the Housing Department, Baths and Laundries, the large covered market, the City Airport, and City transport canteens; City Welfare, Chest and School Clinics, and displays in the Welfare Foods Distribution Centre; City Schools, Colleges of Further Education and about 250 Youth Organisations and their groups; The University Medical School and Students Union, and large Hospitals; The Ministry of Pensions and National Insurance and main Labour Exchanges; large industrial and commercial organisations; certain firms, shops (including a display in one and in empty shop windows), firework stockists and launderettes, and larger insurance companies; public houses; use of outside poster boards, and certain corporation vehicles; issue of material to the press and for the "Civic News," as well as to various voluntary bodies; news sheets for staff, notice boards, and franking of mail.

MENTAL HEALTH SERVICES

(Dr. Peter Morgan—Consultant Psychiatrist)

Foreword.

During the year, the full implication of caring for mentally disordered persons in the community, as envisaged in the Mental Health Act, 1959, has gradually become more evident. Modern psychiatric treatment has led to a considerable decrease in the length of time spent in hospital by new cases of mental disorder, and many patients who have been in hospital for years are now able to be discharged. Some patients who would previously have been treated in hospital have been treated in their own homes, by the general practitioner and the hospital psychiatrist; others attend the hospital daily whilst continuing to live at home.

The emphasis on treatment and care in the home has almost doubled the work of the staff during the year, and the mental welfare officer has found himself to be a key figure working in co-operation with the psychiatrist, general practitioner, and social workers. Not only has the quantity of work increased, but it has altered in quality. From being the officer concerned with the compulsory admission of unwilling patients to hospital, the mental welfare officer has become a social worker responsible for helping people to resolve or mitigate a wide range of emotional problems as well as providing more obvious material help. This work involves considerable skill and knowledge together with the ability to form part of a team, not only with the hospital psychiatrist and family doctor, but also with social workers in both hospital and local authority.

The Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services (the Younghusband Report), recommended three grades of worker; firstly the University trained, secondly the worker with two years training leading to a National Certificate of Social Work, and thirdly the in-service trained worker. In the field of mental health, these grades would be the psychiatric social worker, the mental welfare officer, and the welfare assistant.

This year saw the departure of the first officer to be sent for two years training from this section.

As the public and hospital services become increasingly aware of the psychiatric problems in the community, so does the demand for trained workers to cope with them. The need for consultation between the university trained social worker and the untrained but experienced social worker has been accomplished in this section by weekly individual meetings between the senior psychiatric social worker and the mental welfare officers, departmental case conferences, and attendance at hospital case conferences.

This year saw the publication of a report on the Training of Staff of Training Centres for the Mentally Subnormal. Among many recommendations was that for a two year training course for staff under the supervision of a Central Training Council and that by 1972 all staff at training centres should be trained. Excellent work is being done, by largely unqualified staff throughout most training centres, but undoubtedly, mentally subnormal children should have the benefit of trained teachers in the same way as their more fortunate contemporaries. Staff at Jubilee Road Training Centre welcomed this report, but were disheartened by the Central Health Services Council's views that it was unrealistic.

A Regional Study Day for the staffs of training centres throughout the Northern Region was held at the Jubilee Road Training Centre, and about 120 people attended. The staff obviously appreciated this opportunity for guidance, but the demand for further training schemes, perhaps on a regional basis, was very apparent.

Committee Composition, Administration and Staff.

- (a) The Mental Health Sub-Committee comprises all members of the Health and Social Services Committee.
- (b) The administration of the Mental Health Services shows no major change, apart from the retirement of the Senior Mental Welfare Officer, Mr. W. Graham, whose work in the field of mental subnormality extended over 27 years, and with the closure of Doric House, the final integration of staff dealing with all kinds of mental disorder.
- (c) The staff consists of one Consultant Psychiatrist (part-time), one Senior Psychiatric Social Worker, one Senior Mental Welfare Officer, three Mental Welfare Officers, two Welfare Assistants and three Trainee Mental Welfare Officers.

- (d) One Trainee Mental Welfare Officer is at present attending a two year full-time course leading to the National Certificate of Social Work.
- (e) The Staff of the Jubilee Road Training Centres consists of a Manager, two Supervisors, eight Assistant Supervisors, three Craft Instructors, one Assistant Nurse and four Trainee Assistant Supervisors.
- (f) One Trainee Assistant Supervisor is at present attending a one-year course for Adult Training Centre Staff organised by the National Association for Mental Health.

Community Care.

During the last year the work in this field has continued to increase, and more and more cases of mental disorder are being referred to this section for support in the community.

The mental welfare officer is now taking an active part in the rehabilitation of the chronic mental hospital patient, and his return to the community. The general unemployment in the area is considerably hampering this work, although there is close co-operation with the Ministry of Labour Disablement Resettlement Officer.

Approximately 270 new cases of persons with psychiatric disability were referred to the Department for community care by the hospital services. This figure excludes cases referred by general practitioners and other sources, and also those patients already known to the Department. About one half of the cases were chronic schizophrenics, and about one-fifth suffered from endogenous depression.

Community Care Clinics.

The work of the Community Care Clinics has continued at Blakelaw, St. Anthony's and the Newcastle General Hospital, but as yet the majority of cases are referred by the mental welfare officers or the Children's Officer. However, towards the end of the year, an increasing number of patients were being sent by health visitors and by the general practitioners. These latter cases were usually mothers of large families, on the verge of a mental breakdown, where social measures could lead to prevention.

Social Clubs.

The facilities for social clubs organised by this section have increased during the last year. There are now three flourishing clubs available in the community.

The Good Companions Club meets one evening a week, and is organised with the help of the members of the Toc H, for ex-psychotic patients. It has a membership in the region of 70.

The Friends Thursday Club which is for neurotic patients, and is organised in association with the Society of Friends, has a membership of 88.

The weekly evening club for mentally subnormal adults, is organised by the Training Centre Staff and is attended by approximately 80 mentally subnormal persons.

The clubs are attended both by patients living at home and in the hospitals.

The assistance given by Toc H and the Society of Friends is greatly appreciated by the Department.

Hostels.

By the end of 1962, the first Local Authority Hostel for psychiatric patients neared completion, and this will take 25 women on a "half-way house" basis.

Training Centres.

The activities at the Jubilee Road Junior and Adult Training Centres have followed last year's trends. The contract work at the Adult Centre has steadily expanded and there has been increasing emphasis on practical adult education.

The Junior Centres continue to encourage parents to attend with their children during the first week, and the practical side of training has been encouraged by visits to Railway Stations, Post Offices, etc

Membership of the weekly Evening Social Club flourishes and is greatly appreciated by both parents and trainees.

A week's summer vacation was arranged for both the adult and junior Centres.

STATISTICS.

Mental Illness.

Eighteen cases who are normally resident outside the City were dealt with, having been reported to the Department whilst undergoing medical treatment in various hospitals, or otherwise in transit. In comparison 21 cases were reported during 1961. Such cases are detailed as follows.—

	1962	1961		1962	1961
Durham	—	4	Gateshead	3	1
Northumberland	7	10	North Shields	1	1
Lancashire	—	1	Halifax	—	1
Staffs.....	—	1	Hampshire	—	1
London	3	—	Leicester	1	—
Denbigh	1	—	Middlesbrough	2	1

The following tables shows the category of cases received into hospitals involving the Mental Welfare Officers:—

Admissions	Psychiatric Unit General Hospital	St. Nicholas Hospital	Other Hospitals	Totals
Informal admissions	1	38	2	41
Under Section 25	11	63	2	76
(i) trans. to informal class.....	7	43	—	50
(ii) trans. to Section 26.....	3	6	—	9
Under Section 26	1	27	3	31
(i) trans. to informal class.....	—	4	—	4
Under Section 29	5	12	—	17
(i) trans. to informal class.....	3	7	—	10
(ii) trans. to Section 25.....	—	12	—	12
(iii) trans. to Section 26.....	—	2	—	2
(iv) trans to Section 25 and then made informal class	—	8	—	8
(v) trans to Section 26 and then made informal class	—	—	—	—
(vi) trans to Section 25 and then Section 26.....	—	—	—	—
Under Section 136 (Police)	2	9	—	11
(i) trans. to informal class.....	1	3	—	4
(ii) trans. to Section 25.....	1	1	—	2
(iii) trans. to Section 26.....	—	2	—	2
(iv) trans to Section 25 and then made informal class ...	—	—	—	—
Cases admitted under Section 60 (Order of Courts)	—	1	1	2

The following table shows the total number of City residents treated in St. Nicholas and the Newcastle General Hospitals during the year:—

	General Hospital	St. Nicholas Hospital	Totals
Admissions:			
Informal	322	427	749
Section 29.....	6	28	34
Section 25.....	14	86	100
Section 26.....	1	32	33
Section 136.....	5	11	16
Section 30.....	8	6	14
Section 60.....	—	2	2
Discharges	358	546	904
Deaths	7	88	95

St. Thomas's Psychiatric Out-Patients Clinic.

This Clinic serves as an extension into the City of the three hospitals in the area, taking cases of mental disorder, the building being provided by the Regional Hospital Board. The number of City patients by sources given below, cover a five-year period.

	1962	1961	1960	1959	1958
General Practitioners	232	235	248	319	246
Follow-up of discharged hospital patients	140	147	225	152	151
School Health Service	—	18	44	36	38
Probation Officers	20	36	38	28	15
Mental Welfare Officers	—	5	7	9	8
Newcastle General Hospital	—	6	—	9	—
Others	4	18	4	9	4

In addition to the above figures, it must be remembered that City residents are also admitted to Claremont House Day Hospital, an in-service unit attached to the Royal Victoria Infirmary and the Newcastle General Hospital. As these hospitals serve some areas outside of the City, it is not possible to include their figures with the statistics.

Community Care Visits.

6,337 Community Care Visits were carried out on cases of mentally disordered persons in the City, as compared with 3,951 during the previous year. This represents a considerable increase in the amount of work done in the department and is the chief employment of the staff.

Mental Subnormality.

An increased number of new cases was reported—this was mainly due to the ‘bulge’ of school-leavers, and, as always the main source of notification was the Director of Education.

Total number of new cases reported:—

1962	1961	1960	1959
114	72	78	105

Source of referral.

	Subnormal				Sev. Subnormal			
	Under 16 M.	Over 16 F.	Under 16 M.	Over 16 F.	Under 16 M.	Over 16 F.	Under 16 M.	Over 16 F.
General Practitioners	—	—	—	1	—	—	—	—
Hospitals on discharge from in-patients	—	—	2	3	—	—	—	—
Hospitals after out-patients or day treatment	—	—	1	1	—	—	—	—
Director of Education	—	—	32	11	21	17	4	11
Police—Courts	—	—	—	1	—	—	—	—
Others	—	—	4	4	1	—	—	—
Totals	—	—	39	21	22	17	4	11

Details of Subnormal Case Load.

	Male	Female	Total
Awaiting hospital vacancies (urgent)	7	2	9
Awaiting hospital vacancies (not urgent)	6	9	15
Cases admitted to hospital	21	13	34
Cases ascertained	60	47	107
Cases reported	68	48	116
Total number under Community Care	292	209	501

Temporary Hospital Care.

Arrangements were made for 33 patients (20 males and 13 females) to have varying periods of temporary hospital care, so that their relatives might have a holiday.

Details of Subnormals in Hospital.

Males		Females		TOTALS
Under 16	Over 16	Under 16	Over 16	
33	251	25	218	527

Training Centres.

	Junior	Adult	Totals
Attendances	16,212	18,805	35,017
Admissions.....	33	33	66
Discharges	21	15	36
Places Provided	98	96	194

SOCIAL SERVICES INCLUDING THOSE PROVIDED UNDER NATIONAL ASSISTANCE ACTS, 1948 AND 1951

If these services are to provide a real and lasting benefit to the needs of various groups of citizens, especially and especially to the most needy persons as well as many others who need help in many ways and conditions, then it follows that they must be well planned, carefully coordinated, and properly administered. They must be planned in advance, they must be properly administered, and they must be properly administered.

III—SOCIAL SERVICES

INCLUDING THOSE PROVIDED UNDER
NATIONAL ASSISTANCE ACTS, 1948 AND 1951.

SOCIAL SERVICES

INCLUDING THOSE PROVIDED UNDER NATIONAL ASSISTANCE ACTS, 1948 AND 1951

If these services are to provide co-ordinated facilities for the needs of various groups of elderly, mentally and physically handicapped persons as well as many others who would welcome advice and assistance, then it follows they must be unified administratively, work closely together, know each other's "sphere of interest" and be prepared to seek the assistance of all non-statutory bodies willing to help.

In one administrative division of the department with its own clerical staff, the sections of Residential Care under the Chief Welfare Officer and Community Care under the Principal Social Worker have been formed.

"Residential Care" includes all hostels, meals on wheels, burials etc., and "Community Care" is further subdivided into mental health, an advisory and convalescent service, as well as the care of physically handicapped and elderly both in their own homes and at clubs, occupation centres, etc.

It will be some little time before the new grouping of services can play an optimum role but the move to the Civic Centre will certainly assist in this. In the meantime, despite shortage of staff, individual responsibilities are being worked out while the vital work of maintaining the service goes on. By the end of 1963 the integral parts of the service should be working smoothly. An outline structure is attached for reference. (Appendix II, page 234).

The next step, having determined the responsibilities of the individual posts, is to obtain and train the staff on Younghusband lines, providing facilities for in-service training and attendance at national courses as appropriate, both for those already in the service and for new recruits. Some years must pass before this ideal can be achieved, but a start has been made.

Whilst training is vital, so also is an understanding between the social workers in several fields and the already well established and trained nursing staff of the department. Neither can play their part

fully unless closely associated with their colleagues in the hospital and voluntary services, as well as the staff of the National Assistance Board and others.

At the end of 1962 the provision of a community service, tailored to the individual's needs in his own area of the City, had become a reality but there were still many problems to overcome (none of them insuperable) before the service could become fully effective. One of these was transport.

RESIDENTIAL CARE.

(*Mr. H. Craig*).

Residential Homes.

No further residential care was provided by the City Council during 1962 so that the accommodation for elderly and handicapped persons within the City at the end of the year was:—

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Residential Homes	173	185	358
Elswick Dene Hostel	15	—	15
Eventide Homes	—	7	7

and outside the City for Newcastle upon Tyne residents:—

By other Local Authorities	3	4	7
At various Private Homes	7	11	18
TOTAL	<u>198</u>	<u>207</u>	<u>405</u>

In addition, six further Homes in the City are registered with the Local Authority and are regularly inspected. They provide a total of 320 places, all being available for permanent stay if required.

Of the 143 persons admitted to Residential Care, 27, the majority of them emergency cases, returned to their own homes; 39 persons were admitted following discharge from hospital.

Eighty persons, many of whom had been resident for a number of years died in the Homes and 31 had to be admitted to hospital.

To the great satisfaction of everyone, it has been possible to provide holidays (as distinct from convalescence) for elderly and handicapped persons living on their own, or in the residential homes.

St. Abb's, a private hotel on the sea front at Whitley Bay, was acquired by the Committee and opened on the 17th April, 1962 to accommodate 19 elderly and handicapped persons for a holiday period of at least two weeks.

This additional facility is much appreciated by both the elderly who have lived in a residential home for several years and also by the relatives of those who come from their own homes. It has given many families a well deserved rest and improved the health, widened the interests, and made new friends for many lonely old persons. 372 persons had a holiday (usually a fortnight) there during 1962.

Temporary accommodation for persons as a result of Storm Damage, Fire and Flood.

Fifteen persons urgently required accommodation. As three were elderly they were given temporary accommodation in the Residential Homes, and the remainder were found temporary accommodation with relatives and friends.

Accommodation for Persons evicted for various reasons from their own homes.

In the early part of the year all the accommodation available for this purpose became blocked because it was impossible to move on the type of family which had gravitated into it. Consequently families, often evicted through no fault of their own found themselves homeless and it became almost impossible to help them. Mention must be made here of the untiring efforts of many members of the staff in all sections of the department which enabled many distressed families to find shelter at least until they could look round, but it still left others, particularly with the larger families, with nowhere to go.

This situation was not unique to Newcastle upon Tyne but faced the councils of several large authorities. It was thus a time for consultation and joint action.

In the past and still today when the need is great the solution can be found given the determination to analyse the situation, prepare a plan, and the goodwill of the staff of several departments to see it through.

The Joint Sub-Committee of Health and Social Services and Housing Management Committees known as the Eviction Committee after considering several alternatives placed a plan before the parent Committees which was ultimately approved by the City Council. Three stages of accommodation would be provided

through which the whole evicted family would pass, namely temporary short stay, for a few days to permit assessment of real need, then more permanent accommodation of a type awaiting revitalisation before ultimately being rehoused according to their position on the housing waiting list. During the second stage, which may well spread over several years, the full resources of both the Health and Social Services and Housing departments would be used in an attempt to rehabilitate the family, if this was considered possible.

Suitable first stage accommodation was found and was being prepared at the end of the year. In the meantime the staff of the two departments achieved remarkable feats of social work in very trying circumstances. In retrospect of course, there were a few failures but they should not be allowed to cloud the many successes.

Meals on Wheels.

For many years, aided by a grant from the City Council the Women's Voluntary Service provided two daily rounds of 30 hot meals but the demand only enabled them to provide a limited (i.e. not daily) service to individual elderly persons due to shortage of volunteers.

When legislation made it possible for the Council to provide this type of service agreement was easily reached with the Women's Voluntary Service whose pioneer work in this field was very much appreciated.

The staff at several of the residential homes was able to increase their output of midday meals so that a suitable menu for elderly persons living at home was developed. The W.V.S. took over a small area of the city and became responsible for deliveries therein, the remainder being provided with meals by transport from the ambulance service.

The ease with which this service has developed is a source of satisfaction to those most intimately connected with its detailed planning.

The appreciation of the 70 housebound elderly who can now receive for 1/3d. a hot meal seven days a week as required is a just reward for the work put into the service by many people.

This is just a beginning.

COMMUNITY CARE

(Miss B. Haythornthwaite).

Thirteen Social Workers and Home Teachers provide a domiciliary visiting, teaching and casework service for the aged, infirm and handicapped, staff the Social and Occupational Centre and assess the need for the following services: Meals on Wheels, Applications for Residential Care, Holidays at St. Abbs, Aids, Adaptations and Equipment to assist handicapped persons to overcome their disabilities.

1. Services for the Elderly.

The Social Workers made 7,063 visits to elderly persons living in their own homes.

At the 31st December, 1962, 103 elderly and infirm persons were awaiting admission to residential accommodation. These and many other elderly and infirm persons were maintained in their own homes by the recommendation and provision of various services. The Home Help, Bath Orderly, Health Visiting and Home Nursing Services all co-operated and gave valuable assistance without which many old people could not have continued to live in their own homes.

Voluntary Organisations.

The Women's Voluntary Service and the Council of Social Service arrange luncheon clubs for the elderly, and these are of extreme value to old people.

Many clubs for the elderly of various kinds are in existence in the City, and some of these receive grants from the City Council.

Members of voluntary organisations also played their part by friendly visits, shopping, escort duties, and decorating the homes of the elderly.

2. Services for the Blind and Partially Sighted.

There are six Home Teachers and one Trainee who give a comprehensive service to the blind, partially sighted and deaf blind.

They made 4,716 domiciliary visits and gave 248 Braille, Moon and Typing lessons, in addition to teaching handicrafts and organising social and other functions at the Social and Occupational Centre in Princess Street.

	1962	1961
Number Registered Blind at 31st December.....	646	604
Number of Registered Partially Sighted at 31st December	134	128

Education, Employment, Social and Industrial Rehabilitation.

Two Newcastle pupils at the Royal Victoria School for the Blind gained places at Worcester College for the Blind.

The Community Care Section appointed a Blind youth from the Royal Normal College as a shorthand typist/telephonist.

At the 31st December, 1962, there were 62 blind persons employed in the Workshops for the Adult Blind and three persons employed under our Home Workers Scheme.

Thirty blind persons are employed in Open Industry.

One blind man underwent a course of industrial rehabilitation at the Royal National Institute for the Blind Centre at Torquay.

Examination for Registration as a Blind or Partially Sighted Person.

Arrangements were made for 85 persons to be examined by the Ophthalmic Surgeon; 56 were new cases and 31 were re-examined as part of the follow-up service for those initially examined at an earlier date. The result of the examinations were:—

Registered as Blind	45
Registered as Partially Sighted	17
Not Blind or Partially Sighted	23
	85

Only forty-five persons were registered as blind during the year and all but five of them were over 70 years of age.

Voluntary Organisations.

The Newcastle and Gateshead Voluntary Society for the Blind continues to provide white sticks, grants for holidays, clothing, bedding and extra nourishment, assists in the rental of Talking Books and the distribution of Wireless Sets on behalf of the British Wireless for the Blind Fund. They organise summer outings and provide Christmas Parties.

National Library for the Blind.

The Library Service is very popular and provides a regular source of literature in Braille and Moon type.

Placement Service.

The Placement Officer of the Royal National Institute for the Blind continues to work in close co-operation with the Community Care Section.

Nuffield Talking Book Library for the Blind.

As Talking Books have become more readily available, by the rental service, the demand for records and tape recordings has increased considerably.

3. Services for the Deaf and Hard of Hearing.

Registration.

The classifications of persons with a hearing loss was amended as from the 1st January, 1962, providing for three categories in place of the former two and is as follows:—

- (a) *Deaf without speech*—those who have no useful hearing and whose normal method of communication is by signs, finger spelling or writing.
- (b) *Deaf with speech*—those who (even with a hearing aid) have little or no useful hearing but whose normal method of communication is by speech or lip reading.
- (c) *Hard of Hearing*—those who (with or without a hearing aid) have some useful hearing and whose normal method of communication is by speech, listening and lip reading.

It is universally accepted that the degree of speech referred to in the above classifications should be such as to be intelligible to a lay person rather than a skilled welfare officer or others used to the person's mode of speech.

Number on Register at 31st December, 1962:—

(a) Deaf without speech	49
(b) Deaf with speech	178
(c) Hard of Hearing	56
	283

This service is carried out by a social worker who, during 1962, made 1,132 domiciliary visits. A placement service is operated endeavouring to place, in suitable employment, all ages and classes of deaf and hard of hearing persons. In this connection 145 visits were made to prospective employers. Other duties to help the

deaf include being "on call" to interpret for deaf persons in hospitals, courts, solicitors' offices and when other essential business and personal affairs are discussed.

Three voluntary organisations for the deaf, who are grant aided by the Health and Social Services Committee, assist in the general welfare of deaf and hard of hearing persons. These organisations arrange clubs, social functions and attend to the spiritual care of deaf persons who cannot take part in ordinary church services.

4. Services for Handicapped Persons (General Classes).

The number of registered handicapped persons has increased by 87 during the year and the numbers registered at the 31st December 1962, are as follows:—

Amputations	24
Arthritis and Rheumatism	33
Congenital Malformations and Deformities ...	38
Diseases of the Digestive and Genito-Urinary Systems, Heart, Circulatory System, etc.....	67
Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis or Trunk, Limbs, Spine etc.	34
Organic, Nervous Diseases, Disseminated Sclerosis, Poliomyelitis, etc.	148
Neuroses, Psychosis, etc.	14
Tuberculosis (non-respiratory)	14
Tuberculosis (respiratory)	6
Diseases and Injuries not specified above (Asthma, Diabetetes, etc.)	17

Domiciliary Services and Casework.

The visiting, supervision and provision of special aid and adaptations has helped to secure the well being of these classes of handicapped persons. 1,540 home visits were made during 1962 and 25 aids, adaptations, etc., were made available during this period and ranged from the adaption of a mechanised vehicle to the supply of simple aids such as a hand-rail, bath seat etc.

Special attention has been given to persons living alone and to those who have personal difficulties.

Car Badges for Severely Disabled Drivers.

In accordance with the Ministry of Health's recommendation, the Community Care Section issues car badges to applicants who suffer from a permanent and substantial disability which causes severe difficulty in walking. These are usually in one of the following categories:—

Drivers of invalid vehicles supplied by the Ministry of Health.

Drivers of vehicles specially adapted for persons with defects of locomotion.

Drivers with amputations which cause considerable difficulty in walking, or who suffer from a defect of the spine or the central nervous system which makes control of the lower limbs difficult.

These badges are for the purpose of identification only and confer no legal rights or privileges. The display of these badges, however, enables ready identification, both by the police and other roadusers.

Many drivers supplied with these badges have expressed their appreciation of the co-operation given by the Police in assisting them with the parking of their vehicles.

5. Social and Occupational Centre, Princess Street.

The Centre is open from 10-0 a.m. to 4-30 p.m. Monday to Friday and has an average weekly attendance of 274 handicapped persons. Evening classes have been held five nights per week from June to December, with an average weekly attendance of 134 persons.

Tuition is given in pulp cane basketry, seagrass, bush and cane chair seating, repairing, light woodwork, hand knitting, pottery painting, machine sewing, hand embroidery, fabric painting, toy making, all types of rug making, upholstery and leatherwork. The standard of articles produced is high and the sale of finished goods realised £456 for the year.

Social and recreational facilities are also available at the centre. Many attending the centre have no opportunity for social contacts and the centre is their only source of social rehabilitation.

1962 saw the inauguration of three special evening handicraft sessions sponsored by the Education Committee for employed epileptics, blind and other handicapped persons.

Another new venture was the introduction of a week-day discussion group which was organised in conjunction with the Extra Mural Department of King's College, who provided a tutor for this group.

The Friday evening Youth Centre and Monday evening Dancing Class for Deaf teenagers continue to flourish and attract deaf teenagers from Newcastle and the surrounding areas.

SOCIAL CASE WORK.

(Miss J. M. Reader).

The provision of a case work service has promoted increasing requests for assistance by other social agencies, which because of their terms of reference are unable to give the help they know is required or have not the facilities for long term intensive family casework. The growing awareness of the value of case work by voluntary and statutory organisations is welcomed and case discussions with the officers concerned are encouraged.

The close co-operation of City general practitioners is greatly valued. During the year they referred 364 patients and in fact have been responsible for the largest proportion of referrals in recent years, for once a patient has been introduced by his doctor, he may subsequently make his own application for further assistance. This link with the general practitioners will undoubtedly develop, and with the increased turnover of hospital beds, there will be greater emphasis on medico-social work in the community.

A wide range of problems are brought to the attention of this service and it is common for a simple request for material help to mask some greater personal, or family difficulty which the applicant may not wholly realise. It is clear from an analysis of the case load that a very high proportion of all cases helped were difficult and complex, often with emotional and personality problems requiring skilled intensive assistance. As in previous years most help was given to applicants with personal and matrimonial problems. The majority of these cases were referred by their doctors for guidance and advice which would not normally come within the scope of any other social agency.

Supportive help is also continually being given to families of the chronic sick and aged in their own homes to reduce the strain and tension which often exists. The voluntary agencies help greatly with friendly visiting of the lonely and handicapped housebound individual, which also assists keeping in touch with them.

The aim to co-ordinate services for those in social need is assisted by the good relationship existing between voluntary and statutory bodies. The chiropody service for aged and registered handicapped persons was facilitated by making appointments for patients attending the Local Authority Clinics. This service has been greatly appreciated by the old people of the City.

Applications for maintenance at Mother and Baby Hostels are made to the Local Authority by Moral Welfare Workers. During 1962 there were 37 such applications, but only 28 were actually maintained as one girl paid her own account and others made their own arrangements. The staff takes a special interest in the care of the unmarried mother and her child, and an excellent relationship exists with the local Moral Welfare Workers. It should be noted that the number of girls maintained by the Local Authority is but a very small proportion of the total number of unmarried mothers assisted.

Case work is, of course, a personal service to the individual, but the community must obviously benefit in the long run since help given in time can prevent deterioration of the family group, or the development of anti-social tendencies, culminating in general social distress exemplified by misuse of allowances, growing debt and unpaid rent.

The 1,887 applications for assistance in 1962 were an increase over 1961. 2,470 interviews were given by the case workers, and 1,150 enquiries received regarding the service. The 941 home visits made were a substantial increase over those made in 1961.

Source of cases referred:—

Own applications	492	British Red Cross Society	9
Health Visitors	397	Clergy	8
Doctors	364	Chiropody Clinic Organisers	8
Relatives	79	Mental Welfare Section	7
Friends	77	Police	7
Hospitals and Clinics	66	SSAFA/War Pensions Office	6
District Nurses	58	Society of St. Vincent de Paul ...	6
East/West Chest Clinics	48	City Treasurer's Office.....	6
Welfare Department	36	Day Nursery Section	5
Moral Welfare Worker	31	Private Landlords	3
National Assistance Board ...	28	Miscellaneous	3
Home Help Service	27	Catholic Rescue Society	3
Probation Office	23	Children's Department.....	2
Midwives	18	City Councillors	2
Councils of Social Service ...	14	Solicitors	2
Bath Orderlies	13	Rotarians	2
W.V.S.	12	Private Convalescent Homes	2
Citizens' Advice Bureau	11	Headmistress	2
Health & Social Services Dept.	9	N.S.P.C.C.	1
		Total	1,888

The referrals of applicants to various Corporation Departments and Statutory and Voluntary agencies and the scope of assistance arranged, was on similar lines to those given in the Report for 1961.

Convalescence.

Approval was given for 590 persons to receive convalescence, this Authority arranging for 537 cases, assisted by Hospital Almoners, Chest Clinic, and Psychiatric Social Workers, in respect of 28 cases. In 25 cases vacancies were not utilised. This Authority therefore maintained 487 persons in convalescent homes during the year as 78 persons were admitted to free homes.

Diagnoses of Patients whose Convalescence was arranged:—

Respiratory diseases	85	Diseases of digestive system	13
General Debility	71	Gynaecological	12
Diseases of circulatory system.....	48	Post Operative Debility	11
Diseases of bones and organs of locomotion	47	Others	10
Children's convalescence whilst mother also convalescing	42	Psychoneurotic disorders	9
Cardiac conditions	35	Hemiplegia	9
Depression	25	Diabetes	9
Senility and Arterio-sclerosis	24	Malnutrition	8
General Debility in children...	20	Injuries	5
Nervous Debility	16	Virus infection	4
Anaemia.....	14	Huntington's Chorea	3
Cancer	13	Epilepsy	2
		Parkinson's Disease	2
		Disseminated sclerosis	1
		Total	537

CHIROPODY SERVICE

Prior to 1961 provision for Chiropody in Newcastle upon Tyne was made entirely through the Voluntary Organisations,namely:—

The Women's Voluntary Service, The Council of Social Services, the Newcastle upon Tyne and the Heaton Rotary Clubs and the British Red Cross Society.

Local Authorities were asked in 1961 to provide a Chiropody Service for certain priority groups. Following this the Health Committee decided to establish a Local Authority Clinic at St. Anthony's.

Present Provision.

The Clinic Provision in Newcastle upon Tyne is as follows:—

<i>Area of City Served.</i>	<i>Service Administered by.</i>	<i>Place of Clinic—day— number of sessions.</i>
Walker, Walkergate, St. Anthony's and 'house- bound' from other areas.	Health and Social Services Committee.	St. Anthony's Clinic— Monday and Wednesday evenings.
Byker, St. Nicholas, Shieldfield, Walkergate, Sandyford.	Old People's Welfare Advisory Committee (with help from Rotary)	Shields Road Clinic— Tuesday and Thursday evenings.
Heaton, Jesmond, Benton.	Council of Social Services.	Surgery in Heaton Road, special appointments.
Stephenson, Benwell, Armstrong, Scotswood.	Old People's Welfare Adv. Committee (with help from Rotary).	Atkinson Road— Monday evenings.
Elswick, Arthur's Hill, Fenham.	British Red Cross Soc.	Croft House, Western Avenue—Mondays, all day.
Blakelaw, Kenton, Fawdon Montagu.	Women's Voluntary Service.	Blakelaw Clinic, Springfield Road— Monday, all day.

A domiciliary service is not provided by the Local Authority but where necessary individuals are transported to the clinics by the Ambulance Service. The only voluntary organisation providing a domiciliary service is the Council of Social Services. Future expansion of the service will be provided by the Local Health Authority and a further clinic is being opened in the Kenton Area early in January 1963.

Most areas of the City now have a clinic and it has been agreed between all organisations providing the service that patients will be treated as near as possible to their homes in order to minimise the amount of travelling and hardship, particularly to the elderly.

During the year 2,939 attendances were made by patients at the various clinics, a definite increase on previous years.

Co-operation with voluntary bodies.

Most of the service is provided through Voluntary Organisations acting as agents of the Local Health Authority. Half yearly meetings are held between their representatives and the Medical Officer of Health so that matters of doubt and difficulty may be raised and possible methods of improving the service can be discussed. It is also an ideal opportunity for the various voluntary organisations to meet each other and discuss their various problems.

MEDICAL REHOUSING

This Scheme which has been in operation since March, 1959, is working very smoothly. During the year there were 724 new cases, 155 of which were granted priority and 96 rehoused. The co-operation of the Director of Housing and his staff is greatly appreciated.

PREVALENCE, PREVENTION AND CONTROL.

CONTROL OF INFECTIOUS DISEASE

On the whole the City has again been quite fortunate in the incidence of infectious disease. The total notified 1914 is very much lower than the 4,000 of last year and the difference is almost entirely due to the high number of cases of measles in 1914.

Polio-myelitis.

Three cases of Polio-myelitis, two of them this year were notified during the year, all were admitted to hospital. The Paralytic cases showed no block of face, and in no instance did paralysis occur.

IV—INFECTIOUS DISEASE

Scarlet Fever.

There were 37 cases notified, all were mild.

Erysipelas.

Four cases of the eight notified patients were admitted to hospital.

Meningococcal Meningitis.

Of four cases notified, 3 had to be admitted to hospital, there were no deaths.

Dysentery.

Fifty-two cases, all of a mild form, were notified but only 16 had to receive hospital treatment.

FEVERS, FOOD POISONING, etc.

Enteric Fever.

No cases of typhoid or paratyphoid fever were reported.

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

On the whole the City has again been quite fortunate in its incidence of infectious disease. The total notified 1,914 is very much lower than the 6,005 of last year but the difference is almost entirely due to the high number of cases of measles in 1961.

Poliomyelitis.

Three cases of Poliomyelitis, two of them Paralytic were notified during the year; all were admitted to hospital. The Paralytic cases occurred in a block of flats, and in an attempt to prevent the spread of the wild virus, a single dose of Trivalent Oral Vaccine was offered to all the residents, and to children attending a nearby school by the health visiting staff. No other cases occurred and many of those who had been given one dose completed the full course of vaccination.

Scarlet Fever.

There were 32 cases notified, all were mild.

Erysipelas.

Not one of the eight cases notified was admitted to hospital.

Meningococcal Meningitis.

Of four cases notified, two had to be admitted to hospital, there were no deaths.

Dysentery.

Fifty-six cases, all of a mild Sonnei type, were notified but only six had to receive hospital treatment.

Enteric Fever.

No cases of typhoid or paratyphoid fever were reported.

Food Poisoning.

Nine cases of food poisoning were reported.

Acute Rheumatism.

In an attempt to obtain an accurate picture of the incidence of acute rheumatism certain Local Authorities have obtained permission from the Ministry of Health to make this disease notifiable under the Ante Rheumatic Regulations 1959. In Newcastle upon Tyne this disease has been notifiable since March 1959. The table below shows the notifications that have been received during this period.

<i>Year</i>	<i>No. of cases notified</i>	<i>No. of cases confirmed</i>	<i>No. of cases notified by hospital doctors</i>
* 1959	23	23	12
1960	14	14	4
1961	10	10	5
1962	6	6	4
	53	53	25

* Notification commenced in March, 1959.

It will be seen that the number of notifications has declined by 75%, corresponding to the national trend. During this period there have been no deaths. The reasons for this decline are :—

- (1) improved therapy for streptococcal sore throat.
- (2) Decrease in the virulence of the organism and
- (3) improved social conditions.

Prevention and Control.

(a) **Notification**—this is now taking place in an attempt to build up an accurate picture of the epidemiology of the disease.

Although there are fallacies in notifications of infectious diseases generally the majority of cases of Acute Rheumatism occurring within the City are notified, illustrating the ready way in which general practitioners and hospital staff will co-operate when the purpose of notification of a specific disease is explained to them.

(b) **Adequate treatment of a primary streptococcal throat.** If one accepts the thesis that acute rheumatism is an allergic reaction to the streptococcus it is more than ever essential to provide adequate therapy for an attack of streptococcal sore throat.

(c) Prevention of further attacks of acute rheumatism.

Cardiologists are convinced that further cardiac damage can be halted by preventing further attacks of streptococcal sore throat. This is carried out by continuous anti-biotic therapy and bacteriological examination when acute attacks of sore throat occur.

(d) Education of Parents. Because continued antibiotic therapy is required it is important to educate parents in the reasons for this and here health visitors and school nurses have an important part to play. In some instances a continued check by health visitors and school nurses is necessary to ensure adequate chemoprophylaxis.

(e) Bacteriological control by periodic examination of throat swabs taken from children who have suffered from acute rheumatism and adequate treatment with antibiotics until the organism disappears.

(f) The maintenance of a register of attacks of Acute Rheumatism up to the age of 16 to obtain a more accurate picture of the epidemiology. Serious cardiac damage following Acute Rheumatism is prevented if the first attack is notified and a strict watch kept on the patient for a number of years afterwards.

Smallpox.

After several years of relative freedom from this disease, one of the worst outbreaks this country has had for some time occurred at the beginning of the year. The worst places effected were Bradford, Birmingham, Glamorgan and London.

The following precautions were taken in Newcastle upon Tyne.—

1. A circular to Pakistanis was put in the local press offering vaccination.
2. Vaccination of local authority and hospital staff was offered as appropriate.
3. A meeting of Medical Officers of Health of Tyneside areas was held to discuss joint action.
4. Surveillance of contacts—no first line contacts arrived in the city but several second ring contacts were kept under surveillance.

5. Arrangements at the city airport—Medical Officers on duty attended when called by the Airport Commandant or by the Immigration Staff where doubt arose regarding a passenger arriving from or coming through Karachi. Official vaccination certificates were inspected and recent vaccination results noted.

Surveillance of Pakistanis.

Arrangements were made with London Airport to inform the Local Authority of the arrival of any Pakistanis proceeding to Newcastle. A visit was made either by a Medical Officer or Public Health Inspector to check addresses and note destinations, inspect vaccination certificates and the vaccination results. Problems arose due to language difficulties but 25 Pakistanis were followed up in this way.

ADMISSIONS OF CITY CASES TO WALKERGATE HOSPITAL. 1962.

Disease	Cases.	Deaths.	Disease	Cases.	Deaths.
Diphtheria	—	—	Alimentary Diseases	37	1
Dysentery	6	—	Blood Diseases	4	—
Enteric Fever	3	—	Cardiovascular Diseases ...	43	17
Erysipelas	—	—	Genito Urinary Diseases ...	11	1
Gastro Enteritis.....	58	2	Respiratory Diseases	105	4
Influenza.....	—	—	Sepsis and Skin Diseases...	22	—
Measles	3	—	Meningitis & Encephalitis	15	2
E.C.S.M.	2	—	Nasopharyngeal Infections	—	—
Mumps	2	—	New Growths	8	3
Pertussis	17	1	Rheumatism	7	—
Pneumonia	64	3	Tonsillitis, etc.	11	—
Poliomyelitis	3	—	Tuberculosis—Pulmonary	6	—
Puerperal Fever	3	—	Meningeal	2	—
Rubella	5	—	Others	—	—
Salmonella Infections	2	—	N.A.D.	15	—
Scarlet Fever	—	—	Unclassified	45	1
Varicella	8	—			
Glandular Fever	3	—	TOTAL	510	35

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 1962

NOTIFIABLE DISEASE.	AT AGES—YEARS.												NET TOTAL.					
	Under 1.		1 and under 5.		5 and under 15.		15 and under 25.		25 and under 45.		45 and under 65.		65 and up-wards.		1962.		1961.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Acute poliomyelitis including polio encephalitis	1	..	2	..	4	..	..	..	..	..	..	..	..	..	3	6	6	1
Acute Rheumatism (under 16 yrs.)	..	..	2	..	..	..	..	..	..	..	..	..	..	..	6	10	..	..
Diphtheria	7	..	17	..	12	..	3	..	8	..	7	..	2	..	56	21	..	..
Dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever	1	..	..	..	..	..	..	..	3	..	3	..	1	..	8	4	..	..
Erysipelas	2	..	2	..	..	..	2	..	1	..	2	..	..	..	9	14	..	..
Food poisoning	..	..	1	..	3	..	..	..	..	..	..	..	..	..	4	1	..	..
Acute encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	26	..	220	..	256	..	3	..	3	..	..	..	..	..	508	5138	..	..
Measles	1	..	1	..	1	..	..	..	..	..	1	..	..	..	4	4	..	..
Meningococcal infections	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia neonatorum	3	14	6	1	8	..	9	..	12	2	17	19	20	92	75	128	70	121
Pneumonia	..	..	..	..	..	..	1	..	5	..	3	..	..	..	6	..	9	..
Puerperal pyrexia	26	..	164	..	511	..	49	..	20	..	..	..	..	..	773	..	405	..
Rubella	..	..	9	..	23	..	..	..	..	..	..	..	..	..	32	..	63	..
Scarlet fever	32	1	147	..	63	..	1	..	1	..	..	..	..	..	244	1	50	..
Whooping cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	99	15	571	1	881	..	68	..	53	2	33	19	23	92	1728	129	5799	122

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.	Poliomyelitis.	Puerperal Pyrexia.	Rubella.	Scarlet Fever.	Tuberculosis (all forms).	Whooping Cough.	Total 1962	Total 1961	DEATHS.	
																			Pneumonia	Tuber- culosis all forms.		
St. Nicholas	1	...	...	...	...	...	...	...	...	7	...	...	1	...	...	7	...	5	33	174	3	1
Blakelaw	10	1	...	...	...	...	1	...	...	48	...	...	...	...	34	3	5	16	118	372	5	...
Kenton	6	...	...	3	...	1	...	...	...	25	1	...	...	1	80	6	7	24	154	677	6	2
Scotswood	9	2	...	12	...	1	...	...	...	8	...	...	...	...	98	2	8	16	157	335	5	2
Stephenson	4	...	...	3	...	...	...	...	...	13	...	...	1	2	32	2	17	40	114	358	13	2
Armstrong	1	...	...	...	...	...	1	1	...	24	...	...	1	...	29	1	10	65	133	294	8	2
Elswick	2	1	...	4	...	1	...	...	...	11	...	...	...	...	24	1	4	11	59	339	8	2
Westgate	...	...	...	1	...	1	...	...	...	14	...	...	...	...	25	1	10	1	53	262	8	1
Arthurs Hill	1	2	...	1	...	...	1	...	...	30	...	...	...	1	18	...	17	6	77	275	4	1
Benwell	2	...	...	10	...	...	...	1	...	32	1	...	...	...	44	6	5	32	133	398	5	...
Fenham	6	...	...	5	...	1	...	...	...	23	...	...	...	...	38	...	16	7	96	324	5	1
Sandyford	4	...	...	...	...	...	...	...	...	21	...	...	...	...	16	...	8	1	50	176	3	...
Jesmond	6	...	...	1	...	...	...	1	...	7	...	...	...	...	52	...	6	4	77	215	10	...
Dene	5	...	...	...	...	2	...	...	...	15	...	...	...	1	58	1	5	1	88	263	4	2
Heaton	6	...	...	7	...	...	1	1	...	20	...	...	...	...	45	1	10	1	92	221	2	...
Byker	2	...	...	1	...	...	1	...	...	17	...	...	...	...	35	1	10	2	69	305	6	2
St. Lawrence	4	...	...	2	...	...	1	...	...	36	...	...	...	...	42	2	11	5	103	297	8	2
St. Anthony's	4	...	...	3	...	...	2	...	...	46	...	...	...	1	38	2	9	4	109	247	5	1
Walker	2	...	...	2	...	...	...	...	...	42	2	...	...	...	23	...	13	2	86	299	10	...
Walkergate	...	...	...	1	...	1	...	...	...	69	...	...	...	...	35	3	3	1	113	174	10	3
Total 1962	75	6	...	56	...	8	9	4	...	508	4	...	3	6	773	32	186	244	1914	...	128	24
Total 1961	70	10	...	21	4	4	14	1	...	5138	4	...	6	9	405	63	206	50	...	6005	121	23

SPECIAL SKIN CLINIC.

Attendances at the Special Skin Clinic, Jubilee Road, have shown an increase from the previous year. Treatment for the family can be given. There are arrangements for school children to be dealt with at the Central School Clinic.

Of 140 persons attending 95 were males and 45 females; 39 cases of pediculosis (28% of all attendances) and 101 cases of scabies. Few cases of scabies occurred in the spring and autumn quarters.

AGE DISTRIBUTION OF CASES

	1956	1957	1958	1959	1960	1961	1962
0—1 year	1	2	2	3	—	—	6
1—5 years	9	20	15	27	4	2	18
5—15 years	39	43	19	27	4	—	17
15 years and over	492	514	244	278	119	74	99

The pediculosis cases (all males) were body infestations, 34 of them coming from the Salvation Army Hostel. Of the Scabies cases (56 were males), referrals from family doctors and two City hospitals were 62 and 33 respectively.

No condition required special baths or referral back to a doctor. No other local authority used the clinic in 1962.

Acknowledgment of the good work of the staff is again made.

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
1961	37	38	1	76	81	1.07
1962	101	39	—	140	147	1.05

VENEREAL DISEASES

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

During 1962, 1,134 patients attended the Department of Venereology at Newcastle General Hospital for the first time. Four hundred and twelve (37%) wished to be reassured that they were free from infection, 229 (20%) were found to have gonorrhoea, 42 (3%) had syphilis, 166 (15%) males had non-gonococcal urethritis and no less than 282 (25%) required treatment for other genital conditions, the majority of which were allied to venereal infection. A slight reduction in the incidence of gonorrhoea was offset by an increase in those reporting with syphilis and non-gonococcal urethritis.

A particularly welcome feature was the decline in the incidence of syphilis in pregnancy. This was partly due to routine serological testing for this infection in expectant mothers and presumably also due to the widespread use of spirillicidal antibiotics, especially penicillin, in the treatment of conditions other than syphilis. Only 12 expectant mothers required treatment, eight of their offspring have been tested and found to be free from infection, and the remaining four have yet to be examined.

No fewer than 129 babies were examined for syphilis prior to legal adoption, the majority being referred from Hopedene Maternity Unit and St. John Bosco and Elswick Lodge Mother and Baby Homes.

Teenagers continue to dominate the epidemiological picture of venereology on Tyneside. They accounted for approximately 26% of all new female registrations and 27% of all new female gonococcal infections. Only 6% of all new registrations were accounted for by male teenagers and a similar percentage of all found to have gonococcal infection. Of 101 women found to have gonorrhoea, 3% were immigrants, but the corresponding figure for men was 13.5%.

The pattern of sexual promiscuity presents several interesting features. For example the estimated reservoir of female gonococcal infections in Newcastle is approximately 155, but only 46 (29%) were located and brought to the Venereology Unit for examination and treatment. Seventeen of those contacts were brought through the efforts of the patients and 25 by the contact tracer.

Whereas the ratio of consorts to infected males was 1:1 in those instances where the patient brought his consort, the corresponding ratio for those brought by the contact tracer was no less than approximately 2:3. That is to say, 25 promiscuous women were named by 33 men treated for gonorrhoea and indeed six of those women accounted for no less than 15 infections. The value of contact tracing work is obvious and likewise emphasises the inability of patients to persuade the promiscuous women to attend for examination.

The wives of 17 infected males were subsequently brought by their husbands for examination since they had been exposed to the risk of infection by their marital partners.

Forty three per cent of male patients met their consorts in public houses, 21% were infected through making the acquaintance of promiscuous women in the streets despite the operation of the Street Offences Act; dance halls accounted for a further 9% and an additional 6% of infected males met their consorts at parties.

Contrary to general belief, the majority of venereal infections are transmitted by irresponsible women and girls, especially the latter, rather than by prostitutes.

A sordid aspect of the venereology problem in Newcastle was the increase in the numbers of homosexuals attending this department. The total for 1962 exceeded that of the previous decade and the figures for the first quarter of 1963 exceeded those for the whole of 1962. The majority of those men were found to have gonorrhoea, but in other large industrial cities in this country many of them are infected with contagious syphilis.

CHEST CLINICS. MASS RADIOGRAPHY.

TUBERCULOSIS.

There was again a fall in the number of new cases of pulmonary tuberculosis in 1942, 149 cases, 24 less than last year, being notified, giving an attack rate of 0.56 per 1,000 population as against 0.80 in the previous largest recorded year for the City. The number of new cases of non-pulmonary tuberculosis was higher, 77 being notified as compared with 58 in 1941, the attack rate rising from 0.23 to 0.34.

V-TUBERCULOSIS.

Primary and secondary v-tuberculosis.

Notification.

During the year primary notification was received as follows:

Age	Sex	Notification
10-14	M	1
15-19	M	2
20-24	M	3
25-29	M	4
30-34	M	5
35-39	M	6
40-44	M	7
45-49	M	8
50-54	M	9
55-59	M	10
60-64	M	11
65-69	M	12
70-74	M	13
75-79	M	14
80-84	M	15
85-89	M	16
90-94	M	17
95-99	M	18
100+	M	19
10-14	F	20
15-19	F	21
20-24	F	22
25-29	F	23
30-34	F	24
35-39	F	25
40-44	F	26
45-49	F	27
50-54	F	28
55-59	F	29
60-64	F	30
65-69	F	31
70-74	F	32
75-79	F	33
80-84	F	34
85-89	F	35
90-94	F	36
95-99	F	37
100+	F	38

Number of notifications.

Age	Sex	Notification
10-14	M	1
15-19	M	2
20-24	M	3
25-29	M	4
30-34	M	5
35-39	M	6
40-44	M	7
45-49	M	8
50-54	M	9
55-59	M	10
60-64	M	11
65-69	M	12
70-74	M	13
75-79	M	14
80-84	M	15
85-89	M	16
90-94	M	17
95-99	M	18
100+	M	19
10-14	F	20
15-19	F	21
20-24	F	22
25-29	F	23
30-34	F	24
35-39	F	25
40-44	F	26
45-49	F	27
50-54	F	28
55-59	F	29
60-64	F	30
65-69	F	31
70-74	F	32
75-79	F	33
80-84	F	34
85-89	F	35
90-94	F	36
95-99	F	37
100+	F	38

CONTACT CLINICS.

In addition to notifications 143 primary and non-pulmonary tuberculosis cases were reported of cases previously notified elsewhere which had moved into the City during the year.

TUBERCULOSIS

There was again a fall in the number of new cases of pulmonary tuberculosis; in 1962, 149 cases, 29 less than last year, were notified, giving an attack rate of 0.56 per 1,000 population (0.11 per 1,000 below the previous lowest recorded rate for the City). The number of new cases of non-pulmonary tuberculosis was higher, 37 being notified as compared with 28 in 1961, the attack rate rising from 0.10 to 0.14.

The regular decline in the number of deaths from the disease which had continued in each year since 1947 ended. Twenty-four, one more than in 1961 occurred, all but two being due to pulmonary tuberculosis; giving a death rate of 0.090 per 1,000 population (0.082 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>
149	37	186

Sources of notification were:—

General Practitioners	29
Chest Physicians	138
Hospital Medical Staff.....	19
	185

In addition, 43 notifications (42 pulmonary and one non-pulmonary) were received of cases previously notified elsewhere which had moved into the City during the year.

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING 1960, 1961 AND 1962.

		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 over
Respiratory—															
Males—	1960	1	1	2	2	6	4	16	18	16	28	22	15	1	132
	1961	1	...	2	2	2	3	16	10	18	23	23	11	3	114
	1962	...	...	...	1	...	7	6	16	17	22	27	8	3	107
Females—	1960	3	...	5	4	...	9	7	18	9	7	9	...	1	72
	1961	1	...	3	2	2	7	13	9	14	8	3	1	1	64
	1962	...	...	4	...	...	1	7	9	9	7	2	...	3	42
Non-Respiratory—															
Males—	1960	...	...	...	...	3	...	1	1	1	1	...	...	...	7
	1961	...	...	...	1	...	...	1	9	1	...	...	...	...	12
	1962	...	...	...	...	...	2	2	4	1	1	2	...	...	12
Females—	1960	1	1	...	...	3	...	4	6	3	2	2	1	...	23
	1961	...	...	...	1	...	1	...	5	4	...	4	1	...	16
	1962	...	...	...	...	2	1	4	9	1	5	1	1	1	25
Totals—															
	1960	5	2	7	6	12	13	28	43	29	38	33	16	2	234
	1961	2	...	5	6	4	11	30	33	37	31	30	13	4	206
	1962	...	...	4	1	2	11	19	38	28	35	32	9	7	186

RESPIRATORY TUBERCULOSIS—PERIODS OF NOTIFICATION BEFORE DEATH.

	Deaths which occurred in these years								
	1954	1955	1956	1957	1958	1959	1960	1961	1962
Persons not notified before death	11	6	9	4	4	5	7	8	5
Persons notified under 1 month	2	5	3	1	4	4	2	1	3
Persons notified between—									
1 and 3 months	3	1	2	...	2	2	3	...	1
3 and 6 months	3	1	...	2	...	...	...	...	1
6 and 12 months	7	1	1	...	1	3	1	...	1
12 and 18 months	5	...	...	4	...	...	...	...	...
18 and 24 months	5	3	2	1	1	...	...	...	...
2 and 3 years	11	2	2	3	1	2	4	2	3
Over 3 years	30	29	22	20	16	12	7	10	8
Totals	77	48	41	35	29	28	24	21	22

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1926.

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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
1961	178	21	0.08	0.67	28	2	0.007	0.10	206	23	0.09	0.77
1962	149	22	0.08	0.56	37	2	0.007	0.14	186	27	0.09	0.67

AGE DISTRIBUTION OF DEATHS DURING 1962.

	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	6	3	3	13
Females	...	...	...	...	...	1	1	...	...	1	...	3	3	9
Non-Respiratory—														
Males	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Females	...	...	...	...	...	...	...	1	...	...	...	...	1	2
Totals	...	...	...	...	...	1	1	1	...	2	6	6	7	24

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

	1958		1959		1960		1961		1962*	
	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate
Newcastle upon Tyne	0.11	1.26	0.11	0.90	0.10	0.87	0.09	0.77	0.09	0.69
England and Wales...	0.10	0.66	0.08	0.64	0.07	0.52	0.07	0.47	0.06	0.44
Glasgow	0.37	1.39	0.22	1.19	0.21	1.13	0.19	1.10	0.18	1.00
Scotland	0.13	1.14	0.11	0.83	0.10	0.75	0.09	0.70	0.09	0.65

* Provisional figures.

TUBERCULOSIS SERVICES.

Rather than ask the Chest Physicians to report on the work carried out at each Chest Clinic during the year, I felt it would be interesting to invite them to submit a short commentary on matters of particular interest in the current work of the Clinics under present day circumstances.

A number of interesting points are raised in the contributions which follow and I am grateful to the Chest Physicians for their response to my invitation.

CHRONIC BRONCHITIS

Dr. J. R. Lauckner.

The Facts.

It has been estimated that roughly a million persons in Britain have respiratory symptoms which can be accounted for by the bronchitis-asthma-emphysema group of diseases.¹ Many more men than women suffer from chronic bronchitis. About 30,000 deaths each year are attributed to bronchitis. This figure has declined only slightly over the ten years 1950-1960, and the 1961 figure was higher than any since 1953.² Bronchitis causes more deaths than any other respiratory disease including pneumonia, tuberculosis, asthma and lung cancer. Almost one third of the deaths from this disease are "premature", occurring under the age of 65, accounting for nearly 10% of all deaths of men between the ages of 45 and 64.³

In Newcastle upon Tyne in 1961, 212 deaths were attributed to bronchitis, 147 of these in men and 63 in people under 65. Only malignant neoplasms, vascular lesions of the central nervous system, coronary heart disease and other heart disease caused more deaths.

People suffering from bronchitis are disabled, to a greater or less extent, for many years before death. According to a Ministerial report for 1961, bronchitis accounted for more days of incapacity among men than any other illness.⁴ In 1960, 29 million days were lost because of it, compared with 3 million days because of strikes. About 10% of all spells of sickness in the working population, for which benefit is provided under National Insurance, are attributable to bronchitis.

Chronic bronchitis is becoming known as the "English disease". The death rate for men in Britain is higher than in any other country—50 times higher than in Denmark, 45 times higher than in the U.S.A. and 20 times higher than in Norway and Sweden.⁵

The Implications.

All this represents a vast burden on the Social Services.

One in four of all visits to General Practitioners is in connection with bronchitis.⁶ The Medical Wards of hospitals are stretched to capacity during the winter to provide accommodation for bronchitic patients. The Ambulance Service spends much time bringing these people to hospitals and chest clinics. There is a large call on the national drug bill for antibiotics etc.

In addition to the loss to the national economy from temporary and permanent invalidity, the nation has to provide Unemployment Benefits and National Assistance for these people and their families.

Treatment or Prevention.

During recent years antibiotics and improved treatment generally have prolonged the lives of disabled bronchitic patients, without appreciably reducing the annual mortality. This means that there are more people in the community disabled by bronchitis, thus increasing rather than alleviating the burden on the Health and Social Services.

The Beveridge Report⁷ envisaged the comprehensive National Health Service of the future as something "directed towards the achievement of positive health, the prevention of disease, and the relief of sickness"—in that order. Economically it is clear that, if the State is to pay high benefits for disability, it must take steps to reduce the number of cases in which these benefits have to be paid.

Unfortunately, the natural pressure on a medical service is towards treating the sick. Established bronchitis is an incurable condition and will probably remain so. It presents a much more intractable problem than tuberculosis.

Research in recent years has shown that certain factors are concerned in the causation of chronic bronchitis, including atmospheric pollution (residence in an urban area), cigarette smoking, industrial exposure to dusts, male sex and social class.⁸ Other things being equal, men in the Registrar General's social classes 4 and 5 (and their wives) are more likely to suffer from disabling bronchitis than men in social classes 1 and 2 (and their wives).⁹ There must be something associated with residence in Britain, presumably the climate, accounting for the higher mortality from the disease in this country. It seems likely that cigarette smoking is important in initiating the bronchitic process, whereas atmospheric pollution (particularly fog) is responsible for progression to disabling bronchitis.

These observations provide a basis for prevention of the disease.

Preventive Measures.

Prevention of a chronic degenerative condition can be considered in three categories:¹⁰

1. Primary—total prevention of the disease.
2. Secondary—control at an early stage, with the intention of preventing deterioration and limiting disability.
3. Tertiary—reablement of those disabled.

Primary prevention requires control of air pollution, measures to prevent young people from acquiring the smoking habit and improvement in living and working conditions.

Secondary prevention. Individuals at an early stage of the disease must be identified. The so-called "smokers cough", episodes of bronchitis in winter, attacks of pneumonia and pleurisy, are important indications. It is likely that, if these people can be persuaded to abandon the smoking habit, the progress of their bronchitis will be greatly slowed down, and we may reasonably hope they will not become disabled.

Tertiary prevention. Modern treatment by General Practitioners, advised by a Chest Clinic, can do much to alleviate the disability of bronchitics, at least in the earlier years. Because the disease is commoner in the lower social classes, a high proportion of men affected are manual workers. Although they would be able to do a sedentary or clerical job, they are incapable of pursuing their former occupations and thus become depressed, disillusioned and a burden on the community. There is an urgent need to provide suitable employment for them.

The Place of Chest Clinics.

With the decline of tuberculosis, the Chest Clinic organisation is disintegrating. Official policy is to reintegrate Chest Medicine back into general medicine and Local Health Authorities are inclined to feel that their responsibility is nearly at an end. These attitudes could result in neglect of the preventive aspects of both tuberculosis and chronic bronchitis.

It has recently been suggested in several quarters that the resources made available by the reduction of tuberculosis should be deployed against chronic bronchitis; including not only the Chest Clinics, but also the facilities for reablement.¹¹ An opportunity exists to attack bronchitis at the stage of secondary prevention, before irreparable damage has been done, which may be lost if Chest Clinics are completely swallowed up in the "sickness service" of the hospitals.

Responsibility of Local Health Authorities.

Priority in prevention should probably be given to the campaign against smoking, directed primarily towards preventing young people from acquiring the habit. Little has so far been done to explore the possible approaches,

which include:—direct propaganda in schools, education of the public regarding smoking and health, measures to limit and control tobacco advertising and prohibition of smoking in public places. A fundamental change in the social attitude to smoking is required.

Newcastle, like other cities, has a programme for abatement of air pollution and the provision of clean air. This should be pressed forward with the utmost urgency.

The environmental factor (or factors) concerned in the social gradient of mortality from chronic bronchitis, have not been identified. It is reasonable to hope that slum clearance and improved housing conditions will contribute to the reduction of disabling bronchitis.

It is important that Local Health Authorities should continue to support and take an interest in the work of Chest Clinics, after these are incorporated in the reorganised District General Hospitals during the next few years; both to ensure that the preventive aspects of chest disorders are not lost sight of and to provide a link between the curative and environmental aspects of medical care.

Little attention has yet been given to the reablement of people suffering from bronchitis. Given the opportunity, many of these men could continue to do a useful job of work for many years, with benefit to themselves, their families and potentially to the community. The cost should certainly be no greater than that of Sick Benefits, Unemployment Benefits and National Assistance now being incurred. This is a large problem requiring action on a national scale, but it is within the competence of Local Authorities to provide sheltered workshops.

Finally, education of the public in respect of bronchitis must receive attention. The facts which, during the last few years, have become fairly well known to the medical profession must be passed on.

1. The smoker's morning cough is the precursor of chronic bronchitis and often develops into a serious and disabling disease.
2. Cigarette smoking kills as many people by bronchitis as by lung cancer and disables many more.
3. A clear x-ray does not mean freedom from chest disease.

People with a persistent cough often go to the Mass Radiography Unit and derive a false sense of security from a clear report. In the course of chest clinic work it is repeatedly demonstrated that the public has no idea of the seriousness of bronchitis. Patients are relieved when told they do not have tuberculosis, which can now be readily cured, but unperturbed when told they have bronchitis, which will disable them progressively and cannot be cured.

It will be costly and difficult to eliminate atmospheric pollution and cigarette smoking, and the effect of these measures will only gradually become apparent. Nevertheless, hope of substantial improvement in the future lies only along these lines.

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THE TOBACCO PROBLEM AND THE COMMUNITY.

Dr. P. O. Leggat.

The facts are now clear, smoking has a definite causal relationship to lung cancer, chronic bronchitis and probably coronary disease. In 1959, 8% (5,966) of all male deaths were due to chronic bronchitis and some 27,000,000 working days are lost each year because of the same condition.

Following the publication of the Royal College of Physicians Report "Smoking and Health", retail sales of tobacco fell by 20%, while cigar sales rose from 350 million in 1961 to 390 million in 1962. It is also interesting to note that filter tipped cigarettes rose from 2% of the cigarettes sold in Britain in 1955 to 26% in 1962, in spite of the recognised fact that a filter tip does not reduce the risk of lung cancer.

Psychiatric assessments of smokers has merely demonstrated that cigarette smokers are more extroverted than the general run of the population, and pipe smokers are more introverted. There has never been very satisfactory evidence to suggest that tobacco is a drug of addiction with definite withdrawal symptoms other than the natural irritation and frustration of a child when its favourite toy has been removed. It is accepted by all that there are many occasional drinkers but only very few occasional smokers. This evidence is put forward by some authors as an indication of addiction, but this is unlikely, as persistent drinking, particularly in public, still carries a social stigma not found with smoking.

There is no scientific evidence to suggest that smoking or nicotine produces euphoria, or physical and mental relaxation. In fact if we are honest with ourselves it is merely a habit and a bad one at that. The easiest way to stop smoking in the community would be to stop the entry of supplies into the country, but an immediate application of this principle would be disastrous for the economics of the country. A differential tax on pipe tobacco and cigars as opposed to cigarettes is an attractive and practical proposition. Cigar and pipe smokers rarely inhale and thereby avoid the majority of the evil consequences of cigarette smoking.

The Ministry of Health, for some time, have been issuing anti-smoking posters for use by Local Authorities. They have also established, through the Central Council for Health Education two Anti-smoking Mobile Units which can be loaned to Local Health Authorities for education purposes.

In the case of a Local Authority a campaign should be considered under the following three headings, propaganda, establishment of anti-smoking areas and advice.

(a) **Propaganda:** The various posters can be obtained centrally at a relatively low cost. These should be adequately and constantly displayed in all public vehicles, buildings and hoardings under the control of the Local Authority. It is very important that the position should be reviewed frequently. It is quite obvious that the Report from the Royal College of Physicians had a very dramatic but transitory effect as the propaganda pressure was not maintained. Part of the duty of the school health service should be to arrange suitable propaganda talks to school children from the age of fourteen years upwards, and where possible, these should be integrated with similar talks through the appropriate teacher-parent association.

(b) **The establishment of anti-smoking areas:** The Local Authority, either by persuasion or by direct action, should forbid smoking in public places under their control, including buses, clinics and committee rooms. Through liason with the Regional Hospital Board there is no reason why pressure should not be brought to discontinue smoking in all hospitals both by the staff, patients and their visitors.

(c) **Advice:** Anti-smoking advisory clinics have been suggested by the Royal College of Physicians and accepted by the Government. These could function by using psychotherapy including hypnosis, unfortunately only applicable to a minority of the population. One can also consider the possibility of using specific anti-smoking drugs, if and when such drugs become available.

There remains the problem of the sale of cigarettes from slot machines. This is quite clearly a pernicious problem requiring urgent action by legislation.

I believe the most illuminating feature is that twice as many male doctors as other men are non-smokers and during the last ten years the number of non-smoking male doctors has risen from 45% to 55%. Therefore, it would appear the problem facing us is a failure of propaganda rather than a failure to control "addiction" or a failure of therapy.

THE ELIMINATION OF TUBERCULOSIS.

Dr. E. A. Spriggs.

Progress in the control of tuberculosis is more rapid than we foresaw, twenty or even ten years ago. It is necessary that stock is taken of the position at intervals, so that we neither pull our punch, nor use money unnecessarily which is needed for other public health projects.

Now that fresh 'bovine' infection hardly occurs in the community, because cattle are virtually free of it, our concern is confined to the 'human' bacillus.

Twenty four patients died from tuberculosis in Newcastle upon Tyne in 1962, compared with 23 the year before, 107 in 1952, and 277 in 1942. Deaths from tuberculosis over the country as a whole are fewer than those from peptic ulcer, nephritis, motor-car accidents or suicide. Permanent disablement from tuberculosis is diminishing too, and occurs mainly in patients whose diagnosis was made before our standard treatment regimens were established, some eight years ago. Temporary disablement becomes less as the numbers of notifications goes down—647 in 1942, 494 in 1952, 206 in 1961 and 186 in 1962—and as we treat a higher proportion of non-infectious patients without taking them from employment. Such misery as we now see in tuberculosis work, if the patients co-operation and therefore recovery is assumed, usually results either from insufficient bed accommodation in Newcastle for infectious cases (patients do not in general like going to sanatoria at a distance) or from the inflated anxiety which often accompanies recall after mass radiography (still our most valuable means of detecting new cases).

What would happen if the campaign against tuberculosis was continued on its present scale—an unlikely hypothesis—for the next twenty or thirty years? Progress would continue, but could hardly be accelerated, because fresh tuberculosis infection is already uncommon in the community—only 1.2% of school entrants aged 5 were found by testing in 1962 to have been infected by the tubercle bacillus—while patients unknowingly infected years ago may still be expected occasionally to 'break down' and become newly notifiable cases until the present generation of young adults becomes old men and women. We are already trying to diminish the 'breakdowns' in patients who are found to have inactive tuberculous lesions by giving precautionary chemotherapy.

And what would happen—an even more fantastic situation—if the money devoted to case-finding and the Public Health Control of tuberculosis were now suddenly withdrawn? The hospital diagnostic and therapeutic services would presumably be maintained, and it is unlikely that the death rate from tuberculosis would show any rise. Without miniature radiography we should miss, at least until a later stage of the disease, a substantial proportion of the cases now found in this way, at present about 54% of the total notifications, so that more infectious patients would be around and about unknown to the medical services, and the rate of primary infection of children might no longer decline. Without B.C.G. vaccination of school-leavers or younger children it is probable that, at our present stage, more cases of tuberculous infection would occur in young adults.

Without contact examinations and the routine tuberculin testing of children we should miss a number of cases of infection which are now picked up. I am indebted to my colleague, Dr. Lauckner, for the suggestion of how the pattern of infection might change in these imaginary circumstances: tuberculosis, ceasing to become an endemic disease, widely distributed among the population, would perhaps become an epidemic one, with outbreaks detected only after substantial morbidity had occurred, in odd unexpected situations. The uncontrolled immigration of patients with active tuberculosis, which is still allowed to occur, might be responsible for a number of such outbreaks. It is worth noting that 10% of tuberculosis notifications on the West side of Newcastle in 1962 occurred in patients whose names suggest origin from India or Pakistan.

Our plans must take a middle course between these two extremes. The natural conservatism of professions and administrative organisations will probably see to it that there is no too sudden change. It will pay us to try to eradicate the tubercle bacillus in the country, if at the same time we ensure that it is not continuously being reintroduced from abroad. But the public health importance of tuberculous infection is declining in relation (I write as a chest physician) to that of chronic bronchitis and of bronchogenic carcinoma; so control of atmospheric pollution and the discouragement of children from starting smoking have the first priorities.

RECENT CHANGES IN DISEASES OF THE CHEST.

(Dr. C. Verity, Chest Physician).

The death rate and incidence of new cases of Tuberculosis having dropped to very low levels, interest has now mainly shifted to the much commoner chronic bronchitis and the deadlier bronchial carcinoma.

Carcinoma.

During the year we saw 100 cases of carcinoma. 92 bronchial growths, eleven of which occurred in females:—

TABLE I. BRONCHIAL CARCINOMA.

Age.	Male.	Female.
20-30	0	0
31-40	1	0
41-50	9	3
51-60	33	3
61-70	25	3
70+	13	2
	81	11
	92	

Includes six patients with Pulmonary Tuberculosis and Bronchial Carcinoma diagnosed in 1962.

Tuberculosis.

However, it would be wise not to consider the tuberculosis problem as now extinct for new cases are still occurring and, as shown by the following figures, the level of incidence has remained virtually unchanged for the last three years:—

TABLE II. TUBERCULOSIS NOTIFICATIONS.

	1955	1956	1957	1958	1959	1960	1961	1962
Respiratory	261	252	176	171	160	127	120	126
Non-respiratory ...	61	50	39	21	19	17	29	21
	<u>322</u>	<u>302</u>	<u>215</u>	<u>192</u>	<u>179</u>	<u>144</u>	<u>149</u>	<u>147</u>

Cases per 1,000 of population:

148.5	143.8	98.1	87.0	80.4	64.3	66.0	64.2
-------	-------	------	------	------	------	------	------

Rather more than half of these new cases in 1962 were confirmed bacteriologically some with the cough pharyngeal swab culture method which continues to be used for those who deny cough or sputum. During this year we had six unexpected positive results from such swabs out of a total of 956 cultured. However, it is clear that the fall in incidence of the disease is becoming less precipitate; examination of the age and sex distribution of these new cases shows clearly that the lag in the fall of new notifications is in the Male 46+ group but without estimated population figures for each age group and sex the relative frequency of incidence of tuberculosis in each group cannot be assessed accurately; however, scrutiny of the Registrar General's Population Estimate in age groups for the Tyneside Conurbation during the last few years does not shew any great change in the size of the male population aged over 46 years; therefore it does not seem likely that these figures are misleading. Reviewing the possible sources of such cases does not suggest known infective cases to be directly responsible.

TABLE III. PULMONARY TUBERCULOSIS—NEW NOTIFICATIONS.

Age.	1956	1957	1958	1959	1960	1961	1962	Total
<i>Male:</i>								
0-15	15	7	8	3	8	4	2	47
16-45	81	49	62	56	44	33	41	366
46+	54	43	46	38	35	35	41	292
	<u>150</u>	<u>99</u>	<u>116</u>	<u>97</u>	<u>87</u>	<u>72</u>	<u>84</u>	<u>705</u>
<i>Female:</i>								
0-15	10	11	6	5	8	2	3	45
16-45	70	50	37	41	21	28	25	272
46+	22	16	12	17	11	18	14	110
	<u>102</u>	<u>77</u>	<u>55</u>	<u>63</u>	<u>40</u>	<u>48</u>	<u>42</u>	<u>427</u>

1. Chronic Infective Cases of Pulmonary Tuberculosis.

With the same criteria as in previous years the following table shows the picture for the last seven years:—

TABLE IV. CHRONIC INFECTIVE PULMONARY TUBERCULOSIS.

	1956	1957	1958	1959	1960	1961	1962
MALE.							
Not seen	5	5	5	5	2	2	2
No sputum	7	21	14	13	1	0	0
Negative	57	55	46	32	16	9	16
Positive	60	33	20	21	24	22	15*
	129	114	85	71	43	33	32
Resistant	19	7	8	10	15	11	11
Chemotherapy	102	79	52	20	13	24	26
Died	—	8	4	4	1	6	6
Transferred	—	2	2	1	1	0	0
Off	—	7	24	14	29	11	2
New Cases	—	2	1	5	3	7	5
FEMALE.							
Not seen	1	2	5	5	3	2	2
No sputum	8	16	7	6	0	0	0
Negative	25	26	18	21	5	3	3
Positive	33	17	14	8	6	6	5*
	67	61	44	40	14	11	8
Resistant	5	2	5	3	4	4	4
Chemotherapy	52	38	27	15	4	5	3
Died	—	3	3	2	7	0	1
Transferred	—	3	0	1	1	0	0
Off	—	2	14	3	19	4	2
New Cases	—	2	0	2	1	1	0
TOTAL	196	175	129	111	57	44	40
Positive	(93)	(50)	(34)	(29)	(30)	(28)	(14)

Footnotes:

Positive/Negative: Case regarded as negative unless tubercle bacilli found in year under review.

Resistant means resistant to one or more drugs in the current year.

* In 1962 some cases not seen had sputum examined so there is an apparent discrepancy in these tables.

TABLE V.
CHRONIC INFECTORS AS AT 31.12.62 WORKING CAPACITY.

	Males.	Females.
Working*	14	0
Not working	15	5
Doing Housework	—	3
In Hospital	3	0
	32	8

* Of these 14 patients working at 31.12.62 four had positive sputum during the year and these are four of the five new cases added to the chronic infectors' list in the current year.

Of the five new cases added to the Chronic Infectors' List in this year (all male, ages 62: 60: 52: 36: 60/ all have become non-infective at the time of writing; a further fourteen chronic infective cases were working in normal occupations during this year under review but only four of these cases have had a positive sputum in the year under review and by the end of 1962 only one of these four cases still had infective sputum. It therefore seems unlikely that this group of known working chronic infectors can be the source of the new cases.

2. Reactivation of Quiescent Cases.

In approximately 1,200 Quiescent cases 12 broke down in the year noted—about half the ratio recorded a few years ago (see AR MOH N/c 1956-1959). Three of these patients were discharged as recovered (in 1955: 1962: 1953:). The 1962 case was discharged in May and by November he had suddenly developed a cavity and infective sputum presented with a sudden hæmoptysis; the 1953 case presented with a tuberculosis pleurisy (proven by pleural biopsy) and the 1955 case had a cough pharyngeal swab reported as infective but was otherwise well. All three discharged cases presented with active symptoms and their breakdown could not have been foreseen or prevented by routine attendance at the Clinic. We have no evidence to relate the new cases to these known active cases. It may well be that the present level of incidence of pulmonary tuberculosis will now remain at a similar level for a number of years—or at least until the structure of our society changes and the known chronic infective element diminishes even further either by satisfactory treatment or natural progression of the disease.

MASS RADIOGRAPHY

Table 1 summarises the work carried out in the City by the Static, Mobile and Caravan units. In all, visits were paid to 46 industrial and commercial establishments, with neighbouring firms being included whenever possible. Employees from numerous firms were also invited to attend the Static unit for X-ray examination. Among groups X-rayed were persons employed in the catering trades, merchant seamen, works contacts, and persons taking up new appointments with various employers. General public sessions were held at 19 locations and the Static Unit was open throughout the year for the convenience of this group of examinees. In addition, visits were paid to the Royal Agricultural Show held on the Town Moor, the Newcastle Summer Fete at Exhibition Park and seven Social Services Homes for the Aged. It should be noted that in addition to the 107 active cases of tuberculosis found requiring close clinic supervision or treatment, 54 persons were classified as requiring occasional out-patient supervision at chest clinics. This ensures adequate supervision of "doubtfull" cases pending a firm diagnosis. 92 persons were diagnosed as suffering from bronchogenic carcinoma.

Table 2 summarises the General Practitioners referred cases.

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

Examinee Group	Nos. X-rayed.	Referred to Chest Clinics.	Active Cases. notified.
Doctors Patients	8,056	590	60
Chest Clinic Contacts	504	15	1
School Children (Mantoux Positive)	681	6	1
General Public	8,096	185	12
Industrial Groups	33,654	326	30
Hospital Staff (Nursing)	698	1	—
Hospital Out-Patients and In-Patients	974	35	1
Homes for Aged	318	19	2
	52,981	1,177	107
			2.01 per 1,000

TABLE 2.
SUMMARY OF GENERAL PRACTITIONERS REFERRALS.

Year	Nos. Referred	Active Cases	Rate per 1,000
1959	8,316	81	9.7
1960	7,750	73	9.4
1961	7,883	78	9.9
1962	8,056	60	7.4

TUBERCULOSIS IN CHILDHOOD.

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

There has been further improvement in the incidence of tuberculous infection and illness in children. Only eight children were notified as suffering from tuberculosis and all were admitted to hospital (Table 1). For the fourth successive year there was no case of tuberculosis meningitis and for the third year none of chronic pulmonary tuberculosis.

There was one case of bone disease, that of dactylitis in a Pakistani boy who was probably infected before coming to Newcastle. One child had a visible skin primary infection. For the third year no cases of active pulmonary tuberculosis were found at routine tuberculin testing of 13 year old schoolchildren.

Two children were seriously ill with tuberculosis. One, a little girl of two years was admitted to hospital with an unexplained fever and found to have miliary tuberculosis; she was treated with chemotherapy and steroids and made an excellent recovery. In spite of widespread search among family and friends no infector was found and it is thought that it might have been her grandmother who had died about two months before the child became ill.

The other seriously ill child was born in hospital in Gateshead, but came to Newcastle to live with his maternal grandmother because his mother was ill. At four weeks he was admitted to hospital in Newcastle and found to have congenital tuberculosis; he was seriously ill for several weeks but eventually made a good recovery and after living with his grandmother to nine months he returned to his mother in Gateshead, a very healthy baby. This is only the fifth child recorded in the World Literature to have recovered from congenital tuberculosis.

The incidence of infection at routine testing at five years of age has been under 2% since 1959 but in 1962 half of those found to be tuberculin positive had been previously unrecognised. Nineteen children were found to be tuberculin positive: four had grade IV Heaf reactions of whom one had a calcified complex, two (one a Pakistani child) had normal x-rays and the fourth had a recent primary complex, and his father has since been found to have active pulmonary tuberculosis. Five children had Grade III reactions, one did not attend for investigation, one had a calcified lesion and the three others had normal x-rays. Eight children had Grade II reactions, of whom two had calcified lesions and six had normal x-rays. Twenty-nine children had grade I reactions but 26 were negative to 10 T.U. intradermally, one was not tested and two were positive to 10 T.U. (one was Pakistani) and both had normal x-rays.

Between routine testing at 5—6 years of age in 1957 and 1958 and testing again at 9—10 years in 1962 less than 1% of children had undergone tuberculin conversion (Table II). In previous years children found to be tuberculin positive at routine testing in school at 10 years of age have been referred to Mass X-ray and only those with abnormal films have been seen at the Contact Clinic, but in 1962 all such children were referred for examination and advice. Among the 26 children found tuberculin positive for the first time 21 had not previously been tested, but three of these had healed lesions.

At five years a further 14% and at 10 years a further 10% of those tested in school had positive tuberculin reactions due to previous B.C.G. vaccination.

At 13 years of age about 10% of children were found to be tuberculin positive as a result of natural infection whereas in 1954 45% were tuberculin positive at 13 years, and it is among these young people that tuberculosis will occur in the next ten years. A register has been started and arrangements made for those leaving school this year to receive regular reminders and appointments for x-ray examination.

The work of the Children's Tuberculosis Contact Service is summarised in Tables III and IV. Since the introduction of routine tuberculin testing at five years of age in 1957 an increasing number of schoolchildren as well as children under five years of age are being supervised in the Contact Clinic. Only 16 of the 1,007 children under five years of age seen for the first time in 1962 were infected; two of these, both referred from hospitals and described above, were seriously ill: three others required inpatient care and the remainder were given chemotherapy at home.

B.C.G. vaccination has been offered to all tuberculin negative children exposed to the risk of tuberculosis as well as to 12 or 13 year old schoolchildren and the number vaccinated are shown in Table V. A Pakistani boy given B.C.G. in March 1961 was found six months later to have pulmonary tuberculosis. This is the first among 9,000 children vaccinated with B.C.G. in the Contact Clinic or Maternity Units to develop any form of tuberculosis, and it seems likely he underwent natural primary infection about the same time as B.C.G. vaccination. That this has not happened before is due to the great care taken not to vaccinate children while they are actually exposed to the risk of infection. Owing to language difficulties one cannot always be sure about this in the case of Pakistani children, and it has, of course, occurred several times among those vaccinated at school from whom no detailed history is attempted.

The ascertainment of tuberculin positive children is becoming more complete and their supervision with chemotherapy is a worthwhile measure in the long-term control of tuberculosis as well as in the prevention of immediate illness in childhood. The time should not be far distant when all children infected with tuberculosis will be detected in time to benefit from prophylactic chemotherapy. But this will only occur if routine testing is continued in school among contacts and among sick children.

TABLE I.

THE NUMBER OF NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) AND OF TUBERCULOSIS MENINGITIS AND THE NUMBER OF DEATHS IN THOSE AGED 0—14 YEARS IN NEWCASTLE, 1950—1962.

	1950	1952	1954	1956	1958	1960	1961	1962
Notifications:								
All Forms	88	71	54	42	41	32	17	8
Meningitis	13	9	3	3	3	0	0	0
Deaths	14	4	1	1	0	0	0	0

TABLE II.

THE RESULTS OF ROUTINE TUBERCULIN TESTING IN SCHOOLS 1954—1962

	1954	1957	1958	1960	1961	1962
'Leavers' age 13—14						
% tested	0	71	82	70	67	68
Number tested	3,034	2,339	3,183	3,904	2,872	3,070
% Positive	45	26	22	16	13	18
'Juniors' age 9—10						
% Tested	0	52	68	76	81	80
Number Tested	0	2,314	3,020	2,957	2,973	2,897
% Naturally Positive	0	10	7.6	6	5	3.2
'Infants' age 5—6						
% Tested	0	67	70	75	76	71
Number Tested	0	3,111	3,053	3,525	3,280	3,213
% Naturally Positive	0	2.0	2.5	1.8	1.3	1.2

Number and per cent tested includes those previously vaccinated with B.C.G.
Per cent positive includes only those naturally positive except 'leavers' in 1954, 1957, 1958 and 1962.

TABLE III.

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AND THE NUMBER FOUND TO BE TUBERCULIN POSITIVE IN SOME YEARS BETWEEN 1941—1962.

	1941	1945	1952	1954	1956	1960	1961	1962
Total	63	139	427	655	941	1,102	1,215	1,007
Number Tuberculin								
Positive	26	46	71	45	18	26	24	16
%Positive	41	34	16	7	2	2.4	2	1.6

TABLE IV.

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF NEWLY DIAGNOSED PATIENTS 1952—1962.

	1952	1954	1956	1960	1961	1962
Total	103	150	269	250	225	171
Number Tuberculin Positive	41	29	15	19	11	9
% Positive	40	19	5.6	7.6	5	5

TABLE V.

THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1952—1962

	1952	1954	1956	1958	1960	1961	1962
Chest Clinics	22	184	255	362	227	156	181
Contact Clinic	92	349	588	800	911	912	899
Newcastle General Hospital— (Maternity Department)	70	114	152	186	187	158	160
Princess Mary Maternity Hospital	0	71	122	247	220	295	209
	184	718	1,117	1,595	1,545	1,521	1,449
School Leavers			1,041	2,968	3,104	3,542	2,441
Further Education Students ...					76		
Total	184	718	2,158	4,563	4,725	5,063	3,890

COMMONWEALTH IMMIGRANTS IN NEWCASTLE

1. Population.

The estimated number of Commonwealth Immigrants in the City is between four and five thousand. Of these approximately two hundred are students and the remainder is made up of family groups equally divided between Indians and Pakistanis, with only a very few West Indians and a small number of Chinese from Hong Kong. The population itself is made up of two distinct groups, temporary and more permanent, the former being made up of students and relatives of immigrants already domiciled, the latter can now be regarded as permanent residents. Their main occupations are in the drapery trade, public transport, the shipyards and as casual labour.

2. Integration.

On the whole there are no real difficulties regarding integration. The main agency concerned with this population is the Newcastle upon Tyne Council of Social Service, and it is their workers who have tried to help by attempting to remove the main obstacle of integration, namely language, by arranging weekly English Lessons, Sewing Classes, etc., for the immigrants, but unfortunately any real attempts to organise them into classes have failed. However, a further attempt will be made in the near future.

3. Housing.

Newcastle upon Tyne appears to have been fortunate in that overcrowding amongst immigrants is not known to exist to any great extent. While a good many from the Indian Continent move into and out of the City, their relatives or acquaintances here have generally some accommodation to offer them on a temporary basis.

Overcrowding has not been formally recognised in this City as a current qualification for the allocation of housing accommodation by the Corporation; this has prevented a fuller use of Section 90 of the Housing Act, 1957.

Every opportunity is taken by the Public Health Inspectorate to impress upon immigrant landlords the meaning of legislation dealing with housing accommodation, and it is hoped that this will

help to prevent the creation of the grossly overcrowded and unsatisfactory conditions which might otherwise arise.

There are no known cases of friction arising after rehousing by the Corporation but a number of cases of friction have arisen through bad landlordship on the part of immigrant owners.

No call at all has been made on emergency accommodation; the immigrant community has always organised its own housing requirement.

4. Health Services.

Maternity Service: The majority of immigrants with whom the Midwifery Service is concerned are Asians who tend to congregate in one or two special areas in the City which are already congested. They appear to be fully conversant with all the services available and make the fullest use of them, tending to seek advice early to ensure hospital accommodation which they insist upon, although they are quite willing to accept early discharge after delivery.

There were 62 births (1.5 %) during 1962.

Child Welfare: More mothers are attending the infant welfare clinics but there is a great language barrier which is a handicap when the health visitor is attempting to deal with feeding problems. To overcome this difficulty appointments are made in the evening at home when the husband who normally speaks better english is present, so that problems can be fully discussed.

5. Tuberculosis.

The Commonwealth immigrant is particularly susceptible to tuberculosis but in spite of this there are only a small number on the Tuberculosis Register. Furthermore, even when they are persuaded to attend for treatment the Chest Physicians find great difficulty in impressing upon them the seriousness of their condition and the need for adequate therapy and vaccination of their children with B.C.G. In spite of this there are no cases on the chronic infector register.

In the near future by arrangement with the Executive Council, when an immigrant applies for registration with a medical practitioner a letter from the Medical Officer of Health will be included in the envelope containing the medical card, advising them to visit the nearest chest clinic for X-Ray Examination, B.C.G. etc.

Commonwealth University students will be adequately cared for, with the development of the student health service in the University of Durham in January, 1963.

REPORT OF THE SCHOOL MEDICAL OFFICER

VI—SCHOOL HEALTH SERVICE

SYNOPSIS OF REPORT SUBMITTED TO
EDUCATION COMMITTEE.

SYNOPSIS OF REPORT SUBMITTED TO
EDUCATION COMMITTEE.

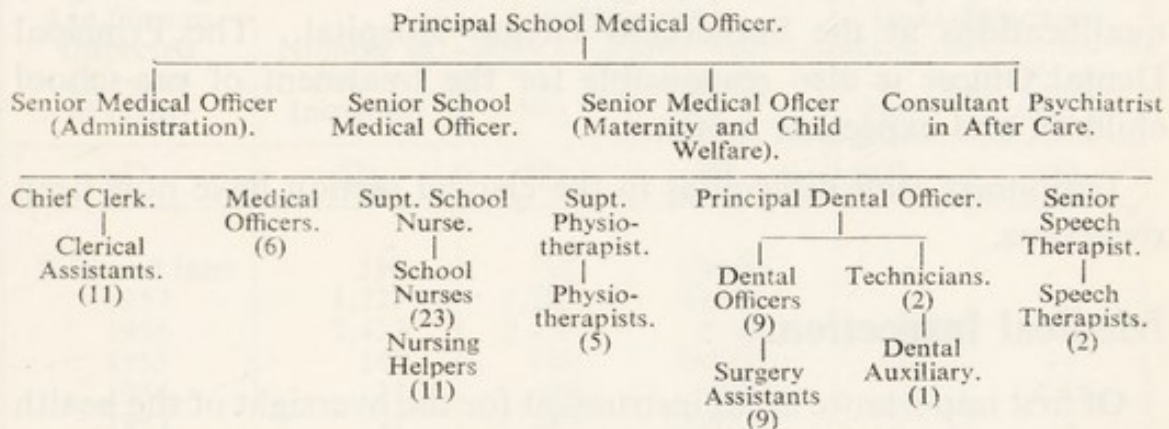
THE SCHOOL HEALTH SERVICE

ADMINISTRATION

The Structure of the Service.

This is shown in Table 1 and it should be noted that intercommunication is encouraged at all levels in the course of the daily work.

TABLE 1.



The establishment of medical officers consists of two medical officers working full-time in the School Health Service and six working in both the Education and Health Departments. The mean effective establishment, on the School Health side, allowing or unfilled vacancies, sickness and contingencies arising out of dual appointments, over the year was five medical officers.

Present medical officers on recruitment have all acquired a wide knowledge of medicine but, unlike their predecessors, enter the Service with a view to gaining experience in both clinical and administrative work. Facilities offered by the Committee for acquiring the necessary post-graduate qualifications have enabled the Corporation to obtain the services of medical men and women of somewhat above average ability, whose tenure of service is characterised by zeal and initiative upon which the vitality of the service is sustained: and, if their stay with this Authority is but brief, their replacement by men and women of similar calibre is ensured by the reputation which the Authority acquires by their succeeding to senior appointments in services elsewhere.

Likewise it has been possible to attract nurses with a sound all round experience in nursing and with an interest in social work, which forms an important feature of the school nurses daily work. Facilities both for in-service training and refresher courses, have contributed in no small measure.

In spite of the present shortage of physiotherapists, it has been possible to maintain a staff all of whom are members of the Chartered Society of Physiotherapists. Pre-school children are also treated in the Department.

A large proportion of the dental officers are working part-time appointments. The appointment of part-time staff is rendered necessary by the continued shortage of Dental Practitioners throughout the country: some are post graduate students working for higher qualifications at the Sutherland Dental Hospital. The Principal Dental Officer is also responsible for the treatment of pre-school children and expectant mothers.

Temporary staff difficulties in the clerical section have now been overcome.

Medical Inspection.

Of first importance as an instrument for the oversight of the health of individual pupils, is the system of inspection in schools. In former times the system was rigid, each and every pupil being inspected at certain points in their school life. Recently a more flexible approach has been advocated whereby inspection is limited to those children whose health is suspect. During the past two years the latter alternative method for the intermediate group has been studied and arrangements are in hand for its extension to a second section of the City.

Opinion is divided as to the relative merits of each system, basically it is dependent upon personal outlook. There are those who would not be satisfied with coverage unless every child were personally inspected, although it entails the examination of large numbers of children with negative results. Moreover, the Medical Officer is compensated by the acquisition of an increasing knowledge of normal children, and parents are always grateful to know that the child has been cleared of the common physical defects which a systematic examination will reveal. There are, on the other hand, those who find repetitive work uninspiring, and in whose hands it may be less rewarding. Such medical officers are not slow to find opportunity for useful work in the time saved by selective inspections. The tendency is for medical officers more recently appointed to favour selective inspections.

Results to hand, both in this Authority and elsewhere in the country, by these two methods have proved difficult to compare,

and are conflicting according to the bias of the observer. The Ministry of Education is in favour of studies of this nature, but has not as yet committed itself to any particular scheme.

The number of inspections carried out, and the physical condition of pupils inspected are shown in the following tables:—

TABLE 1.
PHYSICAL CONDITION OF PUPILS INSPECTED.

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)
1958 and later	190	190	100.00	—	—
1957	1,223	1,223	100.00	—	—
1956	2,472	2,458	99.43	14	0.57
1955	140	140	100.00	—	—
1954	21	20	95.24	1	4.76
1953	237	237	100.00	—	—
1952	3,335	3,322	99.61	13	0.39
1951	104	104	100.00	—	—
1950	9	9	100.00	—	—
1949	20	19	95.00	1	5.00
1948	1,962	1,953	99.54	9	0.46
1947 and earlier	1,424	1,418	99.58	6	0.42
TOTAL	11,137	11,093	99.60	44	0.40

Children found to be in need of treatment or observation in the course of these inspections are shown in Table 2.

TABLE 2.
PUPILS FOUND TO REQUIRE TREATMENT.

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any other conditions. (3)	Total individual pupils (4)
1958 and later	—	30	30
1957	21	114	136
1956	94	243	330
1955	8	21	29
1954	—	2	2
1953	2	15	15
1952	297	365	554
1951	5	8	11
1950	2	2	3
1949	3	—	3
1948	220	137	293
1947 and earlier	183	90	246
TOTAL	835	1,027	1,652

The types of defects found were as follows:—

TABLE 3.
DEFECTS FOUND AT PERIODICAL MEDICAL INSPECTIONS.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
(1)	(2)	(3)	(4)	(5)	(6)
4	Skin .....T ...	59	43	54	156
	O ...	76	58	68	202
5	Eyes—a. Vision T ...	122	406	306	934
	O ...	168	239	224	631
	b. Squint T ...	79	68	84	231
	O ...	65	39	48	152
	c. Other...T ...	6	6	20	32
	O ...	20	38	16	74
6	Ears—a. HearingT ...	45	7	27	79
	O ...	59	17	37	113
	b. Otitis T ...	17	7	11	35
	Media O ...	61	18	40	119
	c. Other...T ...	2	—	2	4
	O ...	17	4	4	25
7	Nose and Throat T ...	66	10	30	106
	O ...	405	28	138	571
8	Speech.....T ...	58	3	19	80
	O ...	73	10	24	107
9	Lymphatic GlandsT ...	7	—	—	7
	O ...	91	9	16	116
10	Heart .....T ...	9	5	3	17
	O ...	56	21	20	97
11	Lungs .....T ...	16	11	13	40
	O ...	98	32	58	188
12	Developmental—				
	a. Hernia.....T ...	2	1	1	4
	O ...	9	—	5	14
	b. Other .....T ...	3	4	21	28
	O ...	62	18	91	171
13	Orthopaedic—				
	a. Posture ...T ...	4	25	6	35
	O ...	9	22	14	45
	b. Feet .....T ...	56	15	51	122
	O ...	94	52	53	199
	c. Other .....T ...	76	43	70	189
	O ...	192	59	74	325
14	Nervous System—				
	a. Epilepsy ...T ...	4	5	3	12
	O ...	9	2	10	21
	b. Other .....T ...	4	—	11	15
	O ...	23	3	19	45
15	Psychological—				
	a. Development T ...	9	—	6	15
	O ...	25	3	27	55
	b. Stability .....T ...	12	2	11	25
	O ...	132	9	97	238
16	Abdomen .....T ...	5	—	7	12
	O ...	23	3	22	48
17	Other .....T ...	1	—	6	7
	O ...	8	7	3	18

T= Treatment

O= Observation

Other Medical Inspections performed by medical officers were as follows:—

Inspections for Freedom from Infection	1,094
Examination of children taken into care of the Local Authority (Children's Department)	349
Examination of Children and Young Persons proceeding from the Court to Remand Homes	66
Examinations for employment out of School Hours	516
Routine Examination of children Boarded-out by the Children's Department	395

Other examinations performed by School Nurses:—

Hygiene Inspections	58,626
Head Inspections	33,368
Follow-up Inspections	5,678

INFESTATION WITH VERMIN.

(a) The total number of Individual Pupils found to be infested	2,119
(b) Number of Notices issued under Section 54 (2) Education Act.....	32
(c) Number of Notices issued under Section 54 (3) Education Act.....	8

SCHOOL CLINICS

In June, 1962, Kenton Clinic was opened. This is a combined Clinic for use by both the Health and Education Departments, was provided by the Education Department and includes a dental suite. Other clinics have been well maintained in structure, decoration and equipment.

There is, however, a tendency to limit the work done in clinics and extend work done in schools. Whilst it is more economical of staff time to collect work into the school clinic, the increasing volume of traffic on the roads of the City has considerably added to the hazard of unattended children visiting the Clinics, and more than justifies this trend.

SCHOOL CLINICS.
FACILITIES AVAILABLE.

	Daily Dressings.	Physiotherapy.	Speech Therapy.	Consultations.	Refractions.	Dental	Skin Clinics.
Atkinson Road	X	X	X	X	X	X	X
Bentinck	X	X	X	X	X	X	X
Blakelaw	X	X	X	X	X	X	X
Kenton	X	X	X	X	X	X	X
Central	X	X	X	X	X	X	X
East End	X	X	X	X	X	X	X
Middle Street	X	X	X	X	X	X	X

Attendances at the Clinics were as follows:—

School Clinics.

Atkinson Road	1,918
Bentinck	942
Blakelaw	738
Central	466
East End	1,674
Kenton	1,161
Middle Street	1,099

Accessory Clinics.

Ashfield House	253
Brinkburn Street	220

Clinics on School Premises.

Number of Clinics	22
Total Sessions per week	38
Total Pupils attending	9,317

Consultations by Medical Officers.

Ashfield House	110
Atkinson Road	532
Bentinck	485
Blakelaw	192
Central	414
East End	1,005
Middle Street	521

Work of Nurses in Clinics. This is shown in the Table below:—

TABLE 3.
RETURN OF WORK PERFORMED IN CLINICS BY SCHOOL NURSES

Defect or Disease	Number of Children.	Total Treatments.
Skin—Septic	3,769	10,125
Scabies	22	95
Ringworm	25	278
Other	1,855	5,233
Ear Conditions—		
Wax in Ears	49	145
Discharging Ears	68	954
Eye Conditions—		
Conjunctivitis	73	360
Other external eye conditions	339	550
Spectacles	450	57
Vision Tests	234	40
Tonsillitis	56	23
Acute Infectious Fevers	19	7
Injuries	1,533	2,226
Malaise	282	237
Follow-up Inspections	2,156	221
Head Inspections	457	287
Cleansing	373	1,010
F.F.I's. and Manual Workers	1,117	209
Miscellaneous	2,313	2,152
Total	15,250	24,209

Similar work was carried out in clinics on school premises.

TABLE 4.
RETURN OF WORK PERFORMED IN CLINICS ON
SCHOOL PREMISES BY SCHOOL NURSES.

Defect or Disease.	Number of Children.	Total Treatments.
Skin—Septic	4,391	7,871
Scabies	7	6
Ringworm	10	22
Other	4,357	7,442
Ear Conditions—		
Wax in Ears	71	74
Discharging Ears	89	231
Eye Conditions—		
Conjunctivitis	47	62
Other external Eye Conditions	443	596
Spectacles	57	27
Vision Tests	110	47
Tonsillitis	30	8
Acute Infectious Fevers	13	11
Injuries	1,560	2,287
Malaise	152	240
Follow-up Inspections	2,447	521
Head Inspections	1,566	272
Cleansing	272	794
F.F.I's. and Manual Workers	6	61
Miscellaneous	2,755	978
Total	18,373	21,550

SPECIAL CLINICS

1. Ophthalmic work in 1962 was as follows:—

A. Refractions. The Ophthalmic Clinics provide for the main body of school entrants referred from the periodic medical inspection for more detailed examination. All initial examinations are conducted by ophthalmic medical practitioners working in these clinics. A small proportion of re-examinations are undertaken by school medical officers.

Refractions performed during the year were as follows:—

	<i>Ophthalmic Medical Practitioners.</i>	<i>School Medical Officers.</i>
Atkinson Road	—	—
Bentinck	—	34
Central	1393	277
Middle Street		
East End	—	—
Total—New Cases		672
Old Cases		1,032

The Prescription of Spectacles.

The numbers of children for who spectacles were prescribed are as follows:

(a) Through the Hospital Service.....	14
(b) Through Supplementary Ophthalmic Service	1,175

Dispensing of Spectacles.

(a) Number of children who obtained Spectacles on prescription	1,066
(b) Number of Spectacles repaired or replaced	1,393

A sum of £286 7s. 7d. was charged to this Authority in respect of glasses which, in the view of the Supplementary Ophthalmic Services Committee, required repair or replacement as a result of negligence.

2. Hearing Assessment Clinic.

In 1962 the work of the Hearing Assessment Clinic continued on the lines of the previous year. More sessions were devoted to assessment and reviewing, so that the waiting list is kept to a minimum and prompt attention is given.

The following statistical summary of the last three year's work tells its own story:—

	1960	1961	1962
A. Number of Audiometer Tests.....	154	322	337
(a) New Cases	105	224	143
(b) Reviews	49	98	195
B. New Cases attending Clinic	95	205	195
(a) Cases Reviewed:—			
(i) In Special Schools	17	11	8
(ii) In Ordinary Schools.....	56	122	172
(b) Cases Discharged	77	93	221
C. Number of Cases referred to:—			
(a) Hospital or General Practitioner	48	25	151
(b) Speech Therapist	6	4	14
D. Handicapped Pupils.			
(a) Ascertained	11	4	5
(b) Reviewed	7	4	3
E. Number of Pupils on Register as issued with Hearing Aids	40	38	50
Number followed-up and reported upon ...	40	26	26
F. Number of Hearing Aids issued (not on Register).....	—	14	—
Number followed-up after leaving school...	—	3	1
Number of Hearing Aids returned	—	2	1

In addition to the routine work of the Clinic, Nurses Hope, Wakefield and Walker were given training in Audiometry, and 39 health visitors attended the sessions between April and December in order that they could become acquainted with the facilities available for the testing and assessment of hearing.

Audiometry and the follow-up of children issued with Hearing Aids:—

(i) <i>Number of Audiometer Tests:</i>	
New Cases	143
Retests	195
(ii) <i>Hearing Aids.</i>	
Number of Hearing Aids on issue	30
Number Inspected and Reported upon	26*
Number of Hearing aids returned	1

*In addition separate reports were obtained from the teachers of the deaf in respect of 20 children attending the Partial Hearing Classes. The balance of four other aids have all been under supervision in different ways.

3. Orthopaedic Clinic.

There has been no change of trend in the types of orthopaedic conditions occurring in the children referred to this department.

STATISTICS FOR THE YEAR 1962 WORK OF THE ORTHOPAEDIC DEPARTMENT.

	School Health Service.	Maternity and Child Welfare Service.
1. Attendances.		
New Patients—Boys.....	423	134
Girls	401	141
Total number of attendances at Surgeons Clinics	2,285	897
2. Discharges	808	160
Admissions to Sanderson Orthopaedic Hospital	82	16
3. Physiotherapy.		
Total number of attendances at physiotherapy clinics	12,179	4,060
Swedish Remedial Exercises	5,922	710
Medical Electricity	2,036	144
Radiant Heat	109	—
Manipulations	1,243	1,391
Ultra Violet Light	242	—
Home Visits (manipulations for congenital foot deformities)	—	32
Plasters	—	—
Non Orthopaedic.		
Chest Conditions patients	81	—
(Asthma Bronchitis and Bronchiectasis) treatments.....	7,002	—
4. Other Information.		
Number of children requiring X-ray	43	19
Photographs	6	—
Number of surgical appliances (supplied and maintained)	2,740	1,332

4. Skin Clinic.

Most of the commoner dermatological conditions are seen at the Clinic during the year. Tinea Capitis no longer presents a problem and only six children were treated. A minor outbreak of Pityriasis Rosea occurred in three schools in which 17 cases were found.

The majority cases are patients with Verrucas. One feels after seeing large numbers of children with this condition, that various types of infection exist, and each should be handled according to type. The multiple, or superficial, are readily cured with formalin soaks, whilst the solitary, large, deep and painful wart on the heel and ball of the foot, tend to persist for many months. I feel strongly that these should be removed immediately by curette or diathermy,

not only because they are resistive to all but radical measures, but because continued attendance at the Clinic without improvement tests the faith of the patient.

Second to Plantar Warts, sensitization reactions, usually true contact dermatitis, constitute the largest group of skin conditions and are followed in numbers by Papular Urticaria, almost invariably referred as cases of Scabies. However, true Scabies continues to be a rarity and in only two cases was the mite (*sarcoptes hominis*) actually found and identified microscopically.

Contrary to recent reports Impetigo is still common being generally associated with head infestation. The chronic type (impetigo ptyroides) is also common and is generally associated with nasal catarrh, requiring reference to an Ear, Nose and Throat Surgeon.

Follicular Impetigo requires systemic anti-biotic therapy.

Attendances at the Clinic were as follows:—

Consultations	1,307
New Cases	376
Cases Discharged	339

5. Asthma Clinic.

Clinics have been arranged each fortnight throughout the year and the numbers attending were as follows:—

Number of current cases (December 1962)	48
Number of New Cases	13
Number Discharged	14

Children have been referred from various sources, namely:—

Pupils attending Pendower Hall.....	21
School Medical Officers	14
Organiser of Children's Care	5
General Practitioners	4
Health Department	2
Consultants	3
Probation Officers	1
Head Teachers	1

The primary concern of the clinic is with the direction of facilities provided by the Education Department, as distinct from medical

treatment provided by the Hospital and General Practitioner Services. Educational treatment provided for the children is as follows:—

A. Schools.		<i>Day.</i>	<i>Residential.</i>
Special Schools	.....	Open Air .....21	Open Air 1
			Maladjusted ... 1
			Hospital 2
Schools for Normal Pupils	.....	Primary and non Selective .....18	Boarding Grammar ... 2
		Grammar .....2	
		Technical 1	
B. Other Facilities.			
Child Guidance	.....		2
Special Instruction and incentive in Physical Education in Ordinary School	.....		1
Breathing Exercises	.....		6

The following children were referred to:—

Orthopaedic Surgeon	.....	3
Ear, Nose and Throat Surgeon	.....	3
Paediatrician	.....	2
General Practitioner	.....	1
Hearing Assessment Clinic	.....	1

The condition of pupils on discharge was as follows:—

Asymptomatic	.....	5
Improved	.....	4
Unchanged	.....	3
Worse (and transferred to Stannington)	.....	1
Uncertain (lapsed attendance)	.....	1

REPORT OF THE SCHOOL DENTAL OFFICER

Staff.

Although resignations were received from one part-time and two full-time dental officers during the year, the establishment did not suffer greatly as they were replaced by the appointment of one full-time and three part-time officers.

It is unfortunate that the School Dental Service today is staffed so largely by officers employed on a part-time or sessional basis. While the work they do is excellent, their limited attendance in their surgeries is upsetting to the continuity of treatment and to its ready availability. Also these part-time appointments are usually taken by young dentists who are building up their own practices, and when this end has been achieved they terminate their public appointments so that their services tend to be available only for a comparatively limited time.

However until there is a substantial increase in the remuneration of full-time School Dental Officers little improvement in their recruitment can be expected.

Dental Inspections.

Once again the majority of the officers were able to inspect all the schools allotted to their care, although in the Middle Street and Bentinck areas it was not possible to examine every school and a few in each area had to be left over. These will be inspected early in the new year.

Some 45,000 children were examined in the course of routine school inspections and in the clinics, and of this number 20,000 were found to be in need of dental attention. This figure is not as bad as it appears to be if it is borne in mind that very many of the children of the ages inspected are in the process of losing their deciduous teeth and these latter children are largely included in the 20,000.

Of this number nearly 8,000 elected to obtain treatment from the School Service while a fair proportion of the remainder attended private practitioners. Unfortunately accurate figures for this latter number are not available.

Treatment.

Conservative work was, as in former years concentrated on the second dentition and nearly 10,000 fillings were inserted. Extractions were undertaken mostly under general anaesthesia, a weekly "gas extraction" session being held in each clinic. In addition to this weekly session at each clinic, an emergency session was held daily at 4 p.m. in the Central Clinic to which any child suffering from toothache could be sent forthwith, and have his extraction done that day. This was very well attended and anything from three to a dozen children could be expected daily.

Our figures for artificial restorations were much the same as for the last year, just over 100 children being fitted with dentures. In nearly every case the denture was a small partial one, usually to replace only one or two front teeth lost by accident or neglected decay.

Orthodontic treatment was given largely by Mr. Crombie at the Central Clinic where laboratory services are available, although a few cases were fitted in the outlying surgeries. In all some 400

appliances were inserted during the year and specialist advice was available when necessary from the orthodontic staff at the Sutherland Dental Hospital.

The new clinic at Kenton was opened in June. The clinic is modern, well designed and appointed and serves as a combined school and Maternity and Child Welfare surgery. Its construction and lay-out should serve as an example for future dental premises.

Detailed figures for the work carried out during the year are as under.

(a) Dental and Orthodontic work.

(i) Number of pupils inspected by the Authority's Dental Officers:—

(a) At periodic inspections	42,825	
(b) As specials	3,138	
		45,963
(ii) Number found to require treatment		20,077
(iii) Number offered treatment		7,359
(iv) Number actually treated		5,017

(b) Dental work (other than orthodontics) (Note: Figures relating to orthodontics should not be included in section (b).).

(i) Number of attendance made by pupils for treatment, excluding those recorded at (c) (i) below		19,766
(ii) Half days devoted to:		
(a) Periodic (School) Inspection	334	
(b) Treatment	3,416	
		3,750
(iii) Fillings:		
(a) Permanent teeth	7,915	
(b) Temporary teeth	1,539	
		9,454
(iv) Number of teeth filled:		
(a) Permanent teeth	6,700	
(b) Temporary teeth	1,347	
		8,047
(v) Extractions:		
(a) Permanent teeth	3,175	
(b) Temporary teeth	7,945	
		11,120
(vi) Administration of general anaesthetics for extraction		4,382
(vii) Number of pupils supplied with artificial teeth		103
(viii) Other Operations:		
(a) Permanent teeth	3,698	
(b) Temporary teeth	614	
		4,312

(c) Orthodontics:

(i) Number of attendances made by pupils for orthodontic treatment	2,227
(ii) Half days devoted to orthodontic treatment	505
(iii) Cases commenced during the year	133
(iv) Cases brought forward from previous year	346
(v) Cases completed during the year	55
(vi) Cases discontinued during the year	46
(vii) Number of pupils treated by means of appliances	297
(viii) Number of removable appliances fitted	359
(ix) Number of fixed appliances fitted	4

HANDICAPPED PUPILS

The following statistical report on the work of the service during the year takes the form given in previous years and, as in previous reports, tables take no account of multiple handicaps, cases being allocated to the primary handicap.

1. Ascertainment.

PUPILS EXAMINED AND CLASSIFIED UNDER SECTION 34 EDUCATION ACTS, 1944-1961.

Category.	Number of Pupils	
	Examined	Classified
Blind	—	—
Partially Sighted	4	3
Deaf	3	3
*Partial Hearing	2	2
E.S.N.	214	171
Epileptic	4	2
Maladjusted	27	18
Physically Handicapped	20	19
Delicate	30	27

*This designation replaces that of 'Partial Deafness' in Regulations 1962 in order to imply a more positive approach to the needs of the pupils.

Pupils otherwise reported upon were:

(i) Decision deferred	29
(ii) Not recommended as needing special education.....	32

Treatment Recommended:

The Local Education Authority ascertained that the following pupils required special education:—

Special School—Day	118
Residential	38
Ordinary School with special teaching	108
Home Teaching	4
Psychotic Unit	1

2. The Provision of Special Education.

NUMBER OF PUPILS NEWLY PLACED IN SPECIAL SCHOOLS.

Category.	Day.	Residential
Blind	—	1
Partially Sighted	3	—
Deaf	5	—
Partial Hearing	2	—
E.S.N.	71	7
Epileptic	—	4
Maladjusted	2	7
Physically Handicapped	16	3
Delicate	29	2

3. Periodical Review of Handicapped Pupils.

NUMBER OF PUPILS RE-EXAMINED PRIOR TO REACHING SCHOOL LEAVING AGE.

Category.	Number Reviewed
Blind	7
Partially Sighted	10
Deaf	3
Partial Hearing	1
Educationally Subnormal	155
Epileptic	7
Maladjusted	40
Physically Handicapped	100
Delicate	118

Arising out of these examinations, recommendations were adjusted as follows:—

Changes of Special School	19
De-classified	9
Category changed	6
Re-classified	2
Notified as unsuitable	117
Decision unaltered	397

4. Final Examinations.

Category.	Number examined	Number receiving supervision
Partially Sighted	6	6
Partial Hearing	1	—
Educationally Subnormal	69	60*
Epileptic	1	—
Physically Handicapped	2	1
Maladjusted	3	1
Delicate	2	1

*4 children were formally notified to the Local Health Authority on leaving school.

SPEECH THERAPY

The Speech Therapy Department continued to operate successfully during the first three-quarters of the year. During the last quarter owing to staff difficulties, the work had to be curtailed. It is hoped eventually to increase the establishment of therapists from three to four.

Treatments continued at the following peripheral clinics:—

Atkinson Road.
Ashfield.
Bentinck.
Middle Street.

and at the Hillview, Mountfield and St. Thomas More Schools as well as all the special schools.

When the number of sessions had to be reduced owing to shortage of staff the clinics were discontinued at the Kenton schools and one session commenced at the new Kenton Clinic.

School visiting was continued during the first half of the year but was not possible later owing to pressure of work. It is hoped to re-commence this personal contact with the Head Teachers and staff as soon as possible.

Table of work carried out in the Clinics during the year.

Number of children treated	546
Number of children interviewed	247
Number of children discharged	279
Number of treatments	4,905
Number of children on waiting list at Dec. 31st.	74

Almost 40% of children given appointments did not keep them. Most of these can be accounted for by the school holidays, and the week preceding, but absenteeism is still high during term-time, and 75% of the absentees each week have no genuine excuse.

INFECTIOUS DISEASES.

The year 1962 was characterised by a relatively late and chilly summer and an early onset of more severe weather in December. No evidence has come to hand which indicated that the health of children was significantly affected on this account.

There was no outbreak of infectious disease of any magnitude in the City during the year.

In late July information was received that a member of the teaching staff of one of the schools was suspected to be suffering from Pulmonary Tuberculosis. This was the second member of the staff of this particular school to become suspect and, as on previous occasions the school had been found to have a low consent rate for Tuberculin Testing, it was thought justifiable to put in hand arrangements for the testing of the whole school, prior to confirmation of the diagnosis.

The extent to which testing was done was as follows:—

Numbers of Pupils on Roll.....	292
Number of Consents for Testing	292
Number Tested and Read	280

Children not tested before the end of term were accounted for as follows:—

Attending Chest Clinic	1
In Hospital	1
On Holiday	4
Left school.....	6

The Teaching staff were referred for Chest X-ray with the following results:—

- (i) X-Rayed.....8—All satisfactory reports.
- (ii) Not X-rayedThe suspected case.
Attending Chest Clinic..... 2

The non Teaching staff were also referred for X-ray as follows:—

Number X-rayed	4
Number not X-rayed	3

The results of Heaf Testing of pupils were as follows:—

Heaf 0	217
* Grade 1	27
2	22
3	3
4	1

Reactors in grades 1—4 were sent for Chest X-ray, but no case of infection came to light.

* Heaf reactions are no longer classified simply as 'negative' or 'positive' as has been recorded in previous Reports, but according to the severity of the reaction. Grade 0 and possibly 1 represent the former 'negative' reaction. Grades 2, 3 and 4 progressively more severe reactions.

Communicable Disease.

Cases of notifiable disease reported to the Health Department during the year are shown in the Table below:—

NOTIFIABLE INFECTIOUS DISEASE IN SCHOOL CHILDREN.

Disease	Number of Cases Reported.		
	Aged 5—9 years	Aged 10—14 years	Total
Scarlet Fever	20	3	23
Whooping Cough	62	1	63
Acute Poliomyelitis	—	—	—
Measles	250	6	256
Diphtheria	—	—	—
Dysentery	10	2	12
Meningococcal Infection ...	1	—	1
Acute Pneumonia	6	2	8
Smallpox	—	—	—
Acute Encephalitis	3	—	3
Typhoid Fever	—	—	—
Paratyphoid Fever	—	—	—
Erysipelas	—	—	—
Food Poisoning	—	—	—
Tuberculosis—			
Respiratory	1	—	1
Meninges & C.N.S.	—	—	—
Other Forms	—	2	2
Rubella	400	111	511
Acute Rheumatism	4	—	4
	757	127	884

Contagious Skin Disease.

The number of children known to have suffered from contagious skin disease during the year compared with those of previous year as follows:—

	1958	1959	1960	1961	1962
Impetigo.....	...	...	...	163	133
Scabies	98	24	78	15	30
Ringworm	150	21	35	72	49

Preventive Measures.

1. Poliomyelitis.

During the year the use of Oral vaccine has been almost universal. The numbers of pupils so protected were as follows:—

1st Inoculations	28
2nd ".....	32
3rd ".....	110
4th ".....	12
Oral	8,897

2. Diphtheria.

Pupils have been protected as follows:—

Primary Inoculation	437
'Booster' Inoculation	788

3. Tetanus.

Number of Pupils protected	—
----------------------------------	---

4. Smallpox.

Number of pupils successfully vaccinated	346
--	-----

5. Tuberculosis.

(a) TUBERCULIN TESTING.

	Age Groups.		
	5 Yrs.	10 Yrs.	12 Yrs.
Number of parents to whom circulars were sent	4,403	3,585	3,569
Number of children for whom consent was received.....	3,891	3,234	3,070
Number of children tested and read.....	3,157	2,753	2,454
Grading of Reactions obtained:	2,714	2,364	2,011
0	266	205	193
1	125	101	101
2	39	58	71
3	13	25	78
4			

(b) B.C.G. VACCINATION.

Pupils received B.C.G. vaccination in their twelfth year. The number protected in 1962 in the various classes of schools were:—

Maintained schools	2,634
Independent schools	395

(c) PERIODIC X-RAY EXAMINATION OF TEACHING STAFF.

Teaching staff are encouraged to submit themselves for a yearly chest X-ray check. The number of teaching staff so examined was 926.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1962

Chief Public Health Inspector
C. HALL, M.D., F.A.P.H.I.

VII—Report of the CHIEF PUBLIC HEALTH INSPECTOR

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1962

CHIEF PUBLIC HEALTH INSPECTOR:
L. MAIR, M.R.S.H., F.A.P.H.I.

Deputy Chief Public Health

Inspector A. P. ROBINSON,
F.A.P.H.I.

DIVISIONAL INSPECTORS:

Administration	...	...	...	W. G. INGLEDEW, M.A.P.H.I.
West Division	...	...	...	M. G. WINTRINGHAM, D.P.A.
Central Division	...	...	...	A. IBBITSON, M.A.P.H.I.
East Division	...	...	...	T. McCOWIE, M.A.P.H.I.
Food Inspection and Control			...	W. COCKBURN, F.A.P.H.I.
Housing and Smoke Control Survey				R. BURFIELD, M.A.P.H.I.

Senior Inspectors	...	...	...	15 (2 vacancies)
Inspectors	...	...	...	14 (2 vacancies).
General Assistants	...	...	...	2
Smoke Control Staff	...	...	...	6
Rodent Control Staff	...	...	...	10
Slaughterhouse labourer	...	...	...	1
Pupil Inspectors	...	...	...	8 (2 vacancies)

CLERICAL SECTION:

Senior Clerk	...	...	...	W. H. CARTWRIGHT.
Shorthand Typists	...	...	...	2
Clerks	...	...	...	10

INTRODUCTION

The closing paragraphs of my last Annual Report expressed the confident hope that 1962 would see progress in environmental health administration continue at an even higher level than during the previous year. By and large, this hope was fulfilled, and whilst a smoother and more efficient administration was achieved during 1962, the first year of operation of the re-organised administrative structure of the inspectorate, many new problems emerged which gave ground for concern, not the least important of which form the subject of the closing lines of this introduction.

An event of major importance was the absorption, within the Public Health Inspection Department proper, of the Meat and Other Food Inspection Services, the Diseases of Animals administration and Rodent Control, services which had hitherto operated independently under the supervision of Mr. H. Thornton who served as Veterinary Officer to the Corporation for some 35 years before taking up his present appointment as Senior Meat Hygiene Officer to the Federal Ministry of Agriculture of Rhodesia and Nyasaland. Although there were, as might be expected, one or two minor teething troubles during the initial period of amalgamation, the recently adopted administrative structure in the Department proper had been designed and adapted in a way which enabled the food control services to be harnessed to the overall public health task with only few changes of procedure and as the months passed, it became clear that so far as personnel and planned administration were concerned the amalgamation could be said to have been accomplished smoothly and satisfactorily. The situation in other aspects is, however, far from satisfactory and perhaps the most disturbing feature of the existing meat inspection services is the prolonged delay in the erection of the long awaited municipal abattoir, an undertaking which is essential to the elimination of the unhygienic conditions and outmoded practices in daily operation in the Cattle Market group of slaughterhouses.

For many years it has been generally appreciated throughout the department that the present inadequate and insanitary buildings used for the slaughter of food animals militated against efficient operation of meat inspection and slaughtering supervision, but it was not until a more detailed appraisal had been applied to the situation that the full gravity of the position was revealed. Fuller reference is made elsewhere in the report to this unhappy position,

suffice to say at this point that the present deplorable circumstances are not of recent origin and can have been allowed to continue so long only because of past apathy and indifference. In an issue of the Newcastle Evening Chronicle dated December, 1929, it was stated that "No terms are too strong to use to describe the appalling state of a large proportion of the slaughterhouses in Newcastle." In the following month a prominent local veterinary surgeon declared that certain slaughterhouses in Newcastle "are the most disgusting in England." The same newspaper report (of the 29th January, 1930) states that "the Newcastle Public Health Committee . . . intends to push forward the proposals for a public abattoir as a solution of the problem." Perhaps in that bygone time financial considerations were the main impediment to the fruition of the Committee's aspirations as at a public meeting held on 2nd December, 1929, to discuss the provision of a municipal cattle market and abattoir, the most relevant question appeared to be from the chairman of the meeting who asked "Could they afford . . . an initial expenditure of £170,000 on a new cattle market and abattoir . . . ?" This sum, it was pointed out by the speaker, was only an initial expenditure because "the final amount might easily run into a quarter of a million of money . . . !" It is an ironical reflection on the outlook of those days that it was in the same year that the establishment of a crematorium at Benwell Cemetery was recommended to the Council by the Town Moor and Parks Committee for approval in principle, a decision which was implemented with a lightning rapidity compared with the progress of the municipal abattoir deliberations.

In the field of slum clearance the picture is much more encouraging. Indeed, there is some justification for stating that as far as the Health Committee is concerned, the clearance of the slums is approaching its completion. A "slum" has been defined as "a residential area occupied predominantly by poverty-stricken people living in housing which is so deteriorated or so unwholesome as to be a menace to the health, safety, morality or welfare of the occupants and the adjacent community." If this definition is reasonable in its scope it is obvious that our City will be one of the first major towns in this country to get rid of its slums and that too, in the near future. This definition implies an essential difference between a slum—which briefly may be described as a sordid residential area—and unfit housing, a subject which is related solely to the physical condition of the house itself and not to the character of the social, economic or physical environment of the area.

This viewpoint is given support by the character of current clearance areas. Instead of large unbroken tracts of slum houses, an area is now interspersed with a very high proportion of fit properties and it is not unlikely that in due course more activity may be devoted to the repair or demolition of unfit dwellings than to wholesale clearance. Indeed, the nature of slum clearance has so changed during the past four years that the emphasis has shifted from the removal of squalid and insanitary slum areas to comprehensive redevelopment with the problem of unfit housing being dealt with as an adjunct to the broader question of planning.

At the same time, the machinery of the Housing Acts is being used to advantage in the interest of speed and economy in dealing with areas in respect of which compulsory purchase is intended as a necessary part of the overall plan. A typical example is the Melbourne Street Clearance Areas and no doubt similar action will be taken in respect of the larger comprehensive development areas proposed in the Byker district.

A disturbing feature on the housing front is the apparent extension of the house-in-multi-occupation mode of life. The rented house has, in the main, constituted a long term policy for the investment landlord and by and large, a tenant's need has been met in this way. Certain tenemented house landlords of today, however, seem to manage (if that word be not inappropriate) their houses from quite a different viewpoint. There is a certain type of owner, particularly in the West End, who, given a small capital and a complete indifference to standards of living conditions, acquires a large very sub-standard house, "furnishes" a large number of small holdings with material acquired cheaply at auction sales rooms, lets these rooms for exorbitant rents, and, despite the efforts of the Department to secure reasonable amenities necessary for family life, enjoys a substantial income without earning it. However, although such unscrupulous owners are making a fairly substantial amount of hay while their particular sun shines, their sunset is being brought nearer by the selective application of the new measures introduced by the Housing Act of 1961.

Another matter which began to cause some serious concern towards the end of the year was the future of the Committee's smoke control programme. A shortage of open-fire solid smokeless fuel has, in many quarters, been foreseen for some time and it would have

been reasonable to assume, having regard to the long term policy of smoke control in the black areas, that a national fuel policy would, before now, have been formulated to ensure the uninterrupted progress of smoke control programmes where the need for atmospheric pollution abatement is most acute. Very few local authorities have pushed ahead with an overall smoke control programme with the vigour and determination shown by our own Health Committee and yet at the end of the year an assurance of the confirmation of orders could be relied upon no further ahead than the end of 1963, leaving the completion of the major part of the programme a matter for speculation and conjecture.

Nevertheless, despite the difficulties and setbacks which 1962 brought, the year showed an overall progress in most activities but whilst there may be cause for a certain amount of restrained satisfaction, we shall begin 1963 with tremendous tasks which must be tackled with purpose and a real sense of urgency in the future, viz. the sub-standard multi-occupied house, the future of the smoke control area programme and the provision at the earliest possible moment of a modern municipal abattoir. Of these, perhaps the last is of greatest immediate importance.

HOUSING ACT 1957

During the early months of the year the Slum Clearance Programme was subjected to one of its periodic examinations resulting in the submission in April of a revised programme. This revised programme extends over the period 1962-1964, and the measure of progress in slum elimination is indicated by the increased proportion of rehousing accommodation devoted to displaced families from redevelopment areas. The admixture of slum clearance with planning redevelopment must be regarded as an inevitable factor in the evolution of a balanced urban environment but so far as the Health Committee is concerned the immediate prospect is one of much effort and small gain.

From the tables below it will be seen that a total of 252 dwelling-houses were represented to the Committee as being unfit, a figure very much below the annual target figure of 460. This low representation figure is no true indication of the amount of work involved in inspection as in the two areas represented during the year 223

additional houses were inspected and classified as "grey," in anticipation of planning requirements in connection with compulsory purchase. It will, therefore, be seen that so far as actual slum clearance is concerned (and the Health Committee's primary task is the removal of unfit houses) the work of the department was only partly effective, the very regrettable result being that for the first year since the inception of the clearance programme, the department was behind schedule with official representations, even though to an extent of only 1.66% over the whole of the programme. The early elimination of these arrears and the re-establishment of the usual commanding lead will be major aims of the Housing Section of the Department during the early months of next year and it is confidently anticipated that the situation will have been restored before the end of 1963.

During the year under review the work of inspection proceeded apace in the Melbourne Street and Mill Lane areas in respect of which representations were subsequently submitted. Similar activity continued in the Violet Street, Greenhow Terrace, Scotswood Road, Jesmond Vale, Blandford Street, Villa Place, Denton Road and Fife Terrace districts and the unfit houses in the last two areas were so few and scattered that they were dealt with satisfactorily and more suitably as individual unfit dwellings. In respect of the remaining areas, representations will be submitted during early 1963.

The following tables show in statistical form the work carried out during 1962 by the Housing (Slum Clearance) Section of the Department:—

<i>Represented to Health Committee—</i>				Houses.	Families.	Persons.
(a) Unfit Houses in Areas:						
Melbourne Street C.A.	...	...	...	67	127	350
Mill Lane C.A.	...	...	...	114	231	733
(b) Individual Unfit Houses ...				71	176	532
Totals				252	534	1,615

<i>Orders Made:—</i>						Houses.	Families.	Persons.
(a) Byker Bank C.P.O.:								
	Pink	...	...	...	...	15	31	92
	Grey	...	...	...	...	5	10	30
(b) Scotswood Road (Rye Hill) C.P.O.:								
	Pink	...	...	...	...	92	185	586
	Grey	...	...	...	...	22	34	139
(c) Harriett Street C.P.O.:								
	Pink	...	...	...	...	27	55	166
	Grey	...	...	...	...	4	5	12
(d) Molineux Street C.P.O.:								
	Pink	...	...	...	...	71	150	410
	Grey	...	...	...	...	38	54	137
(e) Thornborough Street C.P.O.:								
	Pink	...	...	...	...	105	271	746
	Grey	...	...	...	...	22	18	45
(f) Bulmer Street C.P.O.:								
	Pink	...	...	...	...	15	30	67
	Grey	...	...	...	...	5	—	—
(g) Melbourne Street C.P.O.:								
	Pink	...	...	...	...	142	313	861
	Grey	...	...	...	...	14	2	4
(h) Individual Unfit Houses:								
	(i) Demolition Orders	...	...	...	...	25	75	226
	(ii) Closing Orders (Part)	...	...	...	...	15	19	64
	(iii) Closing Orders (Whole)	...	...	...	...	13	40	117
Totals						630	1,292	3,702

Orders Confirmed by Minister:

						Houses.	Families.	Persons.
(a) Westgate Road (Diana Street):								
	Pink	...	...	...	...	202	396	1,094
	Grey	...	...	...	...	28	35	82
(b) Byker Bank C.P.O.:								
	Pink	...	...	...	...	15	31	92
	Grey	...	...	...	...	5	10	30
Totals						250	472	1,298

Undertakings given:

<i>Undertakings given:</i>					Houses.	Families.	Persons.
To close or demolish:							
(i) Part of a house	} not included in	the above	...	...	5	5	13
(ii) Whole house					12	14	42
Totals					17	19	55

The number of unfit dwelling houses dealt with individually by the Committee during the year increased to 71 as compared with 43 during 1961 and of these 71 reported cases, five were in respect of basement holdings and nine related to other parts of houses only. This is a natural development in unfit housing work as with the completion of larger areas of slum clearance, attention must be devoted to dealing with smaller areas in which single houses are often so situated that they cannot be linked to the main area and have to be dealt with individually by closing or demolition orders.

Public Inquiries were held during the year under the direction of the Minister of Housing and Local Government in respect of compulsory purchase orders made in connection with the clearance areas in the Rye Hill, Molineux Street, Harriet Street and Thornborough Street districts. Because no objection was made to the confirmation of the Byker Bank Compulsory Purchase Order, no inquiry was held but the area was, nevertheless, systematically inspected by the Minister's Inspector and it is pleasing to record that the Order was duly confirmed without modification.

Compulsory purchase orders, made in respect of the Melbourne Street and Bulmer Street areas, were submitted to the Minister during the year for confirmation and as objections thereto have been lodged public inquiries will no doubt be held in the early months of 1963.

The Westgate Road (Diana Street) C.P.O. was confirmed during the year, with certain modifications, five of the "pink" properties having been changed to "grey," although the reasons for such changes were, in certain cases, somewhat obscure. The inquiries into the Scotswood Road (Rye Hill) C.P.O. held in July, and into the Scotswood Road (Declaration of Unfitness) Order, held in April, did not appear to present any unusual difficulty but nevertheless confirmation of both orders was still awaited at the end of the year. This delay is of particular relevance so far as the Scotswood Road Unfitness Order is concerned as the structural and sanitary condition of most of the houses, especially those in Penn Street and Railway Street is such that they must surely be the worst in the City. Indeed, so serious was the position that the owners of these unfit properties were approached and invited to undertake to close or demolish the houses if the Corporation rehoused the occupants in advance of the operation of the Order. It is gratifying to note that in the vast majority of cases, this was carried out and at the end of the year the worst slum conditions in this area had been eliminated in this way.

Individual Unfit Houses.

All houses in proposed and declared clearance areas are unfit for human habitation but the degree of unfitness can vary considerably. Certain houses in such areas in 1962 were found to be in such a state of structural disintegration that the unfortunate occupants could not be expected to endure any longer the deplorable living conditions imposed on them by the nature of their environment.

Such exceptionally bad houses, although subsequently included in the clearance area, were dealt with immediately as a matter of urgency by individual action and demolition or closing orders were duly made. In this way many of the most acute problems of bad housing in clearance areas were solved as rehousing was carried out within a reasonably short time after the case was first reported to the Health Committee.

Much less tractable is the unfit housing situation outside of clearance areas, particularly in the west end of the City, where many of the unfit houses are owned by immigrants whose conception of reasonable housing standards is completely in conflict with even the most modest requirements of housing legislation. The establishment of ownership of such houses is not the least of the problems encountered as unfit property owned by our coloured friends from overseas passes through different hands with bewildering rapidity and frequency and in some cases it was eventually found necessary to affix the required statutory notices on the property concerned to enable the prescribed procedure to be completed. After the service of the "time and place" notices, much unnecessary delay results from the coloured landlord's inability to appreciate the subsequent procedure even though the Divisional Inspector has, on many occasions, and with commendable patience, spent many fruitless hours in giving guidance and explanation to landlords as to the preparation of schedules of works in cases where he, the landlord, is under the quite erroneous impression that a particular house can be made fit at a reasonable expense. Very rarely indeed is the subsequent schedule sufficiently detailed or comprehensive to obtain the approval of the Committee and the extent of the futility of the landlord's efforts is indicated by the fact that of the 40 houses in the west end dealt with by individual action during the year, only one was reconditioned to a standard which justified the rescission of the Demolition Order, and in one other case a Closing Order made in respect of a single room was rescinded upon that room being made reasonably fit for habitation. In another case, an owner appealed to the County Court against a Closing Order made in respect of two basement rooms and this appeal was dismissed.

Nevertheless, despite such difficulties, it can be stated that over the year, there has been some improvement in the housing situation generally in relation to individual unfit houses and it is hoped that

this welcome feature might enable more attention to be given to basement dwellings as a class during 1963.

Unfit Houses—Undertakings and Certificates of Unfitness.

As indicated above, many unfit houses, particularly in clearance areas, cannot, for one reason or other, be dealt with immediately and to relieve the unhappy plight of the unfortunate occupants of grossly unfit houses, undertakings to close or demolish were sought from the owners to enable rehousing to take place without undue delay. During 1962 a total of 101 such undertakings relating to 204 families were obtained in this way and it is significant that only 19 houses containing 24 families were not in declared or proposed clearance areas.

Similar action was taken in respect of 75 council owned houses containing 122 families in connection with which 25 Certificates of Unfitness were issued to the Director of Housing to enable rehousing to be accomplished.

Unfit Houses—Demolition and Closures.

During the year 389 houses were demolished or closed as compared with 421 during 1961, as scheduled below:—

						<i>Houses.</i>
Pre-war clearance areas	...	...	...	...	...	2
Post-war clearance areas	...	...	...	...	...	238
Individual Unfit Houses	...	...	...	...	...	16
On undertakings by owners (not in clearance areas)	...					2
On Certificates of Unfitness (Corporation properties)	...					131
						389

Unfit Houses—Rehousing.

There was a welcome increase in the number of families rehoused during the year from unfit dwellings, the total reaching 1,152 as compared with 981 last year. The majority of the families were, as would be expected, from clearance areas and because of the impossibility of procuring a systematic and orderly rehousing of these families from a given area, due to the different composition and varying requirements of each family, many difficulties arose from empty derelict houses which could not be demolished because of adjacent premises remaining occupied for the time being. This matter is referred to below at greater length.

Details of rehoused families are as under:—

	<i>Families.</i>
Pre-war clearance areas	3
Post-war clearance areas	878
Individual Unfit Houses	35
On undertakings by owners (not in clearance areas) ...	2
On certificates of unfitness (Corporation properties) ...	234
	1,152

Derelict Structures.

After the rehousing of the occupants from individual dwellings subject to Demolition Orders, there arises the problem of demolition which presents certain difficulties. As can be expected, most of these vacated properties are in areas of the City where vandalism is more pronounced, and often, within hours of vacation, the house is entered by trespassers bent on destruction. Such property is inevitably an attraction to the curious and adventurous child, who, quite unaware of the danger of missing floorboards and insecure masonry, uses it as a playground and often as a place for him and his companions to foregather around a bonfire. Many of these houses are in areas which are intended to be the subject of compulsory purchase and the owners, who are naturally reluctant to incur any substantial expenditure in demolition or protecting the site, seek to sell the house to the Corporation. The negotiations for transfer are invariably protracted and until conveyance has been completed, the Corporation is unable to demolish the building and clear the site.

Perhaps even more unsatisfactory is the situation in clearance areas subject to Clearance Orders, examples of which are in the Shieldfield, Wilfred Street and Elswick East Terrace areas. The Clearance Orders have been operative for some time but because of the unavoidable delay in securing the vacation of the houses in a way enabling systematic demolition to take place, empty derelict houses have been standing for many months. Towards the end of the year informal approaches had been made to the owners concerned to secure demolition but it seems clear that very early in 1963 the Health Committee may be forced to exercise the powers available in the Housing Act, 1957, to carry out demolition work, which may be very considerable in extent, in default and recover the costs involved in due course. During the year two cases of derelict dwellings were reported to the Committee with a view to taking

action under Section 10 of the Newcastle upon Tyne (General) Powers Act, 1935, but the demolition of one dwelling and the building up of the other structure were secured without the necessity of applying for a Court Order as provided for in the Act.

Houses let-in-lodgings.

Reference was made in my last Annual Report to the introduction, in November last year, of the Housing Act, 1961 which, it was hoped, would prove to be an effective weapon against the bad landlords of houses let-in-lodgings or houses in multiple-occupation as they are also known. There is no doubt that these new provisions, which do not give to the owner the option to evict tenants rather than carry out works of improvement, now operate more in favour of the tenant than hitherto but the practical experience gained in operating the new powers of control during 1962 indicates that present legislation will not effectively deal with the problems in many of the tenemented houses in this City, particularly in the west end. A major difficulty in these houses arises from the overcrowding which is almost a permanent feature in many cases, and whilst provisions in both the Housing Acts of 1957 and 1961 are designed to deal with overcrowding, incautious use of these powers can precipitate evictions of tenants from dwellings not protected under the Rent Acts. An awareness of this circumstance has hampered progress in dealing with particular houses let-in-lodgings as the acute shortage of alternative accommodation for evicted tenants would create a far more intractable problem than existed before the remedy under the Housing Acts was applied. The general shortage of housing accommodation is still the primary cause of the squalid overcrowded living conditions in tenemented houses in our City and the predatory proclivities of many unscrupulous landlords will continue without restriction until the supply of accommodation exceeds the demand.

During the year a preliminary survey of houses let-in-lodgings was carried out, primarily to gather sufficient information of a general nature to enable a working assessment to be made of the size of the problem which faces the department if the full provisions of the Housing Acts are to be operated. Although the Housing Act defines such a house as one "let-in-lodgings" or "occupied by members of more than one family," it is obviously necessary in the interests of practicability to limit the rather wide scope of this definition. Moreover, a substantial proportion of such houses are

obviously of a satisfactory standard and do not, as yet, require the exhaustive inspection of a detailed survey, and by directing attention only to those houses which appear to require inspection to ascertain their standard of amenity and general condition of fitness and by restricting the survey to those houses containing three or more families and to houses let-in-lodgings to individuals, the overall picture emerges as follows:—

	Number of families in house.								Totals.
	3	4	5	6	7	8	9	10	
No. of houses ...	402	282	148	64	30	10	8	4	948 houses
No. of families...	1206	1128	740	384	210	80	72	40	3,860 families

No doubt these figures will be subject to modification during the course of a detailed survey and it is hoped to give more detailed and comprehensive information in the report for 1963.

Substantially more than half of the total number of houses let-in-lodgings are situated in the west end and if the movement of our coloured population is allied to multi-occupation one can expect an increase in the number of multi-occupied houses in the east end during the year to come. The persistent efforts of the inspectorial staff serving in the west end have made it clear to the less responsible property owner that the Health Committee is determined to overcome the problem of the insanitary tenemented house and the removal of the worst multi-occupied houses by way of closure or demolition has had a salutary effect upon owners as to the dangers of ignoring their statutory responsibilities. Whilst this development may lead to a measure of restrained optimism it is clear that the basic need is the provision of more houses to relieve the overcrowding and congestion in these houses. Conditions conducive to a satisfactory family life can never be enjoyed in an overfilled house where so many of the ordinary amenities of living are shared by several families.

RENT ACT, 1957

Departmental activity in 1962 in relation to the above Act may be summarised by stating that six applications for certificates of disrepair and four applications for cancellations were received. Two further applications for cancellation pending from the previous year were also dealt with and the following summary indicates this work in statistical form.

Certificates of Disrepair:

Number of Applications for Certificates	...	...	...	...	6
Certificates refused	...	...	...	...	—
Applications withdrawn	...	...	...	...	—
Undertakings received (Form K)	...	...	...	...	2
Certificates of Disrepair issued	...	...	...	...	4
Decisions pending	...	...	...	...	—

Cancellation of Certificates of Disrepair—

	1954 Act Certificates.	1957 Act Certificates.	Total.
Number of Applications for revocation or Cancellation of Certificates of Disrepair	1	3	4
Certificates revoked or cancelled	1	3	4
Cancellations refused	—	2	2
Decisions pending	—	—	—
Certificates remaining extant	191	264	455

It will be noted from the above table that at the end of the year the number of Certificates of Disrepair remaining extant (but not necessarily operative) totalled 455, this being the same as at December, 1961. When it is considered that of the 960 certificates issued since the introduction of post-war rent restriction legislation in 1954, almost half of these are not cancelled, one is impelled to enquire into a curious circumstance which suggests that for all practical purposes nearly half of the applicants and owners of the houses in question have lost interest in the tortuous proceedings of rent legislation. Consequently, opportunity was taken by the District Inspectors during their day-to-day work to seek information concerning the "lost 455 certificates" and the results of this survey are summarised briefly hereunder.

Certificates of Disrepair—Position as at 31st December, 1962:

	1954 Act.	1957 Act.	Total.
Number issued	542	418	960
Number revoked or cancelled	351	154	505
Number remaining in force (as in register)	191	264	455

RESULT OF SURVEY.

(1) Premises where Certificates of Disrepair are still extant:—			
	1954 Act.	1957 Act.	Total.
Number of Premises which have become decontrolled	63	59	122
Number of premises which are now owner/occupied and therefore de- controlled	11	6	17
Number of premises demolished as a result of Housing Act or other procedure	12	34	46
Total number of certificates no longer operative	86	99	185

PREMISES WHERE CERTIFICATES REMAIN IN FORCE.

(a) *Occupants continuing to pay the old controlled rent (no increase):*

	1954 Act.	1957 Act.	Total.
Defects of repair remedied as in Certificate of Disrepair	3	2	5
Defects partly remedied	23	44	67
Defects not remedied	11	15	26
Total	37	61	98

(b) *Occupants paying a new increased controlled rent:*

	1954 Act.	1957 Act.	Total.
Defects of repair remedied as in Certificate of Disrepair	41	62	103
Defects partly remedied	27	37	64
Defects not remedied	Nil.	5	5
Total	68	104	172

(2) Premises where landlords gave an undertaking on Form K that they would remedy defects of repair set out in Form J:—

Total number of undertakings given as per register	465
Number of houses now decontrolled	83
Number of houses now owner/occupied and therefore decontrolled	21
Number of houses demolished or closed as a result of Housing Act or other procedure	24
Total of invalid undertakings	128
Total remaining operative	337

(a) *Occupants continuing to pay the old controlled rent (no increase):*

Undertakings partly carried out	8
Undertakings not carried out	3
Total	11

(b) *Occupants paying a new increased controlled rent:*

Undertakings carried out satisfactorily	275
Undertakings partly carried out	50
Undertakings not carried out	1
Total	326

From these figures it will be seen that while 455 Certificates of Disrepair remain not cancelled only 270 are operative. Of this number 108 could be cancelled because the defects of repair in respect of which they were issued have been remedied, but the owners of the property have failed to apply for cancellation. The defects on a further 131 certificates have been partly remedied but despite this fact approximately half of the householders are paying a new increased rent although they could quite legitimately withhold the rent increase. Inquiries have revealed in these cases that while

they were aware that all repairs had not been completed the tenants were satisfied with the amount of work carried out by the landlord and had in consequence agreed to pay the increased rent.

In 31 cases houses have remained in disrepair and while in 26 of these no increase of rent has been demanded the remaining five tenants are paying a new increased rent. It would seem here that the persons concerned were either not aware that they could withhold the rent increase, or sought to avoid conflict with their landlords.

So far as undertakings are concerned, again a number of houses to which they relate have either been demolished or become decontrolled leaving only 337 of them operative. In four cases only has there been no attempt to fulfil the undertaking given, although in 58 cases only part of the undertaking was fulfilled.

The success or failure of an Act such as this, from a local authority's point of view, is difficult to assess because the Department is not concerned until an application is made for a certificate. It is not known, therefore, to what extent undertakings may have been given by landlords to their tenants on Form H. What is known is that only a very small number of applications have been made to this authority for Form P in respect of Form H Undertakings, namely, 119 in five years, 105 of which were in the first year of operation of the 1957 Act leaving only 14 in the past four years. Furthermore, not all applications were from tenants. Fourteen were from landlords, indicating that these certificates were needed as documentary evidence, to prove that the work had been done, in anticipation of proceedings for recovery of rent.

The results of the survey have shown that tenants generally are not averse to paying increased rents where the landlord plays his part in keeping the house in good repair. This applies particularly to the external repair and decoration. A thing which has impressed public health inspectors over the years has been the willingness of tenants to look after the inside of the house themselves and this they often do to such good effect in the matter of tasteful decorative repair that the task of assessing the fitness for human habitation of the house is often made difficult.

If the Rent Act, 1957, was intended as a measure to arrest physical deterioration in rent controlled houses and to restore them to a state of good repair, it has failed, mainly because of the apathetic attitude of both landlord and tenant.

In many cases where the increase has been imposed, the tenant, either because the weekly sum was small, or because of an unjustified feeling of insecurity, has refrained from seeking the assistance of the Department in the matter of withholding the increase. Since the fading of the publicity which accompanied the introduction of the Act in 1957, it would seem that the majority of tenants of controlled houses have forgotten their statutory rights to ensure that the house in which they live is maintained in a state of satisfactory repair.

PUBLIC HEALTH ACTS 1936—1961

Nuisances.

For the past decade there has been a steady gradual reduction in the number of complaints received in the Department from members of the public. This encouraging state of affairs, has, for the lack of any clearer indication, been attributed to an effective slum clearance programme which has removed almost all the grossly unfit dwellings within the City boundaries.

It was from such houses that a high proportion of complaints originated and it is obvious that though the decline in the number of complaints has been steady, there must, at some point, be reached a level below which, by the very character of the environment of our City, the annual number of complaints cannot fall. In 1961 an all-time low record figure of 3,066 was achieved and it would seem that many years will pass before the citizens of Newcastle again carry on for a period of twelve months so uncomplainingly. During 1962 the number rose to 3,189, and this figure might well have been substantially increased by conditions in many clearance areas, particularly Diana Street, where the rate of rehousing was not as rapid as certain inhabitants had expected. Such circumstances gave rise to numerous individual complaints which were prevented at source, as it were, by reassurances and explanations from the District Inspectors as to the ultimate rehousing of all concerned. Most people in such areas are very reasonable in their outlook and although conditions were particularly irksome in the Diana Street and Melbourne Street areas, householders appreciated the position and resolved to endure the interim period before rehousing with a philosophical cheerfulness sustained by the knowledge that their "new house" was at least in sight.

During the year 477 statutory notices were served under the provisions of Sections 45, 75 and 93 of the Public Health Act, 1936,

and in only 82 cases was it found necessary to send final letters. Of these, 24 notices still remained uncomplied and legal proceedings were instituted in each case. In 17 cases the summons were withdrawn as the necessary work had been completed before the date of the hearing. Of the remaining seven cases, five nuisance orders were granted, fines totalling £5 were imposed, and work was carried out in default in these cases.

Under the provisions of the Corporation Act of 1935, 258 notices were served in respect of defective drains, waste pipes and water closets and in 76 instances the work was carried out by the Department in default at a total recoverable cost of £334 18s. 10d.

Noise Abatement.

It would seem that one of the effects of the press publicity attending the introduction of the Noise Abatement Act, 1960, has been to make the average citizen much more noise conscious. It was not uncommon, during this year, to deal with complaints relating to noises which had been occurring for many years but which had become a source of nuisance only since the Act was brought into operation. Moreover, very rarely indeed were circumstances found which justified statutory action, although every opportunity was taken in each case to ensure that all reasonable measures were taken to reduce the level of the noise of which complaint had been made.

The technique of noise assessment is far from simple and the complexities of noise abatement, insulation and absorption are such that specialised guidance on any particular case would probably be necessary if legal action were contemplated.

In the meantime, much more beneficial and satisfying results can be obtained by the use of co-operation and common sense between the occupiers of offending premises and the Department and in this way complaining residents have been afforded a measure of satisfaction more effectively than by the use of the magistrates' courts. An example of this effective co-operation was in respect of a pipe bending factory working nightshift where the "swaging" of large bore pipes by hand hammers was causing serious nuisance in the early morning hours. Representations from the inspector concerned resulted in these noise-producing operations being transferred to a building of much heavier construction situated at a maximum distance from the dwelling houses affected. Although the noise was not abated, it was reduced to a tolerable level and as

the dwellings in question are of a temporary short-lived construction and will be demolished in the foreseeable future, the residents appear to accept this lower noise level with a more or less cheerful resignation.

Other cases which occurred during the year and which were dealt with satisfactorily by informal action related to night noises from a social club, pneumatic drills on factory premises, amplified music from a public house and a men's club and various complaints from individual dwellings concerning noisiness of inconsiderate neighbours. The future of noise abatement as an accepted policy is a matter for interesting speculation. Quietude is a desirable feature of gracious living but such can never be achieved by statutory means. If the ambient noise level of all occupied premises were reduced so as to satisfy all requirements of the Noise Abatement Act, there would still be too much noise preventing the full enjoyment of living in those premises. No doubt the passage of time will bring a higher appreciation of a quiet environment and in the meantime noise abatement in all its forms will be pursued by the inspectorate even if, in some of the cases, the existence of a statutory nuisance cannot be demonstrated.

Licensed Premises.

It is to be regretted that pressure of other work and the loss of the services of district inspectors necessarily seconded from time to time to meat inspection duties, resulted in only 390 inspections being made of the 367 licensed premises in the City. The standards maintained in such premises were very satisfactory and in only six instances were the washing facilities found to be inadequate. Other contraventions related mainly to the cleanliness of walls and ceilings of rooms and cellars and in every case these deficiencies were promptly remedied. However, one licensed club operating on railway premises opened during the year was found to be conducted in unsatisfactory circumstances and although it is probable that certain redevelopment operations taking place in the neighbourhood will involve the closing of this club, the attention of the licensing authority was drawn to this matter for their consideration when, and if, an application is made for the renewal of the licence.

Places of Public Entertainment.

The pastime of Bingo (entertainment may not be an accurate appellation) continued in its popular appeal and at the close of the

year 18 premises were in use catering for devotees on a large scale. Of these 18 establishments, nine were used on a full-time basis for Bingo exclusively, four also showed films, four were also used for dancing purposes and the other for boxing and wrestling. The numerous church halls and social clubs etc., in which occasional Bingo sessions were held have been disregarded for the statistical purposes of this report.

During the year the number of cinemas decreased to 18 and at the end of the year there were five theatres, 11 dance halls, six billiard halls, 81 clubs (75 licensed), one music hall, one concert hall, two football grounds, one cricket ground, one greyhound stadium and one boxing hall, in addition to a varying number of premises such as church halls, etc. used on occasion for entertainment purposes.

The number of inspections made during the year increased to 129 and whilst the various contraventions and deficiencies were of a minor character and promptly dealt with it is becoming clear that more attention might have to be given in the future to the maintenance of a higher standard of hygienic conditions in some of the clubs in older premises which are used almost exclusively for drinking purposes.

Public Sanitary Accommodation.

During the past year or so the population in the west end of the City, particularly in Fenham, Cowgate, Blakelaw, Kenton and Fawdon has considerably increased and the gross inadequacy of the public sanitary accommodation available for this increased population became evident during the year. Within the area just mentioned there is only one public sanitary convenience provided for ladies and gentlemen and it is situated at the junction of Stamfordham Road and Ponteland Road. It was obvious that this accommodation was quite inadequate to serve the needs of the area in question which covers approximately eight square miles. Apart from the need for such facilities for the general public, a public convenience equipped with washing facilities has a value in the field of food hygiene and this feature is of increasing significance in view of the large numbers of mobile food shops and vans now serving most of the newer residential areas in the City. Very often these mobile vehicles are not themselves equipped with adequate hand washing facilities and present food hygiene legislation requires the provision of such equipment only if the sale of food therefrom can

be termed "catering business." A report on the lack of suitable and adequate public conveniences in the western areas of our City was submitted to the Committee during the year and certain representations have been made to the Cleansing Committee to remedy this deficiency.

Offensive Trades.

There was no major change in the number or character of offensive trades carried on in the City during the year and present consents granted by the Committee apply to the following operations:—

<i>Trade</i>					<i>No. of Trades.</i>	<i>No. of premises.</i>
Bone boiling ...	...	...	...	}	5	1
Fat extractor ...	...	...	...			
Fat melting ...	...	...	...			
Glue maker ...	...	...	...			
Size maker ...	...	...	...			
Fell monger ...	...	...	...	}	2	3
Hide and Skin dealer	...	...	...			
Gut scraper ...	...	...	...	}	1	1
Fat melter ...	...	...	...			
Soap boiler ...	...	...	...	...	1	1
Tripe boiler ...	...	...	...	...	2	2
Blood boiler ...	...	...	...	...	2	2
Totals	...	...	...		13	10

Many of these trades, particularly those associated with tripe boiling and gut scraping, are carried on in premises which are becoming dilapidated to a degree which prevents satisfactory repair being made. The proprietors of offensive trades ancilliary to the slaughtering of animals for the meat trade are in a state of uncertainty as to the future of the premises they occupy and although they have been assured that they may be allowed to continue the operation of their businesses within the precincts of the proposed municipal abattoir it seems impossible to give even an approximate date when the changeover is likely to occur.

Tents, Vans and Sheds.

The one and only permanent caravan site in the City mentioned in last year's report continued to be used as winter quarters for the same families of showmen and no adverse comment can be made of the use of the land for this purpose. Application for the use of this site by other persons not members of an approved organisation was made during the year and was refused and the general management and condition of the site are such that no difficulty, from the public health aspect, is likely to be encountered in the foreseeable future.

The Department experienced a particularly active year in relation to the sanitary supervision of shows, exhibitions and similar outdoor events. June opened with a gymkhana held as part of the Blaydon Races Centenary followed immediately by the Temperance Festival. August brought the Rosecarp Exhibition and Summer Holiday Fair and in October came the Danish Food Exhibition and the Bertram Mills Circus. The events staged during the summer months suffered much from gale damage but despite the difficulties created by disastrous weather and considering the temporary nature of these organised shows a reasonably high standard of hygiene was maintained, largely due to the ready and willing co-operation of the exhibitors and other personnel concerned. Exception, however, was taken in respect of the Summer Holiday Fair where the construction of the sanitary accommodation was much below the standard required. Such accommodation consisted of tarpaulin tents containing chemical closets screened by hessian, with unscreened urinal troughs discharging over open drains. Before official action was taken to deal with these unsuitable arrangements the prevailing high winds conveniently removed or demolished most of these inadequate structures and the permanent sanitary accommodation available in this vicinity was used without undue inconvenience. In this case the gale was much more effective, and certainly quicker, than public health legislation in dealing with unsuitable sanitary accommodation, but although effective in application, its availability is unreliable and such inadequate arrangements for the public need could be prevented if organisers of such events would consult the Department during the preliminary preparations.

Similar boisterous weather conditions occurred in June during the opening weekend of the Temperance Festival when a record number of 540 caravans housing 535 families comprising 1,670 persons took up their usual period of residence on the Town Moor. The standard of the public sanitary accommodation was as excellent as in recent years and refuse removal was once more dealt with expeditiously and effectively by the Cleansing Department.

A matter for continued anxiety was, however, the invasion into the festival site of unauthorised vans, totalling about 100 in number, which subsequently occupied the north east corner of the show ground. No cleansing service or sanitary accommodation had, of course, been allocated to these trespassers, the result being that litter, refuse, scrap metal and rags were strewn over the site and on the

moor boundary fence within the first few days of the show. The need for proper and firm ground control on the site was thus again demonstrated.

The perennial problem, which changes only in degree, of unauthorised parking of caravans on vacant land at Union Road and Waverdale Avenue in the East End of the City again caused much work to the District Inspectors.

Some 68 inspections of these sites were made and a total of 29 written notices were personally served on the offenders to secure their removal. In all cases the absence of water supplies and sanitary accommodation and the problem of refuse removal gave rise to conditions constituting a hazard to public health but as this land is in the ownership of this Corporation the prevention of such conditions should be within the bounds of practicability. Two obvious methods are (a) the enclosure of the land to prevent access by vehicles and (b) forcible removal by towing the vehicles to the public highway. However, neither of these methods have yet been employed and until their practicability and effectiveness are tested, the Inspectors are forced to continue their time-consuming efforts to deal with this permanent problem.

Common Lodging Houses.

The Salvation Army Men's Hostel in Pilgrim Street remains the one and only common lodging house in the City, and it was used to full capacity during the year with its accommodation for 242 men.

An annual repetition of a fact does not invalidate its truth and once more attention is drawn to the need of a well designed and municipally operated hostel or lodging house to provide nightly accommodation at a modest cost.

New Buildings and Alterations.

The very considerable increase in building work within the City was reflected in the increased number of plans submitted to the Department by the City Engineer for examination and comment before being considered for byelaw approval by the Town Improvement and Streets Committee.

During the year a total of 1,264 such plans were examined as compared with 673 during the previous year and 255 during 1960 and a considerable number of recommendations were made in respect of requirements relating to Food Hygiene Regulations,

Factories Acts and various Acts and other legislation relating to clean air and smoke control.

Disinfestation (Slum Clearance).

During the past quarter of a century the reduction in the number and extent of insect infestations in our City has been dramatic.

Very few, if any, of the houses in the slum areas of pre-war years were free of infestation and very many were infested to a degree which to-day it would be extremely difficult, if not impossible, to find anywhere in this country. This remarkable eradication of bugs and fleas can be attributed to two main factors, perhaps the more important being the accelerated development of the widespread use of efficient, modern residual insecticides. Equally responsible, at least so far as our own City is concerned, is the steady removal of large areas of unfit housing which, because of the type of construction and the very high bug population were for generations reservoirs of infestation.

The long term practice of disinfesting the household effects of tenants displaced from unfit houses has proved its effectiveness and has been well worth the effort to ensure that the large council estates are virtually free from bug and flea infestations.

During 1962, 1,417 rehousingings were notified to the Department by the Director of Housing, an increase of 471 over the previous year. In the course of this rehousing work the contents of 5,519 rooms were treated with a residual sprayed insecticide and 481 mattresses and 143 bundles of bedding were subjected to steam disinfestation. Most of the houses to which this service was applied were situated in the clearance areas of Melbourne Street, Diana Street, Shieldfield, Scotswood Road, Elswick East Terrace, Croft Stairs, Leslie Terrace and Whitworth and Mitchell Streets.

Disinfestation (General).

Premises, other than in respect of slum clearance removals, which were also treated during the year, comprised 142 dwellinghouses, nine schools, four business premises, a hospital and a fire station. This work of disinfestation involved dealing with 200 separate rooms and necessitated the discharge of 333 insecticidal smoke generators and 152 gallons liquid insecticide. From the table below it will be seen that the position of pre-eminence previously occupied by the bug and flea in entomological popularity has, over the years, passed to the cockroach.

Premises Disinfested.

3	were infested with ants.
2	were infested with bees.
78	were infested with cockroaches.
31	were infested with bugs.
5	were infested with clovermite.
6	were infested with flies
18	were infested with fleas.
5	were infested with golden spiders.
6	were infested with lice.
3	were infested with other insects.

Total ... 151

In addition to the actual operation of disinfestations, the general assistants carried out during the year nine disinfections in respect of cases of tuberculosis, and also arranged for the destruction, where required, of a number of mattresses and miscellaneous parcels of bedding.

Infectious Disease Control.

From the beginning of 1962 there was a change in the method of infectious disease control in the department. The special Infectious Disease Section which had until then carried out the work was disbanded and the work of infectious disease control was taken over by the District Public Health Inspectors. Furthermore the infectious disease investigations carried out by the Public Health Inspectors were restricted to typhoid, paratyphoid, food poisoning, scarlet fever and smallpox, including the surveillance of carriers. The new system was very quickly put to the test as the redistribution of duties coincided with the need for some rapid checking and tracing of smallpox contacts. The new system proved quite successful in this case as it did later in the year when there were several food poisoning incidents requiring action by the department.

During the year 32 cases of scarlet fever were reported to the department and the necessary investigations were carried out by the District Inspectors. 34 smallpox contacts, most of whom were coloured immigrants arriving from abroad, were checked as to their movements and vaccination state. During 1962, 23 food poisoning incidents requiring investigation were reported to the department and in every case enquiries were carried out and suitable action taken with regard to food premises when it was considered necessary.

Workplaces.

During the year 652 workplaces, including 466 offices, were inspected. Details of defects found on inspection were as follows:—

Lack of cleanliness	...	...	...	...	...	1
Overcrowding	...	...	...	...	...	—
Inadequate ventilation	...	...	...	...	...	1
Defective or inadequate sanitary accommodation	...	...	...	...	...	14
						16

Control of workplaces is still exercised by the inadequate provisions of the Public Health Act, 1936, although it had been anticipated that swifter progress might have been made during the year with the Offices, Shops and Railway Premises Bill which is intended to replace the Public Health Act and made good the deficiencies thereof. The futile Offices Act of 1960 has been passed but without the Regulations which this Act empowers to be made, no effective progress is possible. In the meantime, the office worker must continue to wait patiently until his working environment can receive adequate attention by the public health official.

Water Supply.

Throughout the year the Newcastle and Gateshead Water Company kindly continued to supply monthly statements showing the total quantity of water held in their reservoirs and at all times throughout the year the supply was ample in quantity for all the needs of the City.

During 1962 four samples were taken monthly for chemical analysis by the Public Analyst and in every case the water was found to be of satisfactory organic purity, it was not liable to have plumbosolvent action and was in every way satisfactory in quality and suitable for the public supply. At the close of the year the position in respect of the supply of water for domestic purposes was as follows:—

(a) Number of dwellinghouses	...	...	...	87,365
(b) Number of population supplied from public mains:				
(i) direct to houses	...	...	...	267,090
(ii) from stand pipes	...	...	...	—

The practice of obtaining bacteriological samples weekly from the six fixed mains sampling points in various parts of the City

continued throughout the year and individual random samples were taken each week from the water supply taps of domestic premises with results indicated in the following table:—

BACTERIOLOGICAL EXAMINATION OF WATER.

	Class 1. Highly Satis- factory	Class 2 Satis- factory	Class 3 Suspicious	Class 4 Unsatis- factory	Number Taken
Mains Sampling Points	145	8	1	Nil.	154
Domestic Taps ...	140	14	Nil.	Nil.	154
Totals	285	22	1	Nil.	308

Only one of these samples of water proved to be suspicious but a series of check samples taken immediately thereafter proved to be highly satisfactory. It is suggested that a single isolated suspicious sample is of no serious significance from a bacteriological point of view as in almost all cases the adverse result has been caused by a fault in sampling technique or equipment. Highly satisfactory check samples taken immediately thereafter invariably indicates that the water supplied in the mains in our City is of a high bacteriological quality.

Public Swimming Baths.

The overall circumstances existing in respect of public swimming baths are the same as in previous years. There are still 15 swimming baths in the City, 12 for the use of the public and three attached to schools for the exclusive use of scholars. In all cases water is supplied from the mains and is subjected to "break point" chlorination treatment. All bath waters are changed by re-circulation which occurs at approximately five hour intervals except in the case of Benwell where the slow rate of change remains at 12 to 14 hours.

During 1962, 44 visits were made to the swimming baths for the purpose of obtaining samples of the bath water for bacteriological examination and for estimating the amount of free chlorine in the water and its pH value. A total of 88 samples were procured and subjected to bacteriological examination and of these only one was classed as unsatisfactory and two as suspicious. In each case a subsequent series of check samples were returned as highly satisfactory and it is reasonable to infer from this development that an irregularity in the sampling technique could have been the cause.

BACTERIOLOGICAL EXAMINATION.

Class 1. 0 b.coli.	Class 2. 1-3 b. coli.	Class 3. 4-10 b. coli.	Class 4. 10+ b. coli.	Total.
84	1	2	1	88

RESIDUAL CHLORINE AND pH VALUE TESTS.

Chlorine p.p.m.	p.H Value							Total
	7.0	7.1	7.2	7.3	7.4	7.5	7.6 and over	
0.9					1			1
1.0								
1.1			1					1
1.2							1	1
1.3								
1.4			1		1		1	3
1.5								
1.6			1	2	1		2	6
1.7								
1.8	2		3	2	6		2	15
1.9								
2.0	2		7	3	4			16
Over 2.0			1					1
Totals	4		14	7	13		6	44

SUMMARY OF VISITS CARRIED OUT BY PUBLIC HEALTH INSPECTORS FOR THE YEAR, 1962.

Complaints received...	...	...	...	...	...	...	...	3,189
Nuisances found on the District in addition to above	...	...	...	...	...	...	...	104

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	...	...	...	...	...	...	...	556
(b) Individual Unfit Houses:								
(i) Repairable at reasonable cost	...	...	...	...	...	...	...	15
(ii) Not repairable at reasonable cost	...	...	...	...	...	...	...	2,581
(iii) Parts of buildings with view to closure	...	...	...	...	...	...	...	41
(c) Houses let in lodgings	...	...	...	...	...	...	...	174
(d) Clearance and redevelopment areas	...	...	...	...	...	...	...	9,936
(e) Overcrowding provisions...	...	...	...	...	...	...	...	39
(f) Measurement for purpose of ascertaining "Permitted Numbers"	...	...	...	...	...	...	...	7
(g) Other visits and revisits	...	...	...	...	...	...	...	2,556
(h) Certificates of Unfitness	...	...	...	...	...	...	...	1

2.	Under Rent Acts:	
(a)	In connection with certificates of disrepair	70
(b)	In connection with cancellation of certificates of disrepair ...	177
(c)	In connection with issue of other certificates	159
(d)	Other visits and revisits	1,073
3.	Under Public Health Act and Water Act:	
(a)	Sanitary conveniences	42
(b)	Common courts, yards and passages	17
(c)	Filthy and verminous premises	70
(d)	In connection with provision of dustbins	92
(e)	In connection with complaints of nuisance	3,086
(f)	In connection with provision or reinstatement of water supplies	888
(g)	Other visits and revisits	7,646
(h)	Disinfestation	2,507
(i)	Infestious Disease Enquiries	123

*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 ...	12
(b)	Inns, public houses, refreshment houses	380
(c)	Places of public entertainment	129
(d)	Public conveniences	474
(e)	Offices	126
(f)	Schools	5
(g)	Shops (in connection with complaints of nuisance)	32
(h)	Offensive trades:	
(i)	Blood boiler and blood drier	1
(ii)	Bone boiler	1
(iii)	Fat extractor and fat melter	1
(iv)	Fell monger	6
(v)	Glue maker and size maker	1
(vi)	Gut scraper	16
(vii)	Rag and Bone dealer	1
(viii)	Soap boiler and tallow melter	1
(ix)	Tripe boiler	1
(i)	Baths, washhouses and bathing places.	16
(j)	Common lodging houses	6
(k)	Watercourses, ditches, ponds, etc.	7
(l)	Tents, vans and sheds	733
(m)	Other visits and revisits	350
(n)	Royal Show	14
(o)	Hide and skin depot	1
2.	Under Food and Drugs Act and Regulations and Orders made thereunder:	
(a)	Bakehouses (Mechanical and non-mechanical)	31
(b)	Butchers	475
(c)	Catering establishments	1,118
(d)	Confectioners	506
(e)	Dairies	31
(f)	Delicatessens	53
(g)	Fishmongers/Poulterers	155
(h)	Fried Fish shops	84
(i)	General Dealers	512
(j)	Grocers	397
(k)	Ice Cream Manufactories	53
(l)	Ice cream retail premises	759
(m)	Ice cream vehicles... ..	130
(n)	Milk bars and milk retail premises	486
(o)	Mobile shops	23
(p)	Potted, pressed, pickled or preserved food premises	81
(q)	Sausage making premises	137
(r)	Street traders (other than ice cream)	179
(s)	Greengrocers	296
(t)	Other visits and revisits	1,114

3. Under Clean Air Act and Regulations and Orders made thereunder:					
(a)	Smoke observations (half-hour)	...	...	...	170
(b)	Smoke observations (eight-hour)	...	...	...	2
(c)	Visits to boiler and other plant	...	...	...	137
(d)	In connection with smoke control areas	...	...	...	23,520
(e)	Smoke control area revisits	...	...	...	528
(f)	Smoke nuisances	...	...	...	83
(g)	Other visits and revisits	...	...	...	1,605
4. Other miscellaneous Acts, Orders and Regulations:					
(a)	Burial Act, 1857 (exhumation)	...	...	...	2
(b)	National Assistance Act 1948, Section 47	...	...	...	—
(c)	Merchandise Marks Act	...	...	...	30
(d)	Newcastle upon Tyne Corporation Act 1956 (Hairdressers)...	...	...	...	275
(e)	Newcastle upon Tyne Corporation Act, 1926 (Tents, vans and sheds)	...	...	...	109
(f)	Newcastle upon Tyne Corporation (General Powers) Act 1935	...	...	...	143
(g)	Pet Animals Act, 1951	...	...	...	46
(h)	Prevention of Damage by Pests Act, 1949	...	...	...	96
(i)	Shops Act, 1950	...	...	...	1,262
(j)	Noise Abatement Act, 1960	...	...	...	76
(k)	Rag Flock and Other Filling Materials, Act, 1951	...	...	...	2
					68,876

ATMOSPHERIC POLLUTION

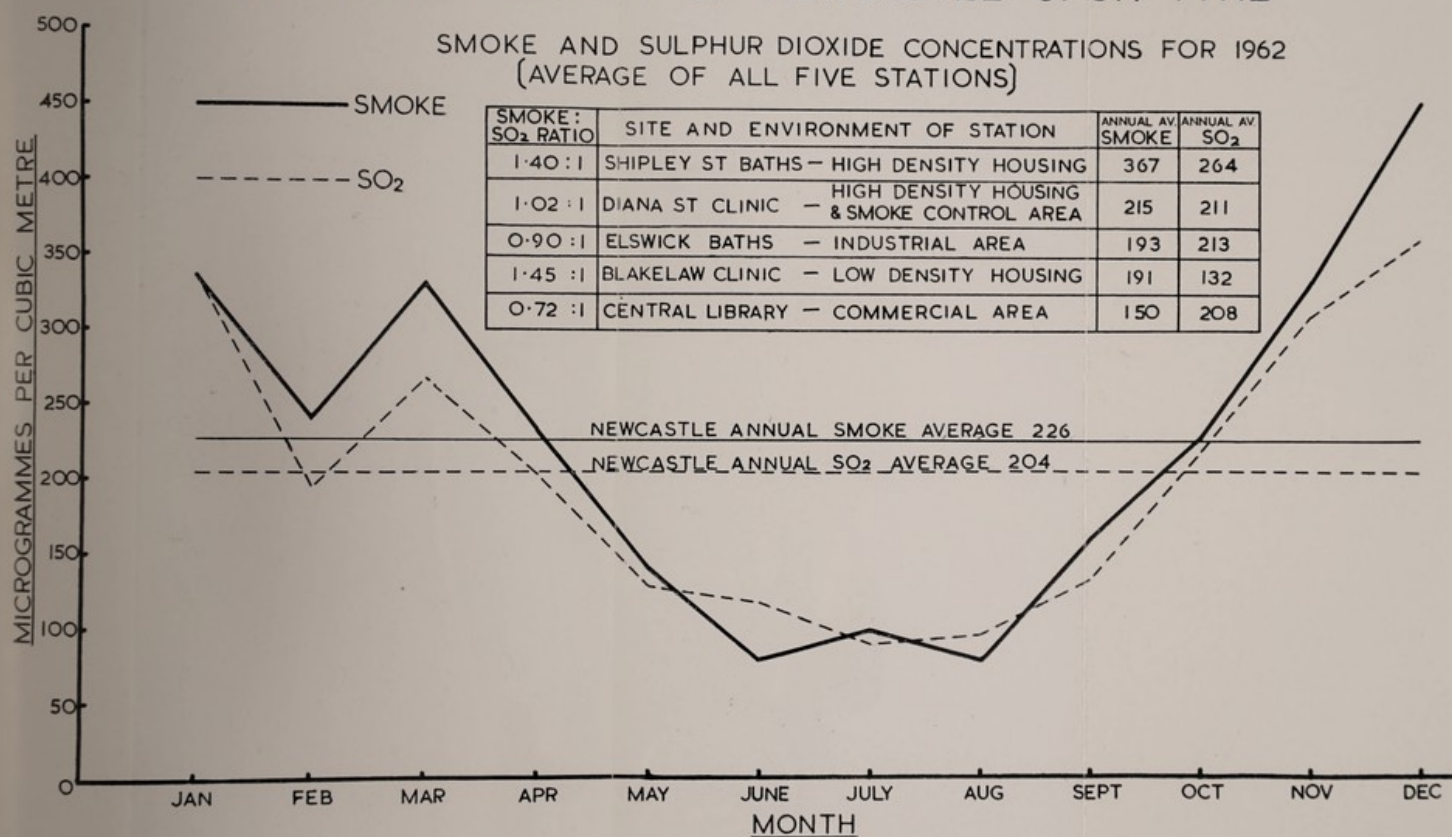
Measurement.

In last year's Annual Report mention was made of a change in the system of atmospheric pollution measurement, which it was hoped would give a more accurate picture of the pattern and degree of pollution than had previously been available. Unfortunately, figures for the whole country are not yet available but the figures for our own City have been studied and some very interesting facts have been brought to light. Before discussing the results of the readings taken in Newcastle during 1962 it should be pointed out that the Department of Scientific and Industrial Research has stated that there are dangers in drawing conclusions from one year's results, as short term climatic changes which occur from one year to the next can mask long term trends. Nevertheless a study of the tables accompanying the graph opposite will reveal several indisputable facts. The graph itself is a simple indication of how the rise and fall of atmospheric pollution, both from the smoke and sulphur dioxide point of view, is dependent on the climatic conditions.

An examination of the concentrations of smoke in various parts of the City shows the Shipley Street Baths' gauge readings to be consistently higher than any other gauge, demonstrating what has always been suspected; that the domestic fireplace is the main cause of ground level smoke pollution. A most pleasing set of

CITY AND COUNTY OF NEWCASTLE UPON TYNE

SMOKE AND SULPHUR DIOXIDE CONCENTRATIONS FOR 1962
(AVERAGE OF ALL FIVE STATIONS)



smoke readings were those obtained from the City Library, the lowest obtained from the five gauges, and due, without doubt, to the effects of the smoke control areas now operating in the City centre. When it is remembered that prior to the operation of our first smoke control area in 1958 our City had the reputation of being one of the worst polluted in England it is hoped that when the figures for 1962, for all large towns in England, are published Newcastle will, from an atmospheric pollution point of view, possess one of the cleanest City centres.

The Diana Street gauge readings are disappointingly high as this gauge is sited in a smoke control area. However, this is almost certainly due to the large number of exempted slum clearance houses in the immediate vicinity, a situation which will resolve itself in the near future. The Elswick Baths' gauge situated in an industrial area gave good readings for an area of this type, due it is hoped to the efforts of the department to reduce industrial smoke pollution in this area as well as over the City as a whole. The Blakelaw Clinic gauge, representing a low density housing area, has produced low figures for smoke which is what could be expected, although these low readings will have been affected by the fact that in 1962 the prevailing wind blowing over the City was again from the northwest and this wind, of course, is blowing in from over a green belt area of open country.

Turning to the SO_2 results, the Shipley Street gauge gave the highest readings, lending support to the theory that where there is a high ground level smoke concentration, there is also high SO_2 concentration. The Blakelaw readings are by far the lowest recorded, doubtless due to the small number of domestic fireplaces per unit area and the effect of the prevailing wind, though these readings do dispel a belief held by some that the power stations on the River Tyne would give rise to high SO_2 readings in the west-end of the City.

The Central Library readings were comparatively high but this can be explained by the fact that despite the low smoke concentrations there are large amounts of fuel burned in the City centre which still generate sulphur dioxide.

December Fog.

Due to the new system of atmospheric pollution measurement the Department was able, for the first time ever, to measure accurately the concentrations of smoke and SO_2 built up over our City during a period of fog.

During the first week of December, 1962, fog conditions occurred in various parts of the country, including Newcastle, and the graph below shows how the concentrations of smoke and SO_2 gradually built up in the City during the week of the fog from a normal December average for smoke and SO_2 to concentrations five and six times the annual average figure. Although not shown on the graph, concentrations for Shipley Street were the highest recorded generally throughout the fog and reached peak figures of 1,828 and 1,487 micro-grammes per cubic metre for smoke and SO_2 respectively. Another interesting point was that during the entire period of the fog the smoke concentrations readings from the Central Library gauge were consistently much lower than for any other gauge in the City.

Fortunately a brisk northwest wind cleared the fog on Thursday the 6th December and the uncomfortable conditions were removed. Compared with London, Leeds and other large cities, Newcastle's concentrations of smoke and SO_2 were comparatively light as according to press reports concentrations of 5,000 micro-grammes per cubic metre and over were recorded in other densely populated areas.

Clean Air Act, 1956.

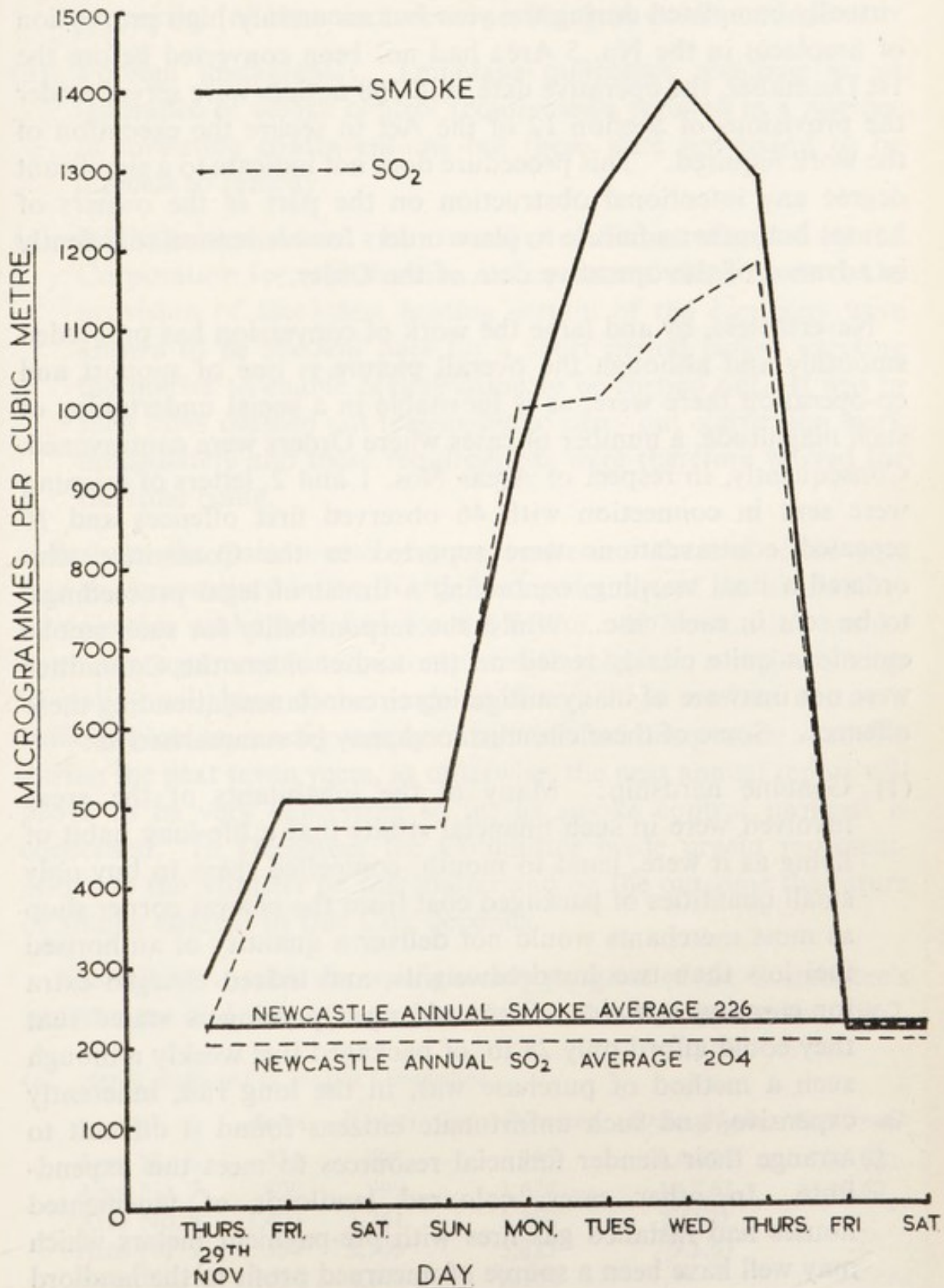
Throughout the year the Health Committee pushed ahead with their Smoke Control Area programme with a vigour and speed unequalled elsewhere in the north-east, and the close of 1962 saw the programme proceeding well ahead of schedule. Indeed, in March the Committee resolved that the target date for completion be brought forward from 1975 to 1970 and in accordance with Ministerial suggestions in Circular No. 3/62 the procedure of survey was modified to ensure a continued rapid progress. However, the reward of such energy and resolve is dependent upon an equally positive attitude being shown at a higher administrative level to ensure the confirmation of the smoke control orders, but before the advent of 1963 there were indications that the pace of the Newcastle programme is rather too fast for the resources of the confirming authority. The efforts of the Committee, together with other protagonists of clean air in this area, have resulted in the local population becoming in the main, increasingly clean air conscious and co-operative (no mean achievement in a region noted for the traditional coal fire) and a steady succession of confirmed orders is essential to the maintenance of the support of public opinion.

SULPHUR DIOXIDE AND SMOKE CONCENTRATIONS IN NEWCASTLE

PERIOD OF SMOG

29TH NOVEMBER 8TH DECEMBER 1962

(AVERAGE OF ALL FIVE STATIONS)



As will be noted from the statistical statement which concludes this item of the report, Orders Nos. 3, 4 and 5 became operative during the year, reports on Orders Nos. 5, 6, 7, 8, 9 and 10 were submitted to the Committee, and Orders Nos. 5, 6 and 7 were confirmed by the Minister of Housing and Local Government.

Works of adaptation to fireplaces in Nos. 3 and 4 Areas were virtually completed during the year but an unduly high proportion of fireplaces in the No. 5 Area had not been converted before the 1st December, the operative date, and 168 notices were served under the provisions of Section 12 of the Act to secure the execution of the work required. This procedure does not indicate to a significant degree any intentional obstruction on the part of the owners of houses but rather a failure to place orders for conversion sufficiently in advance of the operative date of the Order.

Nevertheless, by and large the work of conversion has proceeded smoothly and although the overall picture is one of support and co-operation there were, as is inevitable in a social undertaking of such magnitude, a number of cases where Orders were contravened. Consequently, in respect of Areas Nos. 1 and 2, letters of warning were sent in connection with 46 observed first offences and 16 repeated contraventions were reported to the Committee who ordered a final warning, containing a threat of legal proceedings, to be sent in each case. Whilst the responsibility for such smoke emissions quite clearly rested on the householders the Committee were not unaware of many mitigating circumstances attending these offences. Some of these circumstances may be summarised as:—

- (1) **Genuine hardship:** Many of the inhabitants of the areas involved were in such financial straits that a life-long habit of living as it were, hand to mouth, compelled them to buy only small quantities of packaged coal from the nearest corner shop as most merchants would not deliver a quantity of authorised fuel less than two hundredweights, and indeed charged extra for carrying upstairs. Some old aged pensioners stated that they could afford only 28 lb. of packaged fuel weekly although such a method of purchase was, in the long run, inherently expensive, and such unfortunate citizens found it difficult to arrange their slender financial resources to meet this expenditure. In other cases, coloured landlords of tenemented houses had installed gas fires with pre-payment meters which may well have been a source of unearned profit to the landlord

but which proved to be so expensive for the tenant that they were tempted in some cases to remove the gas fires and bring back into use the old fashioned firegrates.

- (2) Low volatile coal: Much of the fuel supplied under this description was of poor quality containing slack and shale. Difficulties of combustion led to the tenants mixing it with a proportion of bituminous coal resulting in smoke emissions.
- (3) Foreign immigrants: Language difficulties resulting in an ignorance of smoke control requirements resulted in a number of unwitting contraventions but these were not found to be difficult to remedy.
- (4) Revitalisation Areas: In a number of houses acquired by the Corporation for revitalisation, an operation which involves the provision of smokeless heating certain of the occupiers were known to be resident only for a short period before vacating the houses to enable revitalisation to be carried out. It was in such cases deemed not reasonable to carry out conversion work immediately and these requirements were therefore waived for the time being.

Perhaps the main source of grave concern at the end of the year was the uncertainty in the North East generally, of the availability of open-fire authorised fuel for the future. If Newcastle's smoke control programme is to be completed to schedule, a major change of policy will have to be made at a very high level to ensure a sufficient and increasing supply of suitable fuel being made available during the next seven years, as otherwise, the next annual report will prove to be very depressing so far as smoke control progress is concerned. In December the Committee made urgent representations to the Minister on this matter and on the outcome the future of smoke control in this City depends.

The following table shows the steady progress of the Committee's programme and indicates the position at the 31st December, 1962.

(a) *Areas Reported to Health Committee:*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 6...	334	708	998	9.4.62	18.6.62
Area No. 7...	800	999	1,624	18.7.62	23.10.62
Area No. 8...	1,403	3,261	3,368	7.11.62	—
Area No. 9...	554	3,709	3,825	9.1.63	—
Area No. 10	584	3,671	3,764	—	—

(b) *Orders Made and Confirmed.*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 5...	170	1,292	2,376	15.1.62	14.5.62
Area No. 6...	334	708	998	9.4.62	18.6.62
Area No. 7...	800	999	1,624	18.7.62	23.10.62

(c) *Position at 31st December, 1962.*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Operative Date</i>
Area No. 1...	118	156	1,492	1.4.59
Area No. 2...	161	1,463	3,039	1.12.60
Area No. 3...	119	774	1,232	1.1.62
Area No. 4...	124	974	1,797	1.8.62
Area No. 5...	170	1,292	2,376	1.12.62
Area No. 6...	334	708	998	1.7.63
Area No. 7...	800	999	1,624	1.7.63
Area No. 8...	Submitted to Minister and awaiting confirmation.			
Area No. 9...	Reported to Committee and Order being prepared.			
Area No. 10	Reported to Committee and Order being prepared.			
Area No. 11	Survey in progress.			

(d) *Formal Action During 1962:*

No. of Approval of Proposed Works dealt with...	...	350
No. of Claims for 70% grant approved ...	...	255
No. of Claims for 100% grant approved ...	...	5
No. of Section 12 notices served ...	...	137
No. of Section 12 notices complied with ...	...	126
No. of Section 12 notices work still outstanding...	...	10
Work carried out in default ...	...	1

Grit, Dust and Fume Emissions.

A remarkable feature of 1962 was the fact that during the year not a single complaint was received in the department concerning the emission of grit from industrial sources. This circumstance probably exaggerates the progress made during the year in securing the minimisation of the emission of particulate matter from chimneys but nevertheless, progress there was, albeit perhaps more steady than spectacular. Cupolas are notorious for their emissions of grit and it is gratifying to recall that during the year four of the largest cupolas in the City were fitted with efficient wet washers. These installations are those which received prior approval as mentioned in last year's report. Most of the remaining cupolas in the City without wet washers are fitted with dry arrestation equipment of varying efficiencies and whilst the position could be regarded with reasonable satisfaction the continued fight against solid aerial pollution will justify a further re-appraisal of the position of the cupola in the years to come. Although there was no apparent mitigation of the serious nuisance which occurs from time to time in the Scotswood Road area from the emission of fumes from nearby steel converters, it is known that active steps are being taken to

deal with this matter. The solution is both complex and expensive and will involve the provision of a special main supply of electricity in an area where power demands are already increasing because of multi-storey flat development. Nevertheless, it is to be hoped that next year's Annual Report will convey some measure of success in this field and that the newly occupied multi-storey flats close to these industrial premises are free of nuisance from ferric-oxide fumes. This fume nuisance will be abated only by long term planning and fairly heavy capital outlay and it is to the credit of the industrialists concerned that they have so readily shown an attitude of co-operation with the Health Department.

Smoke Emissions.

A total of 172 smoke observations of chimneys was made during 1962 as compared with 261 during the previous year. In 16 instances statutory contraventions were recorded. Two letters of caution were served on the instructions of the Health Committee and the legal proceedings which were pending at the end of last year in respect of a contravention of Section 1 of the Clean Air Act 1956, resulted in a fine of £20 and five guineas costs being awarded to the Corporation.

A number of complaints of a serious smoke emission arose from the operation of a new boiler plant installed during the year at Newcastle General Hospital. This plant, which consists of three economic boilers fired with pulverised fuel, is provided with multi-cell dust collectors but because of a series of technical problems arising from various sources the first few weeks of operation of this plant were characterised by irregular and excessive emissions of black smoke. The matter was immediately investigated by the Regional Board Engineer who outlined certain teething troubles which were being experienced in connection with various parts of the plant and particularly arising from the use of the low grade type of coal being pulverised. It was clear that the Regional Engineer was extremely concerned about the behaviour of this plant and at a meeting held on the site attended by Public Health Inspectors, Hospital Engineers and Plant Engineers, it was decided that the Regional Group Engineers were to take over control of the boiler plant for a period with a view to solving the problem of smokeless combustion as rapidly as possible. With the subsequent use of a higher grade of fuel, the use of more powerful motors fitted to the induction fans and some modification of boiler firing technique,

including soot blowing, there has been a very great improvement so far as smoke emission is concerned but it is possible that some further adaptation to the plant will be necessary if the operating efficiency for which the plant was designed is to be achieved with the use of low grade fuel.

Another smoke pollution problem of much concern to the department has been the recurring nuisance from the burning of vegetable refuse in private gardens, parks, cemeteries and in particular, allotments. Such emissions are statutory nuisances and if allowed to continue unchecked in smoke control areas, are likely to prejudice the success of the Committee's smoke control programme. After considering the full implications of the matter, the Health Committee, at the end of the year, resolved that the Smallholdings Committee be asked to take steps to prohibit allotment fires. It was suggested that all refuse capable of being composted be disposed of in that way. Such vegetable refuse which could not be composted should be deposited at a central collection point accessible to vehicles and collections at intervals to be carried out by the Cleansing Department for disposal by tipping or otherwise. It was suggested by the Committee that this procedure could also apply to parks and cemeteries and it will be interesting to observe the effectiveness of this scheme if and when it is introduced.

Prior Approval of Furnaces.

During the year there were four applications granted for the prior approval of fuel burning plant in accordance with Section 3 of the Act. These plants comprised a conversion of a solid fuel fired plant to oil burning, a boiler plant specifically designed to burn waste, sump and gear oil, five oil fired hot water boilers and an incinerator installed on bank premises for the destruction by burning of unwanted bank notes.

FOOD AND DRUGS ACT, 1955

Meat Inspection.

During the year there was a substantial fall in the number of food animals slaughtered in the twenty-three slaughterhouses operating in the City. The total for 1962 was 259,096 animals as compared with 273,653 in the previous year. This annual kill was considerably in excess of the City's own requirements and much of this home-killed meat was consequently exported to other districts



Meat Inspection at time of slaughter



Inspection of Sides of Beef in congested conditions

of the north-east. Even though all slaughtered animals producing butcher's meat were not inspected before being released for the wholesale and retail markets the City's meat inspection services were affording much benefit to other local authorities, and this was acknowledged by the Ministry of Agriculture, Fisheries and Food which made a grant of £1,868 17s. 5d., for the year ending the 31st March, 1962, towards the cost of carrying out meat inspection duties in excess of those necessitated by the City's own meat requirements.

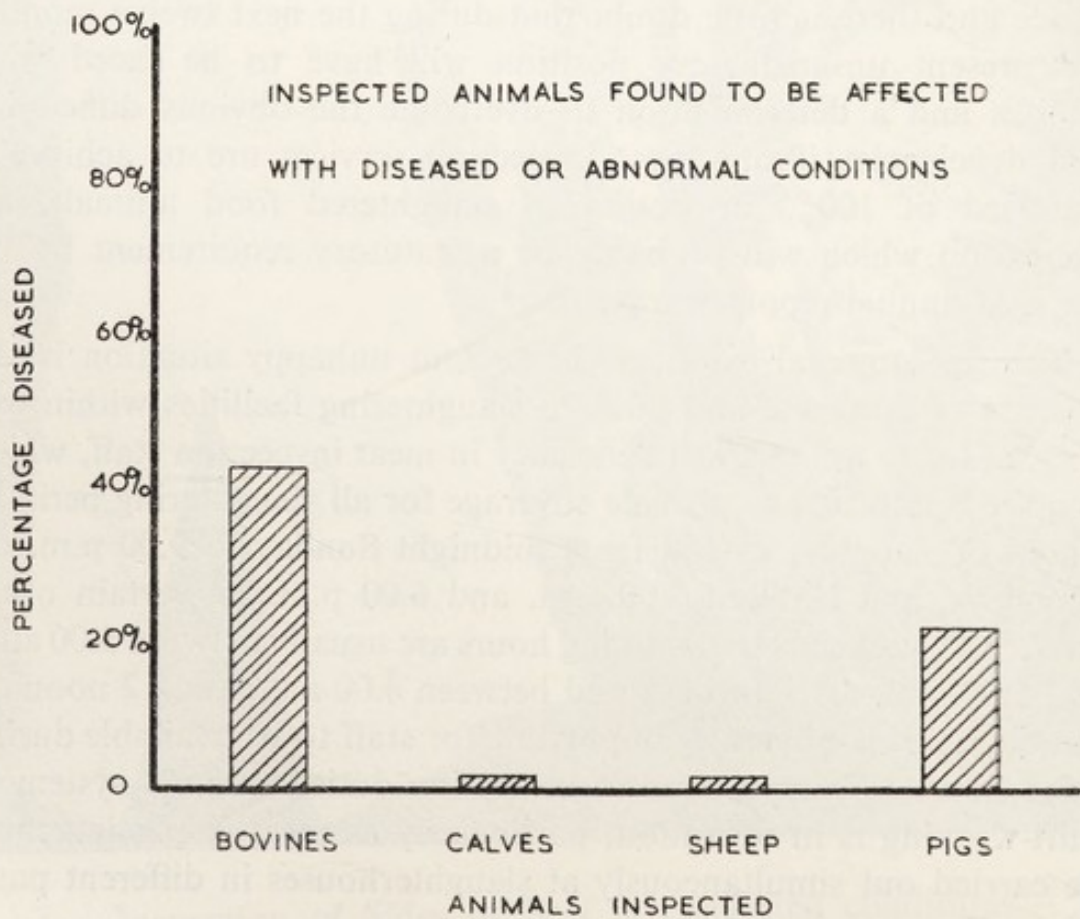
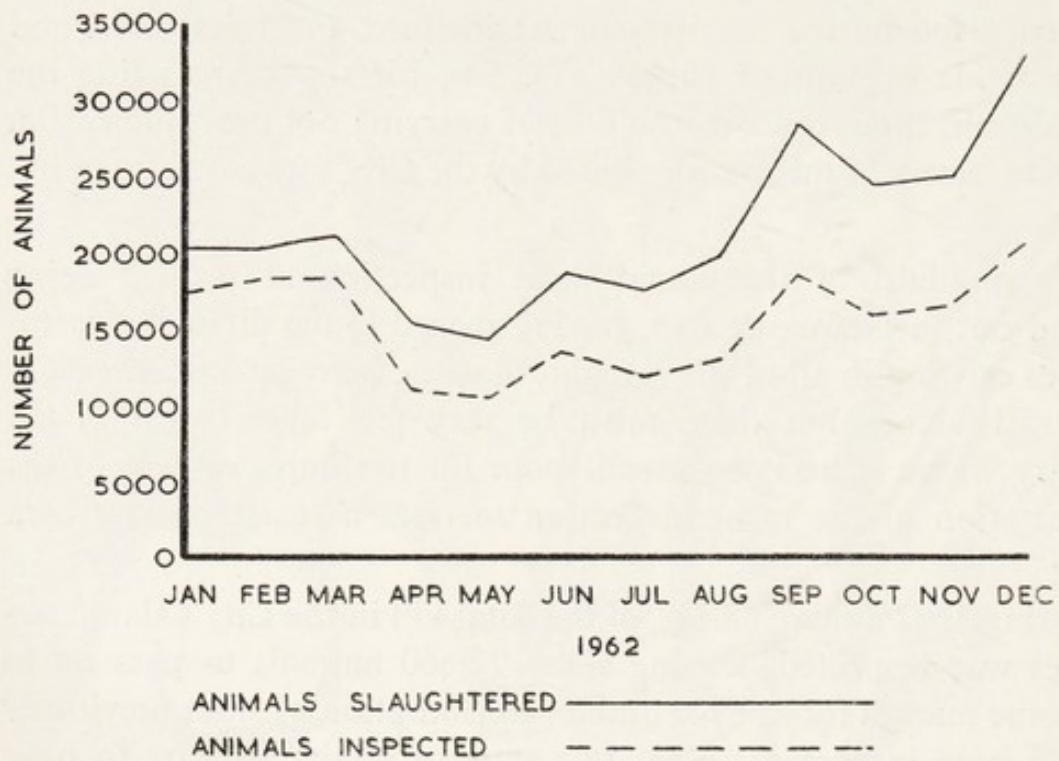
The standard of the actual meat inspection at present being carried out in Newcastle can, having regard to the difficult circumstances existing in all of the slaughterhouses, be regarded as reasonably satisfactory but there must be very few large towns in the country where there is so much room for the improvement of the organisation of the meat inspection services as exists in our own City.

During 1962 a mere 68.5 % of the total kill in the City's slaughterhouses was inspected, leaving some 72,660 animals to pass on to the home market for sale for human consumption without previously having been inspected. That this state of affairs appears to have existed for many years is no real justification for allowing its continuance and there is little doubt that during the next twelve months the present unsatisfactory position will have to be faced with realism and a determination to overcome the obvious difficulties and deficiencies if our meat inspection services are to achieve a standard of 100 % inspection of slaughtered food animals, an obligation which will probably be a statutory requirement before the next annual report is written.

The fundamental cause of the present unhappy situation is the absence of adequate and modern slaughtering facilities within our City, allied to a numerical deficiency in meat inspection staff, which is quite insufficient to provide coverage for all slaughtering periods. Times of slaughter extend from midnight Sunday to 9.00 p.m. on Mondays, and between 6.00 a.m. and 6.00 p.m. on certain other days. At weekends slaughtering hours are usually between 5.00 a.m. and 5.00 p.m. on Saturdays and between 4.00 a.m. and 12 noon on Sundays. It is obviously impossible for staff to be available during these hours to carry out meat inspection duties unless a system of shift-working is in operation, particularly as meat inspection must be carried out simultaneously at slaughterhouses in different parts of the City.

MEAT INSPECTION

MONTHLY KILL (ALL ANIMALS) 1962 AND INSPECTED



The problems of the future are many, but none is more pressing than the need for meat inspection, as a service, to be appraised and established as a truly efficient public health service. However, until the proposed Municipal Abattoir is in operation, the intervening period is strewn with difficulties which seem almost insuperable if the goal is to be 100% inspection. It can, however, with the co-operation and good will of all concerned, without doubt, be achieved.

TABLE 1.

WHOLE CARCASSES CONDEMNED BECAUSE OF DISEASE
(OTHER THAN T.B. AND CYSTICERCOSIS).

Disease or Condition	Cattle	Calves	Sheep	Pigs	Horses	Total
Johnes disease with emaciation ...	4	...	...	...	...	4
Swine erysipelas ...	...	...	...	2	...	2
Swine fever ...	...	...	...	2	...	2
Pyrexia ...	...	...	...	10	...	10
Pyaemia ...	1	4	6	25	...	36
Septic conditions:						
Septicaemia ...	6	1	...	5	...	12
Septic arthritis ...	2	1	1	10	...	14
Septic mastitis ...	...	...	...	1	...	1
Septic metritis ...	2	...	...	1	...	3
Septic peritonitis ...	2	...	2	7	...	11
Septic pleurisy ...	...	1	2	1	...	4
Septic pneumonia ...	1	2	...	2	...	5
Toxaemia ...	2	2	...	7	...	11
Jaundice ...	...	3	1	...	...	4
Neoplasms ...	1	...	...	1	...	2
Leukaemia ...	...	...	1	1	...	2
Anaemia ...	1	...	4	...	...	5
Pleurisy and peritonitis ...	1	...	...	19	...	20
Oedema and emaciation ...	4	2	36	6	...	48
Imperfect bleeding, congestion ...	2	...	13	9	...	24
Immaturity ...	...	6	...	...	...	6
Arthritis ...	1	1	4	2	...	8
Traumatism ...	...	...	1	2	...	3
Decomposition ...	2	...	...	1	...	3
Contamination ...	...	1	...	...	...	1

TABLE 2.
PART CARCASSES OR ORGANS CONDEMNED BECAUSE OF DISEASE.
(OTHER THAN T.B. AND CYSTICERCOSIS).

Disease or Condition	Cattle	Calves	Sheep	Pigs	Horses	Total
Johnes disease ...	4	...	...	...	...	4
Actinobacillosis ...	138	...	...	...	...	138
Actinomycosis ...	94	...	...	...	...	94
Abscess ...	550	2	44	12	...	608
Pericarditis ...	229	...	123	531	...	883
Neoplasm ...	...	...	...	1	...	1
Pneumonia ...	12	...	34	5,478	...	5,524
Pleurisy ...	252	...	319	96	...	667
Pleurisy and peritonitis ...	...	...	80	872	...	952
Peritonitis ...	137	...	5	38	...	180
Enteritis ...	2	...	...	...	...	2
Mastitis ...	45	...	...	2	...	47
Nephritis ...	19	...	...	79	...	98
Fascioliasis ...	10,731	...	276	...	...	11,007
Ascariasis ...	...	...	...	2,819	...	2,819
Cavernous angioma	53	...	...	...	...	53
Oedema and emaciation ...	3	...	1	1	...	5
Parasites ...	...	...	92	12	60	164
Congestion ...	169	...	65	449	...	683
Melanosis ...	8	1	...	...	...	9
Muscular fibrosis ...	...	...	1	...	...	1
Necrosis ...	1	...	...	...	...	1
Arthritis ...	4	...	104	57	...	165
Traumatism ...	11	1	19	25	...	56
Decomposition ...	1,448	...	396	389	...	2,233

Bovine Tuberculosis.

During the year five bovine carcasses and offals were condemned because of tuberculosis, showing that the disease is still with us though on a rapidly decreasing scale compared with former years. It is interesting to compare the figures of 1942, when some 330 bovine carcasses and a large quantity of offal were condemned because of tuberculosis, with those of 1962 when only five carcasses and a small amount of offal were rejected. Another significant fact is that during the current year not one pig carcass was condemned because of tuberculosis and the proportion of pig's heads rejected because of bovine tuberculosis was negligible.

The five cattle mentioned above comprised one cow taken under the provisions of the Tuberculosis Order 1938, one Irish bullock shipped direct from Ireland and three tuberculin reactors sent in by the Ministry of Agriculture, Fisheries and Food, and all these are included in the table below.

TABLE 3.

	Tuberculosis conditions found		
	Advanced	Other than advanced	No visible evidence
(a) Animals slaughtered under the provisions of Tuberculosis Orders	1	...	...
(b) Animals slaughtered under the provisions of the Tuberculosis (Slaughter of Reactors) Order 1950	3	29	34
(c) Irish Cattle	1	...	...
(d) Cattle from local markets ...	...	3	...

An interesting case occurred in November when five calves, each less than three months old, which were found to be reactors, were subsequently valued and slaughtered in the City. Post-mortem inspection failed to reveal any physical evidence of disease but the reaction to the tuberculin test suggested that milk might have been the source of infection. Subsequently, positive milk samples were eventually traced to a cow which was giving milk containing tubercule bacilli and after the cow had been withdrawn from the herd and slaughtered, it was found to have been suffering from advanced tuberculosis.

TUBERCULOSIS REACTORS ORDER 1950.

(1)	Bullock (3 years)	...	...	...	...	No disease.
(2)	Cow	...	...	...	...	Localised.
(3)	Heifer	...	...	...	...	No disease.
(4)	Steer	...	...	...	...	Local.
(5)	Cow ...	...	...	...	...	Skin T.B.
(6)	Calf ...	...	...	...	...	No disease.
(7)	Heifer	...	...	...	...	No disease.
(8)	Bullock	...	...	...	...	Localised.
(9)	Heifer	...	...	...	...	No disease.
(10)	Cow ...	...	...	...	...	Skin T.B.
(11)	Cow ...	...	...	...	...	Localised.
(12)	Cow ...	...	...	...	...	No disease.
(13)	Heifer	...	...	...	...	No disease.
(14)	5 Calves (Younger)	...	...	...	...	No disease.
(15)	Cow ...	...	...	...	...	No disease.
(16)	Cow ...	...	...	...	...	No disease.

(17) 44 Bovines

Breeding herd breakdown:

2 Bulls	...	...	...	...	...	Localised.
22 Cows	1 Cow	...	...	...	...	Advanced.
	16 Cows	...	...	...	...	Localised.
	5 Cows	...	...	...	...	No disease.
20 Calves	7 Calves	...	...	...	...	Localised.
	13 Calves	...	...	...	...	No disease.

(18) Cow Advanced.

(19) Cow Advanced.

A number of the cases mentioned in the Table above where no disease was subsequently found after slaughter can be attributed to the interference with the efficacy of the tuberculin test of a certain affection of the skin and subcutaneous tissue of the animal. Quite often such an animal reacts to the tuberculin test and upon slaughter is found to be quite healthy, sound and eminently suitable for human consumption.

TABLE 4.

THE TOTAL CONDEMNATION OF CARCASSES OF ANIMALS BECAUSE OF TUBERCULOSIS
SLAUGHTERED IN THE CITY BETWEEN THE YEARS, 1957—1962.

Year.	Cattle.	Calves.	Sheep.	Pigs.	Horses.	Total of Animals.
1962.....	5	...	...	...	...	5
1961.....		...	...	...	...	6
1960.....	84	3	...	2	...	89
1959.....	63	1	...	8	...	72
1958.....	92	...	...	8	...	100
1957.....	116	...	...	15	...	131

Cysticercus Bovis.

During the year 94 cases of this parasite in cattle were detected and as seen in Table 5, 22 carcasses were submitted to refrigeration for a period of at least 21 days before being released as fit for consumption.

TABLE 5.

INSPECTION OF SLAUGHTERED ANIMALS, 1962.
CARCASSES AND OFFALS INSPECTED AND CONDEMNED
IN WHOLE OR IN PART.

	Bovine	Calves	Sheep and Lambs	Pigs	Horses
No. Animals killed ...	38,560	1,494	161,901	56,773	368
No. Animals Inspected ...	34,162	1,362	97,606	52,938	368
<i>Tuberculosis:</i>					
No. Carcases Condemned ...	5	...	...	...	...
No. Part Carcase or Organs Condemned ...	73	...	...	312	...
% Affected by Tuberculosis	·11 %	...	...	·59 %	...
<i>Cysticercosis:</i>					
No. Carcases Affected ...	94	...	...	...	...
No. Carcases Condemned...	...	...	...	...	...
No. Part Carcase or Organs Condemned ...	256	...	...	...	...
No. Carcases Treated by Refrigeration ...	22	...	...	...	...
<i>Diseases or Abnormal Conditions other than Tuber- culosis or Cysticercosis:</i>					
No. Carcases Condemned ...	32	24	71	114	...
No. Part Carcase or Organs Condemned ...	13,910	4	1,559	10,861	60

Imported Foodstuffs.

Under the provisions of the Public Health (Unsound Food) Regulations, 1908, and the Public Health (Foreign Meat) Regulations 1908, the Local Government Board (as the Ministry was known as at that time) made two Orders, viz: the Newcastle upon Tyne (first series) Unsound Food Regulations Order, 1909, and the Newcastle upon Tyne (Foreign Meat) Regulations Order, 1909. These Orders required the Tyne Port Sanitary Authority and the City Council to act together for the purpose of the regulations and it is within the compass of these Orders that, for more than half a century, the inspection of imported food discharged at the Quayside has been carried out by the Department. This system of co-operation was continued throughout 1962 and a percentage of the following meat, offals and other foodstuffs from 118 vessels arriving from Denmark, Holland, Australia and New Zealand were examined as follows:—

FROZEN MEAT.

BEEF.—Forequarters 50; hindquarters 970; crops 252 and 1,275 packages boneless beef.

OFFALS.—(packages) Kidney 1,275, sundries 7,569.

VEAL.—(packages) 388.

LAMB.—(carcases) 60,981.

OFFALS.—(packages) Livers 66; sundries 114.

PORK.—Tenderloins 79.

OFFALS.—(packages) Kidney 5,265; liver 2,750; tongues 1,382.

RABBITS.—(cartons) 1,075.

POULTRY.—(cartons) 3,369.

OTHER GOODS.

1,347,413 sides Danish and Dutch bacon and 334,402 cases tinned foodstuffs.

Imported meat arriving by rail and road within the City is subjected to supervision and inspection within cold storage depots and wholesale meat shops.

Meat and Other Foodstuffs Condemned.

The total weights of meat and other foodstuffs condemned during 1962 was 182 tons, 14 cwts, 1 qr., 16 lbs. as compared with 198 tons, 3 cwts, 3 qts., 2 lbs. during the previous year and comprised the following:—

	tons.	cwts.	qrs.	lbs.
Beef, Veal, Mutton and Pork	29	16	2	14
Offals	67	6	2	14
Provisions	62	19	0	7
Fish.....	1	10	0	9
Fruit and Vegetables	21	2	0	0
	182	14	1	16

These condemnations involved the issue of 3,049 certificates.

In the City wholesale meat depots and shops there is a very extensive trade in home-killed meat imported from other districts in Northumberland, Durham, Yorkshire and further afield in

Bacteriological Examinations.

The employment of bacteriological tests to assist in the judgment of carcasses and other foods as to their fitness for human food, was continued. Specimens from four carcasses of beef and one pig carcass were examined in this way, and as a result all were passed for food which otherwise would have had to be destroyed had the bacteriological aids not been available. Other food examined during the year for pathogenic organisms was a sample of corned beef.

TABLE 7.

Carcass.			Type of Animal.	Disease Suspected.	Bacteriological Findings.
Beef.	Pork.	Mutton.			
1	—	—	Bullock	Septicaemia	No pathogens isolated.
1	—	—	Cow	Septicaemia	No pathogens isolated.
1	—	—	Bullock	Toxaemia	No pathogens isolated.
—	1	—	Pig	Septicaemia	No pathogens isolated.
1	—	—	Cow	Toxaemia	No pathogens isolated.

OTHER FOODS.

Material examined.	Number of samples submitted.	Bacteriological findings.
Corned beef	2	No pathogens isolated.

Raw Pet Meat.

During the past two or three years there has been an increasing demand for pet foods resulting in increased sales of raw meat intended for pet consumption. This increased demand is supplied principally by (a) butchers' meat and (b) raw knacker meat. The former comprises pieces of hard liver, cows' cheek meat and other slaughterhouse offal labelled and sold as pet food in butchers' shops and pet food stores. In most shops this butchers' meat being sold as pet food is handled in a hygienic manner although in others the scrap meat and offal is often contaminated and is liable to rapid decomposition. Raw knacker meat generally consists of beef and

veal derived from knackers' yards and must be stained or sterilised before sale by retail. This type of meat properly stained and complying with the Staining and Sterilisation Regulations, 1960, is being sold in a number of pet food stores in the City. This trade presents a public health problem, the significance of which is perhaps not fully appreciated by the butchery trade. Raw knacker meat is frequently the meat from an animal which has died a natural death and because of this it could be a vehicle of infection. Similarly, butchers' meat intended for pets, although apparently quite wholesome in appearance, may not be fit for human consumption because of disease which again presents a health hazard in butchers' premises.

Because of these dangers there appears to be a sound case for the compulsory sterilisation of all raw pet meat offered for sale in butchers' shops.

SLAUGHTERHOUSES ACT, 1958

There was no change in the number or use of slaughtering premises during the year, there being 23 separate premises in the City licensed for slaughtering purposes. Sixteen of these slaughterhouses are in very close proximity to one another and are referred to as the Cattle Market Group. Others are situated in Scotswood Road (1), Railway Street (1), Cooksons Lane (1), Pottery Lane (1), Lime Street (2) and Stepney Bank (1), the last mentioned being licensed for the slaughter of horses only.

Slaughterhouses (Hygiene) Regulations, 1958.

Although certain parts of these regulations do not come into operation until the Minister of Agriculture, Fisheries and Food so decides, there are nevertheless, many provisions which do apply to the slaughterhouses in our City in respect of which it is, for a variety of reasons, not practicable to secure full compliance. The generally dilapidated condition of certain slaughterhouses and the gross inadequacy of equipment and facilities merely increase the pressing need for the proposed abattoir to be brought into operation without further avoidable delay. In the meantime, a review of the present position is to be made with a view to carrying out certain minimum essential works of maintenance to make conditions at least tolerable until these structures can be demolished.

Slaughter of Animals Act, 1958.

During the year, 11 slaughtermen's licences were issued, making a total of 70 licences in force.

FOOD AND DRUGS CONTROL

Sampling.

During the year 742 samples of foods and household drugs were submitted to the Public Analyst for examination.

The number submitted last year was 797, but again attention has been given to more selective sampling and 252 samples of milk were taken as compared with 353 last year and 490 samples of other foods as compared with 444.

Of the 742 samples submitted 18 were adversely reported upon by the Public Analyst, this being 2.42% as compared with 2.51% in 1961. In addition to the above, two of the samples did not comply with the labelling regulations as to weight and these were referred to the Inspector of Weights and Measures.

Miscellaneous Foods.

Fish Cakes. A sample of fish cakes taken in December, 1961 contained less than the 35% minimum of fish prescribed in the Food Standards (Fish Cakes) Order, 1950, and formed the subject of a report to the Health Committee at their meeting in January this year. Legal proceedings were instituted against the vendor who was also the manufacturer, resulting in the defendant being fined £10.

Two samples of fish cakes taken during the year contained less than 35% fish and in one case the fish cakes, purchased at a shop in the City were made at a factory at North Shields and the deficiency was considerable. Proceedings were taken against the maker and he was fined £10 and in the other case the deficiency was small and the vendor was cautioned.

Sausages. There is no statutory standard for the meat content of sausages but the Public Analyst is of the opinion that pork sausage should contain at least 65% meat, and beef sausage at least 50% meat. The meat content of sausage samples taken during the year again varied widely, pork sausages having meat contents varying from 52.8% to 78%, the average being 66.4%, and beef sausages from 51.8% to 87.3%, the average being 64.09%. Two of the pork sausage samples contained less than 65% meat and were certified

by the Public Analyst to be unsatisfactory. In one case the vendor was cautioned and in the other proceedings were pending at the close of the year.

According to the Preservatives in Food Regulations 1962 sausage is permitted to contain 450 p.p.m. of sulphur dioxide provided that the presence of preservative is declared by label or notice. One sample of pork sausage was found to contain 570 p.p.m. of sulphur dioxide and was not declared to contain preservative and the vendor was cautioned. One sample of beef sausage taken in December was found to contain preservative within the limits prescribed by the Regulations but its presence was not declared. This was to be reported to the Health Committee in early 1963.

Meat Pies, etc. As in previous years the meat content of pies showed great variation, the lowest being 16.1 % of the total weight of the pie and the highest 45.6 %, the average being 21.6 %. There is no standard for this commodity.

Samples of pasties showed meat content varying from 12.5 % to 23.6 % of their total weight.

An informal sample of shredded beef suet contained 81.3 % of beef fat, the minimum prescribed by the Food Standards (Suet) Order, 1952 being 83 %. A formal check sample was genuine and no further action was taken.

An informal sample of rice taken at a multiple store in the City was found to contain 0.1 % of extraneous matter which probably came from packaging machinery. A formal check sample was genuine and no action was taken.

Informal samples of special types of maizonnaise and rice pudding, foods used in a diet which does not include the use of animal fat, were incorrectly labelled and the manufacturers were notified.

An informal sample of instant cream powder was incorrectly labelled and as this was an imported product the importers were notified and the sale has been discontinued.

Household Drugs. During the year 49 samples of household drugs were submitted to the Public Analyst for examination and of these one informal sample of ammoniated tincture of quinine and the formal check sample were found to be deficient in ammonia, and one informal sample and the formal check sample of sal volatile also were found to be deficient in ammonia. A tin of wintergreen ointment was reported to be satisfactory but had rusty specks on the

surface which the Public Analyst said were undesirable. All of these samples were taken from the one vendor who was cautioned.

Preservatives and Colouring Matters.

The Preservatives in Food Regulations 1962 came into operation on the 25th July and all of the foods which could have contained preservative were examined for its presence and all found to comply with the above Regulations, or with the Regulations which preceded them, with the exception of the two samples of sausage previously mentioned.

38 samples had colouring matter among their list of ingredients and all were found to comply with the provisions of the Colouring Matter in Food Regulations, 1957.

It does not seem many years since the only form of food sophistication with which we had to deal was straightforward adulteration by the addition to food of extraneous material, usually to increase bulk, e.g. water in milk and gin. Sometimes the addition was made to preserve colour, e.g. annatto in milk and dairy products, carotene in margarine, nitrite in meat; or to prevent the onset of souring or rancidity e.g. boric acid in cream. The addition of such chemicals to food for the purpose of inhibiting, retarding or arresting the processes of fermentation, acidification or other decomposition is no new thing. Housewives have been doing this from time immemorial. For example sugar has been used to preserve jam, salt to preserve meat and fish, egg yolk to soften the crumb in bread and confectionery, and lecithin (found in eggs,) citric, tartaric and phosphoric acids as anti-oxidants and synergists in baking processes.

In commerce, however, the use of other substances are used as preservatives, colouring matters, anti-oxidants and emulsifiers. Some of the substances used in the past are now known to have been carcinogenic in their properties and strict legislative control is exercised over their use. The number of chemicals which can be used is strictly limited by law and then only in "permitted" amounts. Sampling of foods is constantly going on to ensure that unauthorised chemicals are not used or that permitted chemicals are not used in excess of specified amounts. It may be in the future the proportion of samples taken for this purpose will have to be increased to ensure proper coverage of all the foodstuffs in which it is known that chemical additives can be used.

Frozen Liquid Egg.

A factory in the City continues to produce frozen liquid egg, and when the liquid is made from imported eggs it is pasteurised before freezing but if made from English eggs in most cases the liquid is frozen without previous pasteurisation.

12 samples of the pasteurised liquid and six of the liquid which had not been pasteurised were taken and in every case the bacteriologist certified the samples to be free from pathogenic organisms.

Milk.

Of the 252 samples of milk taken for analysis only one was certified by the Public Analyst as being unsatisfactory. This was a sample of Tuberculin Tested (Farm Bottled) Jersey milk which contained less than the 4% minimum of fat prescribed by the Milk and Dairies (Channel Island and South Devon Milk) Regulations, 1956, but as the deficiency was small and as it was the first unsatisfactory sample from the producer he was cautioned.

Milk from the Channel Islands breeds of cows sells at a higher price than milk from other breeds and in the following table the average analysis of milk from Channel Islands breeds is shown separately from the others.

AVERAGE COMPOSITION OF MILK SAMPLES.

Designation.	Number Taken	Fat %	N.F.S. %
Tuberculin Tested (Farm Bottled) Channel Islands	28	5.04	9.32
Tuberculin Tested (Farm Bottled)	12	3.94	8.97
Tuberculin Tested (Pasteurised)...	66	3.80	8.94
Pasteurised	67	3.60	8.82
Sterilised	79	3.67	8.71
Total	252	—	—

Bacteriological Examination of Milk.

The bacteriological quality of Tuberculin Tested (Farm Bottled) milk again shows an improvement, the percentage of samples which failed to pass the methylene blue test being 5.6 this year as compared with 7.33 in 1961 and 14.9 in 1960.

The results of the examination of pasteurised milks, however, showed a slight decline in the bacteriological quality as the percentage of unsatisfactory samples rose from 0.55 last year to 1.64 this year. The unsatisfactory samples were all purchased from a shop in the City which is supplied with milk from a dairy outside the City and it is thought that the unsatisfactory samples were of milk carried over from the previous day's supply. All samples of pasteurised milk satisfied the phosphatase test. 100 samples of sterilised milk all satisfied the turbidity test.

BACTERIOLOGICAL EXAMINATION OF MILK SAMPLES.

Designation.	Number Taken	Satisfactory	Unsatisfactory	% Unsatisfactory
Tuberculin Tested (Farm Bottled)	141	133	8	5.67
Tuberculin Tested (Pasteurised)	139	139	—	—
Pasteurised	183	180	3	1.64
Total	463	452	11	2.37

Samples of milk were taken from 17 dispensers in multiple stores, cafes and snack bars and submitted for bacteriological examination. Samples taken from four of these dispensers failed to satisfy the test but check samples subsequently taken were satisfactory.

183 samples of raw milk were examined for the presence of tubercle bacilli and all were certified to be free from infection.

Brucella Abortus.

32 samples of Tuberculin tested milk were examined for the presence of *Brucella Abortus* and two were certified to be positive. As the milk from which one sample was taken was being pasteurised the Authority in whose area the farm was situated was notified and no further action was taken. In the other instance the sample was of Tuberculin Tested (Farm Bottled) Jersey milk which is not subjected to heat treatment and consequently the Authority controlling the farm was notified. The farmer was instructed that the milk must be pasteurised until the herd was free from infection.

Examination of Churns and Bottles.

Examination of empty milk churns was carried out at the dairies in the City. 543 were examined visually and all were satisfactory.

In addition to the visual examination rinses were taken from 74 milk churns and submitted to the Public Health Laboratory for bacteriological examination and two of these were unsatisfactory. Similarly 120 milk bottles were taken as they left the washing machines and submitted for examination and two of these were unsatisfactory. Check samples in every case were found to be satisfactory.

The Milk and Dairies (General) Regulations, 1959.

The total number of premises registered for the sale of milk at the close of the year was 766 as compared with 750 at the end of 1961. During the year 61 applications were received for registration as retail purveyors and these were granted. All dairies were subject to routine inspection and 31 visits were made for this purpose. All were found to be maintained in a generally satisfactory condition.

The Milk (Special Designations) Regulations, 1960.

During the year 13 licences were granted to dealers in respect of tuberculin tested, pasteurised and sterilised milks. At the end of the year 763 licences were in force in relation to the special designations and three licences were in force in respect of milk processing establishments.

Ice Cream.

The bacteriological quality of ice cream showed a slight improvement during 1962. Of 157 samples submitted to the Public Health Laboratory 115 i.e. 73.2% were classed as satisfactory as compared with 71.65% in 1961. Moreover, a high proportion of the unsatisfactory samples arises from special investigations into particular producers' methods and does not, in fact, give a true indication of the proportion of unsatisfactory ice cream retailed to the public. In the case of one manufacturer it was found that the heat-treated mix was being stored in an inefficient refrigerator at a higher temperature than that prescribed by the Regulations, the indicating thermometer being broken. In another case no specific cause was found apart from evidence of lack of general care and attention during preparation. In all cases of special investigations subsequent series of samples invariably produced Grade I results. A number

of unsatisfactory samples were taken from a vendor who manufactured ice-cream within the area of an adjoining authority and it was found necessary to warn this vendor that revocation of his registration might be considered if he could not ensure an improvement in the bacteriological quality of his product. With the co-operation of the Chief Public Health Inspector of the local authority in question an investigation was made into his methods of production and once again subsequent series of samples showed a Grade I product. The chemical compositional quality of ice cream retailed in the City continued to be quite satisfactory as of the 32 samples submitted to the Public Analyst only one sample failed to reach the minimum fat content of 5% as prescribed by the Food Standards (Ice Cream) Regulations, 1959. The fat deficiency was small and the vendor was cautioned.

Over the past few years there has been a change in the quality of ice cream manufactured in the City and that which is retailed in the City from outside manufacturers. Our own manufacturers enjoyed the dubious distinction of producing ice cream with the minimum fat content but it will be seen from the table below that the best quality of ice cream is, in fact, now produced in the City.

BACTERIOLOGICAL GRADING.

Provisional Grade	Manufactured in City		Manufactured Outside City		Total.	
	No.	%	No.	%	No.	%
1	65	61.9	36	69.2	101	64.3
2	9	8.6	5	9.6	14	8.9
3	9	8.6	6	11.6	15	9.5
4	22	20.9	5	9.6	27	17.3
	105	100.0	52	100.0	157	100.0

CHEMICAL ANALYSIS.

Fat Content Percentage	Manufactured in City	Manufactured Outside City	Total
Less than 5	Nil	1	1
5 — 6	Nil	1	1
6 — 7	Nil	1	1
7 — 8	5	1	6
8 — 9	5	2	7
9 — 10	6	1	7
10 — 11	2	4	6
11 — 12	2	Nil	2
Over 12	1	Nil	1
Totals	21	11	32

Food Hygiene (General) Regulations, 1960.

Although during most of the year the inspection of food premises, particularly in the central area, suffered because of staffing difficulties it can be said that a reasonable standard of food hygiene in such premises was ensured. There were prosecutions against the occupiers of three premises for various offences under these Regulations, including in each case that the food business in question was being carried on at premises which were insanitary, one of the cases being referred to in my previous report as pending at the end of 1961. It gives little satisfaction to have to report legal proceedings of this kind, particularly so as in two of these instances the defendants had already been before the Court previously for similar offences. The serious hazard to public health existing in respect of these cases is, however, partly balanced by the fact that both of the businesses were closed down before the hearing at Court. In the third case a nationally known firm of butchers were involved and as this organisation operated their own supervisory staff to ensure a satisfactory standard of hygiene in their premises, one would not have expected to detect the flagrant offences which were, in fact, found upon inspection. In the circumstances it was felt right to take legal proceedings without any previous warning being given and at the hearing the Magistrates imposed fines totalling £55 in respect of six offences.

Food Hygiene in Hospitals.

Because buildings occupied by a Hospital Management Committee are regarded as Crown property, hospitals generally are outside the scope of all statutes, including food hygiene regulations. Nevertheless, food hygiene is as important in hospitals as it is in hotels, cafes, restaurants and industrial and commercial canteens and as long ago as 1953, in a publication issued on the National Health Service, the Minister of Health urged Hospital Boards and Committees to secure the assistance of local authorities to ensure that inspection of hospital catering hygiene is efficiently carried out. By and large the intentions of this publication were not fulfilled and during the last year or two concern has been felt concerning the incidence of food poisoning in hospital establishments. So far as our own area is concerned a meeting between members of the hospital organisations on the one hand and members of this Department on the other, was held in March and it was agreed that a

survey of the existing catering facilities at the General Hospital be carried out by a Senior Public Health Inspector and that recommendations be submitted to the Hospital Group Secretary.

In due course, following a detailed inspection of the kitchens, canteens and food stores a summarised list of recommended improvements was submitted to the Hospital Group Secretary in May. Further inspections were subsequently made and it was found that although minor items of cleansing and redecoration, disrepair, and additions to equipment had been carried out many matters remained outstanding at the end of the year. It is proposed to review the progress of this pilot study at an early date and in the meantime it would be fitting to express in this report an appreciation of the cordial co-operation which has, at all times, been forthcoming from all members of the hospital catering staffs.

Registered Premises—Food and Drugs Act, 1955 and Newcastle upon Tyne Corporation (General Powers) Act, 1935.

During the year 88 applications were received for the registration of premises for the manufacture or sale of ice cream and for the preparation of sausages or potted, pressed, pickled or preserved food. These applications were approved by the Committee and at the end of the year the premises remaining on the register were as follows:—

Premises for the sale or manufacture of ice cream	...	...	1,186
Premises for the preparation of sausages or potted, pressed, pickled or preserved food	...	...	226

TOTAL NUMBER OF FOOD PREMISES.

	<i>Type of Business.</i>	<i>Number.</i>
(1)	Bakehouses	88
(2)	Food Manufacturing	95
(3)	Food Packing	64
(4)	Food Storing	109
(5)	Catering	208
(6)	Grocery and Provisions	282
(7)	Butchers	291
(8)	Fishmongers	63
(9)	Fish-friers	86
(10)	Fruiterers and Greengrocers	227
(11)	General Dealers	621
(12)	Confectioners	386
(13)	Licensed Premises (including clubs)	367
(14)	Cinemas and Theatres selling food	21
(15)	Miscellaneous premises	210
		3,118

DISEASES OF ANIMALS

Diseases of Animals Act, 1950.

During the year 1962, three outbreaks of scheduled disease occurred within the City, and the circumstances attending these events are referred to later in the report.

Foot and Mouth Disease.

No outbreaks of foot and mouth disease occurred within the City during the year. Within Great Britain five outbreaks of the disease were confirmed, necessitating the slaughter of 952 animals, compared with 103 outbreaks during the previous year, in which 25,056 animals were slaughtered.

Tuberculosis.

During the year one animal was dealt with under the Tuberculosis Order 1938. The animal, a cow, was isolated from a dairy herd within the City and notified to the Health Department by the Ministry of Agriculture, Fisheries and Food.

This breakdown was the first to have happened in this old standing dairy herd and the diseased cow was later slaughtered and condemned because of generalised tuberculosis.

Anthrax.

The City was again completely free of Anthrax during 1962. Within Great Britain, 340 outbreaks of Anthrax were confirmed, and 377 animals were attacked by the disease compared with 255 outbreaks during 1962 involving 276 animals.

Swine Fever.

Two outbreaks of swine fever occurred within the City during 1962 and a number of outbreaks occurred in nearby areas. Within the United Kingdom 1,874 outbreaks occurred and 346 swine were slaughtered, compared with 1,071 outbreaks during the previous year in which 166 swine were slaughtered.

The two cases within the City were discovered during the course of meat inspection. The first occurred on the 21st May, and the pigs in question had been purchased in the Newcastle upon Tyne Market. The second outbreak occurred on the 17th September,

1962 and the pig in question had come direct to the slaughterhouse from a piggery at Horsley, Northumberland.

In compliance with the Swine Fever Order, 1938 the carcasses and offals of the suspected pigs were detained and the Divisional Veterinary Inspector of the Ministry of Agriculture, Fisheries and Food was informed immediately. An immediate veterinary investigation was carried out and a notice (Form A) placing restriction on the premises was served on the occupiers of the slaughterhouses. The remaining pigs were slaughtered and on examination the carcasses were found to be healthy. After the slaughterhouse had been thoroughly disinfected to the satisfaction of the Ministry's Veterinary Officer restrictions were removed in each case.

A total of 958 licences relating to 9,588 pigs were issued during the year in compliance with the requirements of the Regulation of Movement of Swine Order, 1959.

Rabies.

Great Britain continues to be 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.

Once more the City was free of any outbreaks of this disease during 1962. However, within Great Britain there were 3,384 outbreaks as compared with 1,240 during 1961.

Railway Cattle Docks and Live Stock Market.

For the purpose of the Transit of Animals Orders, 1927, 1,947 regular 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 pig found dead in a cattle wagon, two oxen, two sheep, one calf and one pig found dead in a slaughterhouse, two oxen found dead at the Cattle Docks, one bull and two sheep found dead in the Cattle Market were disposed of in such a way as to prevent them being used for human consumption.

Prevention of Damage by Pests Act, 1949—Rodent Control Section.

This section was absorbed into the Public Health Inspection Department in January when the Veterinary Section of the Health Department ceased to exist. The staff consists of a Supervisor, a Charge-hand and eight Rodent Operators all working a five day, 42 hour week.

The work of rodent control is usually carried out in one of two ways; either by action on a complaint or by servicing premises when a contract agreement has been arranged with the occupiers. Despite the continuous efforts of the Rodent Operators and despite the improved co-operation which now exists between this section and the District Public Health Inspectors, it seems that we are doing no more than holding our own against the rodent population in this City. This state of affairs may be due in part to the big demolition programmes which have been carried out within the City boundaries during the last few years, but nevertheless it is obvious that there is still a great deal of work to be done, especially when one remembers that it is possible to make an urban area completely rat free. This has already been achieved in places on the Continent and is well on the way to being achieved in certain towns in the United Kingdom.

It is clear that more attention must be given in the future to the eradication of rodents in our City, rather than to the pursuance of a policy of attrition which merely preserved the status quo of the rat population. It is unlikely, however, that maximum success will be achieved unless the work of sewer disinfestation is integrated more closely with surface treatments.

There were several alarming outbreaks of rat infestation dealt with during the year, particularly in the City centre. A serious infestation dealt with early in the year affected in particular two premises used for wholesale distribution of meat and offals. These premises were old and in poor structural condition and in an area where there had been considerable demolition of unfit houses. One or two derelict houses still remained standing and vacant sites in the immediate vicinity were largely rubble-filled where basements and cellars had previously existed. The butchers' premises furnished a convenient food supply for the rodents. Effective measures were

taken to rat proof the butcher's and other premises at a cost of several hundreds of pounds and prolonged baiting of the vacant sites eventually secured the clearance of this infestation.

During 1962 we received a great deal of assistance from Officers of the Ministry of Agriculture and Fisheries by way of advice and refresher courses and I am grateful for this help. Two Workable Area Meetings were held during the year at which information concerning the problems of adjacent authorities was obtained together with the latest technical advice available from Ministry experts.

TABLE 8.

RAT AND MICE INFESTATIONS DURING 1962.

	Dwelling Houses.	Other Premises.	Agricultural.	Total.
Number of properties inspected.....	1,063	2,287	4	3,354
Number of visits (including revisits)	2,736	7,117	15	9,868
Number of properties found to be infested:				
Rats.....	324	398	4	726
Mice	389	881	—	1,270
Number of infested properties treated by Local Authority				
(a) on complaint ...	713	378	—	1,091
(b) under contract ...	—	901	4	905

FACTORIES ACT, 1961

During 1961 the number of premises occupied as factories showed a decrease and this trend continued during 1962. At the end of the year the number on the register had fallen to 1,667 as compared with 1,873 in 1961 and 1,883 in 1960. The number of inspections carried out during the year was 2,262. The following tables show, in the prescribed form, the work of the Factories Inspectors for the year.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF
THE FACTORIES ACT 1961.

PART 1 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	159	376	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,473	1,751	87	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	35	135	1	—
Total	1,667	2,262	95	—

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- spectors (4)	By H.M. In- spectors (5)	
Want of Cleanliness (S.1.)...	3	2	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable tempera- ture (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	1	1	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	3	1	—	1	—
(b) Unsuitable or defective	79	62	—	12	—
(c) Not separate for sexes	3	2	—	1	—
Other offences against the Act (not including offences relating to Out-work)	12	1	—	—	—
Total	101	69	—	14	—

Outworkers.

Twelve lists of outworkers were submitted in February and August last year and the number of outworkers employed in the City decreased from 61 to 44. All 44 outworkers were employed in the wearing apparel trades. During the year 57 inspections of outworkers' premises were carried out.

PART VIII OF THE ACT.

OUTWORK

(Sections 133 and 134).

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel: Making, etc.	13	—	—	—	—	—
Total ...	13	—	—	—	—	—

MISCELLANEOUS MATTERS

New Legislation.

During the year the following legislation came into operation.

The Milk and Dairies (Legal Proceedings) Regulations, 1962. The Food and Drugs (Legal Proceedings) Regulations, 1962 (Circular FSH 7/62).

These Regulations apply the provisions of the Food and Drugs Act, 1955, relating to legal proceedings, to certain Regulations made under the Act.

The Emulsifiers and Stabilisers in Food Regulations, 1962. The Milk and Dairies (Emulsifiers and Stabilisers) Regulations, 1962 (Circular FSH 5/62).

These Regulations prohibit the sale and importation of any food which contains an emulsifier or stabiliser other than a "permitted" emulsifier and stabiliser.

The preservatives in Food Regulations, 1962. The Milk and Dairies (Preservatives) Regulations, 1962 (Circular FSH 10/62).

These Regulations extend the list of preservatives which may be used in food to inhibit, retard or arrest the process of fermentation, acidification or other deterioration of food.

The Food Standards (Table Jellies) (Amendment and Revocation) Regulations, 1962. Circular FSH 9/62.

These Regulations amend the 1949 Table Jellies Order so that the standards for table jelly tablets, table jelly crystals and table jelly compounds shall not apply to certain pre-packed foods.

The Food Hygiene (General) Regulations, 1962.

These Regulations come into force on the 1st January, 1963. They amend Regulation 7 of the Food Hygiene (General) Regulations, 1960 with which they are to be cited in future as The Food Hygiene (General) Regulations 1960-62. The 1960 Regulations prohibited the preparation of food by outworkers in domestic premises except in the case of shrimps, prawns and onions. The 1962 Regulations remove the exemption in respect of onions and permit only the peeling of shrimps and prawns, to be carried out by outworkers in the home.

The Slaughterhouse (Hygiene) Regulations (Appointed Day) Order, 1962 and (Appointed Day No. 2) Order, 1962 and (Appointed Day No. 3) Order, 1962. The Slaughter of Animals (Prevention of Cruelty) Regulations (Appointed Day) Order, 1962 and (Appointed Day No. 2) 1962 and (Appointed Day No. 3) Order, 1962.

These Orders bring into operation the provisions of the Slaughterhouses (Hygiene) Regulations, 1958 and the Slaughter of Animals

(Prevention of Cruelty) Regulations, 1958 in certain local authority areas throughout the country. The original Regulations came into force on the 1st January, 1959 for new slaughterhouses but the operation of certain of the requirements was deferred for existing slaughterhouses until such later dates as the Minister may decide. This was to give slaughtering interests reasonable time in which to carry out necessary alterations and improvements to their premises and equipment.

Additional Circulars Relating to Food. Circular FSH 11/62.

This circular refers to the Slaughterhouses Licenses (Forms and Records) Regulations, 1959. Local authorities are asked to provide copies of every private slaughterhouse licence currently in force on the 1st October, 1962, and a copy of each future new or renewal licence as it comes into force. Local authorities are asked also to notify any change in details of public or port slaughterhouses and to provide a list of knackers yards operating in their districts.

The Housing (Prescribed Forms) (Amendment) Regulations, 1962.

These Regulations amend similar Regulations made in 1957 and 1959 and make alterations in some of the forms and notes to the forms prescribed.

The Housing (Management of Houses in Multiple Occupation) Regulations, 1962.

These Regulations provide a code of management which a local authority may apply by order under Section 12 of the Housing Act, 1961 to any house, wholly or partly let in lodgings or occupied by members of more than one family where the house is in an unsatisfactory condition in consequence of defective management.

Ministry of Housing and Local Government Circulars. Circular 6/62—Gypsies.

The Minister stresses the need where it exists for a local authority to provide caravan sites for gypsies and others who lead a nomadic life.

Circular 16/62.

This circular refers to Part 2 of the Housing Act, 1961, which gives local authorities powers to deal with squalid living conditions in houses in multiple occupation and gives general guidance on the administration of Sections 12 to 23 of the Act.

Circular 3/62.

This circular deals with administrative changes in procedure which should make it easier for local authorities to carry through more quickly their smoke control programmes.

Circular 4/62.

The Minister asks local authorities in "black" areas to see whether the dates originally set for completing their smoke control programmes could be brought forward and to prepare programmes for establishing smoke control areas in the five year period 1962 to 1966.

Circular 50/62.

This circular gives guidance to local authorities on storage space required for solid smokeless fuels in new local authority housing units and also details of publicity material available in connection with clean air and smoke control areas.

The Compulsory Purchase by Local Authorities (Inquiries Procedure) Rules, 1962.

These Rules came into operation on the 1st October, 1962 and prescribed the procedure to be followed at Public Local Inquiries.

SUMMARY OF LEGAL PROCEEDINGS.

Case No.	Contravention of	No. of offences proved	Fines imposed	Costs ordered to be paid		
				£	s.	d.
1	Food and Drugs Act, 1955, Sec. 2 (Milk containing added water).	1	£10	5	5	0
2	Food and Drugs Act, 1955, Sec. 2 (Cake containing nail).	1	£35	6	6	0
3	Food Standards (Fish Cakes) Order, 1950 (Fish cake deficient in fish).	1	£10	3	3	0
4	Food Standards (Fish Cakes) Order, 1950 (Fish cakes deficient in fish)	1	£10	5	5	0
5	Food and Drugs Act, 1955, Sec. 2 (Pie containing wire).	1	£5	5	5	0
6	Housing Act, 1957, Sec. 36 (Provision of amenities or reduction of occupants).	1	£5	3	3	0
7	Public Health Act, 1936, Sec. 94 (Abatement of nuisance).	1	£1 Nuisance Order (28 days)	3	3	0
8	Public Health Act, 1936, Sec. 94 (Abatement of nuisance).	1	£2	3	3	0
9	Public Health Act, 1936, Sec. 94 (Abatement of nuisance).	1	—	0	4	0
10	Food Hygiene (General) Regulations, 1960 (6 contraventions).	6	£55	4	4	0
11	Milk and Dairies (General) Regulations, 1959 (Dirty milk bottle).	1	£20	3	3	0
12	Food and Drugs Act, 1955, Sec. 2 (Bun containing cigarette end).	1	£25	5	5	0
13	Public Health Act, 1936, Sec. 45 (Abatement of nuisance).	1	£4	3	3	0
14	Food and Drugs Act, 1955, Sec. 2 (Mould in pies)	1	£60	7	6	6
15	Milk and Dairies (General) Regulations 1959. (Dirty milk bottle).	1	£50	3	3	0

Case No.	Contravention of	No. of offences proved	Fines imposed	Costs ordered to be paid		
				£	s.	d.
16	Public Health Act, 1936, Sec. 94 (Abatement of nuisance).	1	£5 Nuisance Order (28 days)	.....		
17	Public Health Act, 1936, Sec. 75 (Provision of dustbins).	1	£1	.....		
18	Food and Drugs Act, 1955, Sec. 2 (Mould in pie).	1	£5	8	8	0
19	Food Hygiene (General) Regulations 1960 (11 Contraventions).	11	£55	5	0	0
20	Food and Drugs Act, 1955, Sec. 2 (Fly in sponge cake).	1	£50	3	3	0
21	Food and Drugs Act, 1955, Sec. 2 (Cockroach in pie).	1	£50	3	3	0
22	Clean Air Act, 1956, Sec. 1. (Excessive smoke emission).	1	£20	5	5	0
23	Public Health Act, 1936, Sec. 94 (Abatement of nuisance).	1	... Nuisance Order (3 months)	.....		
24	Public Health Act, 1936, Sec. 45. (Abatement of nuisance).	1	£2	.....		
25	Food and Drugs Act, 1955, Sec. 2 (Oats containing insects).	1	£15	8	8	0
26	Food Hygiene (General) Regulations 1960 (11 contraventions)	11	£11	.....		
27	Public Health Act, 1936, Sec. 94. (Abatement of nuisance).	1	Nuisance Order (6 weeks)	2	2	0
28	Public Health Act, 1936, Sec. 94. (Abatement of nuisance).	1	Nuisance Order (6 weeks)	2	2	0
29	Food and Drugs Act, 1955, Sec. 2 (Bird droppings in a sponge cake).	1	£10	4	4	0

Hairdressing Establishments.

At the end of 1962 the total number of premises registered by the Health Committee was 302 being an increase of 20 as compared with the previous year. Because of a number of reasons, mainly in respect of staffing difficulties, only 254 detailed inspection of hairdressers' premises were made but it is gratifying to state that only 22 contraventions were found on these occasions, most of these contraventions being of a minor character and readily given attention.

It was noticed during the year that ladies' hairdressing businesses in particular were being carried on in premises which were not in every case very suitable for the purpose and sometimes with inadequate equipment. Although requirements of the byelaws were, in general, complied with, it is nevertheless unfortunate that no discretion as to registration is given to a local authority to control the type of premises used for hairdressing.

Shops Act, 1950.

Section 38 of the above Act deals with arrangements for the health and comfort of shop workers and in particular the department was responsible for enforcing the provision of ventilation, lighting, heating, sanitary conveniences, washing facilities and facilities for the taking of meals in all shops. The Act provides for exemption certificates in respect of the provision of sanitary conveniences and washing facilities in respect of any shop, where, by reason of restricted accommodation or other special circumstances it is not practicable to provide such amenities on the premises, provided that such conveniences are otherwise conveniently available. During the year four applications for such exemption certificates were received of which two were granted making a total of 26 exemption certificates in force in the City. A total of 1,194 inspections of shops under the provisions of this Act was made in 1962 in connection with which only 14 infringements were found, all of which were remedied by informal action.

Rag Flock and Other Filling Materials Act, 1951.

During the year there was a reduction of 12 premises registered under the above Act, there now being 22 premises registered for the use of filling materials and two premises licensed as rag flock stores. During the year 16 samples of filling materials as indicated

below were obtained and all were found to be in a satisfactory condition. A total of 71 inspections of registered and licensed premises was made to ensure that the provisions of the above Act and the Regulations made thereunder were complied with.

SAMPLES TAKEN.

Rag Flock	2
Algerian Fibre	1
Hair	1
Coir Fibre	2
Wool Flock	6
Cotton Flock.....	2
Kapok	1
Feathers	1
	16

Pharmacy and Poisons.

The law relating to the retail sale of poisons and poisonous substances is contained in the Pharmacy and Poisons Act, 1933, under which Act the Minister is empowered to have prepared by the Poisons Board, a "Poisons List."

The poisons list is divided into two parts. The poisons listed in Part I of the list may be sold only by registered pharmacists but the poisons in Part II may be sold by any shopkeeper who has had his name and address entered in the local authority's "list of persons entitled to sell Part II poisons." It need only be said here that the poisons in Part II of the poisons list are those to which it is thought the public should have reasonable access as they are used for a variety of household purposes.

The poisons list is complicated by the publication of "Poisons Rules" which set out the form in which particular poisons are permitted to be sold. The total effect is to make the law relating to the sale of Part II poisons quite incomprehensible to the average person who may want to sell such things as household ammonia, caustic solutions, hair dyes, disinfectants, insecticides and pesticides. Indeed, some shopkeepers have been paying the fee to be retained on the local authority's list when there has been no need for them to be and the explanation is always the same—"We couldn't understand and so we paid the fee to be on the safe side."

This is a regrettable state of affairs and it is submitted that with the increasing use of Part II poisons in all sorts of commodities it should be made compulsory for either manufacturers or wholesalers to inform retailers when they should become "listed sellers."

One of the intentions of the Act was to prevent the sale of poisonous substances from barrows and stalls. For that reason Part II poisons must be sold only from "premises." Their sale from automatic machines is strictly prohibited.

Careful watch is being maintained by the staff to ensure that listed poisons are not sold from mobile shops and automatic machines.

The position at the end of the year in relation to the Part II poisons list was as follows:—

General Dealers	57
Hairdressers	15
Druggists	7
Hardwaremen	10
Seedsmen, etc.	14
Chemical and Disinfectant manufacturers.....	3
Electrical Suppliers	2
	108
New Registrations	3
Ceased to sell Part II Poisons	12

Merchandise Marks Act, 1926.

The usual difficulties arose in connection with the enforcement of the above Act, particularly in respect of street trading. During the 90 inspections of shops and stalls made in 1962 a number of infringements relating to the indication of origin in respect of apples and tomatoes were detected and verbal cautions were given. These two fruits present peculiar problems as it is not easy, unless one is an expert, to distinguish between an imported tomato and a home produced tomato without the support of convincing evidence in the form of wrappers, cases and delivery notes. Similar difficulties apply to apples but nevertheless every effort was made by the department to ensure that the public was not misled in purchasing the particular fruits exposed for sale.

Agricultural Produce (Grading and Marking) Act, 1928.

There was no change during the year in the number of premises registered under this Act for the cold and chemical storage of eggs, the number remaining at four.

One cold store had 5,000 cases (360 per case) of eggs in storage from last May to late June when, at the request of the Egg Marketing Board, they were released for breaking for the manufacture of frozen liquid egg in the City without being stamped "chilled" or "cold stored" as required by the Agricultural Produce (Grading and Marking) (Eggs) Regulations, 1936.

Fertilisers and Feeding Stuffs Act, 1926.

During the year samples of eight fertilisers and eight feeding stuffs were submitted to the Agricultural Analyst who certified that in every instance the statutory statement was correct within the limits of variation permitted by the regulations.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956.

Not a great deal of work is involved in the administration of the above Act in this City as it is principally during the potato harvest when the matter requires attention. At harvest time a small number of women are recruited from the north-western district of the City to assist in harvesting the potato crop and whilst working in the potato fields sanitary accommodation is available at the farms or portable closets and brought into use if the distance from the farm is too great. The scope of the agricultural operations in these cases are so small that no public health problem of any significance arises.

The Burial Act, 1857—Exhumations.

When an exhumation licence is issued by the Secretary of State a copy is received in the department to enable any action to be taken which might appear necessary in the interests of public health. During the year copies of three such licences were received, two in respect of members of the German Armed Forces for exhumation and reinterment at the German Military Burial Ground in Staffordshire and the other in respect of the removal of human remains from

the Friends Burial Ground in Pilgrim Street. This latter operation was necessitated by the demolition of buildings and the clearance of sites involved in the Pilgrim Street redevelopment and over 100 human remains were exhumed. These remains were adequately encased and it was intended to transport them for immediate reinterment at the Friends Burial Ground at Shotley Bridge. However, because of the onset of severe winter weather with inaccessibility to the burial ground because of snow drifts it was found necessary to provide temporary storage for these remains at the Newington Road Depot where they still remained at the end of the year pending an improvement in weather conditions.

Lectures and Training.

The practical training of Pupil Public Health Inspectors continued throughout the year and in addition a number of lectures or talks were delivered to Health Visitors, Medical Students and D.P.H. students. Talks to lay gatherings during the year included addresses to the Women's Advisory Council for Solid Fuel on the Smoke Control Area programme for Newcastle, to the National Trade Development Association on the administration of the Food and Drugs Act and the Food Hygiene Regulations, to District Nurses on the Work of the Public Health Inspector, to the Institute of Fuel on Clean Air over Tyneside, to a Youth Club on Clean Air and to the staff of a multiple grocers on food hygiene.

Refresher training for the inspectorial staff was provided during the year by courses dealing with the fixing of approved appliances in smoke control areas held at the College of Further Education under the auspices of the Coal Utilisation Council; courses in Noise Control and Abatement and in Radiation Protection held at the Rutherford College of Technology; and a refresher course in Rodent Control conducted by the staff of the Ministry of Agriculture, Fisheries and Food. In addition, a number of inspectors attended the Weekend School held in Lambton Castle by the Association of Public Health Inspectors where various aspects of public health inspection were dealt with in detail. These training activities were of considerable advantage to the department.

STAFF

Although the absorption into the public health inspection services of the meat and food inspection staff produced many administrative advantages it also rendered no less difficult the overall problem of

staff shortage. Proportionally, the chronic staff shortage in the meat and food inspection services, has been for some time greater than in public health inspection proper, although when possible, the deficiencies have been made good by seconding district inspectors to slaughterhouse duties. The consequent disarrangement of district duties has nullified the overall numerical improvement in the staffing situation which existed throughout 1962.

Although the department's training scheme for pupil public health inspectors produced no available fruit during the year (the first harvest will be gathered in 1964 it is hoped), the year ended with a welcome credit balance in the staff account. Only one inspector was lost to the service and that due to the untimely and tragic death of Mr. W. Birkett, to which reference is made later in this report. On the other hand the Department was, at the end of the year, in the most unusual position of having gained from outside sources no less than six inspectors and two pupils, an encouraging state of affairs which may, to some extent, be attributed to the staff reorganisation introduced during the closing months of 1961.

Nevertheless, future prospects are far from assured. Our authority, in common with most medium sized and large industrial towns, is shouldering what may be an unduly large share of pupil training responsibilities in relation to overall national requirements. The nature and volume of public health inspectors' work in such industrial areas are less congenial, and in many cases more onerous, than in rural or mainly residential districts, particularly those in the southern half of England. It requires a true vocational inclination to choose work in the service of the community in the squalor and ugliness of slum clearance, the dirt and grime of smoke abatement, and the monotony and unpleasantness of full-time slaughterhouse meat inspection, in preference to the clean air and open spaces of rural life or the attractive atmosphere of a seaside resort. It would therefore seem that, for some time to come, the industrial training centres for inspectors will continue to supply the staffing needs of the more desirable districts, many, indeed most, of which consequently do not suffer from serious staffing shortage.

Staff Appointments.

Although no pupils qualified during the year, Mr. W. Armstrong, an entrant from the building trade who had been attached to the Department for practical training purposes, qualified and was immediately appointed as a District Inspector.

Mr. W. J. Birkett of Wallsend was appointed as a Divisional District Inspector in January but died in sudden and tragic circumstances in September. From South Shields we secured the services of Mr. T. McCowie and from Dewsbury, Mr. R. Burfield, both taking up duties during the year as Divisional Inspectors. From far-off Fiji, Mr. J. C. Mullarkey, an ex-pupil of the Department, returned to take up duties as a District Inspector and Mr. G. Bailey of Croydon was also appointed to a similar post. The annual intake of two pupils resulted in the appointments of Messrs. I. H. Joice and R. Jackson.

Staff Resignations.

Perhaps the most remarkable feature of 1962, so far as staffing matters are concerned, is that it will be remembered as the year when not a single inspector resigned or retired. The only departure from the Department was a pupil inspector, Mr. J. Pickering, who, for family reasons, moved to Stoke-on-Trent in the Health Department of which authority he continues his studies.

Obituary.

It is always a melancholy task to record the death of a member of the staff but particularly sad was the passing of Mr. W. J. Birkett, Divisional District Inspector at the early age of 38 years. It was in mid-September, whilst playing cricket, that he collapsed and died almost immediately. Mr. Birkett started his career as a clerk in our own Department and it was during this period that he served in the Royal Air Force with the rank of Flying Officer. Upon his return from the forces he qualified as a public health inspector and after serving with the Colne Valley U.D.C. and Wallsend M.B. was appointed as a Divisional Inspector in the Department in January, 1962. Although he occupied this post for such short a time, he quickly became a popular figure in the Department and his congenial personality and breezy humour is missed by all.

He left a widow and two young daughters.

Conclusion.

The foregoing narrative material in this report may, to the discerning reader, contain an undue measure of criticism of the work and circumstances of the past year but though annual reports

may, on occasion, be employed as vehicles for mild self-congratulation it is fitting that deficiencies and defects should be appraised with equal candour to ensure a true assessment of the tasks ahead. Among such pressing matters must be included the need to secure 100% inspection of all meat from slaughterhouses and the abolition of Sunday slaughtering; the survey and improvement of houses in multi-occupation; the systematic repair of unfit houses by way of Section 9 of the Housing Act 1957; a clarification of the future of the smoke control programme; a late night survey of licensed premises particularly clubs, and a review of food and drugs sampling policy. Whatever progress may be achieved in these matters during 1963 will be discussed in the next annual report.

Having briefly summarised the problems of the future, it is a much more gratifying task to express thanks for help and favours received during the year just past. I am indebted to the staff as a whole for their support during the year, and particularly to the Divisional Inspectors who also supplied most of the statistical material in this report. Sincere thanks are offered to the Senior Clerk and his staff with the hope that the impending administration and clerical reorganisation may lighten their burden in the year ahead.

Appreciation is again gladly offered to the Town Clerk's Department for the unfailing assistance always available in connection with slum clearance and smoke control and perhaps a special word of thanks should be extended to the prosecuting solicitors for their expert guidance and advice given in respect of information for legal proceedings. To the City Estate and Property Surveyor thanks are due for the ever prompt preparation of plans for slum clearance and smoke control and to the City Architect for advice on prior approval applications under the Clean Air Act.

To the Health Committee and the Medical Officer of Health I am particularly grateful for the generous support and friendly assistance without which the daily task would indeed be irksome.

APPENDIX I

COMMUNITY STUDIES IN NEWCASTLE UPON TYNE*

Newcastle upon Tyne is a City of little over a quarter of a million inhabitants, but it is not quite a balanced community, as it lacks in some measure the Registrar's Social Classes I and II.

The reasons why most of this work has been carried out in the Health and Social Services Department are mixed—medical, social, and administrative. No organisation can afford to stand still nowadays; to advance, its administration must be fed with new information, facts collected, analysed, presented and interpreted in suitable manner.

Community study is not new. There are many fascinating stories of survey work carried out in this City, by the Medical Officer of Health, the Inspector of Nuisances and a Clerk, in old Annual Reports.

More recent work started after a report from the Newcastle Dispensary in 1936 aroused concern about the great increase in poverty, sickness and malnutrition amongst the poorer groups in the City.

Doctors in the City including Sir John Charles and the late Sir James Spence, and later Drs. Davidson, Brewis and Miller accepted this challenge, and studies began.

Although it is only recently that all Local Authorities have been permitted to initiate and finance research, Newcastle upon Tyne has done it for several years. The City Council gave considerable support to the Paediatric Department when they introduced their "Thousand Families Survey". This type of association conditions a health department into a way of thinking.

A Medical Officer of Health himself has little time for research, but he can do much to stimulate and encourage this and gratefully acknowledge assistance received from his own Staff, Hospital and University staffs, General Practitioners and the Health Committee in their respective spheres.

Apart from well organised large surveys such as "The Thousand Families", "Chronic Bronchitis" etc, the scale of most of the examples which follow is small. The World Health Organisation expert committee on Health Statistics agreed that these small, modest surveys are often just as effective as large multi-purpose ones and especially play a part as 'pilot' surveys.

Some surveys were more stimulated by medical interest, such as the following:

Mongolism.

Dr. A. R. Buchan studied 92 Mongols born between 1948 and 1959.

Dental Cares.

In 1950, at the request of the Ministry of Education, Mr. Ian Crombie of the School Dental Service undertook to ascertain results of the topical application of fluoride to children's teeth.

Control of Infectious Disease.

The Medical Research Council turned to Newcastle upon Tyne (amongst other areas) for a trial of Oral Poliomyelitis vaccine in 1960, using the Sabin Vaccine. This survey was undertaken with the collaboration of the Public Health Laboratory at Newcastle General Hospital, two Consultant Paediatricians a small group of General Practitioners, Health Visitors and the Ambulance Service.

*This subject was the title of the Presidential Address to the Northern and Newcastle upon Tyne Medical Society by the Medical Officer of Health. His address is briefly summarized here.

Childhood Tuberculosis.

The records of the Childhood Tuberculosis Section show a long continuous study of childhood and close co-operation between the Paediatric and Health Departments.

This service was begun over 20 years ago, when mortality and morbidity due to Tuberculosis in children, was causing grave concern. Now mortality is virtually nil, and morbidity under control, but the search continues for early infection. This service has changed over the years, and this is due to carefully documented evidence kept by Dr. Mary Taylor and the interest of Dr. Fred Miller.

To obtain such accurate record keeping amongst 42,000 schoolchildren, demands co-operation between the Childhood Tuberculosis section, Chest Clinics, Child Welfare and School Health Sections.

Much has been contributed to the knowledge of childhood tuberculosis by this service.

Mental Health.

A survey carried out by Dr. Peter Morgan, part-time consultant in After Care to Newcastle upon Tyne Local Health Authority on 1,059 patients in St. Nicholas Hospital provided valuable data for assessing the type and size of hostel accommodation to be provided by the Local Authority under its Mental Health Act powers.

It is significant that 234 Newcastle upon Tyne patients were thought fit to live outside hospital. If changes in psychiatric treatment alters the position in the next ten years, however, this accommodation will still be suitable for the elderly, whose problem is more than likely to increase.

Geriatrics.

Dr. J. Connolly, whilst on the staff of St. Nicholas' Hospital, carried out a survey on all elderly persons admitted during one year. Many of these patients had broken down both physically and mentally, despite the efforts of relations, and were unknown to the statutory or voluntary staffs, or had refused such services.

Medical Rehousing.

Housing priorities and rehousing on medical grounds has been a bone of contention since the last war.

Dr. A. Gatherer undertook a survey of applications received between April 1959-September, 1961, 1,170 in all, of which 30% were reviewed on more than one occasion. He found that the most frequent among the medical cases were the respiratory problems, locomotor difficulties, and mental illness (frequently due to living with in-laws).

Toxaemia of Pregnancy.

Dr. G. V. Griffin surveyed the 1959 records of 107 cases booked for a home confinement, where there were signs of early toxaemia, and enquired about family circumstances from the midwife. He found that 24% had to be admitted to hospital, a further 26% would have benefited by additional help at home but relatives were able to help the remainder.

A scheme was agreed for a Home Help free of charge where no hospital antenatal bed was available. This survey pin-pointed the shortage of antenatal beds.

Maternity Services.

There has been continued study of the 'early discharge' mother, who returns home from hospital within 24-48 hours of delivery. There is evidence to show that less medical treatment is required during the puerperium by these mothers than by those confined at home.

Health Education.

Dr. G. V. Griffin used the questionnaire method to assess the change in smoking habits of 14 year old Secondary Modern 'C' stream boys in one school who had previously attended discussions etc., on the subject.

The following arose from an interest in environmental health:—*Food Hygiene.*

The Staff of Public Health Inspectors carry out their annual survey on the Town Moor and as a result of these the Showmen's Guild acknowledges that the sanitary facilities at the 'Hoppings' compare more than favourably with anywhere else.

Approximately one million people visit this fair, and there are 1,350 people living in caravans on the Moor.

Considerable factual information has been built up in this way and put to good use.

Atmospheric Pollution and Noise Measurement.

By 1970 the whole of the City will be one large smoke control area. The atmospheric pollution has fallen gradually and steadily in the last 5 years. One more contribution that the Public Health Inspectors are making to prevent disease is the continual work involved with the regular recording of 'noxious gases' and 'suspended impurities'. This work is part of a national survey.

As a result of the Wilson Committee's Report on the Problem of Noise, there is work going on at the moment on the measurement of noise, but no results are available yet.

On the administrative side:—*Studies to Test Alternative Administration Methods in the Child Health Service.*

- (1) Drs. Gatherer and Buchan, with co-operation of Head Teachers in the Kenton area in 1961 studied a school population of 5,000 at ages five, nine and 14 years. A feature of the study was regular contact between medical and teaching staff, and the discussions of problems, so that it became a consultative service.

Some alteration in the routine medical inspections and a careful study of the use of school clinics were included in this work.

- (2) A survey of Medical Officers work at Infant Welfare clinics was also arranged. This resulted in arranging separate immunisation sessions and sessions for the examination of young children.
- (3) Dr. Sainsbury has shown that the bounds of normality can be measured by using the material passing through the files of the handicapped children in Newcastle upon Tyne. He studied recently the behaviour of the Intelligence Quotient of retarded pupils during school life, and found that contrary to belief this did not remain constant.

Combined. Studies

So far the smaller studies have been initiated within the department but considerable guidance and encouragement has come from many sources.

The "Thousand Families" survey could well be termed a combined operation. Likewise, Professor Russell's survey of 15,000 maternities during 1960-62 would not have taken place without the full co-operation of all who play their part in the Maternity services in the City.

On several occasions the Health and Social Services Department has been invited to co-operate in an investigation, such as the survey by Drs. Ogilvie and Newell on 'Chronic Bronchitis in Newcastle upon Tyne' when the work done by Health Visitors was quite outstanding, and helped to bring Chronic Bronchitis to the fore as a major health and social problem.

Other Community Studies.

It would be wrong to imply that the Health Department staff play a part in all community surveys in Newcastle upon Tyne. Professor Roth and Dr. Kay arranged an interview with 300 old people living at home and in hostels, first by Psychiatric Social Workers and then by a Psychiatrist. The conclusions reached will help in building up a service to prevent psychiatric disorder amongst the elderly.

Several national and local surveys have been undertaken by the College of General Practitioners and some of these have been linked with either Hospital or Local Authority staff.

One day, it is hoped, the local authorities will enter into financial agreement with those in group practices, to provide the necessary information to improve the care of the elderly 'isolate' the diabetic, and assist with the solution of many other medico-social problems.

The recent request by the Ministry of Health for information about children affected by thalidomide is an example of the ready response by all members of the Public Health Service. More could be done either nationally or on a selection basis. It would provide an opportunity for bringing together not only members of all branches of the medical profession, but all those professions closely allied to medicine.

There is no doubt that, when suitably approached, the medical profession and the community will respond.

