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HEALTH AND SOCIAL SERVICES OF THE CITY AND COUNTY OF NEWCASTLE UPON TYNE

1965

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CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1965

CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

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PAGE

Health and Social Services Committee 6

Staff of the Health and Social Services Department 7

Introduction 11

I.—**General**

Vital Statistics 20
Cremation 23
Airport—Health Control 24
Meteorological Records 24
Sewerage 25
Unemployment 26
Statistical Tables 27

II.—**Services under the National Health Service Acts**

Maternal and Child Health 37
Children 'at risk' 38
Cervical Cytology Clinics 38
Birth Notifications 38
Clinic Attendances 38
Welfare Foods Distribution 40
Play Therapy and Clinic Play Groups 40
Day Nurseries 42
Child Minders 43
Nursing Homes 43
Vaccination and Immunisation 43
Midwifery 47
Premature Infant Service 48
Family Planning 49
Nursing Services/General Practitioner Links 49
Health Visiting 51
Health Visitor Training School 52
Home Advisors 52
Wardens for the Elderly 53
District Nursing 54
Laundry Service 54
Night Sitters 54
Dressing Attendants 54
Bath Orderlies 54
District Nursing Training School 55
Loan Equipment 56
Problems of Children Neglected or ill treated in their own homes Co-ordinating Committee 56
Priority Dental Service for Expectant Mothers and Children under School Age 58
Ambulance Service 60
Health Education 64
Home Safety 65
Mental Health Services 68
Community Care 70
Social Clubs 71
Statistics 72
Training Centres 76
Psychiatric Day Centre 76
Summerhill Hostel 76

III.—Social Services including those provided under the National Assistance Acts, 1948 and 1951

Residential Care 79
Meals on Wheels and Luncheon Clubs 80

Community Care
Social Work 81
Medical Social Work Section 82
Chiropody 84
Care of Elderly and Physically Handicapped 85
Services for Handicapped (General Classes) and Elderly .. 90
Car Badges for Disabled Drivers 91
Services for Blind 91
Services for Deaf 96
Social and Occupational Centre 99
Home Help Service 100
Medical Rehousing 101
Evictions (see Appendix II)

IV.—Infectious Diseases

General 105
Statistics 108
Special Skin Clinic 110
Venereal Disease 112

V.—Tuberculosis

Statistics 117
Reports of Chest Physicians
(1) "The End of the Road" Dr. P. O. Leggatt 120
(2) "Pulmonary Tuberculosis 1964/5" Dr. J. R. Lauckner 121
Mass Radiography 125
Tuberculosis in Childhood 127
Social Work in Chest Clinics 130

VI.—School Health Service

New Premises, etc. 133
Medical Inspections 134
School Clinics 136
Special Clinics
Ophthalmic 139
Hearing Assessment 139
Orthopaedic 141
Skin 141
School Dental Service 142
Handicapped Pupils 145
Speech Therapy 149
Community Disease and its Prevention 149

VII.—Public Health Inspection

Establishment 155
Introduction 157
Housing Acts, 1957-1964
Slum Clearance 159
Houses in Multiple Occupation 163
Demolitions—Closures—Re-housing 165

Rent Act 1957 166
Public Health Acts, 1936-61
Nuisances 167
Places of Public Entertainment 171
Offensive Trades 172
Tents, Vans and Sheds 172
Common Lodging Houses 173
New Building and Alterations 174
Disinfestation 174
Water Supply 175
Public Swimming Baths 176
Summary of all visits 177
Atmospheric Pollution 180
National Survey—Measurement—Smoke Control Areas 181
Offices, Shops and Railway Premises Act, 1963 185
Factories Act, 1961 192
Outworkers 194
Food and Drugs
Meat Inspection 194
Detained Corned Beef 203
Slaughterhouses 204
Other Food and Drugs Sampling 205
Milk Sampling 209
Ice Cream 211
Food Premises 214
Diseases of Animals 215
Rodent Control 218
New Legislation 218
Summary of Legal Proceedings 221
Hairdressing Establishments 223
Rag Flock and other Filling Materials Act, 1951 223
Pharmacy and Poisons 224
Agricultural Produce (Grading and Marking) Act, 1928 224
Fertilisers and Feeding Stuffs Act, 1926 225
Burial Act, 1857—Exhumations 225
Lectures & Training 225
Staff 225
Conclusion 227

APPENDIX I
Work of the Newcastle upon Tyne Executive Council 229

APPENDIX II
Homeless Families Scheme 230

APPENDIX III
Work of Voluntary Organisations working with the Blind 233

APPENDIX IV
Occupational Health Service 236

HEALTH AND SOCIAL SERVICES COMMITTEE

(As at December, 1965)

Chairman:

ALDERMAN MRS. M. S. MURRAY

Vice-Chairman:

ALDERMAN DAME CATHERINE C. SCOTT, D.B.E., J.P.

Ald. R. W. Hanlan
Ald. Mrs. M. Shaw
Coun.. R. C. Brown
Coun. Mrs. A. A. Davison
Coun. Mrs. M. E. Graham, M.B.E.
Coun. Mrs. V. H. Grantham
Coun. G. R. Gray
Coun. Dr. C. Lipman, M.A., B.SC., PH.D., F.R.I.C.
Coun. Mrs. I. McCambridge J.P.
Coun. Mrs. R. McVane
Ald. Lady Wynne-Jones
Coun. E. A. A. Oxley
Coun. R. D. Pardoe
Coun. S. Peddie
Coun. Mrs. F. Plumb
Coun. Mrs. M. Stephenson
Coun. N. Stockdale
Coun. Mrs. A. I. Telford
Coun. H. J. White

Representing the British Medical Association and the Local Medical Committee:

Dr. H. L. Taylor

STAFF OF HEALTH AND SOCIAL SERVICES DEPARTMENT

(As at 31st December, 1965)

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., D.M.A., F.C.C.S.

Senior Medical Officer (Administration):
J. T. JONES, B.SC., M.B., B.CH., D.P.H. (Resigned 2nd May, 1965)
D. L. WILSON, M.B., CH.B., D.P.H., D.T.M. & H.
(Commenced 1st November, 1965)

Child Welfare Medical Officer:
Shirley M. Livingston, M.B., B.S.
9 General Practitioners attend Clinics on a sessional basis

Senior Medical Officer (Geriatrics):
Joyce F. Grant, M.R.C.S., L.R.C.P. (*Part-Time*)

Childhood Tuberculosis Medical Officer:
Mary D. Thompson, M.D., D.P.H. (*Part-Time*)

Assistant Medical Officers of Health:
L. Lombard, M.B., B.S., D.P.H.
A. H. Young, M.B., B.S., D.P.H.

Senior School Medical Officer (*Education Committee*):
H. S. K. Sainsbury, M.R.C.S., L.R.C.P.

Principal Dental Officer (*in conjunction with Education Committee*):
J. C. Brown, M.R.C.S., L.R.C.P., L.D.S.
1 Anaesthetist (*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., M.R.C.P. (Ld.), F.R.F.P.S.
P. O. 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 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 the Regional Hospital Board*):
J. P. Child, B.M., M.R.C.P., D.P.M.

Adviser in Geriatrics
(*in conjunction with the Regional Hospital Board*):
M. R. P. Hall, B.M., B.CH., M.R.C.P.

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.

Superintendent Health Visitor and Deputy Chief Nursing Officer:
Miss A. Y. Sanderson, S.R.N., S.C.M., H.V. & H.V.T. CERTS.

46 Health Visitors, 3 Assistant Nurses, 9 Students,
10 Clerks, 2 Shorthand Typists

Non-Medical Supervisor of Midwives:
Mrs. M. L. Marshall, S.R.N., S.C.M. (*retired 12th September*, 1965)
Miss L. E. Stott, S.R.N., S.C.M.,
Midwife Teacher's Diploma (*commenced 13th Sept.*, 1965)
Assistant Supervisor, 35 Midwives, 11 Pupils, 2 Clerks

District Nursing Superintendent:
Miss R. M. Lovett, R.G.N., S.C.M., Q.N., H.V. & D.N.T. CERTS.
Assistant Superintendent, 47 District Nurses (7 Male, 40 Female),
9 Bath Orderlies, 1 Clerk

Home Help Organiser:

Mrs. I. E. Moult

Assistant Organiser, 2 Area Organisers, 3 Visitors, 7 Clerks
570 Home Helps (full and part-time)

Day Nurseries:

5 Nurseries with Matrons, Nurses, etc., 1 Clerk
3 Play Therapists (part-time)

Welfare Foods Distribution Supervisor:

Miss D. C. Brown

10 Assistants (6 part-time)

Other Staffs:

Vaccination and Immunisation—4 Clerks
Invalid Equipment—1 Clerk
Priority Dental Service—1 Clerk
1 Dental Technician (*in conjunction with Education Committee*)

Public Health Inspector's Staff:

Chief Public Health Inspector:

L. Mair, F.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.

2 Divisional Inspectors, 7 Senior Inspectors, 19 Inspectors, 7 Technical Assistants, 5 Authorised Meat Inspectors, 9 Pupil Inspectors, 7 Rodent Operators, 2 Smoke Investigators, 2 General Assistants, 1 Senior Administrative Assistant, 12 Clerks

Social Service Staff:

Chief Welfare Officer:

H. Craig

Principal Social Worker:

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

Deputy Chief Welfare Officer:
Miss D. Haythornthwaite, H/T/ CERT., H.H.O.C.
1 Senior Social Worker, 12 Social Welfare Officers,
5 Home Teachers for Blind
Twelve Residential Homes each with Superintendents, Matrons and other staff
1 Senior Administrative Assistant
2 Administrative Staff, 12 Clerks
Occupational Centre
1 Supervisor
1 Craft Instructor

Mental Health Staff:

Senior Mental Welfare Officer:
T. E. J. R. Mather
3 Mental Welfare Officers, 2 Trainee Mental Welfare Officers, 2 Assistant Mental Welfare Officers, 2 Clerk Typists, 1 Manager of Training Centres, 1 Deputy Manager, 2 Training Centre Supervisors, 7 Craft Instructors, 12 Assistant Supervisors, 3 Trainees

Ambulance Staff:

Chief Ambulance Officer:
H. M. Roberts
Senior Superintendent, 20 Administrative, Supervisory and Clerical Staff, 106 Operative Staff (Drivers, Attendants, Maintenance Staff, etc.), 7 Trainees

General Administration—Staff:

Principal Administrative Assistant:
E. A. Moore, M.R.S.H.

Deputy Principal Administrative Assistant:
D. H. Macpherson, CERT. R.S.H.
1 Senior Administrative Assistant, 1 Statistician,
13 Clerks, 5 Typists

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10 AUG 1966

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 tenth Annual Report, the ninety-third in the series of Annual Reports of the Medical Officer of Health of this City.

General Review

When it was decreed many years ago that Medical Officers of Health should write an annual report, to many it was a chore, to others just the compilation of a record of statistics of the previous year with appropriate comparisons, but more recently it has become an opportunity of reviewing the work of the department in the setting of the local government of the period. Many reports reach the Newcastle upon Tyne Health and Social Services Department from the United Kingdom and from other parts of the world (frequently from those who have visited the Department and found something of interest perhaps even worth adopting on their return home). All are scrutinised for ideas, so are many and varied medical, environmental, nursing and social journals. · Many hold a store of important technical and administrative details worth considering. Such ideas should be followed up by visits to their source.

Conferences are important in bringing ideas to the surface but, only in their home setting can these ideas be fully evaluated and a decision reached on their local application. If a greater Newcastle upon Tyne, viewed from the health of its people, is to play its full part in the 1970's, then the search both at home and abroad should start without delay.

The structure of the Health and Social Services Department was determined several years ago and has been gradually consolidated. Its functioning was checked and approved by a team of Organisation and Methods Consultants so it was quite reasonable that 1965 should see a further development of perhaps some significance in local government in the setting up of a working party of council members and officers with specific terms of reference. Gone were the feelings that departments were being criticised but rather that each had a contribution to make to the success of the project, in this case—"social rehabilitation". The recommendations of the working party, which were eventually accepted by the Council, are set out in appendix V. The working party, under the Chairmanship of Councillor Mrs. C. M. Lewcock, has now to find ways and means of implementation.

Staff Training

In an age when knowledge and its application is advancing so rapidly, no department can be without its staff training programme. This applies to both new recruits as well as staff of several years seniority. A review of all the training schemes in the department revealed a few gaps which still exist but the comprehensive nature of the programme is a sound recruiting draw as well as bringing about a progressive improvement in service rendered. It does, however, place a burden on those 'holding the fort meantime' and on the senior staff with a dual role is a situation now fully understood and appreciated.

Training has become second nature in Newcastle upon Tyne but until this is fully accepted throughout local government the financial costs will be unequally distributed. A departmental co-ordinator of training activities is the next step forward.

Growing Points

In several reports in recent years it has been said, "a health department cannot stand still". Based on medical and social research every advance must be weighed carefully and, if adaptable, incorporated to bring into being services which will support medical treatment or even, if possible, obviate the necessity of medical care at all. Much has been said in these reports on the effects on health of cigarette smoking (it cannot be mentioned too frequently), but less is known about the damage to health of the social degradation due to chronic alcoholism. Dr. Morgan, using both his hospital and local authority appointments has been investigating this subject. Tentative beginnings at the Summer Exhibition several years ago are now ready to be included in the preventive and health education programmes.

Believing that skilled but scarce manpower should be used with discrimination, screening must be applied to bring this about. Where screening and prevention go hand in hand, such as in the case of cervical cytology, then the local authority has an important supporting part to play. Unfortunately the vital necessity of recording the total take up of cervical cytology was not appreciated early on (all three parts of the national health service play a part) and so it is only possible to estimate the response. A rough estimate for the first year reveals that about one in ten of women in the age group 25-55 living in the geographical County of Northumberland availed themselves of the service. The objective is one in five (*i.e.*, a repeat every five years). A note of caution must be brought in here. The take up is poor in the lower income groups where the risk is highest. A service is being developed to meet this difficulty.

Other Developing Services

Domiciliary Family Planning, now well established as part of the work of the local Family Planning Association, requires extension and a closer link up with the health visiting and social work services of the local authority. Until a few years ago few general practitioners played a positive part in advising parents on their capacity to bring up large families. By various means the domiciliary practice of medicine, nursing and social work in all its facets is becoming linked to family planning, recognising that the less well endowed mother has a medical and social breaking point. This is real preventive and social medicine.

The speed with which nursing staff can become personally 'associated' with general practitioners in group practice is limited by their mobility. The time has come to include driving tuition in the training period of nurses and social workers taking up domiciliary work.

Committee Procedure

For several years it has been customary to submit quarterly statistical reports on each service supplemented as appropriate by more detailed surveys. As an experiment it has been agreed that an annual survey of each service should be made and the recommendations borne in mind for the next staff review and annual consideration of estimates.

Statistics

The most striking feature about the 1965 statistics is the marked fall in the still-birth rate. For many years this unsatisfactory feature has prevented Newcastle from taking a place at all amongst the authorities with low perinatal mortality rates. It is to be hoped that this is a permanent change. The considerable increase in maternity beds (available in 1967) should assist by providing more in-patient antenatal care. The illegitimate birth rate remains the same.

Not for several years have two maternal deaths occurred in one year.

The rather disturbing change in the trend of childhood tuberculosis is fully commented upon on page 127. The number of male lung cancer deaths continues upwards although the total of the two sexes is the same as last year.

Research

Many people who work either as elected representatives or as statutory or voluntary workers amongst the medical and social problems of today can point to the area of greatest prevalence and also outline some of the causes. Newcastle upon Tyne must be in the forefront of local authorities to record a large number of its problems in census enumeration districts and so assess the degree

of prevalence with considerable accuracy. Several departments took part both within and outside the local authority. Having established a base line for 1965 the impact of social changes, legislation, housing policy etc., can now be measured.

Environmental Health

Mr. L. Mair in his report refers to formal "objections" submitted before Slum Clearance enquiries take place and which are subsequently withdrawn. The work required in the department is wasted and can be ill-afforded. Means should be found which would discourage ill-considered objections being submitted. Such means should in no way deter the genuine objector but make all objectors think before objecting.

Problems in the sphere of refuse disposal arise due to changing methods of heating. Articles which traditionally have been burnt can no longer be disposed of in this way. Careful planning is required just as it is for the very considerable bulk problems arising from changing methods of packing foods for sale.

As the survey on handwashing shows the Novocastrian in a poor light compared with the inhabitants of other large cities then herein lies a challenge. Teaching and example both at home and in schools is a long term solution but so too is siting the toilet and wash basin in close proximity. It is no use pointing to the absence of facilities in the past, a remedy is required especially as it will have its impact on safer food handling. The habit should become second nature.

Mr. Mair also draws attention to the difficulty of financing smoke control in the northern regions. No doubt it exists but it brings with it delay which means inevitably indifferent health for many for a longer period of years than their midland or southern countrymen. Climatic conditions will not change in the north so better distribution arrangements are essential to overcome temporary shortages of supply.

Mr. Mair is to be congratulated on setting out in detail his experience with the administration of the Offices, Shops and Railway Premises Act. It will be valuable to others who may meet the problems less frequently.

Water Supplies

In December the City Council decided that fluoride should be added to the water supply and asked the Newcastle and Gateshead Water Company to make the necessary arrangements.

Capital Expenditure

When the twenty year building programme 1956-75 comes to be written up much will have been achieved but so much of the work

during the first ten years has been the story of schemes delayed by one thing or another. Largely this has been due to the determination to fit departmental requirements into the life of the community and not to build in isolation. This is difficult—each one is different—approval is not just a formality.

However, at long last, the new central ambulance headquarters and the adult training centre are nearing completion. Two new combined clinics have been brought into operation. Reliance still has to be placed on conversion of buildings for residential homes because it will be a year or two yet before several homes at the planning stage can be opened. Each community centre should have its residential home and a series of flats under warden supervision to accommodate the elderly in the heart of the community.

Health Education

Part of the art of health education is to be ready to take advantage of unexpected but favourable circumstances. The facilities offered by the press and television services in the autumn were very valuable and the public response to poliomyelitis vaccination was accordingly greater than expected (although it was vital to go to the community rather than expect individuals to go much out of their way to be vaccinated).

Discussion in the Council meeting when the 1964 Annual Report was presented and also the issue of the Cohen Report on "Health Education" stimulated considerable interest in the teaching in schools of human biology in all its aspects. The subject was also taken up by the Marriage Guidance Council with the Directors of Education on Tyneside. Some general agreement has been reached and the next stage is suggestions for inclusion in the school curriculum. If a small number of teacher training colleges would offer health education as a special subject considerable national benefit would result over a period of years.

Social Services

It is relatively easy especially when under stress to refer a person with a problem to a health visitor or a social worker but a provisional screening by an officer with an in-service training and a sympathetic and understanding nature frequently reveals an item of service which meets the patients' needs. This type of arrangement is illustrated on page 130 by a short report from the East End Chest Clinic. It should not always be necessary to ask fully trained social workers to arrange for such services to be rendered although care must be obviously be taken to see that some underlying factor which requires skilled social case work is not missed.

Community Care

The increase in services being gradually built up for elderly persons living at home or with relations or friends is clear when even a period of five years is reviewed. The staff training programme is temporarily hindering more rapid development but from 1966 onwards the benefits of the training policy will become apparent.

A lingering doubt remains—is the build up fast enough to meet the urgent needs of the ageing population and the scatter of their families? Obviously, in terms of domestic help, it is not. A full scale review of the service was undertaken in the autumn of 1965 to make the best use of the finance available in the knowledge that requests for assistance continue to rise.

Voluntary and Statutory Organisations

On this occasion the two organisations working on behalf of the blind have contributed an outline of their work. I am particularly indebted to Mr. Rowbottom and Mrs. Whiteley for their accounts of the very valuable work and for the assistance their organisations give to the Home Teachers of the Blind.

A full survey of the work of all the organisations to which the Committee makes a grant is being undertaken. Several organisations gave valuable evidence to the working party on 'social rehabilitation'.

Ambulance Service

Within a few years the replacement programme should catch up with the vehicles which have long since outlived their working life and are only being kept on the road by expensive repairs and replacements. The outlook is brighter for the staff who have seen the service through the difficult period and many patients must be grateful to them for their interest and care at all times.

Occupational Health

The very considerable increase in this service for the staff is set out in appendix IV. Dr. Lombard took a personal interest in most of the 'absence due to sickness' cases and is to be congratulated on the smooth way in which the service developed.

Appreciation

Problems abound. As some of a medicosocial nature are solved or ameliorated others take their place. The staff thrive. Their training and their enthusiasm fit them for their choice of career. The solution of even some of the problems is their reward. To date enquiry and research (even in association with professional research bodies) has been on an 'amateur' level in the department, it now needs the guidance of a sociologist, a statistician, etc. Assistance rendered by the staff of the City Planning Department has provided further stimulus and is much appreciated—here is another growing point and a probable solution.

Staff shortages are only too apparent in public health inspection, health visiting and social work but reading through the sectional reports reveals a feeling of buoyancy rather than gloom. Opportunities lie ahead. With national spreading of training costs changes could take place quite quickly. My sincere thanks are due to those who have seen the department through its difficulties and especially to those who have led the sections during the period.

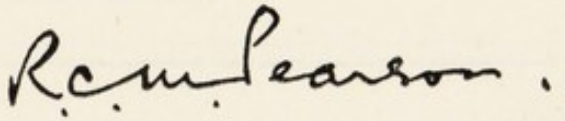
In the department exists a nucleus of enthusiastic, well trained and experienced staff, around which any future plans can be developed. My thanks are due to all who contribute to this developing service.

Finally, the continued support of the Chairman, the Vice-Chairman and Members of the Committee is much appreciated.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,



Medical Officer of Health.

Health and Social Services Department,
Civic Centre,
Barras Bridge,
Newcastle upon Tyne, 1.
July, 1966.

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 1/66)

Live Births	4,456
Live Birth Rate (Crude)	17·31 per 1,000 population
Live Birth Rate (Corrected)	17·31 per 1,000 population
Illegitimate Live Births per cent of total Live Births	9·5
Stillbirths	67
Stillbirth Rate	14·81 per 1,000 live and stillbirths
Total Live and Stillbirths	4,523
Infant Deaths	112
Infant Mortality Rate—	
Total	25·13 per 1,000 live births
Legitimate only	24·31 per 1,000 legitimate life births
Illegitimate only	32·94 per 1,000 illegitimate live births
Neonatal Mortality Rate	17·95 per 1,000 total live births
Early Neonatal Mortality Rate	14·81 per 1,000 total live births
Perinatal Mortality Rate	29·41 per 1,000 total live and stillbirths
Maternal Deaths (including abortion)	2
Maternal Mortality Rate	0·44 per 1,000 live and stillbirths.

OTHER STATISTICS

Population	257,460
Area	11,401 acres
Deaths	3,390
Death Rate (Crude)	13·17 per 1000 population
Death Rate (Corrected)	14·22 „ „ „
Tuberculosis Death Rates—	
All Forms	0·097 per 1,000 population
Pulmonary	0·074 „ „ „
Non-Pulmonary	0·023 „ „ „
Cancer Death Rates—	
All Forms	2·68 per 1,000 population
Lung and Bronchus	0·82 „ „ „
Other Sites	1·86 „ „ „
Marriage Rate	16·30 per 1,000 population
Inhabited Houses	86,481
Rateable Value	£12,234,118
Product of 1d. Rate	£48,500 (estimated)

GENERAL STATISTICS

Population

The population, as estimated by the Registrar General, was 257,460, a decrease of 3,290 since 1964.

Births

There were 4,456 live births recorded, representing a crude birth rate of 17·31 per 1,000 population, as compared with a rate of 17·32 in 1964. The City birth rate continues to be lower than that for England and Wales—18·1.

In addition there were 67 stillbirths, representing a rate of 14·81, lower than the 1964 rate of 18·05. This rate is the lowest ever recorded in the City and is for the first time, lower than the England and Wales rate—15·7.

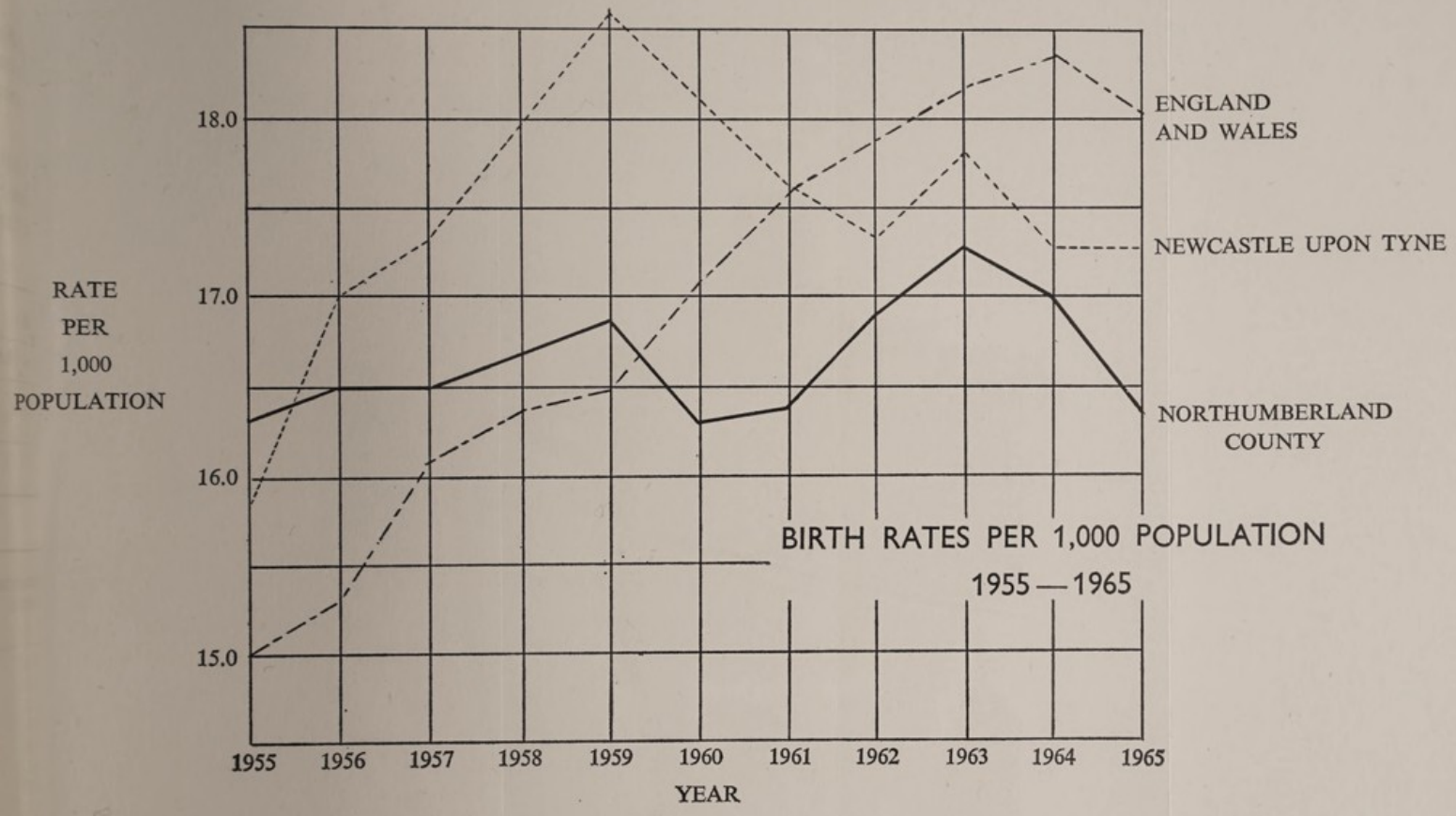
	LIVE BIRTHS			STILL BIRTHS		
Sex	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male	2,085	216	2,301	26	5	31
Female	1,946	209	2,155	32	4	36
Totals	4,031	425	4,456	58	9	67

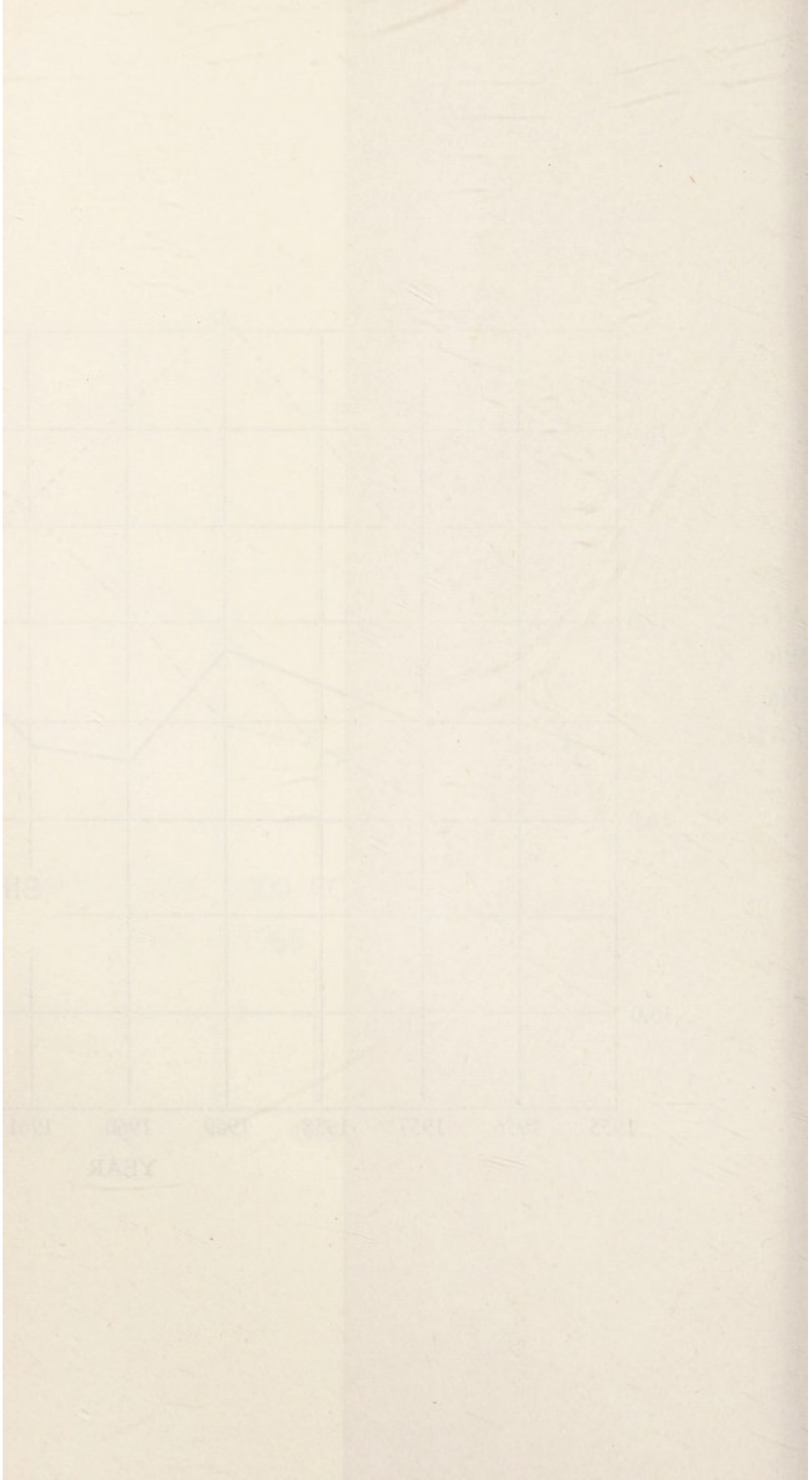
BIRTH RATE per 1,000 POPULATION

Year	England and Wales	Newcastle upon Tyne (corrected)	Northumberland (corrected)
1965	18.1	17.3	16.3
1964	18.4	17.3	17.0
1963	18.2	17.8	17.3
1962	17.9	17.3	16.9
1961	17.6	17.6	16.4
1960	17.1	18.1	16.3
1959	16.5	18.6	16.9
1958	16.4	18.0	16.7
1957	16.1	17.4	16.5
1956	15.6	17.0	16.5
1955	15.0	15.9	16.3

Deaths

The net deaths amounted to 3,390 equivalent to a crude rate of 13·17 per 1,000 population, as compared with a rate of 12·18 for 1964. The death rate for England and Wales for 1965 was 11·5.


BIRTH RATES PER 1,000 POPULATION
1955 — 1965
RATE PER 1,000 POPULATION
18.0
17.0
16.0
15.0
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
YEAR
ENGLAND AND WALES
NEWCASTLE UPON TYNE
NORTHUMBERLAND COUNTY



Infantile Mortality

One hundred and twelve infants died before completing the first year of life, representing a rate of 25·13 per 1,000 live births; last year the rate was 25·02. The England and Wales rate for 1965 was 19·0.

Of the 112 infant deaths, 80 occurred before attaining the age of one month, making a neo-natal mortality rate of 17·95 as compared with England Wales rate of 13·0.

Maternal Mortality

Two maternal deaths occurred, the first in the City since 1962, giving a maternal mortality rate of 0·44 per 1,000 total births. The England and Wales maternal mortality rate for 1965 was 0·25 per 1,000 live and stillbirths.

Tuberculosis

Twenty-five persons died from various forms of tuberculosis during the year, 19 being pulmonary and six non-pulmonary, giving death rates of 0·074 and 0·023 respectively, a total of 0·097 for all forms. The provisional national rate for all forms of tuberculosis is 0·048 per 1,000 population.

Marriages

2,098 marriages took place during the year, representing a marriage rate of 16·30 per 1,000 population, compared with 16·27 in 1964.

Street Accidents

During the year 2,938 street accidents occurred, an increase of 519 as compared with 1964 and a as result, 1,332 persons were injured, and 34 died. The total included 253 accidents to children under 15 years of age, ten of which were fatal.

	Under 5 years		5-9 yrs.		10-15 yrs.		Total	
	1964	1965	1964	1965	1964	1965	1964	1965
Killed ..	1	2	3	6	—	2	4	10
Injured ..	74	74	122	116	63	63	259	253

Cremation

During 1965, there were 3,600 cremations carried out in the City, 304 more than last year. Of the cremations performed, 1,652 were in respect of Newcastle residents, this figure being 46% of the total.

The percentage of city residents who died in 1965 and were cremated was 49.

The Medical Referee required 25 post-mortem examinations as compared with 16 in 1964, 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.

NORTH EAST REGIONAL AIRPORT—HEALTH CONTROL

The companies using the North East Regional Airport, Woolsington were slightly busier than in the previous year. There were 317 landings from the Continent, 42 more than in 1964, and of those passengers landing, 2,234 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 1965 was colder and wetter than in the previous year. Hours of sunshine in the City averaged three per month less: the rainfall was 0·59 inches more than in 1964. July was the warmest month, January and December the coldest.

The following table includes the sunshine records taken at the Newcastle upon Tyne University, 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 1965

Month	Sunshine Hours				Rainfall and Temperatures Jesmond Dene		
	N'cle. University	Hexham	Cockle Park	Gateshead	Rainfall (inches)	Mean Max. Temp. °F.	Mean Min. Temp. °F.
January ..	54.9	43.50	60.4	58.3	2.56	41.74	32.42
February ..	33.6	26.92	36.3	35.0	0.93	43.12	35.30
March ..	82.9	108.00	92.3	96.2	2.37	45.96	32.94
April ..	126.0	136.50	166.7	159.0	2.27	53.46	38.26
May ..	112.8	97.75	142.0	140.7	2.86	57.84	43.93
June ..	145.1	159.50	178.4	180.2	1.19	64.64	49.51
July ..	69.4	85.00	102.3	90.7	2.84	60.96	49.79
August ..	105.5	141.75	142.9	161.4	2.08	64.00	50.60
September	63.2	81.50	74.0	69.7	5.69	56.22	48.96
October ..	76.0	83.00	84.8	87.5	1.26	56.02	44.04
November	54.4	43.00	59.6	59.9	5.89	42.97	34.64
December	30.9	39.50	59.2	61.9	2.14	41.80	32.42
Totals ..	954.7	1045.92	1198.9	1200.5	32.08	—	—
Averages ..	79.6	87.16	99.9	100.0	2.67	52.40	41.07
1964 Averages	89.9	103.33	103.6	99.3	1.58	54.31	41.62

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 175).

Sewerage

There are 473·03 miles of sewers in the City, discharging directly into the River Tyne at various points along the 8½ miles of river frontage.

The Working Committee as to Tyneside Sewage Disposal has drafted an Order which has been formerly submitted to the Minister of Housing and Local Government. It is considered likely that this Order will be approved in 1966.

Cleansing and Scavenging

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

Social Conditions

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.

Date	Males	Females	Total
11th January, 1965	2,132	448	2,580
6th December, 1965	2,062	353	2,379

Inhabited Houses

There were 86,481 inhabited houses which, on the estimated population, showed an average of 3·0 persons per dwelling.

Rateable Value

A penny rate produced £48,500, the gross rateable value being £12,234,118 compared with £12,184,536 in 1964.

Vital Statistics of Whole City during 1965 and previous years

Year	Population estimated Mid-Year	Live Births			Total Deaths Registered in the City	Transferable Deaths		Net Deaths Belonging to the City			
			Net					Under 1 Year of Age		At all Ages	
		Uncorrected Number	Number	Rate	Number	of Non-residents registered in the City	of Residents not registered in the City	Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12
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
1963	263,360	5,987	4,700	17.8	4,406	1,329	253	105	22	3,413	13.0
1964	260,750	5,602	4,516	17.3	4,151	1,215	240	113	25	3,176	12.2
1965	257,460	5,661	4,456	17.3	4,521	1,402	271	112	25	3,390	13.2

§Calculated on a population of 282,000.
*Civilians only.
†Rates calculated on a population of 291,025.
‡Death-rate calculated on a population of 283,200.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1965

(REGISTRAR GENERAL'S RETURN)

Causes of Death	Sex.	All ages	under four weeks	Four weeks and under 1 year	Age in Years								
					1–	5–	15–	25–	35–	45–	55–	65–	75 and over
1—Tuberculosis, respiratory	M.	16	—	—	—	—	—	—	2	1	5	6	2
	F.	3	—	—	—	—	—	—	1	1	1	—	—
2—Tuberculosis, other forms	M.	3	—	—	—	—	—	1	—	—	2	—	—
	F.	3	—	—	—	—	—	—	—	1	1	1	—
3—Syphilitic disease ...	M.	6	—	—	—	—	—	—	—	1	1	2	2
	F.	2	—	—	—	—	—	—	—	—	—	—	2
4—Diphtheria	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
5—Whooping cough ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
6—Meningococcal infections ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	1	—	1	—	—	—	—	—	—	—	—	—
7—Acute poliomyelitis	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
8—Measles ...	M.	1	—	—	—	1	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
9—Other infective and parasitic diseases	M.	3	1	1	—	—	—	—	—	—	1	—	—
	F.	5	—	—	—	—	1	—	1	—	1	—	2
10—Malignant neoplasm, Stomach ...	M.	46	—	—	—	—	—	—	—	5	11	20	10
	F.	41	—	—	—	—	—	1	—	3	9	17	11
11—Malignant neoplasm, lung, bronchus	M.	185	—	—	—	—	—	—	6	30	60	70	19
	F.	25	—	—	—	—	—	—	2	4	6	8	5
12—Malignant neoplasm breast ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	58	—	—	—	—	—	1	7	6	17	16	11
13—Malignant neoplasm, uterus ...	F.	20	—	—	—	—	—	—	2	1	3	10	4
14—Other malignant and lymphatic neoplasms ...	M.	152	—	—	—	—	1	4	8	10	31	55	43
	F.	150	—	—	2	—	1	1	4	16	37	44	45
15—Leukaemia, aleukaemia	M.	5	—	—	—	1	2	—	—	—	—	—	2
	F.	7	—	—	—	1	—	1	—	1	—	1	3
16—Diabetes ...	M.	10	—	—	—	—	—	—	1	2	2	2	3
	F.	21	—	—	—	—	—	—	1	—	1	9	10
17—Vascular lesions nervous system	M.	215	—	—	—	—	—	—	2	4	29	77	103
	F.	253	—	—	—	—	—	1	—	16	21	69	146
18—Coronary disease, angina	M.	431	—	—	—	—	—	1	13	45	129	133	110
	F.	295	—	—	—	—	—	—	4	13	38	108	132

Causes of Death at different periods of life for 1965—*continued*

Causes of Death	Sex.	All ages	Under four weeks	Four weeks and under 1 year	Age in Years 1–	5–	15–	25–	35–	45–	55–	65–	75 and over
19—Hypertension with heart disease ...	M.	22	—	—	—	—	—	—	—	2	3	7	10
	F.	26	—	—	—	—	—	—	—	—	2	6	18
20—Other heart disease ...	M.	90	—	—	—	—	1	—	1	3	16	19	50
	F.	149	—	—	—	—	1	—	2	7	10	30	99
21—Other circulatory disease	M.	65	—	—	—	—	—	—	—	6	4	18	37
	F.	84	—	—	—	—	—	1	2	2	6	25	48
22—Influenza ...	M.	4	—	—	—	—	—	—	1	—	—	3	—
	F.	3	—	—	—	—	—	—	—	—	1	—	2
23—Pneumonia	M.	88	2	5	—	—	1	—	1	6	11	24	38
	F.	103	2	4	1	—	—	—	—	4	4	18	70
24—Bronchitis	M.	185	—	—	—	—	—	—	—	12	53	59	61
	F.	78	—	—	—	1	—	—	—	3	8	20	46
25—Other diseases of respiratory system ...	M.	16	—	1	—	—	—	—	—	1	5	5	4
	F.	17	—	—	—	—	—	—	—	2	2	4	9
26—Ulcer of stomach and duodenum	M.	10	—	—	—	—	—	—	1	—	4	3	2
	F.	11	—	—	—	—	—	—	—	2	1	1	7
27—Gastritis enteritis and diarrhoea ...	M.	7	2	1	—	—	—	—	—	—	—	1	3
	F.	9	—	3	—	—	—	—	—	—	1	—	5
28—Nephritis and nephrosis	M.	8	—	—	—	—	—	1	1	—	3	2	1
	F.	7	—	—	—	—	—	—	—	—	2	2	3
29—Hyperplasia of prostrate ...	M.	13	—	—	—	—	—	—	—	—	—	2	11
30—Pregnancy childbirth, abortion ...	F.	2	—	—	—	—	—	—	2	—	—	—	—
31—Congenital malformations	M.	15	11	1	—	1	1	—	—	1	—	—	—
	F.	8	4	3	—	—	—	—	—	—	1	—	—
32—Other defined and ill-defined diseases ...	M.	117	29	2	—	3	1	2	4	8	18	26	24
	F.	133	29	2	1	—	2	1	2	7	11	36	42
33—Motor vehicle accidents ...	M.	36	—	—	3	6	1	4	3	7	4	3	5
	F.	11	—	—	1	1	2	1	1	—	1	4	—
34—All other accidents ...	M.	48	—	3	3	1	3	6	4	6	7	3	12
	F.	43	—	5	—	2	—	1	1	4	1	5	24
35—Suicide ...	M.	13	—	—	—	—	2	1	5	2	2	1	—
	F.	12	—	—	—	—	—	1	3	1	1	6	—
36—Homicide and operations of war ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
All causes ...	M.	1,810	45	14	6	13	13	20	53	152	401	541	552
	F.	1,580	35	18	5	5	7	10	35	94	187	440	744

Total deaths during recent years from certain classes of disease.

	Nervous System	Circulatory	Respiratory	Digestive	Non-Natural 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	74	149
1963 ..	472	1,249	446	62	167
1964 ..	422	1,135	418	64	161
1965 ..	469	1,162	494	52	161

CANCER DEATHS AND DEATH RATES FROM 1939

AND DEATHS FROM CANCER OF RESPIRATORY ORGANS SHOWING AGE AND SEX DISTRIBUTION

	Total Number of Cancer Deaths	Death Rate per 1,000 Population	RESPIRATORY ORGANS ONLY									
			Males					Females				
			Under 25	25-44	45-64	Over 65	Total	Under 25	25-44	45-64	Over 65	Total
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	5	58	30	98	—	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
1963	688	2.61	—	7	95	81	183	—	1	11	15	27
1964	656	2.52	—	2	102	68	172	1	3	17	20	41
1965	689	2.68	—	6	90	89	185	—	2	10	13	25

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES 1965

	Newcastle upon Tyne	Gateshead	South Shields	Sunderland	Tynemouth	Northumberland	Durham
Registrar General's estimated population ..	257,460	101,560	108,450	188,340	72,280	498,430	974,860
Comparability factor :							
(a) Births	1.00	0.97	0.98	0.94	0.98	1.01	0.98
(b) Deaths	1.08	1.14	1.17	1.22	1.09	1.02	1.18
Crude birth rate per 1,000 population	17.31	18.88	17.73	18.59	19.71	16.13	18.1
Birth rate as adjusted by factor	17.31	18.24	17.37	17.47	19.32	16.29	17.7
Crude death rate per 1,000 population ..	13.17	12.82	12.10	11.10	12.18	12.38	11.4
Death rate as adjusted by factor	14.22	14.62	14.15	13.54	13.28	12.62	13.5
Illegitimate live births per cent. of total live births	9.5	6.2	7.5	6.1	6.4	4.5	4.9
Infant mortality rate per 1,000 live births ..	25.13	17.79	21.29	27.70	20.00	16.05	20.57
Neonatal mortality rate per 1,000 live births ..	17.95	12.55	14.02	19.99	13.58	12.07	14.1
Perinatal mortality rate per 1,000 total births ..	29.41	25.74	29.11	36.89	29.47	27.60	30.7
Stillbirth rate per 1,000 total births	14.81	15.96	16.35	21.24	18.24	16.88	18.9
Maternal mortality rate per 1,000 total births	0.44	—	0.50	—	—	0.24	0.22
Tuberculosis rates per 1,000 pipulation :							
Primary Notification :							
(a) Respiratory	0.55	0.68	0.51	0.43	0.29	0.36	0.26
(b) Non-Respiratory	0.12	0.14	0.07	0.09	0.07	0.06	0.05
Deaths :							
(a) Respiratory	0.07	0.09	0.11	0.07	0.04	0.03	0.07
(b) Non-Respiratory	0.02	0.01	0.01	0.01	0.01	0.00	0.01
Death Rates per 1,000 population from :							
Cancer :							
all forms (including Leukaemia and Aleukaemia)	2.68	2.68	2.56	2.25	1.64	2.22	2.03
Lungs and Bronchus only	0.82	0.80	0.79	0.62	0.72	0.50	0.48
Meningococcal Infections	0.00	—	0.02	0.00	—	0.00	0.00
Whooping Cough	—	—	—	—	—	—	0.00
Influenza..	0.03	0.04	0.05	0.03	0.07	0.03	0.03
Measles	0.00	—	—	—	—	0.04	0.00
Acute Poliomyelitis and Encephalitis ..	—	0.01	—	—	—	—	—
Diarrhoea (under two years)	0.02	0.01	0.02	0.01	—	0.00	0.01
Diarrhoea (under two years) per 1,000 live births	1.35	0.52	1.04	0.57	—	0.25	0.74

(— indicates no deaths).

II—NATIONAL HEALTH SERVICES ACTS

MATERNAL AND CHILD HEALTH AND NURSING SERVICES

(Dr. S. M. Livingston, Child Welfare Medical Officer
and
Miss F. E. Hunt, Chief Nursing Officer)

During the last few years there has been a much closer relationship between the family doctor and the local authority nursing staffs. Many family doctors are holding their own ante-natal clinics in local authority premises, with the midwives and health visitors in attendance, and more and more doctors are asking for health visitors to be attached to their practices, and more recently district nurses. There is no doubt that this is the trend for the future and the integration between Parts III and IV of the National Health Service is becoming a fact. It is not only the family doctors with health visitor or district nurse attachments who appreciate their value but the general practitioners as a whole seem to be much more aware of the services which the local health authority can offer and consequently co-operation is much greater.

The picture as regards infant deaths and stillbirths for 1965 come pares quite favourably with previous years. There was one death fewer in 1965 than in 1964 but as there were fewer births there is little change in the infant mortality rate. The number of stillbirths however was appreciably smaller—67 compared with 83 in 1964, so the perinatal mortality rate is lower that it has ever been. The causes of infant deaths fall into very few categories. Diseases of early infancy accounted for one third of the total deaths and the majority of these were in the first week of life. Prematurity accounted for just over a fifth. There were nine accidental deaths, most due to inhalation of vomit, and ten deaths from pneumonia, all between the middle of January and May.

The scheme whereby babies born with congenital abnormalities detectable at birth are notified to the Registrar General continued throughout 1965. There were 63 such babies compared with 45 in 1964. Most of these babies are born in hospital and apart from occasional delays in the return of completed forms because of changing hospital medical personnel the scheme has worked well. All babies born in Newcastle with congenital malformations are notified to this department and the completed forms S.D.56 returned to this department whence those for babies born outside the City are passed to the Medical Officer of Health concerned.

There were 520 babies born during the year who were considered to be "at risk" who will be watched carefully by health visitors and clinic medical officers, too, if the mothers can be persuaded to bring the children to the clinic.

In April two cervical cytology clinics were started—one to serve the East End of the city and one for the West end. At first the requests for appointments were comparatively few and although a weekly clinic was required in the West End, one clinic a month was all that was needed at the East End centre. However, by the end of the year the numbers were increasing and more sessions were arranged.

Two new combined clinics for School Health and Maternity and Child Welfare were opened during the year—both sponsored by the Local Education Authority. The first one at Atkinson Road opened in April and the second—of similar design—opened in October at Ravenswood Road, Heaton. Although the building to replace the maternity and child welfare clinic at Wharncliffe Street was hardly at the planning stage the old building had to be demolished to make way for new development and the clinic moved temporarily, in November, into St. Stephen's Church Hall, Clumber Street.

STATISTICAL INFORMATION

Births

Of the 4,456 city births notified, 3,294 (74%) occurred in hospitals, nursing homes, etc., as shown below:—

Hopedene Maternity Home	99
Princess Mary Maternity Hospital	830
Newcastle General Hospital	1,303
Hexham Hospital	178
The Green, Wallsend	611
Ashleigh, Gosforth	54
Willington Quay Maternity Home	63
Preston Hospital, North Shields..	134
Queen Elizabeth Hospital, Gateshead	7
Others	15

ATTENDANCES AT LOCAL AUTHORITY ANTE-NATAL AND POST-NATAL CLINICS

(1)	Number of women who attended during the year (2)		Number of new patients who attended during the year (3)		Total Number of attendances made by women included in col. (2) during year (4)		Average sessional attendances (5)
	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal
1965 ..	971	23	655	23	3,359	23	4
1964 ..	1,209	40	783	40	4,277	40	7

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 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)
1965	11,971	3,604	420	3,231	7,823	47,092	27,667	41
1964	11,620	3,598	463	3,393	7,431	48,324	27,397	41

Reference for Consultant Advice

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

Newcastle General Hospital	74
Royal Victoria Infirmary	42
Fleming Memorial Hospital	2
Sanderson Orthopaedic—City Road ..	29
Percy Hedley School for Spastics	1
Hearing Assessment Clinic—City Road ..	18
Speech Therapy—City Road	17
Total	183

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

Blind and partially sighted	—
Eye defects (squints)	220
Other eye defects	31
Deaf and partially deaf	22
Mentally backward	43
Epileptic	10
Spastic	11
Congenital defects .. .. (including congenital heart, hare lip, cleft palate, spina bifida, meningocele etc.)	114
Orthopaedic	178
Speech Defects	27
Eczema	19
Asthma	2
Other conditions	60
	737

Welfare Foods

The "take up" of cod liver oil at child welfare centres was slightly smaller than in 1964 but this was more than offset by the amount of proprietary Vitamin D preparations bought. There was an overall increase in the amount of Vitamin C preparations taken.

The amount of National Dried Milk taken up was less than in 1964 but this was again due to the fact that there was a choice of dried milk and more proprietary foods were bought.

	National Dried Milk	Cod Liver Oil	Vitamin A & D Capsules	Orange Juice
Paid	82,997	3,396	3,388	44,985
Free	16,799	1,505	415	7,553
At 4/-d	1,380	—	—	—
Day Nurseries	44	304	—	468
Total	101,220	5,205	3,803	53,006

Cash received — £13,586.

PLAY THERAPY AND CLINIC PLAY GROUPS

The play therapy classes in child welfare clinics continue to serve a useful purpose. Enquiries from health visitors and doctors for places are constant and vacancies within the two groups at Blakelaw and East End clinics are quickly filled. Most of the children who regularly attend the classes naturally live locally but several children make journeys involving two buses.

Problems continue to be many and varied. It is interesting to note that as many problems arise from over-indulgence and over-protection by parents as from neglect. Several children attend with speech difficulties before being referred for speech therapy classes. Some behaviour difficulties arise from frustration due to lack of playing facilities for children living in flats. Occasionally behaviour problems arise out of a physical problem, *e.g.*, one boy attending East End class is a thalidomide baby—he has short, deformed arms and hands with fingers missing. He is an intelligent boy who becomes very frustrated when he cannot do the things he sees others doing and the result is either temper or self-pitying behaviour. This little boy can be given considerable help before school age; he is learning to adapt and now plays happily with the play therapy group.

Play groups for toddlers during child welfare sessions continue to be appreciated particularly by health visitors who have requested

this service at more clinics. The closing of Wharncliffe Street Clinic during the year made it possible to transfer a supervisor for one welfare session to St. Anthony's Clinic and for one session to Fawdon Sewing Class and these are very well supported. Statistics for the year are as follows:—

	Blakelaw	East End
No. of sessions	51	51
Cases continued from 1964 ..	16	14
New cases	11	18
Total attendance	413	422

DAY NURSERIES

The demand for nursery places and attendances has been high during 1965. There is an increasing demand for places from students at the university or at technical colleges. Young people are marrying at an earlier age than has been the custom in the past and it is not unusual for students to marry while still at college and often start a family before they are qualified. It seems a pity for them not to complete this training because even if they do not immediately make use of it many of these girls may make useful teachers when their children are older and do not require their full attention. Where possible the babies have been accommodated in day nurseries but in some of these cases it seems that it is more an education problem than a health or social problem, and the setting up of chrêches attached either to the University or the Colleges would appear to be the right solution.

During the year 626 people attended for interview: 418 places were offered and of these 344 were admitted: 351 were discharged and 311 individual children attended as casuals.

Specially assessed cases during the year totalled 81 and of these 59 were discharged. At the end of December 1965, 22 children were attending at special rates.

There were 20 physically and mentally handicapped children attending the nurseries during the year, nine of these being over five years of age.

Visitors to the Day Nursery Service during 1965 have been as follows:

124 Girl Guides
110 Schoolgirls (11 groups)—School visits to Industrial Undertakings
14 groups—Royal Victoria Infirmary Preliminary Training School
2 groups—Cadet Nurses from Hexham General Hpsoital
4 groups—Student Nurses from Walkergate Hospital
26 Student nurses from the Fleming Memorial Hospital
6 District Nurses
15 Overseas students
6 groups—Health visitor students
1 Sociology student
1 Dietetic student
4 others

DAY NURSERIES

Nursery	Total Capacity	Children on Register 31.12.65	Children on Register during the year	No. of attendances		Total Attendances	Average daily Monday–Friday	Admissions during year	Discharges during the year	Casual users No. of ½ day attendances
				0-2 yrs	2-5 yrs					
Willow Avenue...	50	45	114	1940	6917	8857	35	65	69	916
Renwick Street ...	50	49	129	1974	5492	7466	30	86	80	1259
Woodland Cresc.	25	22	65	1452	3226	4678	19	37	43	246
West Parade ...	50	46	138	2461	6918	9379	37	86	92	1088
Gosforth Street ...	50	51	116	2454	7470	9924	39	68	65	925
Total	225	213	562	10281	30023	40304	160	342	349	4434

Figures below show the total number of children in the Nurseries at the end of 1965 and the reason for their admission.

Father in Prison	1
Unmarried mothers	41
Widows	15
Separated or divorced	60
Mother ill	16
Father ill	3
Financial	13
Waiting list at 31.12.65— West Parade	8
— Gosforth Street ...	1
Special recommendations:	
Confinements	7
Difficult child	1
Health visitors, doctors, etc.	44
Teachers	3
Teachers' Training Course	5
Students	4

Nursery and Child Minders Regulation Act, 1948

Inquiries were frequent throughout the year from people who were considering child minding. Not all were suitable and could often be dissuaded from applying for registration but nevertheless registrations are increasing. These groups serve a useful purpose, taking the place, to a certain extent, of nursery schools, of which there are very few. At the end of the year there were eight premises and 13 persons registered under the Nursery and Child Minders Regulation Act responsible for 183 and 140 children respectively.

The registered premises are in general run by people either with qualifications or a good deal of experience in child care, and these premises have been bought or rented specifically for this purpose. The registered child minders in most cases are unqualified people who are looking after children in their own homes, having given up one or two rooms for this.

Nursing Homes

There were five nursing homes registered in the City at the end of the year, providing 15 maternity beds and 121 beds for other cases.

All the nursing homes were visited by medical and nursing officers at least once during the year. One of the homes, previously exempt from registration, though inspected regularly, has now been registered. The standards of all are reasonably good and they provide good care and attention for their patients.

IMMUNOLOGY

There was quite a fall in numbers of primary vaccinations of preschool children in 1965 but this is really a false picture as in 1964 the usual number of infants vaccinated was almost doubled because of the policy in 1963 not to vaccinate before a baby was a year old. The total of revaccinations was much higher because a large number of school children accepted revaccination.

The number of children protected against diphtheria, pertussis and tetanus is very much the same as in the previous year but the figures for poliomyelitis vaccination are appreciably greater and many more fourth doses were given. This was as as a result of the outbreak of poliomyelitis in Blackburn in the late summer, with contacts in South Shields and Gateshead, and to meet the demand

for vaccination a mobile unit was set up in the City Centre on Saturdays. Health visitors were available during weekdays at child welfare clinics to give oral vaccine.

SMALLPOX VACCINATION

NUMBER OF INDIVIDUALS SUCCESSFULLY VACCINATED AGAINST SMALLPOX
(1964 figures in brackets)

	Under 1 year	1—4 years	5—14 years	Over 15 years	Total
Clinics					
Primary ..	23 (60)	529 (858)	38 (4)	25 (30)	615 (952)
Re-vaccination ..	—	3 (3)	3,287 (6)	75 (96)	3,365 (105)
Private Practitioners					
Primary ..	79 (253)	371 (339)	32 (25)	46 (76)	528 (693)
Revaccinations ..	—	9 (16)	50 (29)	132 (168)	191 (213)
Total					
Primary ..	102 (313)	900 (1,197)	70 (29)	71 (106)	1,143 (1,645)
Revaccina-	—	12 (19)	3,337 (35)	207 (264)	3,556 (318)

DIPHTHERIA IMMUNISATION

NUMBER OF CHILDREN WHO COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION BETWEEN 1ST JANUARY 1951 AND 31ST DECEMBER 1965

Age on 31.12.65 (*i.e.* Born in year)	Under 1 year 1965	1—4 years 1964/1961	5—9 years 1960/1956	10—14 years 1955/1951	Under 15 years Total
A. Number of children whose last course (Primary or Booster) was completed 1961/1964	1,163	11,644	16,151	12,560	41,518
B. Number of children whose last course (Primary or Booster) was completed in 1960 or earlier	—	—	3,769	14,877	18,646

DIPHTHERIA IMMUNISATION

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR RE-IMMUNISATION (1964 figures in brackets)

	Under 5 years	Over 5 years	Total
Primary Immunisation			
Clinics	2,189 (2,162)	1,561 (1,603)	3,750 (3,765)
Private Practitioners ..	819 (1,087)	13 (38)	832 (1,125)
Re-Immunisations			
Clinics	1,694 (1,706)	2,338 (2,666)	4,032 (4,372)
Private Practitioners ..	487 (458)	175 (2,217)	662 (679)
Totals			
Primary	3,008 (3,249)	1,574 (1,641)	4,582 (4,890)
Re-Immunisations ..	2,181 (2,164)	2,513 (2,887)	4,694 (5,051)

Number of children under 15 years protected against Diphtheria, Whooping Cough and Tetanus are as follows:—

PRIMARY IMMUNISATIONS

Diphtheria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus
49	2,972	1,561	329	4,582	2,972	4,862

RE-IMMUNISATIONS

Diphtheria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus	Quadrillin
27	1,579	3,086	369	4,694	1,581	5,036	2

Number of persons inoculated against Typhoid:

Typhoid—Primary: 463 Re-immunisations: 10

ORAL POLIOMYELITIS VACCINATION
NUMBER OF INDIVIDUALS WHO RECEIVED (THREE DOSES) OR BOOSTER DOSE
JANUARY—DECEMBER, 1965

Completed Primary Course (3 doses)	Under Five	School Children	Aged 16—24 years	Aged 25—39 years	Expectant Mothers	40+	Total
M. & C. W. Clinics ..	2,808	94	146	1,084	—	161	4,293
School Children ..	—	774	130	875	—	—	1,779
G.P.'s Surgeries ..	886	33	154	166	—	133	1,352
Mobile Unit, Eldon Square	—	—	—	—	—	—	—
Medical Room, Civic Centre	—	—	17	46	—	—	63
Outside firms ..	—	—	56	105	—	208	369
Hospitals	—	—	62	4	—	24	90
Total	3,674	901	565	2,280	—	526	7,946
Completed fourth doses							
M. & C.W. Clinics ..	4,111	3,962	656	8,205	4	—	16,938
School Children ..	—	3,797	1,558	2,525	—	—	7,880
G.P.'s Surgeries ..	442	660	239	228	2	48	1,619
Mobile Unit, Eldon Square	98	494	1,721	970	—	264	3,547
Medical Room, Civic Centre	—	—	116	249	—	—	365
Outside firms ..	—	—	13	19	—	—	32
Hospitals	—	—	2	37	—	—	39
Total	4,651	8,913	4,305	12,223	6	312	30,420

MIDWIFERY

The midwifery establishment is 45 and the number of staff at the end of December, 1965, was 35. Nine are trained in premature infant nursing.

Mrs. M. L. Marshall, Non-Medical Supervisor of Midwives, retired in September after 31 year's service with this Authority and her Deputy, Miss L. E. Stott, was appointed to succeed her. Miss M. E. Jackson, was appointed to the post of Deputy Non-Medical Supervisor of Midwives in November, with special responsibility for paediatric nursing.

The number of domiciliary births continued to decrease—1,122 in 1965 compared with 1,331 in 1964. Approximately 620 homes were assessed by the midwives for patients being discharged 48 hours after delivery. This was an increase of 54 over the previous year.

Although the trend is still towards hospital confinement the midwife's work in the field of ante-natal care is increasing. There were approximately 75 clinic sessions monthly, when the general practitioner and midwife worked together in Local Authority premises. The midwife assisted the doctor in his surgery at 30 sessions monthly and held clinics alone in Local Authority premises at 26 monthly sessions. There has been increased interest in classes for expectant mothers and there are now eight held in various parts of the City with midwives and health visitors working together.

DOMICILIARY CONFINEMENTS

	1960	1961	1962	1963	1964	1965
Population ..	268,970	267,230	267,090	263,360	260,750	257,460
Home Confinements ..	2,025	1,760	1,717	1,416	1,331	1,131
Prem. Babies born at home ..	91	87	85	83	57	55
†Early Discharges	1,848	896	963	1,482	1,586	2,112
No. of Dom. Midwives ..	42	37	37	36	36	35
*No. of Dom. Confinements per Midwife ..	59	54	53	50	48	47

† In 1961 the definition of an early discharge was changed from before the fourteenth day to before the tenth day.

* For the purpose of this calculation, four early discharges count as one domiciliary confinement.

SUMMARY OF MUNICIPAL MIDWIVES' WORK

No. of ante-natal visits	No. of post-natal visits	No. of clinic visits	NUMBER OF BIRTHS				No. c Nursi
			Doctor not Booked		Doctor Booked		
			Doctor present at time of delivery	Doctor not present at time of delivery	Doctor present at time of delivery*	Doctor not present at time of delivery	
1965 21,826	2,106	4,515	1	26	217	884	50,83
1964 22,706	3,616	4,504	4	31	304	989	50,87

* Either booked doctor or another

Early discharges from hospital

0—3 days	616	Total—2,112
4—6 days	682	
Others	814	

Premature Infants Nursed at Home

Fifty-five premature infants were born at home—47 alive and eight stillborn. Thirty-three were nursed at home and fourteen admitted to hospital.

Weight	Total	Survived 28 days	Died
Up to 2lb. 3oz.	1	—	1
2lb. 3oz. to 3lb. 4oz. ..	—	—	—
3lb. 4 oz. to 4lb. 6oz. ..	1	1	—
4lb. 6oz. to 4lb. 15oz. ..	11	10	1
4lb. 15oz. to 5lb. 8oz. ..	20	20	—
Total	33	31	2

The weights and age groups of babies who died at home were:—

Age	Under 2lb 3oz.	2lb. 3oz 3lb. 4oz.	3lb 4oz- 4lb 6oz	4lb 6oz- 4lb 15oz.	4lb 15oz- 5lb 8oz
Within 24 hours ..	1	—	—	1	—
2 to 7 days	—	—	—	—	—
8 to 28 days	—	—	—	—	—

One hundred and sixty premature infants were born in hospital and eventually nursed by the Premature Infant Midwives on discharge home.

FAMILY PLANNING

Family planning advice can be regarded as an important part of social medicine and health education and this advice has always been readily available to mothers who needed it to safeguard their own health or that of their families. Arrangements can be made either by clinic medical officers or by health visitors for a mother to obtain free advice and appliances from the Family Planning Association clinic. In recent years there has been a scheme organised by the senior medical officer of the Family Planning Clinic in conjunction with the local health authority to give a free domiciliary family planning service to mothers, who perhaps through ingorance and fecklessness, but also because their families are too large for them to cope with, have brought themselves down to the problem family level or potentially so. They have been visited in their homes at first, but now many have come to appreciate the service so much that in general they can be relied on to attend a clinic and carry on with treatment. This is a very valuable service to problem families and though costly is proving well worth while. The Family Planning Associstion branch in Newcastle has appreciated this, and though a large part of the expenditure has been provided by the local health authority grant, the Association has borne part of the cost so far.

NURSING SERVICES

General Practitioner Links

Further requests from general practitioners resulted in four health visitors and four district nurses being attached to group practices. In all, five district nurses and seven health visitors were so working at the end of 1965, and in four group practices both a health visitor and a district nurse were attached. This attachment scheme has resulted in all members of the group working very closely together to their mutual advantage.

General Practitioners using L.H.A. Clinics for their patients :—	
For ante-natal care + L.H.A. Midwife	21 groups (33 G.P.s.)
For Child welfare + L.H.A. Health Visitors ..	None
General Practitioners conducting L.H.A. ante-natal clinics	2
General Practitioners using own surgeries :—	
for ante-natal care + L.H.A. Midwives	8 groups (27 G.P.s.)
for child welfare + L.H.A. Health Visitors ..	5 groups (19 G.P.s.)
Health Visitors attached to General Practitioners ..	7
Total General Practitioners in these practices ..	24

Midwives attached to General Practitioners	None
District Nurse attached to General Practitioners	5
Total General Practitioners in these practices ..	21
General Practitioners with main surgery premises in the City	
(a) on the Local Executive Council General list ..	117
(b) on the Obstetrical list	107

Refresher Courses

During the year eight district nurses, seven midwives and six health visitors attended courses in various parts of the country. All nurses on return gave a resume of the course to their colleagues, pointing out the controversial and interesting issues.

Regular in-service training continues in the various sections, with the speakers chosen at the request of the field staff.

Students

Following the usual pattern, 320 student nurses from the various hospitals within the City have visited with members of the nursing staff. An increasing amount of time and effort is spent with the student nurse showing her some of the existing social conditions, in order to improve the patient/nurse relationship in hospital.

Surveys

Health visitors are still continuing with the Development Survey in conjunction with the Princess Mary Maternity Hospital and the Child Health Department of the Royal Victoria Infirmary. This Survey is now in its sixth year.

The Ministry of Health asked for the help of the district nurse in an investigation of district nursing. This entailed detailed descriptions of their daily work during two quarters of the year and the results, not yet available, should be of interest to the service.

Car Allowances

In 1965 the extension of the scheme attaching nursing staff to general practitioners in group practice was only made possible by an increase in the number of car allowances to health visitors. The remainder, who are not attached to general practitioners, are covering wider geographical areas and it is therefore essential that they should be fully mobile.

HEALTH VISITING

The staffing position for health visitors showed slight improvement over the 1964 figures. There were 45 health visitors and three part-time health visitors employed at the end of 1965, assisted by three state registered nurses.

Two health visitors, who were appointed as group advisers, began their new duties, with special responsibilities for health education. They retained a small case load and are assisting newly qualified health visitors when first appointed. The health visitors have co-operated with the group advisers in the field of health education. Some excellent displays were mounted in the clinics to augment and emphasise the talks given during the year. It is not always easy to find prepared material to illustrate certain themes and much ingenuity and artistic effort have been shown by the nursing staff.

For the third year a health visitor has attended the Diabetic Clinic at the Newcastle General Hospital. In addition to advising new patients at the clinic she has visited others in their own homes giving advice and encouragement and testing urine samples of all members of the family.

Hearing Assessment Sessions which were started by the health visitors in clinic premises at the end of 1964 developed rapidly. Whereas 80 assessments were made in 1964 there were 932 carried out during 1965.

The mothers clubs continued with very varied programmes and a very successful group was formed at the Atkinson Road Centre, opened during the year.

The state registered nurse working in the medical room of the Civic Centre has had a busy year as the figures demonstrate—of 792 patients treated 36 were visitors to the Civic Centre. In addition to 854 medical examinations, 782 polio vaccinations, 73 smallpox vaccinations and 12 T.A.B. vaccinations were carried out.

Home visits paid by the health visitors were :—

	1965	1964
Births and Children under 1 year	19,905	23,170
Children over 1 year	56,986	68,608
Infectious Diseases (other than T.B.)	164	177
Expectant Mothers	1,087	1,085
Aged Persons	16,389	14,405
Tuberculosis Cases	365	447
Tuberculosis Contacts	1,113	933
Hospital Cases	85	94
Special Visits	2,243	1,736
Housing	102	119
Venereal Diseases—Contacts	278	367
Home Accidents	24	9
Sanitary Defects	21	15
Totals	98,762	111,174
No. of Households Visited	15,539	17,902

In addition to the total shown there were 19,490 ineffective visits compared with 20,581 in 1964.

Health Visitor Training School

This school which was established in Newcastle upon Tyne by the Health Department in 1930 was transferred to the Local Education Authority in July, 1965.

The 18 students of the 1964/65 Course sat the health visitor's examination of the Royal Society of Health and 17 were successful, including three students sponsored by Newcastle upon Tyne.

Miss Hannon, the health visitor seconded to take the health visitor tutor training, returned in June from the Royal College of Nursing in London, having passed her examination.

The Council for the Training of Health Visitors was appointed in 1962 to supervise health visitor training. A new syllabus was issued which emphasised the importance of supervised field work. A new appointment of Feild Work Instructor was established; four were appointed in Newcastle upon Tyne from the existing health visiting staff and they attended courses specially established for field work instructors.

Nine students were sponsored by Newcastle upon Tyne for the 1965/66 Course and commenced training in October, 1965, at the Municipal College of Commerce.

Ancillary Services

Home Advisers

The Home Advisers continued their good work with "problem families" with young children. Their work is largely supportive and great credit is due to them for their untiring patience and perseverance in the face of great difficulties and so few positively encouraging results. There are few of these families who reach the stage when they feel they can really cope alone, but the majority would probably fall much lower and cost the community a great deal more in material help and supportive services without the continuing help of the Home Adviser even though this may take the form of only a few hours help a week.

No. of new cases	11
No. of cases carried over from 1964	12
No. of cases carried over from 1963	3
No. of cases being assisted at end of year	12
No. of cases where home adviser was withdrawn during year ..	14
Reasons for withdrawal from above :—	
Unable to gain admittance	3
Refused to co-operate	4
Case to be left to social worker from hospital	1
Nothing achieved	2
Children taken into care	1
Able to cope	3
	14

Wardens

The four wardens have given excellent service during the year in the Fenham, Blakelaw, Heaton and St. Anthony's areas. By visiting regularly, they have given confidence and support to some of the older members of the community who live alone but need warden assistance in order to do so. The approximate number of old people being supervised by the four wardens was 70 and they received a total of 3,228 visits.

Liason Officer

An interesting development began in September when Mrs. Saeeda Ahmad, who had experience of social work in Pakistan was appointed as Pakistani Liaison Officer.

Initially she visited Pakistani and Indian families referred to her by health visitors and discussed their problems. Mrs. Ahmad worked closely with the health visitor and also made good contact with members of several departments in the Civic Centre.

She has also assisted the staff of the general hospitals and the chest clinics as well as the general practitioners.

In addition to home visiting she held regular meetings in an infant welfare centre for Pakistani and Indian women. At each session some aspect of health education was introduced and discussed and part of the time was spent in teaching the women simple basic English.

During the period September to December, Mrs. Ahmad was in contact with just over 100 Pakistani and Indian families with almost 200 children between them.

DISTRICT NURSING

The district nursing establishment is 49, and the number on the staff at the end of December was 46 full time and three part-time.

During the year the Catholic Women's League which had given excellent nursing service since 1912 regretfully decided that they could no longer continue. In November the patients and one nurse were transferred to the district nursing service.

Although the district nurses have telephones, doctors may find it difficult to contact a nurse when the Civic Centre is closed. With the willing co-operation of the ambulance service doctors have been able to record the request for a district nurse on the robophone. An average of four requests were made each weekend and the service has extended to cover national holidays.

Equipment. The issue of incontinence pads has increased from 100 pads per week in 1963 to over 600 in 1965. Great care is used in assessment of need and the most economical use of the pads.

Disposal of incontinence pads and other disposable equipment by burning in the patient's home occasionally presents difficulties. When it does, arrangements can be made (through the ambulance service) for collection and disposal by incineration. If appropriate, however, when burning at home is impossible (such as in new flats), wrapping and disposal in a polythene bag with other household refuse is the method used.

Laundry Service. In spite of the increased use of incontinence pads there is still need for a laundry service. Assistance was given to 57 patients in laundering sheets and draw-sheets. The amublance service undertook the transport.

The Ancilliary Services. The Night Sitter and Dressing Attendant Services, together with the Marie Curie Nursing Services, continued throughout the year to the benefit of the ill and handicapped patient and to the relief of their relatives.

Bath Orderlies

The establishment of bath orderlies is three males and nine females, showing an increase over the past year of one male and two females, thus relieving the district nursing service of all patients needing only a bath who are therefore not strictly nursing·cases. The demand for this service has steadily increased and the services of the bath

orderly are greatly appreciated. In addition the bath orderlies attend the Special Skin Clinic at Jubilee Road to give the necessary treatment.

	Female	*Male*
Total number of cases	388	110
Total number of baths given	9,158	2,442

District Nursing Training School

Two courses were held to train twenty students from Newcastle and five from neighbouring authorities.

Eighteen students were successful in their examination at the first attempt and two re-sat and passed at a later examination.

HOME NURSING

Type of Case	Cases brought forward from 1964	New Cases 1965					
		Total	Under 1 year	1-4 years	5-14 years	15-64 years	Over 65 years
Cardiac	161	309	1	—	—	68	240
Respiratory	31	213	2	2	2	86	121
Hemiplegia	93	249	—	—	—	32	217
Senility	62	204	—	—	—	1	203
Infectious Diseases	4	25	—	1	—	10	14
Tuberculosis	43	118	—	—	5	106	7
Diabetes	31	53	—	—	1	13	39
Accidents and Other Violence	43	226	—	10	9	68	139
Carcinoma	53	293	—	—	—	138	155
Genito-Urinary	25	149	5	1	8	61	74
Gynaecological and Post Obstetric	46	211	—	—	—	188	23
Breast Abscesses	—	13	—	—	—	13	—
Stomach and Intestinal Complaints	55	569	—	1	11	319	238
Skin Infections	34	150	2	4	8	83	53
Varicose Ulcers	53	73	—	—	—	27	46
Rheumatism	48	72	—	—	—	16	56
Other Diseases	79	304	—	1	9	195	99
Anaemia	225	220	—	—	—	84	136
Diseases of Early Infancy	—	1	1	—	—	—	—
Normal Infants	—	1	1	—	—	—	—
Totals	1,086	3,453	12	20	53	1,508	1,860

Cases Referred by :	*Number*
General Practitioners	3,161
Maternity and Child Welfare Department	4
Newcastle Hospitals :	
Newcastle General Hospital	160
Royal Victoria Infirmary	110
Walker Gate Hospital	6
Fleming Memorial Hospital	1
Other Hospitals	11
Total	3,453
Total Visits	141,443

LOAN EQUIPMENT

Equipment was issued to 2,090 patients:—

Blankets and Sheets	2,593
Pillows, etc.	90
Rubber sheets	799
Bed rests, air rings, etc.	897
Bed pans, urinals, etc.	833
Bedsteads, mattress, etc.	224
Feeding cups	58
Bed cages, tables etc.	124
Commodes	306
Plastic covers	119
Push chairs	237
Pulleys, etc.	18
Others	174
	6,472

Equipment was returned by 1,513 patients.

Maternity packs were issued from this section until September 1965, when the distribution was transferred to the Welfare Food Section, in the same building as a more convenient distribution point.

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

CO-ORDINATING COMMITTEE

During the year 1965, seven meetings of the Co-ordinating Committee were held and twenty-two new cases brought forward for consideration. Two new members were co-opted on to the Committee—the Special Welfare Officer of the National Assistance Board Regional Office and a Member from the staff of the Northumberland Council of Social Service. This brought the membership of the Committee to 21. Meetings continued to be well attended under the Chairmanship of the Medical Officer of Health with the Children's Officer as Vice-Chairman.

Cases have been referred from the following sources:—

	1965	1964	1963	1962	1961	1960	1957	1953
Deputy Superintendent Health Visitor/School Nurse	2	6	5	3	10	13	6	7
Chief Nursing Officer	7	6	5	7	1	—	2	6
Head Teacher Representative	1	1	2	—	3	1	1	—
Organiser of Child Care	1	—	3	—	1	4	1	—
Probation Service	1	—	1	—	3	1	—	1
National Society for the Prevention of Cruelty to Children	3	2	8	6	1	3	6	5
Medical Officer of Health	1	1	—	1	—	1	—	—
Housing Department	5	2	1	—	—	1	—	—
Social Worker	1	—	—	—	—	—	—	1
Youth Employment Bureau	—	1	—	—	—	—	—	—
	22	19	25	17	19	24	16	20

The number of cases primarily brought to the attention of the Committee rose from the previous year, but it was also possible to remove from the register 12 cases whose problems had been surmounted or the children had reached school-leaving age, although in some cases supervision by individual health visitors and social workers would continue.

Inadequate housing, lack of warm clothing and footwear, rent arrears and other debts, lack of discipline resulting in non-attendance at school, and failure of mothers to take their babies and older children to clinics, still play the major part in the problems which the members of the committee are able to discuss round the table and offer the services at their disposal to alleviate as quickly as possible the pressing everyday problems.

Two pending evictions by the Housing Department were delayed and in other cases of rising rent arrears, the National Assistance Board officers were most helpful in arranging for payment of rent to be kept up to date. Many of these families, however, live in one or two-roomed accommodation and move frequently, failing even to register for Corporation housing until it is brought to their notice that they should do so.

Home Helps and Home Advisers, when accepted, are able to uplift the families and even if this is only a temporary measure, it is a step in the right direction. It is strange to relate that in most cases where help of this nature is refused, it is the husband and not the wife who objects to this type of assistance. Day Nursery care, often free, enables mother to cope with the home during the day, although again in some cases co-operation is lacking and it is often left to the health visitor to see that the child attends. The Children's Department also are most helpful in arranging for temporary care while the mother is in hospital for confinement, etc.

One family of mother, father and seven children were rehoused into a reconditioned house with an adequate number of rooms, but no open fire. The house was heated by gas and due to ignorance, the bill for the first quarter was in the region of £100. Hurried discussions took place with the Gas Board and Housing Department and the family were instructed how to use the heating economically and some adjustments were made, the Children's Department helping with the gas bill. A meter was also installed and arrears will be met eventually from the discount in the meter, although unfortunately for some time the gas was cut off. This family also had rent arrears and unemployment amongst the older members,

difficulty with school attendance, difficulty in attending clinics, but the workers involved in this case have accepted the challenge and are not unhopeful of ultimate success.

The Area Sub-Committees in the Kenton, Blakelaw and Atkinson Road areas, under the chairmanship of an Assistant Medical Officer, continued their meetings during the year, dealing in the main with the potential problem families, trying to solve their problems in the early stages.

The wealth of information accrued by the Co-ordinating Committee over the years proved invaluable as evidence to the Working Party on Problem Families which was set up during the year by the Council and consisted of Members and Officers. The Committee will also be able to play its part in the years to come in the implementation of the recommendations of the Working Party after approval by the City Council.

Once again my thanks are due to all members of the Committee for their loyal support and devoted attention to the families coming under their care.

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

As in former years the Maternity and Child Welfare Dental Service was operated from the School Clinics and it was customary for mothers and young children to be treated at the clinic most conveniently situated to their homes.

Use of the service by nursing and expectant mothers was fairly limited over the year, but attendance figures for the young children were fairly well maintained.

Nearly all extractions were carried out under General Anaesthesia and much of the conservative work on the young children was undertaken by the Dental Auxiliary who is specially trained for work with these young patients.

Denture patients and others requiring any specialised treatment were seen mostly at the Central Clinic while consultant advice where necessary was available at the Sutherland Dental Hospital.

Details of the work carried out over the year are given below.

DENTAL TREATMENT—NUMBER OF CASES

	Number of persons examined during the year (1)	Number of persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year (3)
1. Expectant and nursing mothers	104	97	40
2. Children aged under 5 and not eligible for school dental service..	906	421	383

DENTAL TREATMENT PROVIDED

	Scalings and gum treatment (1)	Fillings (2)	Silver nitrate treatment (3)	Crowns and Inlays (4)	Extractions (5)	General anaesthetics (6)	Dentures provided		Radiographs (9)
							Full upper or lower (7)	partial upper or lower (8)	
1. Expectant and nursing mothers	17	69	1	—	212	26	12	7	—
2. Children aged under 5 years and not eligible for school dental service	57	869	3	—	418	189	—	—	2

AMBULANCE SERVICE

(Mr. H. M. Roberts)

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.

	City		Section 24 Other Authorities		Ancillary	Miscellaneous (includes Training Centre and Welfare)	
Year	Cases	Mileage	Cases	Mileage	Mileage	Cases	Mileage
1964	156,396	593,892	3,416	55,273	31,610	79,759	195,363
1965	152,926	604,591	3,512	67,493	31,743	88,310	230,869
Diff.	—3,470	+10,699	+96	+12,220	+133	+ 8,551	+35,506

Year	Total	
	Cases	Mileage
1964	239,571	876,138
1965	244,748	934,696
Diff.	+5,177	+58,558

Persons Carried

Whilst there has been a decrease in the total number of persons carried under Section 27 over the year, this has been more than compensated by the increase in demands from the other sections using transport, so that the total figure of actual cases moved amounted to 244,748 persons showing an increase of 5,177 equivalent to approximately 2½% which was slightly lower than estimated.

Miles Travelled

The overall mileage has increased by 58,558 and this is reflected in the mile per patient figure insomuch as this has now gone up from last year by ·15 of a mile, this increase is partly due to the movement of the main depot from the St. Mary's Place premises to the perimeter at Benton Road, and partly due to traffic conditions in the City where it is now often quicker not to follow the direct route, but rather to make a detour from one point to another.

The actual time per journey is still increasing, and it appears there is little that can be done about this and indeed we are experiencing the same factors as the Public Transport, as it is now becoming virtually impossible to maintain time-tables.

In last year's report, reference was made to the "ideal maximum" load per vehicle insomuch that it was claimed that we had now arrived at an optimum and this again is true of this year's workings. It is suggested that the only possibility of improving time-tables now depends to a certain degree on the hospitals introducing some form of zoning into their system of arranging appointments. Discussions on these lines are now taking place with the staff of the Hospital Management Committees.

Co-ordination

Co-ordination with other authorities which involves the use of their vehicles when they are visiting Newcastle plays a big part in the day to day administration of the Service, and again this year we have been able to show an increase in the number of cases passed and the total now amounts to 19,055.

During the year agreement has been reached between all the Local Authorities in the region transporting patients to the Silloth Convalescent Home in Cumberland. Rather than each Authority conveying their own particular cases, Northumberland, Durham or Newcastle provide one vehicle to make this journey the other Authorities just bringing their patients into Newcastle. The necessary financial arrangements are made to adjust the cost of the journey and this agreement saves a lot of duplication and miles for Authorities in the region as a whole.

Work Other than Section 27, National Health Service Act

The statistics show that there is an increase in the demands for this category of work and that the assessment in this instance is rather on the miles done than the patients carried, and these have gone up by 35,506 which represents approximately the use of another three vehicles. The reason for this number is that the work is not spread evenly over the day, but there are peak demands morning and evening and the maximum miles one vehicle can cover is approximately 10,000 per year.

The main development in the year has been the Meals on Wheels Service which now occupies six vehicles every day. The waiting list indicates that it should be increased.

Perhaps the time is coming where it may be worthwhile considering two deliveries per day rather than trying to press the total demand into a limited time of three hours, this would mean that certain recipients would be getting a mid-day meal others possibly an evening meal. A scheme of this nature would certainly reduce the demand for more vehicles.

Maintenance

Year	Overhauls 10,000 miles	Inspection 2,000 miles	Miscellaneous Repairs	Rebuilt Components	Vehicle Repaints
1964	70	311	438	20	15
1965	73	324	524	13	20
Diff.	+3	+13	+86	—7	+5

The schedule of the workshops maintenance shows an improvement on last year and an increase in output.

Staff are considerably handicapped by the fact that they are still called upon to maintain and keep roadworthy vehicles which should long ago have been withdrawn from the Service, and each year that this occurs makes their task harder as the question of obtaining replacement parts for these old vehicles becomes more difficult.

Premises

In March the Service was once again confronted with a removal problem, due to the Central Headquarters being required for development.

The new premises that the Committee obtained at Benton Road are far superior and indeed more adaptable for the running of the Service than any place previously experienced.

There is a disadvantage of not having the workshops attached to the main organisation, as due to the lack of space at the new Benton Road Headquarters it was necessary to evacuate the Wing Station at Millers Road transferring the staff and vehicles to Benton Road to enable the workshops to move in and take over these premises.

Vehicles

To bring the fleet up to date and to improve the overall standard of vehicles in operation, the purchase programme for the year called for 27 vehicles, this being made up of 22 replacement vehicles and five additional vehicles for the expansion programme. Unfortunately

the realisation of this programme was not financially possible and the programme was cut to 13 vehicles, which in itself was an achievement on previous years and has considerably helped the overall vehicle position.

As a result of this programme during the year eight vehicles were disposed of as being no longer roadworthy.

Staff

During the year there has been a turnover of a total of 10 staff due to resignation or retirement for personal reasons. It is interesting to note that over 70% of the original operational staff are still in the Service.

First Aid

All members of the staff are qualified in this subject and hold either the St. John Ambulance Brigade or the British Red Cross Society Certificate in accordance with the Ministry of Health and the Local Authorities' requirements.

Sickness

The operational staff lost 1,490 days due to sickness and 198 were lost by the administrative staff.

Safe Driving Awards

Eighty-three members of the staff were entered, and sixty-six were recommended for awards.

Accidents

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

Civil Defence

Steady progress has been made during the year and members of the staff have taken part in Exercises organised by the Civil Defence Officer. It would appear that the co-existence that must exist between the Peace-time Ambulance Service and the Ambulance and First Aid Section of the Civil Defence Corp works with efficiency and harmony.

HEALTH EDUCATION

(Dr. D. L. Wilson)

1. Quarterly Campaign

The quarterly health education campaigns on the lines reviewed in recent annual reports were:—

January to March	Personal hygiene
April to June	Office, Shops & Railway Premises Act, 1963
July to September	Smoking and health
October to December	The effects of alcohol upon health

2. Tyneside Summer Exhibition

The theme of the Health Department exhibit was "Smoking and You". The history of smoking in this country was traced and the growth of the tobacco industry to its present size was demonstrated. Specimens of human lungs affected by cancer and other conditions associated with excessive cigarette smoking were displayed to illustrate the effect of smoking on health. The cost of smoking to the individual and to the country as a whole was portrayed and a comparison made with expenditure on several public services. In the section of the tent set aside as a cinema the Ministry of Health film "Smoking and You" was shown at half hourly intervals. This exhibit created a good deal of interest and was well attended.

3. Health Education in Schools

Two meetings with Head Teacher representatives were held with a full discussion on the Cohen Report at one of these.

A Working Party on Health (Sex) Education consisting of medical and educational staff, met on several occasions. The following proposals were accepted by the Education Committee.

(1) That Health Education including human relationships be given in schools as part of the curriculum.

(2) That this instruction should be given by suitable members of staff, supplemented where appropriate by members of the health service and others.

(3) That parents should be encouraged to take part in this aspect of school work.

(4) That further discussions take place between the Working Party and teachers' organisations.

There has been some expansion of talks by Health Visitors in schools particularly in Comprehensive Schools where hygiene and parentcraft are taught.

4. The Health of Immigrants

In September a Pakistani Liaison Officer joined the Health Visiting Staff. She assists all health service and other corporation staff in their dealings with the Indian and Pakistani community by interpreting at surgeries, clinics and hospitals, and by visiting homes. She planned a programme of health education among these families with special emphasis on hygiene and nutrition. Communication difficulties have been helped by issuing leaflets in Urdu. At one clinic a Pakistani Women's Group is meeting regularly and talks on health subjects are given.

5. Venereal Disease

Publicity relating to V.D. Clinics has been continued in public lavatories with posters which are regularly replaced; a policy which has been found preferable to providing permanent notices.

6. Meetings

Frequent requests for speakers on various aspects of health come from Townswomen's Guilds, Co-operative Women's Guilds, Church Groups, Over 60 Clubs and other Societies. Medical Officers have spoken on the personal health services, immunisation, home safety and venereal disease. Public Health Inspectors spoke on housing, food hygiene, etc., and also gave lectures to workers in the retail food trades. Social Workers gave talks on the welfare of the blind and the deaf. Health Visitors spoke on their own work and on home accidents.

HOME SAFETY

(*Dr. G. Hamilton Whalley*)

The Newcastle upon Tyne Home Safety Committee, a sub-committee of the Health and Social Services Committee, meets twice a year and gives increasing publicity on home safety to meet the problem which home accidents present. Its membership of 22 links it with various other bodies and statutory undertakings.

This committee is now a member of the Northumberland and Durham Area Home Safety Group and operates closely with the Royal Society for the Prevention of Accidents, to which an annual grant is made both for home safety and water safety.

The Voluntary Organisations Home Safety Committee meets several weeks later and is composed of 25 members almost all representing various women's voluntary organisations. It assists in particular by acting as a communicating link with about 160 such organisations and groups in the city.

In general, the Home Safety Committee supports the national campaigns of the Royal Society for the Prevention of Accidents and at times publicises other subjects and is supported by various home visitors.

Campaign Subjects in 1965

JANUARY—MARCH

(*a*) FALLS — General publicity. Letter to factory personnel managers for notice boards.

(*b*) POISONING (medicinal and coal gas) — General publicity. Leaflets to nursing staff and home helps for distribution.

APRIL—JUNE

(*a*) WATER SAFETY

(i) General Publicity. Displays at the Northumberland Road and Montagu baths, from June to October.

(ii) A water safety display in Messrs. Bainbridges & Co. Ltd. in June.

(*b*) OTHER TOPICS

These included poisonous plants (in child welfare centres), broken glass and safety on holidays and outings.

JULY—SEPTEMBER

WATER SAFETY

(i) Leaflet issues.

(ii) Four brief talks each day with a film and demonstration were given by the St. John Ambulance Brigade on 'mouth to mouth' artificial respiration, during the week of the Tyneside Summer Exhibition.

(iii) No dangerous surface water was discovered within the City boundaries.

OCTOBER—DECEMBER

(*a*) "CHECK FOR SAFETY". Fireguards for gas, electric and oil heaters, and solid fuel fires.

(*b*) NATIONAL FIRE PREVENTION CAMPAIGN. Display in the Central Fire Station. Special leaflets (also in Urdu).

(*c*) PROTECTION OF EYESIGHT. Posters and leaflets issued to 45 Opticians' practices and to the city libraries and clinics and to 100 school departments.

(*d*) FIREWORK DANGERS. Posters pointed out the illegality of selling fireworks to children who appear to be under the age of 13 years. Out patient attendances were half the 1964 figure.

(*e*) CHRISTMAS SAFETY. Posters on 'Buy Safe Toys and Gifts''

General Scope of Publicity

Each main campaign covers the Health and Social Services Department, its clinics and day nurseries and other Corporation Departments, as appropriate, such as the city libraries and the housing department, the baths and laundries, the covered market, city transport canteens, chest and school clinics, schools, colleges of adult education and the university and hospitals, as well as large industrial and commercial organisations and large shops, opticians' practices and insurance companies, etc.

Methods of publicity include the use of outside poster display on 21 boards provided throughout the city, with 40 posters displayed on local authority vehicles, and displays of 150 large roof cards inside public service vehicles to emphasise 'Fire-work Safety' and also 'Christmas Safety'. These cards are attractive and specially printed and although rather an expensive form of publicity emphasise well known seasonal risks and are seen by a large travelling public.

Various local authority and other premises are used for external and internal display. Screen printed posters were specially designed by and printed for the department.

Considerable issues of leaflets were made to schools, clinics, libraries, staff, and to audiences when talks on home safety are given.

Other methods of publicity include exhibitions and displays already referred to, contributions to 'Civic News' which has a

monthly circulation of 25,000 copies. Home safety talks were given specifically in three comprehensive schools by a group adviser, and mail was franked with various slogans.

The Public Attitude to Home Safety

This would now seem to be the time for continuous, concentrated and planned publicity on a national scale using the most effective media, namely sound and television broadcasting, which can so effectively portray and emphasise the toll of accidents and death in and around the home, and on holidays, to provide the effective and widespread impact on public attitudes of mind which is necessary if real achievements in prevention are to be won.

If home safety received at least the same publicity that road safety is given, there is no doubt that there would be far fewer home accidents.

MENTAL HEALTH SERVICES

(*Dr. Peter Morgan—Consultant Psychiatrist*)

Foreword

The education and training of mentally retarded persons is a subject of considerable complexity and especially is this the case with severely subnormal children who are excluded from normal schools and attend training centres. Advances in medical treatment and better conditions have led to the survival of an increasing number of handicapped persons of all types, including the severely subnormal. In the last thirty years, whilst there has been no marked increase in the number of mongol children born, the number of ten year old mongols has gone up fourfold. This has meant that the hospital service has had to alter its function and now is only able to provide long term care for the lowest grade, often multiply handicapped child and short term training for the less handicapped. Thus, a greater number of these people are living in the community and attend Junior and Adult Training Centres.

Starting about a decade ago as Occupation Centres whose function was to provide largely diversional occupation for the trainee, Training Centres have rapidly developed, as more practical and theoretical knowledge became available and staff learnt the potential abilities of their pupils. The "basket and mat making" era has been replaced by something approaching a highly developed and special kind of educational establishment whose teaching programme is

geared to the particular needs of the pupils. During the last year, the co-operation of psychiatrist, pedagogue, psychologist and experienced training centre staff, has brought about a revision in the teaching programme at the Jubilee Road Training Centres. The latest development was the introduction of the Initial Teaching Alphabet which, by reducing the ambiguity and complexity of traditional methods, makes possible the teaching of reading skills to children of lower maturation levels. This work must be considered as experimental, careful records are being kept but, to date, results have been promising. At the same time, arrangements have been made to augment this work and place a greater emphasis on language development as a whole in the training programme. To assist this, it is intended to use suitably programmed, Audio Visual Language Master Teaching Machines. Both research and practical experience have shown that the severely subnormal person needs greater learning experience than the normal child, and it is felt that the revised teaching programme is a step in the right direction.

The purpose of any teaching programme is to equip the individual for normal life or, if he is mentally handicapped, to allow him to develop his more limited potential to the maximum. Experience at the Adult Training Centre with the mentally subnormal has shown that it is possible to carry out a good deal of industrial work in this setting and during the last year, similar experience has been gained with regard to the mentally ill who are catered for at the Psychiatric Day Centre in Westgate Road. The work potential of this group of thirty previously psychotic patients, shows considerable differences from the mentally subnormal. In their case, it is not lack of intellect which causes handicap, but deficient motivation and emotional disturbance. This centre has proved most popular with mentally ill persons living at home who would otherwise not be employed, and by the end of the year it became obvious that a move to larger premises would be necessary. The experience gained at this centre will prove invaluable when the new Psychiatric Day Centre, taking 120 people, is built in Gosforth.

The publication of the figures for convictions for drunkenness, showing this City as third highest in England and Wales, has focussed attention on Chronic Alcoholism as a social problem. Estimates of incidence of this illness in the community are unreliable, but it is thought that there are at least 400,000 alcoholics in Great Britain, and that less than a tenth of these seek medical attention. In spite of the fact that it is 162 years since Dr. Thomas Trotter, whilst

working in this City, described alcoholism as an illness requiring treatment rather than a moral weakness, people continue to go untreated. The cost to the community in misery and economic loss is considerable, and the need for increased treatment facilities has been shown by the experience of a small hospital project at St. Nicholas' Hospital. At the same time, there is a need to educate the community in the importance of early diagnosis and treatment.

Committee Composition, Administration and Staff

(*a*) The Mental Health Sub-Committee comprises all members of the Health and Social Services Committee.

(*b*) The staff consists of one Consultant Psychiatrist (part-time), one Senior Psychiatric Social Worker (vacant), one Psychiatric Social Worker (vacant), one Senior Mental Welfare Officer, four Mental Welfare Officers (one vacant), two Welfare Assistants, and two Trainee Mental Welfare Officers.

(*c*) During the year, a further two Trainee Mental Welfare Officers were seconded for the course leading to the Certificate of Social Work so that now there are four trainees at present away on courses.

(*d*) The staff at Jubilee Road Training Centres and the Psychiatric Day Centre, Westgate Road consists of a Manager, Deputy Manager, two Supervisors, seven Craft Instructors, twelve Assistant Supervisors, three Cadet Trainee Assistant Supervisors, and one State Enrolled Nurse.

(*e*) Mrs. P. J. Winship resigned from the post of Mental Welfare Officer in December, 1965.

(*f*) The staff of Summerhill Hostel consists of a Warden, Deputy Warden, Cook and two Domestics.

Community Care

During the year, there were 641 referrals to the Mental Health Section—as shown in tables I, II and III. The bulk of these referrals were persons suffering from severe subnormality or psychotic illness, the former being largely referred by the Local Education Authority, and the latter by the Hospital and General Practitioner services.

Two hundred and twenty people were referred for care in the community by Mental Welfare Officers and, in this case, the Local

Education Authority and the Psychiatric Hospital service were the principal sources of referral—see tables IV, V and VI. The number of home visits carried out by the staff during the year decreased considerably, due to shortage of Mental Welfare Officers caused by illness and vacancies—see table VII.

The weekly Community Care Clinic at the Newcastle General Hospital attracted 67 new patients, and there were a total of 254 attendances.

The three social clubs have continued throughout the year. The Good Companions Club for ex-psychotic patients meets one evening a week, and is organised with the help of the members of Toc H. It has a membership in the region of fifty.

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

The weekly evening club for mentally subnormal adults, is organised by the Training Centre staff and is attended by mentally subnormal persons. Whilst the number attending the evening classes remained the same as in previous years, the membership of the club decreased to thirty due to the setting up of clubs by voluntary organisations.

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.

Admissions to Hospital

Mental Welfare Officers were concerned with 270 admissions to hospital—see tables VIII and IX. As will be seen, this constituted slightly over a quarter of all admissions to psychiatric hospitals. The Mental Welfare Officer has an important role to play with regard to admission to hospital, but his primary work now is with the after-care of patients in the community.

During the year, there was considerable concern in Parliament and elsewhere regarding the compulsory admission of psychiatric patients to hospital, particularly the mis-use of Section 29 of the Mental Health Act. A statement by the Minister of Health to the effect that in 1964 there were 20,494 Section 29 admissions as against 9,810 Section 25 admissions to psychiatric hospitals, confirmed these fears.

Sections 25 and 26 safeguard the personal liberty of the patient by requiring two medical recommendations, and the Act states that Section 29, which requires only one medical recommendation, should be used only in urgent necessity and in a real emergency. It will be seen from table X that contrary to national figures, in this City there were very few admissions of psychiatric patients to hospital under Section 29, and thus the freedom of the individual was safeguarded.

STATISTICS

Referrals

During 1965, there were 641 referrals to the Mental Health Section made up of cases for investigation, admissions to hospital, day centre, training centre or hostel, and referrals for community care.

TABLE I

SOURCE OF REFERRAL	NO.
General Practitioner	73
Hospital In-Patients	121
Hospital Out-Patients	94
Local Education Authority	161
Police Courts	29
Others	163
TOTAL	641

TABLE II
AGE DISTRIBUTION OF REFERRALS

AGE	MALE	FEMALE	TOTAL
0 — 9	52	31	83
10 — 19	70	45	115
20 — 29	69	47	116
30 — 39	50	29	79
40 — 49	41	55	96
50 — 59	29	33	62
60 — 69	9	20	29
70 — 79	10	26	36
80 — 89	6	11	17
90 — 99	—	1	1
NOT KNOWN	2	5	7
TOTAL	338	303	641

TABLE III
DIAGNOSIS OF REFERRALS

DIAGNOSIS	MALE	FEMALE	TOTAL
Schizophrenia	103	66	169
Manic Depressive ..	28	52	80
Dementia	15	29	44
Delirium	6	2	8
Neurosis	12	37	49
Psychopathic Disorder	20	19	39
Subnormal	26	27	53
Sev. Sub.	110	61	171
Others	15	13	28
TOTAL	335	306	641

Community Care.

There were 220 persons referred for care in the community by Mental Welfare Officers.

TABLE IV
SOURCE OF REFERRAL OF CASES FOR COMMUNITY CARE

SOURCE OF REFERRAL	NO.
General Practitioner	7
Hospital I.P.	68
Hospital O.P.	24
Local Education Authority ..	75
Police Courts, etc.	1
Others	45
TOTAL	220

TABLE V
AGE DISTRIBUTION OF CASES REFERRED FOR COMMUNITY CARE

AGE	MALE	FEMALE	TOTAL
0 — 9	24	14	38
10 — 19	35	22	57
20 — 29	14	21	35
30 — 39	13	14	27
40 — 49	15	12	27
50 — 59	7	11	18
60 — 69	2	5	7
70 — 79	2	5	7
80 — 89	—	2	2
90 — 99	—	—	—
NOT KNOWN	—	2	2
TOTAL	112	108	220

TABLE VI
DIAGNOSIS OF COMMUNITY CARE REFERRALS

DIAGNOSIS	MALE	FEMALE	TOTAL
Schizophrenia	31	13	44
Manic Depressive ..	5	19	24
Dementia ..	1	4	5
Delirium	—	—	—
Neurosis	5	18	23
Psychopathic Disorder	4	5	9
Subnormal	14	21	35
Sev. Sub.	49	19	68
Others	4	8	12
TOTAL	113	107	220

TABLE VII
NUMBER OF HOME VISITS CARRIED OUT BY MENTAL WELFARE OFFICERS

1965	1964	1963	1962	1961
4,716	7,089	7,180	6,337	3,951

Admissions to Hospital

Mental Welfare Officers were concerned with 270 admissions to hospital as follows:—

TABLE VIII

MODE OF ADMISSION	NO.
Section 29	43
Section 25	72
Section 26	31
Section 60	3
Section 136	5
Section 65	2
Informal	114
TOTAL	270

TABLE IX

HOSPITAL TO WHICH ADMITTED	NO.
St. Nicholas' Hospital ..	180
Newcastle General Hospital ..	9
Prudhoe and Monkton Hospital	14
Northgate & District Hospital	54
Other Hospitals	13
TOTAL	270

Mentally ill persons from the City were admitted to Hospital as follows:—

TABLE X

Admissions	St. Nicholas' Hospital		Newcastle Gen. Hospital		Total		Grand total
	Male	Female	Male	Female	Male	Female	
Informal ..	272	337	149	185	421	522	943
Section 29 ..	17	14	3	1	20	15	35
Section 25 ..	31	52	3	4	34	56	90
Section 26 ..	9	15	—	—	9	15	24
Section 60 ..	1	1	—	—	1	1	2
Section 136..	8	5	4	—	12	5	17
Total Admissions..	338	424	159	190	497	614	1,111
Discharges ..	296	364	132	214	428	578	1,006
Deaths ..	55	83	1	—	56	83	139

Outpatient Treatment.

St Thomas' 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, covers a five year period.

TABLE XI

	1965	1964	1963	1962	1961
General Practitioners ..	216	229	210	232	235
Follow-up of discharged Hospital Patients ..	110	98	102	140	147
Probation Officers ..	10	16	31	20	36
Children's Department ..	6	4	—	—	—

In addition, in March, 1965, the Physician Superintendent of Northgate and District Hospital started an Outpatient Clinic for the mentally subnormal at St. Thomas' Clinic, and a total of 79 new patients have been seen with their parents and 138 return cases.

City residents attending the Psychiatric Outpatients Department at the Royal Victoria Infirmary, Claremont House and Tiverlands Child Psychiatry Unit at the Newcastle General Hospital, are not included in these figures.

Summerhill Hostel

Admissions = 54 (47) Involving 40 persons.
Discharges = 56 (49) Involving 44 persons.
Successfully returned to the community = 45 (44)
Returned to Hospital = 11 (5)
Figures in brackets represent 1964.

Psychiatric Day Centre (Westgate Road)

Admissions = 45
Discharges = 18
Returned to normal employment = 5
Returned to Hospital = 6

Training Centres

TABLE XII

	Junior	Adult	Total
Attendances ..	17,326 (16,006)	23,280 (23,271)	40,606 (39,227)
Admissions ..	43 (18)	24 (22)	67 (40)
Discharges ..	25 (15)	20 (29)	45 (44)
Places Provided	116 (96)	129 (126)	245 (222)

Figures in brackets represent 1964.

III—SOCIAL SERVICES

INCLUDING THOSE PROVIDED UNDER
NATIONAL ASSISTANCE ACTS, 1948 AND 1951

RESIDENTIAL CARE

(Mr. H. Craig)

The provision of residential care is an essential function of the City Council. The number of elderly and handicapped persons on the waiting list both living at home and in hospital when no longer requiring specialised medical and nursing care but having no home or relatives, demonstrates the need for purpose built Homes with improved facilities.

Furthermore, the increasing years and frailty of the residents make it essential to introduce improvements such as lifts, etc., in adapted premises. In 1966 a lift will be provided at Adderstone House.

Such aids will relieve the strain on the staff who devote so much attention and care to the residents. To emphasise this picture, there are 19 blind, 110 physically handicapped(16 of whom are wheel-chair cases) and 13 epileptic, among the 394 residents. 27 require help in eating, 81 in moving and 105 in dressing.

Admissions to residential care numbered 254; 57 were emergencies who subsequently returned to their own homes; 126 were admitted from hospital.

The oldest resident is over 100 and there are also 32 over the age of 90; 47 are under the age of 65 years, the average age being 77·7.

There were 84 deaths and 107 residents were admitted to hospital.

The number of elderly and handicapped persons in residential accommodation at the 31st December, 1965, was:—

	Males	Females	Total	
Residential Homes	160	234	394	(398)
Church Army Home	9	—	9	(9)
Free Church Federal Council Eventide Home	—	6	6	(10)
City Residents in other Local Authority Homes	2	4	6	(9)
City Residents in Homes run by Voluntary Organisations..	11	19	30	(26)
	182	263	445	(452)

1964 figures in brackets

The eight voluntary and private homes registered with the Local Authority provide 291 places and maintain the standard of accommodation and service required by the Committee.

St. Abb's Holiday Home

This Home is very popular. 409 persons enjoyed a break there during 1965 for periods of two to nine weeks

Temporary Accommodation for Persons as a result of Storm Damage, Fire and Flood

Eleven incidents occurred where other accommodation was necessary. Only one family of three, however, were admitted to residential care as an emergency measure and subsequently transferred to Lancefield House.

Accommodation for persons evicted for various reasons

The same scheme, operated by the Evictions Committee, is fully reported on page 230.

Protection of Property

This service was called upon during 1965 on 10 occasions and in addition for 39 cases following admission to residential care. There were a further 17 cases where assistance was given to relatives.

Burials

Thirty six burials were arranged in accordance with the provisions of the National Assistance Act and a further 25 were arranged for relatives of persons dying in residential homes. In a further 31 cases, assistance and advice was given to relatives.

Meals on Wheels and Luncheon Clubs

This service is still expanding and fulfils a great need. Meals of a high standard, much appreciated by the recipients, are produced in the kitchens of several of the Committee's residential homes.

During 1965, 52,909 meals were delivered to elderly and handicapped housebound persons, a further 10,035 meals to the 15 luncheon clubs administered by voluntary bodies and, during the school holidays the W.V.S. were provided with 1,061 meals in order to maintain their supply . This total of 64,005 is an increase of 6,371 on the 1964 figures.

The meals service to elderly and housebound persons covers 456 individuals, the make up of the service being:—

No. of meals per week	Total
1	47
2	147
3	138
4	44
5	36
6	21
7	23
	456

Staffing

The staff in the residential homes carry out their difficult duties in a manner which indicates their interest in the elderly residents. The kitchen staff provide a varied diet both for their residents and for the meals on wheels and luncheon club service.

All are to be congratulated as are those responsible for delivery and the volunteers who serve the meals.

COMMUNITY CARE

(Miss O. S. Holliday)

Social Work

The volume of work being handled by the social worker continues to increase. Nationally it has recently been estimated that approximately 1,000 or more social workers per year are needed to meet the present shortage.

The growth of knowledge even in the last decade or so, in various fields—sociology, psychology and psychiatry has made possible a deeper understanding of the different groups of people with whom social workers deal and has therefore also made possible more consciously directed and effective work with them than heretofore. This knowledge has spread to the general public and in these circumstances the public demands a higher standard of service which means that such a service can only be given or directed by trained and knowledgeable people. Therefore in addition to the ever increasing quantity of work being referred to the Health and Social Services Department there is a demand for a higher quality.

This demand is being met in three ways:—

(1) Young workers with a certain level of academic ability are being selected and brought into the department as Welfare Assistants and Trainees. They are constantly supervised and take part in in-service training schemes until they are ready to apply for secondment to professional training courses.

(2) Plans for staff development are progressing. This programme will enable experienced but untrained officers to keep abreast of modern methods and techniques.

(3) A Student Unit has been started and students from professional courses spend two or three days a week in the Unit for supervised practical work purposes.

As the expansion of the training programmes depend to a great extent on the number of qualified Senior Social Workers available to run them it has been necessary to create three more senior posts one of which has been filled by a professionally qualified officer in the section dealing with the elderly and physically handicapped. One other member of staff has been seconded to a Mental Health Course and will return to fill another vacancy.

During this year a further two members of staff have been seconded to professional courses making a total of five staff members undergoing formal training.

If an adequate service to the community is to be maintained, one that can meet the increased demands of quantity and quality, it is more than ever necessary to look to training as the answer to the problem and plan programmes with a view to social workers being involved in case work, community development, administration and training.

MEDICAL SOCIAL WORK

(Miss M. D. Clifford)

During 1965 1,473 applications for assistance were received. There were 2,175 interviews and enquiries and 1,050 home visits were made.

In the past year the Medical Social Work Section has undergone an almost complete change of staff with the consequent problems connected with workers learning a new job. The family casework service has continued although often referrals from Doctors, Health Visitors, etc., were at the point of crisis when assistance was asked to solve a particular problem be it material, marital or emotional. However, the real cause of a family's difficulty might be in the area of personal relationship and be one of long standing discord. In addition a few long term selected cases have been included, usually in the area of emotional stress, helping persons adjust in a more realistic way to the members of their families and their immediate environment. Throughout 1965 close liaison was maintained with other Departments within the Local Authority, often several sections working together to rehabilitate a needy family, giving them the material assistance, support and encouragement to enable them to become self supporting members of the community again.

More problems of the elderly came to light during 1965 and considerable emphasis was placed by the Medical Social Work Section in filling a social and medical need by convalescence. This often bridged the gap when a crisis occurred in the elderly patient's home, and no geriatric beds were available in hospital. The following figures tend to highlight this:—

Arrangements for convalescence were made for 383 patients, but nine cancelled their vacancies. 71 were admitted to a free home.

	Men	Women
Children under 15	29	54
Convalescent patients under 30	31	19
Convalescent patients between 30 and 60	23	69
Convalescent patients between 60 and 80	52	101
Convalescent patients over 80 ..	7	28

Assistance Requested

The type of assistance requested by clients themselves fell into the following main categories: convalescence, accommodation and personal problems. The main stress areas appeared to be domestic and marital discord, inability to budget, overcrowding, or dissatisfaction with rented accommodation.

In the past year 46 unmarried mothers were maintained by the Local Authority and in addition a further number received advice and help from the Caseworkers.

This Section was also responsible for the running of the Local Authority Chiropody Service for pensioners and handicapped persons.

Below is a Table showing the source of referral of the 1,473 applications for assistance:—

General Practitioners	231
Health and Social Services Department Sections	480
Other Corporation Departments	103
Other Statutory Bodies	88
Voluntary Agencies	63
Relatives, Personal Applications, etc. ..	481
Others	27
Total	1,473

CHIROPODY

Further expansion took place in the Chiropody Service for elderly and handicapped persons. The service is staffed by part time chiropodists. In addition to the domiciliary service, eleven clinic sessions were held each week with ambulance transport available to take patients to four of them. 1,368 persons, of whom 510 were new applicants, received 4,735 treatments during the year.

The demand is such that there is up to four months delay in providing appointments at clinics.

In addition, the voluntary organisations have continued their service providing 2,624 treatments to 874 persons and five clinics per week at a chiropodist's surgery.

CHIROPODY SERVICE

Local Authority Clinics	No. of sessions per week	Old Age Pensioners	Handi-capped persons	Total patients	Total treatments
Kenton Clinic ..	2	177	1	178	695
Pooley Road Clinic	1	155	1	156	329
Atkinson Road Clinic	1	101	3	104	316
Ashfield House Clinic	1	126	2	128	330
Jesmond Clinic (Eskbank) ..	1	103	4	107	317
East End Clinic	3	232	3	235	1,041
Scrogg Road Clinic	2	188	2	190	688
Domiciliary Service		263	7	270	1,019
Voluntary Organisations					
B.R.C.S. (Croft House)	2	214	—	214	526
Council of Social Service (Surgery appointments		430	—	430	968
Womens Voluntary Service ..	3	230	—	230	1,130
Totals					
Local Authority ..		1,345	23	1,368	4,735
Voluntary organisations		874	—	874	2,624
Combined Totals ..		2,219	23	2,242	7,359

CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

(*Dr. Joyce Grant*)

Care in the Community

The objective of geriatric care is to maintain elderly persons in their own homes in a state of physical, mental and social well being. The Health and Social Services Department assists general practitioners to do this and co-operates with the hospital services when elderly patients are to be discharged by providing supportive services for them in their own homes or by securing appropriate residential care. It thus augments or replaces the support of relatives and friends. It falls to the lot of a number of the elderly to suffer from the combined effects of loneliness, poor health, low income, poor diet, inadequate heating and poor housing. It is with this group that the local authority geriatric services are largely concerned.

For a number of reasons the demand for community care for the elderly is increasing. This is not surprising, There are more old people than ever before, the majority of whom wish to preserve their independence for as long as possible with the help of domiciliary services. Moreover, since residential care in Newcastle upon Tyne provides only 14 beds per 1,000 persons of pensionable age, as compared with a recommended provision of 18-22 per 1,000, it follows that all community services need to be correspondingly enlarged. The expanding work of the hospital Geriatric unit, coupled with the fact that the old people are no longer invariably regarded as long stay hospital patients, but are often restored to health and able to return home, also contributes to the demand.

To meet a situation in which demand exceeds supply, closer working relationships have been developed during the year between all sections of the department concerned with the care of the elderly, general practitioners and hospital services. Co-operation of this kind is required in order to deploy resources logically and to avoid the use of social services in cases for whom medical care would be more appropriate. It is especially in circumstances of this kind that the Senior Medical Officer (Geriatrics) has acted increasingly in a co-ordinating and advisory capacity.

One example of the inter-dependence of service and the value of medical assessments is provided by the day centre arrangements developed at John Chapman House. From 50 to 60 otherwise

housebound elderly persons are now taken to this residential house on at least one day each week. Frequency of attendance is varied according to need and can be provided on a daily basis. The applicants were assessed by the Senior Medical Officer and some were referred to the Geriatric unit for more detailed investigation and treatment, because their medical needs were paramount. Others were found to be more suitable for attendance at the day centre at St. Nicholas Mental Hospital. Patients attending day centres are kept under observation and any evidence of deterioration in their physical or mental condition is reported, so that appropriate treat ment can be instituted. Throughout the whole range of community services, the concept of the socio-medical assessment, with periodic reassessment is bringing to light many hitherto unmet medical needs.

District Nurses, Health Visitors and Wardens also visit the elderly, details of visits made, etc., are given on pages 55, 51 and 53.

Residential Care

An important element in the early ascertainment of need, is the assessment, social and medical, of persons referred for residential care. During the year over 800 persons were referred and with the knowledge of the general practitioner or hospital consultant some 600 were visited in their homes or in hospital. About a third of these applicants were admitted to residential homes. Of the remainder some were found to require admission to hospital instead, or transfer from a hospital to the Geriatric unit. In many instances, however, problems were resolved following discussion with the general practitioner or hospital consultant, and by the provision of appropriate community services. In other words, it is necessary sometimes not only to correct the misconceptions held by some members of the medical profession about the function of and facilities provided by residential homes, but also to give advice about the range of medical and social services available for the care of the elderly in the community.

In the management of medical problems among the residents of homes, periodic assessments have been carried out by an Assistant Medical Officer of Health. A number of residents who were deteriorating in health were helped by transfer to the Geriatric Unit at St. Nicholas Hospital. Some were able to return after treatment, but a few had to remain in hospital because they required specialised medical and nursing care. To facilitate transfer to hospital, the assessment beds in the Geriatric Unit, mentioned in last year's

report, were fully used and relieved the staff of residential homes of many heavy nursing problems. The reciprocal arrangements between these two hospitals and the residential homes have enabled old people to be placed in the environment most suited to their needs. It will be understood that in all such arrangements, due regard is paid to the patient's wishes.

Most visitors to residential homes are struck by the apathy and inactivity of some of the residents, who appear to sit aimlessly doing nothing, with few interests and a total lack of initiative. It seems as though some old people who enter residential care feel the loss of independence so acutely that they give up trying to do anything for themselves. Some of them are suffering from depression. To encourage those who are without personal visitors, a scheme was started during the year to form groups of "Friends of Homes" to undertake regular visiting, The British Red Cross Society has taken an active interest in the organisation of this project in two homes. Though it is obviously difficult to provide any substitute for the relatives they lack or who have forgotten them, it is hoped that the development of "Friends of Homes" will enable residents to get more enjoyment out of life.

Some old people would be helped if instead of coming into full care they had been able to live in supervised flats or bungalows or in flats linked with residential homes. Very little of such accommodation is available however.

Holiday Beds and Holiday Relief for Relatives

Applications for holiday beds and to provide holiday relief for relatives were assessed by a social worker or health visitor, and in some instances a medical assessment was also carried out. Elderly people who were reasonably ambulant and independent obtained accommodation at St. Abbs. Those needing more care, particularly night supervision, went to residential homes. Bedfast or incontinent patients were admitted to the Geriatric Unit for a fortnight's "Holiday bed".

Young Physically Handicapped Persons needing Residential Care

There are 45 residents under the age of 65 years and 15 are under the age of 50 years. The Ministry of Health (Circular 22/65) recommends that special homes should be available for residents from 17-50 years of age.

It is obviously desirable that younger handicapped people should be accommodated together, so that their special needs can be met. Shieldfield Residential Home will be appropriate for this purpose, when it is built. It will be adjacent to the new Occupation Centre to enable residents to participate in a full range of interests and they will be encouraged to maximum independence.

Medical Assessment

The work of the year in relation to medical assessment for residential care is summarised in the following tables:—

TABLE I

Number of elderly and handicapped persons assessed in 1965

In City Hospitals	57
In their own Homes	426
In Residential Homes (mainly by Assistant Medical Officer)	108
In respect of adaptations (Physically Handicapped)	7
In the Civic Centre	5
	603

Waiting List

TABLE II

Waiting list for admission to Residential Homes at December 31st 1965

	M	F	Total
In own homes	26	39	65
In Geriatric Unit	11	35	46
In City Hospitals	3	9	12
In Voluntary and Private Homes	—	11	11
	40	94	134
Requiring urgent admission from their own Homes	—	—	—

The total number on the waiting list on December 31st, 1964, was 119.

Co-operation with the Geriatric Unit

This has continued and as a result a fuller use of beds has been possible in the Geriatric Unit by increasing availability and turnover. This is exemplified by the fact that from 1963 to 1965 the proportion of beds in local authority homes occupied by patients transferred from hospitals rose from 16 to 30 per cent. During the same period

the proportion of patients in the Geriatric Unit awaiting transfer to local authority homes, fell from 25 to 12 per cent. In 1963, 16 per cent. of residents of homes were transferred to the Geriatric Unit as compared with 25 per cent in 1965. A better hospital service has thus been provided and patients have been admitted at an earlier stage of their illness.

Other Items of Interest, Acknowledgements, etc.

(I) Voluntary Services

During the year, the Newcastle Council of Social Services appointed a Committee to study ways of developing voluntary services for the elderly of the city. A Committee for the care of the elderly was established and a sum of money, donated by the Senbal Trust, has enabled an organiser to be appointed.

The domiciliary physiotherapy service described in the last report, and administered by the British Red Cross Society, expanded its services. It provided 1,119 domiciliary treatments for 167 cases of *stroke*. Domiciliary physiotherapy reduces the demand for and cost of hospital treatment, and it is therefore proposed to request financial support from the Regional Hospital Board in order that the service may be continued.

The Abbeyfield Society continues to maintain two houses in which bed-sitter accommodation is provided for lonely old people and main meals are cooked by a resident housekeeper.

The Senior Medical Officer (Geriatrics) serves on the organising committees of these voluntary agencies.

(II) Visits to the Department

The following doctors visited the department during the year:—

Dr. Brian Williams, research worker at the London School of Hygiene and Tropical medicine.

Dr. G. Magnussen and Dr. T. Funding, psychiatrists at the Stats-hospitalet, Glostrup, Denmark.

Dr. McGarry, Council of Europe Fellow, General Practitioner in Carrick on Shannon, Eire.

Dr. G. Iveson, Consultant Physician in Geriatrics, Oslo, Norway.

Dr. E. Hargreaves, Senior Medical Officer Geriatrics, Health Department, Leeds.

Visits were also made by a number of field and research workers in Social Geriatrics.

(III) The Senior Medical Officer described the Geriatric Services in Newcastle to a conference organised by the World Psychiatric Association and also read a paper to the British Geriatrics Society.

Teaching and training responsibilities are described elsewhere.

(IV) Acknowledgments are due to Dr.M. R. P. Hall, Consultant Physician in Geriatrics, for his constant co-operation throughout the year, and to Professor M. Roth, Department of Psychological Medicine, for his continued interest.

CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

(*Miss M. Clarke*)

This section is staffed by a senior social worker, two full time social welfare officers (one of whom was seconded to a two year training course in October, 1965), one part time social welfare officer and two welfare assistants.

Care of the Elderly

The social welfare staff help elderly people to remain in their own homes as long as possible by visiting them, making a careful assessment of their needs and enabling them to make use of the appropriate community resources. This includes contact and co-operation with the various sections of the health department, the housing department, hospitals, general practitioners, the national assistance board, voluntary agencies, relatives and neighbours. The help given by all these sources is gratefully acknowledged. In those cases where residential care is needed the social welfare officer helps and supports the old person and his family through the transitional period.

During the year 3,771 visits were made, of which 662 were initial visits to new cases.

Services for the Physically Handicapped (General Classes)

The number of registered handicapped persons, many of whom are also elderly, has increased by 101 during the year and the numbers registered at 31st December, 1965, are as follows:—

Amputations	69
Arthritis and Rheumatism	98
Congenital Malformations and Deformities	51
Diseases of the Digestive and Genito-urinary systems, Heart, Circulatory System etc.	155
Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis or Trunk, Limbs, Spine etc.	66
Organic Nervous Diseases, Disseminated Sclerosis, Poliomyelitis etc.	229
Neuroses, Psychoses etc.	20
Tuberculosis (non-respiratory)	14
Tuberculosis (respiratory)	8
Diseases and Injuries not specified above (asthma, Diabetes etc.)	25
	735

The social welfare staff paid 637 visits during 1965 to handicapped persons. These visits were principally to people who requested help with a specific problem, usually in connection with aids or adaptations. A total of 67 such aids and adaptations were provided.

Car Badges for Severely Disabled Drivers

The issue of car badges to applicants who suffer from a permanent and substantial disability which causes severe difficulty in walking has continued.

Badges were issued to 26 new cases during the year.

SERVICES FOR THE BLIND, DEAF BLIND AND PARTIALLY SIGHTED

(Miss D. Haythornthwaite)

On the 31st December, 1965, there were 626 registered blind persons, of whom 30 were deaf blind and 146 partially sighted.

The following table shows their age groups:—

Age Group	Total Registered Blind	Deaf Blind	Partially Sighted
Under 5	—	—	—
5 to 15	8	—	14
16 to 29	15	1	51
30 to 49	77	—	
50 to 69	223	21	21
70 to 89	277	8	60
90 and over	26	—	
Total	626	30	146

Examinations

During 1965 arrangements were made for 111 persons to be examined by the Ophthalmic Surgeon and an analysis of the results conducted is as follows:—

Certified	49
Transferred from partially sighted to blind register	8
Certified partially sighted	17
Transferred from blind to partially sighted register	1
De-certified from partially sighted	2
Re-examined with no change in category	10
Not classed as blind or partially sighted	24
	111

The sources of referral leading to ophthalmic examinations were as follows:—

Re-examinations—Home Teachers	25
Consultants—Hospitals	10
Consultants—Ophthalmic	4
Consultant Psychiatrist	1
General Practitioners	6
Medical Social Workers	2
District Nurse	5
Health Visitors	8
National Assistant Board	22
Personal	21
Other Source	7
	111

The eye conditions which caused blindness or registration as partially sighted during 1965 are set out below:—

Myopia and High Myopia	15
Congenital Myopic Astigmatism	1
Optic Atrophy	2
Diabetic Retinopathy	8
Keratitis	3
Congenital Nystagmus	2
Iridocyclitis	3
Hemianopia	1
Glaucoma and Cataract	14
Retinal Arteriosclerosis	1
Retrobulbe	1
Fuchs Corneal Dystrophy	1
Congenital Cataract	1
Cataract	20
Senile Muscular Degeneration	9
Disseminated Choroiditis	1
Perforating wound—Sympathetic Ophthalmia	1
Eales Disease	1
Not Registered Blind or Partially sighted	26
	111

It is pleasing to report that no one refused to take advantage of the Ophthalmic Surgeon's advice regarding follow up treatment and re-examination.

Employment, Social and Industrial Rehabilitation Workshops for the Adult Blind

Fifty four blind, deaf blind and one partially sighted person are employed in sheltered employment in the Workshops for the Blind, Whickham View, Newcastle. The various trades are listed below:—

Chair Caning	2
Machine Sewing	2
Mattress Making	10
Upholstery	1
Upholstery Trainee	1
Mat Making	10
Storekeeping	2
Brush Making	9
Basket Making	17
	54

Home Workers Schemes

Details of employment:—

Piano Tuner and Repairer	1 man
Braille Copyist	1 woman
Braille Proof Reader	1 woman
Music and Singing Teacher	1 woman

Professional and Open Industry

Blind

Self-employed Shop keepers	2
School Teachers	2
Clergyman	1
Organ Teacher	1
Disablement Resettlement Officer	1
Telephonists	6
Shorthand Typists	4
Clerk	1
Packer	1
Piano Tuner	1
Labourers	4
Domestic Workers	2
Capstan Lathe Operator	1

Partially Sighted

Professional	2
Telephonist	1
Clerks	4
Other Open Employments	26

Social and Industrial Rehabilitation

Residential courses of approximately three months duration are organised by the Royal National Institute for the Blind, and during 1965 four persons attended courses at the Torquay Centre.

Industrial courses provide instruction in woodwork (benchwork, drilling and polishing), typing, gardening, basketwork, assembly work (drilling, tapping, micrometer use, etc.); lessons in braille, or moon reading, handwriting, mobility, training and social activities. These industrial courses which are sponsored by the Ministry of Labour, provide a valuable means of assessing work capacity and potential and allow a much more accurate judgment to be made in recommending suitable occupations.

Residential Accommodation

The total number of registered blind persons in Homes or Hospitals was 46.

Type of accommodation:—

(a)	Residential Accommodation provided under Section 21 of the National Assistance Act, 1948	
	(i) Homes for the Blind	2
	(ii) Other Homes	20
(b)	Homes provided under Section 28 of the National Health Service Act, 1946	—
(c)	Residential Homes other than (a) or (b)	5
(d)	Hospitals for mentally ill	17
(e)	Hospitals for mentally sub-normal	—
(f)	Other Hospitals	2
		46

Home Teaching Service

A service, originally designed to teach braille, other forms of raised type, and simple crafts to enable blind persons to supplement their income, originated in 1834. Today, home teachers are social workers with specialist skills. The five home teachers in this section have an average case load of 164 blind, deaf blind and partially sighted persons. During 1965 they made a total of 3,595 visits to and on behalf of the blind, deaf blind and partially sighted as follows:—

New Cases	130
To Hospitals (Deaf—Blind—Elderly Blind for treatment)	50
To Hospital(Social)	46
To Residential Homes	44
To Voluntary Society (Special Equipment etc)	50
For Braille Instruction	98
For Holiday Applications and other special requests	200
Routine Visits	2,977
	3,595

As the majority of new registrations of blindness are elderly persons or, if younger, persons whose blindness is due to accidents, both groups are usually unable or unfit to take advantage of the concentrated residential rehabilitation courses organised by the Royal National Institute for the Blind. This places an increasing responsibility on the home teaching service in teaching mobility, adjustment to their handicap and generally assisting the blind person and family during this trying period. This, coupled with the need for greater concentration on the welfare of deaf blind, as recommended by the recent Ministry of Health Circular resulted in a very busy year for this section.

Several applications have been sponsored for grants to National Blind Charities. Full advantage has been taken of free bus passes, railway warrants, free dog licences, free wireless licences, reduced charges for wired sound services and in each case the necessary certificate has been issued by this section.

The home teaching service has, in co-operation with the Newcastle and Gateshead Society for the Blind assisted in recommending and distributing aids such as white sticks, grants for holidays, removal expenses, provision of free wireless sets from the British Wireless for the Blind Fund and the assisted rental facilities of the Nuffield Talking Book.

Equipment Provided for Blind and Deaf Blind Persons

3 Handrails

12 Deaf Blind Door Bell Devices

The "Deaf Blind" door bell is an experimental electrical device planned by a team of experts (Technical Officers attached to the Royal National Institute for the Blind, Ministry of Health Equipment Staff and G.P.O. Engineering Staff). The device consists of an O.L. 58 Medresco hearing aid and a finger vibrator to be worn by the deaf blind person. A continuous wire is looped round their rooms and when the door bell is pressed a transmitter conveys an impulse which is picked up by the deaf blind person's finger vibrator. The Committee were invited to participate in testing this device and purchased 12 sets.

National Library for the Blind

Seventy blind persons have regularly borrowed from amongst 300,000 publications in braille and moon types in the National Library for the Blind.

Periodicals and magazines published in braille are also purchased and circulated and include reading in a wide range of subjects.

Home Teachers attend and teach crafts three days per week at the Social and Occupational Centre and during 1965 gave 438 lessons. They also organise a Friday night Club for the Deaf Blind.

North Regional Association for the Blind

The Committee representatives have attended meetings of the General Council. Weekend schools and conferences have been held by the Association at which Home Teachers of the Department have attended.

SERVICES FOR THE DEAF AND HARD OF HEARING

(*Miss D. Haythornthwaite*)

Registration

Number of deaf persons on the Register at 31st December, 1965, was as follows:—

Deaf without Speech		
Aged under 16	6	
Aged 16 to 64	157	
Aged 65 and over	22	
	——	185
Deaf with Speech		
Aged under 16	5	
Aged 16 to 64	39	
Aged 65 and over	10	
	——	54
Number on the Register of the Hard of Hearing :		
Aged under 16	24	
Aged 16 to 64	36	
Aged 65 and over	42	
	——	102
		341

This total of 341 shows an increase of 43 over last year.

Employment

There were 138 registered deaf persons in employment at 31st December, 1965, and their various occupations were as set out below:—

Bakers	5
Brewery Workers	2
Brush Makers	1
Bedding (Upholsterers and Mattress Makers)	3
Car and Garage Workers	6
Clerical Workers and Machine Operators	4
Cleaners and Domestics	8
Carpenters, Cabinet Makers and Joiners, etc.	8
Apprentices	4
Dressmakers, etc.	4
Engineers	1
Electricians' Apprentices	2
French Polishers	6
Factory Workers	11
Gardeners	4
Labourers	14
Lino Cutter	1
Packers	11
Painters	2
Printing Trade	1
Shoe Repairers	12
Slaughterman	1
Tailoring Trade	24
Warehouseman, etc.	3
Total	138

The employment problem was much improved during 1965. Several deaf and dumb tradesmen were paid off during the year, but these were all placed with new firms. At the end of the year one deaf and dumb joiner was unemployed.

Welfare Services

The services for the deaf are carried out by a welfare officer for the deaf and during the year 1,847 visits have been made to, or on behalf of, the deaf and hard of hearing as follows:—

To Employers	51
To Hospitals	125
To Ministry of Labour	29
To National Assistance Board	20
To Insurance Companies	7
To Deaf School	32
To Residential Home	24
To Homes of Deaf, Dumb, Hard of Hearing	1,292
In connection with the issue of Hearing Aids	267
	1,847

The problems dealt with and assistance given to the deaf are many and varied arising from difficulties at the place of employment, assistance in obtaining suitable employment, interpreting at hospitals, weddings, divorce proceedings, National Assistance claims, house purchase problems and during driving tests.

Equipment Provided for Deaf Persons

4 Visible Indicators

1 Hearing Aid Loop Pick up System

As ordinary door bells are useless for the deaf, visible indicators are used to switch on lights inside the house when the door bell is pressed thus drawing the deaf person's attention to a caller at the door.

The Loop Pick up System was installed in the home of a 15 year old deaf spastic boy to enable him to use his special school hearing aid at home.

Hearing Aids

In co-operation with the Regional Hospital Board, a pioneer survey of elderly hearing aid users was carried out during 1965.

The number of persons visited was as follows:—

Age Group	Men	Women	Total Visits
65 to 69	35	28	63
70 to 79	58	73	131
80 to 89	28	43	71
90 plus	—	2	2
	121	146	267

The follow up visiting of patients issued with hearing aids has undoubtedly proved highly successful. A minimum period of one month has been allowed to elapse between the issue of the aid and the first visit. This allows the patient a reasonable length of time to become used to the instrument and on visiting an accurate assessment can be made of how much use has been made of the aid.

The majority of cases visited have expressed a desire for regular calls to be made on them, and difficult cases may be visited at least once a month during the first six months they are using the hearing aid.

Voluntary Organisations for the Deaf and Hard of Hearing

The Northumberland and Durham Mission to the Deaf and Dumb continued to provide spiritual care, special Church services, social functions for the young and old, and to assist any deaf person who seeks their aid. Our Lady of Lourdes Deaf Club also provides spiritual care and special Church services and Club facilities. The Newcastle Branch of the British Association for the Hard of Hearing which is in its twenty first year, offers a variety of services and social functions such as Lip Reading Classes, Youth Clubs, regular monthly programmes of film shows, dances and social events, and also a monthly inter-denominational religious service. The Local Group of the Deaf Children's Society in Newcastle assisted a young Newcastle apprentice to purchase a set of tools.

SOCIAL AND OCCUPATION CENTRE

(*Mrs. B. I. Urwin*)

The Centre is open daily to registered physically handicapped, blind, deaf and deaf/blind persons in the City and is staffed by a full time Supervisor and a Craft Instructor. Three afternoons per week a Home Teacher to the Blind is also on duty.

The average weekly attendance is 127 physically handicapped, 85 blind, eight deaf/blind, one deaf and one deaf/dumb. Assistance is given by 27 voluntary helpers and guides.

Occupational activities include—hand embroidery, knitting and sewing, machine sewing, pottery and fabric painting, centre cane work, seagrass, rush and cane seating and repairing, toymaking, various types of rug making, light woodwork, upholstery and leather work. As a further interest this year glove making and working in ceramics and mosaics has been added. It is interesting to note that the sale of articles made by class members realised £855. 11s. 9d. including £144. 8s. 5d. for goods sold at the Tyneside Summer Exhibition. Considering the disabilities of the people attending the Centre, a high standard of work has been attained.

Evening classes for handicapped people are arranged through the Education Department and are held in the Centre as follows:—

Tuesday	2 hours	Dancing classes for the Deaf
Wednesday	3 ,,	Dressmaking
,,	3 ,,	Typing (for all except the Deaf/Blind)
,,	3 ,,	Shorthand Speed for the Blind
Friday	2 ,,	Typing (Deaf/Blind only)
,,	2 ,,	Social Education (Deaf/Blind only)

A discussion group sponsored by the Education Department for two hours each Wednesday afternoon is enjoyed by both the Blind and the physically handicapped.

Socially, parties to the nearby cinema and a very enjoyable evening at the City Hall for variety entertainment, a summer outing to Bamburgh and Seahouses, with lunch provided, and two very successful Christmas parties were organised. Christmas shopping was made easy through the kindness of the Manager of the British Home Stores who kept the store open for two hours after normal closing time, solely for the use of the handicapped. Class members are well catered for in reading matter, through the medium of the mobile library which calls into the Centre each week. They also enjoyed the convenience of the visiting hairdresser and were most grateful to the voluntary helpers who so kindly shop for them and assist in so many different ways.

Many visitors call throughout the year, including students in hospital administration, district nursing, social science, health visiting and teachers in training. Councillors call in from time to time.

HOME HELP SERVICE

(Mrs. I. E. Moult)

Care of the elderly continues to grow and it forms the major part of the work in the Home Help Service.

Elderly people should not become entirely dependent upon others for all the ordinary activities of every day living; doing little jobs around the house helps them to maintain activity and interest. They are, and will be, happier if occupied.

During the year 3,072 cases were assisted. From the following analysis it will be seen that the largest increase in the number of applications for Home Help came from the elderly.

The groups of people served fall into the following categories:—

	1965	1964	1963	1962
Maternity	64	91	91	130
Short Term Illness	62	54	25	58
Long Term Illness (under 65 years)	366	367	407	379
Aged 65 years and over	2,514	2,426	2,321	2,310
Child Care	34	25	31	51
Cancer	12	21	22	22
Tuberculosis	20	11	17	29
	3,072	2,995	2,914	2,979

The weekly hours of service at the end of 1965 were 15,360 as compared with 14,975 at the end of 1964.

Absence due to sickness remains high and tends to disrupt the service.

During the year 141 Home Helps resigned, mainly because of ill health or for domestic reasons. The number of Home Helps engaged was 174, all of these were part time, working 20 hours per week.

It has been necessary to engage six extra Home Helps to cover the week ends for patients who can hardly get out of bed (or may at times be confined to bed). At the present time 12 cases are being served, each receiving one and a half hours, Saturday and Sunday.

Twenty-one 'dirty' cases were cleaned by Home Helps during the year. The Home Helps who tackle these houses are doing a splendid job, as it is very hard and unpleasant to work under these conditions.

The Visiting Staff carried out 11,908 supervisory visits to the patients' homes.

An average of 120 cases remained on the waiting list throughout the year, 80 of them being 'temporary' due to the absence of their home help on holiday or on sick leave.

MEDICAL REHOUSING

I am grateful to the Director of Housing for the following information:—

Cases considered	1,698
Number of priorities	136
Number recommended for transfer	159

IV—INFECTIOUS DISEASE

PREVALENCE, PREVENTION AND CONTROL

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

(Dr. D. L. Wilson)

The prevalence of infectious disease at various ages and in different Wards of the city during 1965 is shown in Tables 'A' and 'B'

It is gratifying to record that no case of poliomyelitis or diphtheria occurred in the City during 1965. This is the third year in succession that there has been no poliomyelitis and there has not been a case of diphtheria since 1958. The near disappearance of these diseases since the introduction of appropriate immunisation has been dramatic but the outbreak of poliomyelitis in Blackburn in August 1965 was a warning against any complacency. The decline in whooping cough since immunisation was introduced has not been so dramatic but the notifications in 1965 were the lowest yet. Scarlet fever notifications were the highest since 1959 but these were scattered throughout the year and over all the City with no epidemic incidence. Notifications of dysentery were low.

Measles

The table below clearly shows the two year cycle of measles epidemics which usually occur in the first quarter of alternate years while virtually disappearing in between. The 1965 epidemic was unusual. Fewer children were affected, it had a low peak and extended throughout the spring and summer. The epidemic early in 1963 had also been smaller than its predecessors and many children who missed that epidemic took measles during the following 18 months resulting in a steady flow of notifications during 1963-64. Small epidemics occurred in the adjacent Armstrong and Benwell wards and in Jesmond during the summer of 1964. The disease dropped to its usual non-epidemic pattern for only two months in the autumn of 1964. This recent atypical epidemiological pattern may obscure the effect of measles vaccination on notifications in the next few years.

MEASLES NOTIFICATIONS 1955-1965

1955	4,340	1961	5,138
1956	683	1962	508
1957	5,531	1963	3,977
1958	263	1964	1,148
1959	5,725	1965	3,242
1960	164		

Enteric Fever

Although no case was notified in 1965 the following investigations were required:

(i) A patient in the Collingwood Clinic at St. Nicholas Hospital, Gosforth, developed typhoid in July some two weeks after she had immersed herself in the Tyne. She was transferred to the Newcastle General Hospital where she died. The organism was of Far Eastern origin but, despite a full investigation of those with whom she had been in contact, of the Tyne water in the proximity of sewage outfalls and of the sewers themselves, no source of infection was found, nor had any ships from Eastern waters been in the Tyne Port. The contacts were followed up and no further infection resulted.

(ii) In September a case of typhoid in a Bognor Regis Holiday Camp led to the investigation of some contacts in the City, none of whom was infected.

(iii) In August eight persons were reported who were thought to have consumed unpasteurised milk infected with paratyphoid while on holiday in Blackpool. On investigation four of these were found to be carrying the organism and were referred to their general practitioners for treatment. Negative specimens were later obtained from all four persons.

Food Poisoning

Six isolated cases of food poisoning were notified during the year but this is no measure of the epidemiological work involved. Several laboratory reports were received of cases of salmonella infection and in all 56 visits were paid by Public Health Inspectors in connection with food poisoning. One-time consuming investigation arose from the infection of three people—separate households—with Salmonella bovis mortificans. Extensive enquiries were made relating to the sources of their food especially their meat supplies but no source common to all three came to light.

Encephalitis

Two cases of acute encephalitis were admitted to the Newcastle General Hospital in a dying condition. Full post-mortem and microbiological investigation revealed the acuteness of the condition but no causal organism. Further enquiries revealed a case also admitted to the Newcastle General Hospital six weeks previously

but all investigations proved negative and the patient recovered. Two of the three cases lived in the same area of the City and two of them had attended the same place of work but with a considerable interval between. Full enquiries revealed no reason why any of the three cases should be associated. This illustrates the difficulty of epidemiological investigation where no causal organism can be found.

Acute Rheumatism

Acute rheumatism in children under 16 has been notifiable locally since 1959. Notifications have been as follows:—

1959	23	1963	3
1960	14	1964	2
1961	10	1965	7
1962	6		

Smallpox

In June a Pakistani boy in Leeds was suspected to be suffering from Smallpox. The man who had met him some days before at London Airport and driven him to Leeds lived in Newcastle. As a door-to-door salesman he had many contacts in this area. His family and others living in the same house were vaccinated and arrangements were made to admit him to the smallpox hospital for observation. Before this took place the suspect was proved negative. The opportunity was taken to review the smallpox procedures and to revaccinate the appropriate staff.

TABLE A

CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS

EXLCUSIVE OF TUBERCULOSIS

AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1965

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 upwards		1965		1964	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acute poliomyelitis including polio encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Rheumatism (under 16 years)	—	—	1	—	5	—	1	—	—	—	—	—	—	—	7	—	2	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	1	—	16	—	13	—	7	—	9	—	3	—	—	—	49	—	104	—
Enteric fever	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—
Erysipelas	—	—	—	—	1	—	—	—	—	—	2	—	2	—	5	—	2	—
Food Poisoning	1	—	—	—	1	—	—	—	2	—	1	—	1	—	6	—	18	—
Acute encephalitis	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	3	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	174	—	2027	—	1032	1	4	—	2	—	—	—	—	—	3239	1	1148	—
Meningococcal infections	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Pneumonia	3	13	6	1	8	—	3	1	8	1	18	25	23	150	69	191	45	199
Puerperal pyrexia	—	—	—	—	—	—	4	—	2	—	—	—	—	—	6	—	3	—
Rubella	9	—	45	—	89	—	1	—	4	—	—	—	—	—	148	—	180	—
Scarlet fever	2	—	43	—	70	—	1	—	1	—	—	—	—	—	117	—	88	—
Whooping Cough	3	—	21	—	8	—	—	—	—	—	—	—	—	—	32	—	61	1
Totals	193	14	2159	1	1227	1	21	2	28	2	24	26	26	151	3678	197	1653	200

TABLE B

WARD DISTRIBUTION OF INFECTIOUS DISEASES (CITY CASES)

WARD	Pneumonia	Acute Rheumatism under 16 years	Diphtheria	Dysentry	Enteric Fever	Erysipelas	Food Poisoning	Acute Encephalitis	Malaria	Measles	Meningococcol Infections	Ophthalmia Neonatorum	Poliomyelitis	Puerperal Pyrexia	Rubella	Scarlet Fever	Tuberculosis (all forms)	Whooping Cough	Total 1965	Total 1964
St. Nicholas ...	—	—	—	—	—	—	—	—	—	53	—	—	—	—	—	—	4	—	57	24
Blakelaw	2	—	—	1	—	—	—	—	—	76	—	—	—	—	10	11	9	2	111	98
Kenton	5	1	—	7	—	1	1	—	—	228	—	—	—	—	11	7	13	—	274	137
Scotswood ...	14	—	—	1	—	1	1	—	—	270	—	—	—	1	17	18	7	1	331	70
Stephenson ...	—	—	—	7	—	—	—	—	—	143	—	—	—	1	12	6	20	1	190	126
Armstrong ...	2	—	—	3	—	—	—	—	—	158	—	—	—	—	14	4	14	3	198	158
Elswick	—	1	—	—	—	—	1	—	—	121	—	—	—	—	6	6	9	11	155	88
Westgate	—	—	—	—	—	—	—	—	—	90	—	—	—	1	6	3	11	1	112	89
Arthurs Hill ...	6	—	—	1	—	—	1	—	—	121	—	—	—	—	6	10	10	—	155	88
Benwell	3	—	—	1	—	—	—	—	—	203	—	—	—	1	17	10	7	6	248	208
Fenham	5	—	—	3	—	2	—	—	—	147	—	—	—	1	9	15	13	1	196	68
Sandyford... ...	2	2	—	—	—	—	1	—	—	130	—	—	—	—	3	—	1	—	139	53
Jesmond	2	—	—	2	—	—	—	—	—	81	—	—	—	—	1	1	4	—	91	112
Dene	9	2	—	3	—	—	—	—	—	119	—	—	—	—	4	1	5	—	143	86
Heaton	4	—	—	1	—	—	—	—	—	152	—	—	—	—	15	2	2	—	176	68
Byker	—	—	—	2	—	—	—	—	—	169	—	—	—	—	1	8	8	—	188	71
St. Lawrence ...	6	—	—	9	—	1	—	—	—	193	—	—	—	1	3	7	8	1	229	78
St. Anthony's ...	1	—	—	7	—	—	—	—	—	237	—	—	—	—	4	5	15	4	273	68
Walker	3	1	—	1	—	—	—	—	—	397	—	—	—	—	5	2	9	—	418	77
Walkergate ...	5	—	—	—	—	—	1	—	—	151	—	—	—	—	4	1	5	1	168	51
Total 1965 ...	69	7	—	49	—	5	6	—	—	3239	—	—	—	6	148	117	174	32	3852	—
Total 1964 ...	45	2	—	104	—	1	18	—	—	1148	—	2	—	3	180	88	166	61	—	1818

SPECIAL SKIN CLINIC

(Dr. G. Hamilton Whalley)

This Clinic is situated at the rear of the Adult Training Centre, Jubilee Road. Attendances where possible are by appointment and totalled 303 compared with 188 in 1964, an increase of 61%.

Those attending comprised 166 males and 137 females, 80 attending singly, 54 for scabies and 26 for pediculosis. Of 268 receiving treatment for scabies, 216 were in 46 family groups, and of 35 attendances for pediculosis, seven were in two family groups.

Second treatments were necessary for 36 cases of scabies in five family groups. One case of scabies also had a flea infestation. Treatment for scabies included 17 persons in four families from two other local authorities.

Increasing emphasis and follow-up, by health visitors in particular, on the need for treating all the family contacts of a case of scabies, has increased the attendance of family groups from 19 in 1964 to 48 in 1965. Family groups varied in size from two to ten members..

There was no special seasonal incidence. Attendances averaged 25 a month, and were maximal in September and October with 44 attendances, and least in July when nine attended.

AGE DISTRIBUTION AND TYPE OF CASE

Age	1959	1960	1961	1962	1963	1964	1965					
							Total		Scabies	Pediculosis		
							M	F		Hd.	Bdy.	Pbs.
0—1	3	—	—	6	16	3	6	8	12	2	—	—
1—4	27	4	2	18	45	16	29	25	52	2	—	—
5—15	26	5	—	17	50	34	46	38	84	—	—	—
15+	278	119	74	99	180	135	85	66	120	5	24	2
Totals	334	128	76	140	291	188	166	137	268	9	24	2

REFERRALS FOR SCABIES AND PEDICULOSIS

Source	Scabies	Pediculosis
34 Family Doctors	146	1
3 City Hospitals R.V.I. (41) N.G.H. (20) Others (8)	68	1
Departmental Staff		
Health Visitors	11	5
Social Workers	11	1
School Health Service	4	—
Salvation Army	2	23
Other Local Authorities (2).. ..	17	—
Ministry of Labour	6	—
National Assistant Board	—	4
Self referred	3	—
	268	35

COMPARATIVE ANNUAL STATISTICS

Year	Cases				Total No. Treatments	Average No. of Treatments per patient
	Scabies	Pediculosis	Others	Total		
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
1963	190	101	—	291	318	1.10
1964	132	56	3	188	205	1.09
1965	268	35	—	303	338	1.12

VENEREAL DISEASE

(Dr. W. V. MacFarlane)

Statistics for 1965

	Grand Total	Male	Female
New Registrations Total ..	1,184	783	401
Gonorrhoea	188 (16%)	120 (15%)	68 (17%)
Syphilis	31 (3%)	22 (3%)	9 (2%)
Non-gonococcal Urethritis ..	208 (17%)	208 (27%)	—
Trichomonas Vaginalis Infestation	78 (6%)	—	78 (19%)
Non-venereal treated	275 (23%)	136 (17%)	139 (35%)
Non-venereal and not requiring treatment	305 (26%)	204 (26%)	101 (25%)
Desired reassurance and no infection found	99 (9%)	93 (12%)	6 (2%)

Analysis of the figures reveals:

An overall decrease of 17% in new registrations (1964: 1,421).

A 33% decrease in those found to have gonorrhoea (1964: 280).

A 6% increase in those found to have non-gonoccal urethritis (1964: 197).

Sixty-eight (36%) of those men suffering from non-gonococcal urethritis were married and 22 (32%) acquired their infection from their wives.

Ninety-four men desired reassurance that they were free from venereal infection and 93 were found to be so; of ten women desiring reassurance, six were found to be healthy.

Of 1,184 patients who came to the Venereology Department in 1965, only 469 (40%) were found to have venereal infection.

Teenagers. Twelve per cent of all new male registrations and 10% of all new male gonococcal infections were teenagers. Females —30% of all new registrations and 30% of all new gonococcal infections were teenagers.

Twenty-four per cent of all female teenagers were under the age of 15 years.

Immigrants. Twelve per cent of all new male registrations were immigrants, Eire nationals accounting for more than half.

Homosexuality. 36 of all new male registrations were homosexuals.

Contact Tracing. 139 contacts of men with gonorrhoea were named as possible sources of their infection. Thirty-eight failed to supply sufficient information which would enable the contact tracers to locate their consorts. Of the remainder (101) 14 were wives or regular liaisons. There were therefore 87 women whom we were anxious to examine; the contact tracers were unable to trace ten of these, leaving 77. Thirty-five came to the clinic, 20 through the efforts of the contact tracers and 15 via the patients; 31 were found to be infected. These 77 infections represent 44 women as seven women accounted for 29 male infections.

The Social Worker Comments

The public house is still the most common meeting place, with the street a good second.

Prostitutes are usually persuaded quite easily by the contact tracers to attend for examination, while with the enthusiastic amateur and the nervous female teenager, who has no symptoms to worry her, the contact tracers have great difficulty and spend a considerable amount of time urging these reluctant alleged sources of infection to attend.

CHEST CLINICS
MASS RADIOGRAPHY

V—TUBERCULOSIS

CONTACT CLINICS

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1927

Year	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
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	24	0.09	0.67
1963	117	9	0.03	0.44	30	4	0.015	0.11	147	13	0.05	0.56
1964	144	14	0.05	0.55	22	1	0.004	0.08	166	15	0.06	0.64
1965	142	19	0.07	0.55	32	6	0.023	0.12	174	25	0.01	0.67

TUBERCULOSIS

There was a slight decrease in the number of new cases of pulmonary tuberculosis, 142 cases, two less than last year, were notified, giving an attack rate of 0·55 per 1,000 population. New cases of non-pulmonary tuberculosis numbered 32 as compared with 22 in 1964, the attack rate rising from 0·08 to 0·12.

The number of deaths from the disease rose to 25, ten more than in 1964, all but six being due to pulmonary tuberculosis; giving a death rate of 0·097 per 1,000 population (0·074 pulmonary and 0·023 non-pulmonary).

Notifications

During the year, primary notifications were received as follows:

Pulmonary	*Non-Pulmonary*	*Totals*
142	32	174

Sourses of notification were:—

General Practitioners	22
Chest Physicians	117
Hospital Medical Staff	35
	174

In addition, 18 notifications (17 pulmonary and one non-pulmonary) were received of cases previously notified elsewhere which had moved into the City during the year.

RESPIRATORY TUBERCULOSIS—PERIODS OF NOTIFICATION BEFORE DEATH

	Deaths which occurred in these years											
	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Persons not notified before death ...	11	6	9	4	4	5	7	8	5	1	4	7
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	—	—	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	—	—	—	—	—	—	—	2
18 and 24 months	5	3	2	1	1	—	—	—	—	—	2	—
2 and 3 years	11	2	2	3	1	2	4	2	3	1	—	1
Over 3 years	30	29	22	20	16	12	7	10	8	7	8	8
Totals	77	48	41	35	29	28	24	21	22	9	14	19

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

	1959		1960		1961		1962		1963		1964		1965*	
	Death Rate	Attack Rate	Death Rate	Attack Rate	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	0.90	0.10	0.87	0.09	0.77	0.09	0.69	0.05	0.56	0.06	0.64	0.06	0.66
England and Wales...	0.08	0.64	0.07	0.52	0.07	0.47	0.06	0.44	0.06	0.40	0.05	0.38	0.05	0.48
Glasgow	0.22	1.19	0.21	1.13	0.19	1.10	0.19	1.00	0.21	0.95	0.15	0.93	0.16	0.82
Scotland	0.11	0.83	0.10	0.75	0.09	0.70	0.09	0.61	0.09	0.55	0.07	0.50	0.07	0.51

*Provisional figures

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING 1963, 1964 and 1965

		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—	1963	—	—	1	2	1	6	3	13	16	15	13	6	1	77
	1964	2	2	2	—	1	2	8	14	18	18	17	5	5	94
	1965	—	1	4	5	3	6	4	8	9	14	21	10	4	89
Females—	1963	—	—	1	1	2	6	6	7	9	5	2	—	1	40
	1964	1	—	1	—	4	5	4	14	12	3	4	2	—	50
	1965	1	2	4	4	5	2	4	9	9	9	3	1	—	53
Non-Respiratory—															
Males—	1963	—	—	—	—	—	—	2	7	3	1	1	—	—	14
	1964	—	—	—	—	—	2	1	3	2	1	—	—	—	9
	1965	—	—	—	—	1	1	—	5	1	1	2	—	—	11
Females—	1963	—	—	—	1	—	—	1	1	3	2	7	—	1	16
	1964	—	—	—	—	—	1	2	3	2	2	2	—	1	13
	1965	—	—	—	—	1	2	2	6	1	5	2	2	—	21
Totals	1963	—	—	2	4	3	12	12	28	31	23	23	6	3	147
	1964	3	2	3	—	5	10	15	34	34	24	23	7	6	166
	1965	1	3	8	9	10	11	10	28	20	29	28	13	4	174

AGE DISTRIBUTION OF DEATHS DURING 1965

	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	Total
Respiratory—														
Males	—	—	—	—	—	—	—	—	2	1	5	6	2	16
Females ...	—	—	—	—	—	—	—	—	1	1	1	—	—	3
Non-Respiratory—														
Males	—	—	—	—	—	—	—	1	—	—	2	—	—	3
Females ...	—	—	—	—	—	—	—	—	—	1	1	1	—	3
Totals	—	—	—	—	—	—	—	1	3	3	9	7	2	25

CHEST CLINICS

I am grateful to Dr. Leggatt and Dr. Lanckner for the following contributions:

1. THE END OF THE ROAD

(*Dr. P. O. Leggatt*)

A conviction has been developing during the course of the past decade that tubercle is no longer important—neither for the individual nor for the community.

However, in respect of 28 cases of infectious pulmonary tuberculosis notified during the course of 1965 from the east side of Newcastle City, 19 cases had considerable areas of lung involved, equivalent to half or more of the total lung tissue (Table I).

Slight	Moderate	Extensive
9	12	7

Amount of Lung Involved

In 16 cases where it was possible to obtain an adequate history, these individuals had experienced suggestive symptoms for two months or more before coming for x-ray and in two cases symptoms had been present for more than twelve months (Table II).

MONTHS

Under 1	2—11	12 or more
5	9	2

Duration of History

Twenty-one of the cases were over the age of 40 years and 16 were aged 60 years and over. There was a slight preponderance of males. Twenty-one of the cases had large numbers of tuberculous organisms in their phlegm.

There are also eleven cases from previous years who remain infectious in spite of treatment and of these nine have tuberculous organisms which are already resistant to one or more of the standard anti-tuberculous drugs. This group has arisen due entirely to failure

on the part of the patient to take treatment regularly in adequate dosage. They are a grave danger to themselves and to the community at large.

Therefore there is ample evidence that we are far from the end of the road in ridding the community of the scourge of Tuberculosis. There is every reason to encourage individuals to make more use of the static mass x-ray unit freely available at Newcastle General Hospital, to co-operate in B.C.G. vaccination of their children at the appropriate age and, should they be so unfortunate as to develop tuberculosis, to co-operate in their treatment as it is a disease that is eminently preventable and treatable. The best safeguard is a lively social conscience in respect of the condition.

1. PULMONARY TUBERCULOSIS 1964/65

(Dr. J. R. Lauckner)

Last year I reported on a modified scheme for the notification of cases of pulmonary tuberculosis in the City of Newcastle and presented the findings during the first year of operation. It is now possible to present the figures for the second year and to make some comparisons.

Data for 1965

Altogether 167 incidents of respiratory tuberculosis were recorded, which can be subdivided according to clinical type as follows:

Primary intrathoracic tuberculosis	30
Tuberculosis of pleura	5
Adult pulmonary tuberculosis	132
	167

The data relating to cases of adult pulmonary tuberculosis, for the City as a whole, classified according to bacteriological status and type of case are as follows:

	Inward transfer	New	Relapse	Total
Smear positive	—	38	4	42
Culture positive	3	42	3	48
Culture negative	10	27	3	40
No Information	1	1	—	2
	14	108	10	132

There were altogether 142 new notified cases of respiratory tuberculosis—108 pulmonary, 29 primary, five pleural.

The new and relapsed cases together show the number of incidents of active disease arising in the City during the year. There were 87 infectious cases (equally distributed between smear positive and culture positive) constituting 73·5% of the total. If we add the three patients who were infectious at the time of inward transfer, there were 90 new foci of infection in the City.

The following table presents the data separately for the two Chest Clinics:—

	EAST				WEST			
	I.T.	*New*	*Relapse*	*Total*	*I.T.*	*New*	*Relapse*	*Total*
Smear positive ..	—	7	1	8	—	31	3	34
Culture positive ..	3	23	—	26	—	19	3	22
Culture negative ..	6	12	—	18	4	15	3	22
No information ..	—	1	—	1	1	—	—	1
	9	43	1	53	5	65	9	79

Comparison between 1964 and 1965

The total incidents of respiratory tuberculosis showed a decrease from 190 in 1964 to 167 in 1965. Primary cases increased from 12 to 30, pleural cases were five in each year, so adult pulmonary cases showed an overall decrease of 41. This total includes a decrease of 17 inward transfers, four relapses and 20 new cases.

New notifications of respiratory tuberculosis were 142 in 1965 compared with 144 in 1964 — concealing an increase of 16 childhood cases and a decrease of 18 adult cases.

The decrease in new adult pulmonary cases was entirely on the East side of the City—43 in 1965 compared compared with 63 in 1964, whereas 65 cases were recorded on the West side in each year. Furthermore the decrease was almost entirely in culture negative cases, from 29 in 1964 to 12 in 1965. The number of bacteriologically confirmed (infectious) cases therefore remained about the same, as shown in the following table:—

	EAST		WEST	
	1964	1965	1964	1965
Smear positive ..	12	7	26	31
Culture positive ..	21	23	18	19
Culture negative ..	29	12	20	15
No information ..	1	1	1	—
	63	43	65	65

The reason for this change on the East side of the City is not immediately apparent. Evidence is presented below, from the West Chest Clinic, which suggests that the reduction in culture negative cases in recent years is real *i.e.* not due either to improved bacteriology or to a more conservative policy in notification.

The reduction in inward transfers may be fortuitous. It is, however, probably due in part to the policy of not reporting cases considered to be already recovered at the time of inward transfer.

The reduction in the number of relapses from 14 to 10 is not significant.

The total number of new foci of infection in the City has remained about the same—90 in 1965 compared with 93 in 1964.

Comment

The 1965 figures confirm the impression recorded last year that the rapid decline in the incidence of respiratory tuberculosis, which started from the introduction of 'good chomotherapy' about 1954, has ceased. The incidence appears to be flattening out at the 1962 level.

Asian Immigrants

It was noted last year that Asian Immigrants did not appear to be responsible for the increased incidence of respiratory tuberculosis in 1964. There are probably about 1,500 such immigrants, the majority of whom reside in the West side of Newcastle.

Analysis of information from the West Chest Clinic for the years 1962-65 confirms that, although this group has a relatively high incidence of respiratory tuberculosis, the number of cases has not increased in recent years and is insufficient to affect materially the total incidence of the disease in the City.

NEW NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS

(West End Clinic Area)

	Immigrants		Total Notifications for area (including Newburn)
	Asian	Others	
1962	3	5	90
1963	6	3	80
1964	9	6	99
1965	4	2	97

Average number of Asian cases—5.5 per annum

Attack rate—3·6 per 1,000 p.a. (assuming Asian population 1,500).

Average attack rate Newcastle C.B. 1962-65—0·52 per 1,000 p.a.

Attack rate seven times greater in Asian immigrants than in indigenous population.

Evidence of Delayed Diagnosis

It was noted last year that the proportion of bacteriologically confirmed (infectious) cases was higher than in previous years. This was particularly notable on the West side of the City and there was considerable discrepancy in this respect between the East and West Clinics. The discrepancy is much less in 1965.

More detailed analysis of cases seen at the West Chest Clinic has produced some interesting information. For the years 1962 to 1965, patients have been divided into four groups, according to the means by which their disease was diagnosed:—

1. As result of routine mass radiography
2. Referred by general practitioners to the Mass X-ray Unit
3. Presenting as hospital in-patients
4. All other sources

Groups 2 and 4 have shown no consistent change, but Group 1 has decreased as Group 3 has increased, The total number of patients has remained about the same—82, 66, 80 and 76 in successive years.

ADULT PULMONARY TUBERCULOSIS

(West Chest Clinic area)

	Found by Routine Mass Radiography				Presenting as Hospital In-patients			
	1962	1963	1964	1965	1962	1963	1964	1965
Smear positive ..	2	1	6	3	7	4	10	16
Culture positive ..	3	5	4	3	—	—	5	4
Culture negative ..	18	16	6	3	3	3	—	3
	23	22	16	9	10	7	15	23

This suggests that patients are not being detected at the pre-symptomatic stage by routine mass radiography, but are turning up later as sick people in hospital. As noted on page 125 this shift coincides with a reduction in routine mass X-ray facilities in the City, although this cannot be the whole explanation. It is also consistent with the increase in childhood tuberculosis discussed on page 127.

If, owing to a more conservative attitude, we are not notifying the early culture negative cases, then there has been an overall increase in cases of pulmonary tuberculosis in the City, not merely a levelling off.

MASS RADIOGRAPHY

(Dr. J. R. Lauckner)

The two tables set out the work carried out by the North Regional Mass Radiography Service (Static, Mobile and Caravan Units) in the City during the year, and the cases of tuberculosis found among patients referred by their general practitioners. It should be pointed out that this report includes all work carried out by the Static Unit at Newcastle General Hospital. Not all the examinees were resident in the City.

In pursuance of the policy of the Regional Hospital Board to rundown the amount of Mobile Mass Radiography in the region and concentrate more on Static Units in district hospitals and patients referred by general practitioners, the number of Mobile Units operating in the region has been reduced from five to three. The Mobile Unit based at Newcastle General Hospital has therefore had to cover Northumberland and part of Durham in addition to the City and peri-urban areas. This change began in 1964 and was completed by the beginning of the present year. It has, inevitably, resulted in some reduction in the numbers of general public and industrial group examinees from Newcastle passing through the Units. The total of these two groups has been reduced from about 42,000 in 1962-63 to 27,000 this year. As will be seen from Table I, the cases of active tuberculosis found in both general public and industrial groups has decreased sharply, from 17 and 19 respectively in 1964 to 9 and 11 in 1965.

The cases of active tuberculosis found among patients referred by their general practitioners on the other hand has increased, although there was only a slight increase in the number of patients. (The figures in the last column of Table I in the report for 1964 were, unfortunately, incorrect—Doctors' Patients should have read 43 and the total 84). The cases of tuberculosis among doctors' patients have thus increased from 43 in 1964 to 52 in 1965 while the total number of cases found by Mass Radiography in the City has decreased from 84 to 78.

People referred by their family doctors are, in general, those with symptoms, whereas people examined as members of the general public or of industrial groups are usually apparently healthy. Cases found among doctors' patients are therefore likely to be more advanced and probably infectious. This is consistent with the increase in childhood tuberculosis in the City reported on page 127.

Contact visits were paid to two establishments at the request of the Medical Officer of Health. General public sessions were held at five locations in the East and West of the City, compared with thirteen locations during 1964. The work of the Static Unit at Newcastle General Hospital has continued on the same lines as in previous years.

TABLE I

WORK CARRIED OUT IN THE CITY OF NEWCASTLE UPON TYNE

Examinee Groups	No. X-rayed	Referred to Chest Clinics	Active Cases Tuberculosis
Doctors' Patients ..	8,040	849	52
Chest Clinic Contacts ..	1,444	21	4
School Children (Tuberculin +and Contacts)	155	3	—
General Public	6,725	183	9
Industrial Groups ..	20,808	231	11
Hospital Staff (Nursing)	678	9	—
Hospital out-patients and in-patients	1,158	53	1
Smokers' Clinic	6	1	—
Old People's Homes ..	297	30	1
Remand Homes	11	—	—
Total	39,322	1,380	78

TABLE II

SUMMARY OF GENERAL PRACTITIONERS' REFERRALS

Year	Nos. Referred	Active Cases	Rate per 1,000
1962	8,056	60	7.4
1963	7,985	41	5.1
1964	7,776	43	5.4
1965	8,040	52	6.5

CHILDHOOD TUBERCULOSIS

(*Dr. Mary Thompson*)

In 1965 there was an increase in notifications of tuberculosis in children and more important there was an increase in the total number of children treated with chemotherapy whether notified or not (Table I and Table Ia). This increase was entirely among children under five years of age and is disappointing. On further investigation however it is clear that it is in part due to infection in a few families each of which contained several children under five years of age. There were two families each with three children and five each with two infected children in 1965 whereas in 1962 there was only one family with two infected and in 1963 no family with more than one child infected under five years of age.

The number of children found to be tuberculin positive at routine testing at five years of age was the lowest yet recorded, only nine, of whom four were already under supervision; among the other five was one with an active infection and one with a healing lesion. These nine children are 0·3% of the children tested in the age group (Table II). At 10 years of age 45 children were found to be tuberculin positive (1·7% of those tested) of whom 40 were already under supervision. Of the five newly found ones, three had been tuberculin negative when tested at five years of age and the other two had not had previous tests although one had readiological evidence of an old lesion. There were no active infections found. These findings are very satisfactory indeed so far as they go but only 68% of five year old children, 77% of 10 year olds were actually tested, and worse still only 58% of 12 year olds were tested.

Among children seen as contacts 29 of the 1,314 under five years of age were found to be infected (Table III) and 18 of the 168 seen as contacts of newly diagnosed patients (Table IV).

The number of B.C.G. Vaccinations has again risen (Table V). This is mostly due to the care and enthusiasm with which health visitors and midwives advise parents that their children should have B.C.G. wherever there is known to have been a case of tuberculosis in the family. It is also due to the excellent response of these parents and should do much to reduce the incidence of tuberculosis infection in children.

A recent analysis of the names of tuberculin positive children under supervision at the Children's Contact Clinic in December 1965

revealed 65 under five years of age and 840 between five and 15 years. A further 560 young people over 15 years were also still under supervision. Further study of this material is proceeding for it is among these that future cases of tuberculosis may be expected to occur.

TABLE I

THE NUMBER OF NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) AND OF TUBERCULOUS MENINGITIS AND THE NUMBER OF TUBERCULOSIS DEATHS IN THOSE AGED 0—14 YEARS IN NEWCASTLE 1950—1965

	1950	1953	1955	1957	1959	1961	1963	1964	1965
Notifications :									
All forms ..	91	69	49	40	17	17	9	13	20
Meningitis ..	13	7	7	4	—	—	—	—	—
Deaths—									
All forms ..	13	4	—	—	1	—	—	—	—

TABLE Ia

THE NUMBER OF CHILDREN TREATED WITH CHEMOTHERAPY 1963—1965

	1963	1964	1965
Under 5 years ..	8	21	29
5 to 9 years ..	17	13	16
10 to 15 years ..	7	8	9
Under 15 years ..	32	42	54

TABLE II

THE RESULTS OF ROUTINE TUBERCULIN TESTING IN SCHOOLS 1954—1965

	1954	1957	1959	1961	1963	1965
'Leavers' age 12—14						
% Tested	—	71	65	67	68	73
Number Tested ..	3,034	2,339	2,501	2,872	2,901	2,355
% Positive	45	26	17	18	15	16
'Juniors' age 9—10						
% Tested	—	52	74	81	78	77
Number Tested ..	—	2,314	3,096	2,973	2,909	2,693
%Positive	—	10*	11*	5	2.4	1.7
'Infants' age 5—6						
% Tested	—	67	74	76	75	68
Number Tested ..	—	3,111	3,086	3,280	3,473	2,949
% Positive	—	2.0	1.4	1.3	0.7	0.3

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

TABLE III

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AND THE NUMBER FOUND TO BE TUBERCULIN POSITIVE 1941—1965

	1941	1945	1949	1953	1959	1963	1964	1965
Number seen	63	139	277	577	1,206	1,179	1,395	1,314
Number tuberculin Positive	26	46	62	79	18	12	21	29
% Positive	41.3	33.1	22.4	13.7	1.5	1.0	1.5	2.2

TABLE IV

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF NEWLY DIAGNOSED PATIENTS 1952—1965

	1952	1955	1959	1963	1964	1965
Number seen	103	217	309	176	195	168
Number Tuberculin Positive	41	27	9	6	18	18
% Positive	40	12.4	2.9	3.4	9.2	10.8

TABLE V

THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1952—1965

	1952	1953	1955	1959	1963	1964	1965
Chest Clinics	22	93	220	235	88	75	17
Contact Clinics	92	219	527	950	935	800	1,072
Newcastle General Hospital (Maternity Department) ..	170	114	142	258	184	224	225
Princess Mary Maternity Hospital	—	37	133	183	294	326	240
	284	463	1,022	1,626	1,501	1,425	1,554
School Leavers	—	—	713	2,760	2,429	2,369	1,488
Further Education Students ..	—	—	—	28	32	—	—
Total	284	463	1,735	4,414	3,962	3,794	3,042

SOCIAL WORK

CHEST CLINICS

During the year under review, some 373 patients were interviewed, covering 294 patients from the City of Newcastle, and 79 patients living in County areas.

Help in various forms was provided for patients and their families.

	Newcastle	County
Enquiries	68	28
Reports sent	119	78
Reports received	81	36
Clothing	8	1
Extra Nourishment	95	29
Convalescence	9	7
Fares	8	4
Nursing Comforts	18	3
Bedding	1	—
Housing Conditions	12	1
Suitable Work	25	10
Advice	25	15
Financial Assistance	100	19
Domestic Help	2	4

Some 23 Newcastle patients and three County patients were referred to the Social Services section for a deeper consideration of their problems as this was not available at the Clinic.

The Agencies used in providing the necessary assistance for those patients seen in the Clinic were as follows:—

	Newcastle	County
Voluntary Care Committees	178	141
National Assistance Board	23	13
Ministry of Labour and/or Disablement Resettlement Officer	15	8
Ministry of Pensions & National Ins.	1	—
Regional Hospital Board	5	1
Loans Department (Local Authority)	15	3
Children's Officer	2	—
General Practitioner	34	11
Council of Social Service	1	—
Womens' Voluntary Service	3	1
Housing Department	—	1
Health Visitors	17	8
Probation Officer	—	1
National Society for Cancer Relief	139	27
Other Voluntary Services	16	—

REPORT OF THE
SCHOOL MEDICAL OFFICER

VI—SCHOOL HEALTH SERVICE

SYNOPSIS OF REPORT SUBMITTED TO
EDUCATION COMMITTEE

REPORT OF THE SCHOOL HEALTH SERVICE

(Dr. H. K. Sainsbury)

There were no major changes in the administration of the School Health Service in 1965, neither were there any alterations in the day to day work of the Service.

The two combined clinics referred to in my report of last year at Atkinson Road and Ravenswood were opened, the former in April and the latter in September. Both are functioning satisfactorily. Plans are now in hand for the clinics at Diana Street and Shieldfield.

Arrangements are in hand for the establishment of a day school for maladjusted children to be known as Eastview in the premises of Bolam Street School. It is anticipated that the headmaster will receive pupils in January 1966 and the Child and Family Psychological Service will move its headquarters from the Central School Clinic to a Child Guidance Clinic within the school after Easter 1966.

Staff problems remain substantially unaltered. It has been possible to maintain a full complement of medical officers and nurses. Dr. Mills the Senior Education Psychologist, in spite of a national shortage of Education Psychologists, has been singularly successful in recruiting staff. For the greater part of the year we were working with one part-time speech therapist, but two posts were filled in September. The establishment consists of three speech therapists but rarely during past years has it been possible to fill all three posts. During the year considerable thought has been given to the problem of easing the shortage of speech therapists and the Senior School Medical Officer with other representatives of the School Health Service group met representatives of the College of Speech Therapists in London to discuss how best the shortage might be overcome. It the early part of the year, following the closure of the Orthopaedic Department, the establishment was reduced to two physiotherapists, but it has not been possible to fill the posts and one part-time therapist only is giving treatment at Pendower Hall School.

MEDICAL INSPECTIONS

In the East of the City all children aged five, nine or fourteen years were inspected. The five-year-old group were inspected in the course of their first term in school. In the West of the City children are examined immediately prior to school entry. Selective examinations are conducted on pupils in their last year in the primary school and all leavers are examined at the beginning of their final year in school. Owing to the change-over to comprehensive education in the West of the City some difficulty was encountered in completing the inspections before the end of the year. The work during the Michaelmas term was also increased by providing protection against tuberculosis to pupils in their 12th year in addition to those in their 13th.

The numbers of pupils inspected were:—

A. Periodic Inspections in Maintained Schools

Entrants	3,633
Intermediates	2,249
Leavers	2,866
Other Ages	307

Periodic Inspections in Independent Schools

Church High School— (First and third age groups)	46
Sacred Heart Grammer School (Third age group)	50

B. Re-Inspections in Schools

No. of Pupils Inspected ..	792

C. Special Inspections

(a)	Inspection in Schools	621
(b)	Inspections for freedom from infection ..	652
(c)	Examination for employment of pupils out of school hours	382
(d)	Examination of children and young persons proceeding to remand homes	169
(e)	Examination of children taken into care of Local Authority	422
(f)	Annual Inspection of children in Care of Local Authority	394

D. Infestation with Vermin

(a) Total number of Individual Examinations of Pupils in schools by Nurses or other Authorised Persons 54,920

(b) Total number of Individual pupils found to be Infested 2,480

(c) Number of pupils in respect of whom Cleansing Notices were issued under Sect. 54 (2) Education Act, 1944 158

(d) Number of pupils in respect of whom Cleansing Orders were issued under Section 54 (3) Education Act, 1944 24

The arrangements detailed in the full report on the School Health Service for last year concerning the maintenance of cleanliness of pupils in school were implemented throughout the year and in this respect the condition of the children has not been allowed to deteriorate.

NUMBER OF PUPILS FOUND TO REQUIRE TREATMENT

Age Group (Born)	No. of Pupils Inspected	No. of Pupils found to require Treatment		
		Defective Vision	Other Conditions	Total Individual Pupils
1961 and later	307	—	13	13
1960	3,142	25	170	182
1959	399	6	34	34
1958	66	3	4	5
1957	26	—	1	1
1956	137	1	2	3
1955	2,070	175	182	308
1954	35	—	—	—
1953	7	—	—	—
1952	3	—	—	—
1951	1,022	102	48	123
1950	1,831	136	93	192
Total	9,045	448	547	861

Of the eight School Clinics provided by this Authority three are concerned with School Health facilities only. The remaining five are combined School Health and Child Welfare Clinics. All are well maintained in equipment, decoration and structural repair. Accommodation in the more recently purpose-built clinics tends to be somewhat restricted and reflects the prevailing stringency in building programmes. It is something of an achievement on the

part of this Authority that these clinics have been provided. Arrangements are in hand to utilise the dental suite at Kenton Clinic to improve the accommodation there.

The facilities offered in the Clinics are as follows:—

SCHOOL CLINICS
FACILITIES OFFERED

Clinic								
Atkinson Road	a	b	c					
Bentinck	a	b	c	d				f
Blakelaw	a	b	c					f
Central	a	b	c	d		e		f
East End	a	b	c			e		f
Kenton	a	b	c					
Middle Street	a	b	c	d				f

Key

a—Daily Dressings. b—Consultations. c—Dental.
d—Refractions. e—Skin Clinics. f—Examinations—(Under Sect. 34 Ed. Act.)

A. Attendances at Clinics

The number of pupils seen by medical officers or nurses were as follows:—

(i) School Clinics

Atkinson Road	1,805
Bentinck	1,017
Blakelaw	2,163
Central	3,322
East End	2,149
Kenton	1,267
Middle Street	2,398
Ravenswood	30

(ii) Accessory Clinics

Ashfield House	490
Brinkburn Street	255

(iii) Clinics on School Premises

Number of Clinics	22
Total sessions per week	42
Total pupils attending	9,416

B. The Work in School Clinics

Consultations by Medical Officers

Ashfield House	51
Atkinson House	141
Bentinck	94
Blakelaw	388
Central	263
East End	684
Kenton	78
Middle Street	279
Ravenswood	7

Return of Work in School Clinics

Defect or Service	Number of Children	Total Treatments
Skin—Septic	2,315	5,715
Scabies	137	184
Ringworm	4	3
Other	1,762	4,258
Ear Conditions—		
Wax in Ears	69	78
Discharging Ears	53	806
Eye Conditions—		
Conjunctivitis	48	112
Other External Eye Conditions	313	440
Spectacles	668	286
Vision Tests	423	200
Tonsillitis	59	39
Acute Infectious Fevers	34	21
Injuries	1,523	2,163
Malaise	154	146
Follow-up Inspections	357	213
Head Inspections	266	319
Cleansing	447	1,021
F.F.I's and Manual Workers	2,096	591
Miscellaneous	4,235	2,247
Total	14,963	18,842

Inspections performed by School Nurses

Hygiene Inspections	61,921
Head Inspections	15,149
Follow-up Inspections	2,324

C. The Work in Clinics on School Premises

In addition to the main School Clinics the following subsidiary clinics have been provided to shorten the travel of pupils from nearby schools:—

Cowgate in Cypress Avenue
Ashfield in Elswick Road
Brinkburn in Brinkburn Street

The clinic at Cowgate was re-opened at the request of the Headmaster of the Senior School and the number of children attending has justified this arrangement. The number of children attending Brinkburn has decreased and the present need for this clinic is being watched.

Dressings are undertaken by school nurses in school in order further to reduce the travel of pupils during school sessions. In some instances pupils from a nearby school have attended these clinics, which are visited once a week.

The work accomplished is shown below:—

Defect or Service	Number of Children	Total Treatments
Skin—Septic	2,987	5,144
Scabies	44	6
Ringworm	4	8
Other	1,937	3,679
Ear Conditions—		
Wax in Ears	63	37
Discharging Ears	39	68
Eye Conditions—		
Conjunctivitis	11	15
Other External Eye Conditions	218	308
Spectacles	31	18
Vision Tests	91	260
Tonsillitis	21	9
Acute Infectious Fevers	2	3
Injuries	670	1,094
Malaise	99	72
Follow-up Inspections	1,729	580
Head Inspections	1,135	627
Cleansing	87	551
F.F.I's and Manual Workers	48	70
Miscellaneous	945	968
Total	10,161	13,517

D. Duties performed by School Nurses outside Clinics

Home Visits—

For Hospital	22
For Inspection of Home	36
For Other Reasons	1,953
Children escorted to Clinics or Hospital	194
Children escorted to and from Residential Schools	115

SPECIAL CLINICS

The Authority continues to provide a number of special clinics to supplement those provided by the hospital, general practitioner and supplementary services. Of those referred to in my report last year, the orthopaedic and asthma clinics have had to be discontinued owing to lack of physiotherapists.

1. Ophthalmic

The ophthalmic clinics have continued on the lines as in previous years. Three ophthalmic medical practitioners devote, between them, five sessions per week—four at the Central School Clinic and one at Middle Street. One school medical officer continues to undertake refraction work at Middle Street.

(i) *The numbers of children who received a full Opthalmic Examination were :—*

New Cases	376
Old Cases	999
The number for whom Glasses were prescribed	1,175
The number referred to Hospital following Examination	141
The number on the waiting list at the end of the Year	43

In addition children were examined outside the service as follows :—

Examined at Hospital	141
Examined by Ophthalmic Optician	279

(ii) The Dispensing of Spectacles

The number of Children who obtained Spectacles	784
The number of Spectacles repaired or replaced ..	1,003

2. Hearing Assessment Clinic

During the year under review the work of the Hearing Assessment Clinic continued on the lines of the previous years. The number of new cases and, consequently, the number of sessions devoted to the work showed a slight fall which may be due to the extended period of dry weather in the preceding two years. The sustained period of wet weather and the concomitant prevalence of catarrhal infection in 1965 is likely to reverse this trend in 1966.

The following summary of the past three years' work is interesting:

		1963	1964	1965
A.	Number of Audiometer Tests	288	377	271
	(a) New Cases	211	243	170
	(b) Reviews	77	94	101
B.	New Cases attending Clinic	287	311	252
	(a) Cases Reviewed :—			
	In Special Schools	8	5	15
	In Ordinary Schools	77	89	86
	(b) Cases Discharged	169	200	188
C.	Number of Cases referred to :—			
	(a) Hospital or General Practitioner ..	132	164	154
	(b) Speech Therapist	1	—	1
D.	Handicapped Pupils			
	(a) Ascertained	5	9	8
	(b) Reviewed	4	6	7
E.	Number of Pupils on Register with Hearing Aids	39	56	59
	Number followed-up and reported on ..	23	20	23
F.	Number of Hearing Aids issued (not on Register)	—	—	11
G.	Number followed-up after leaving School	1	—	—

Liaison with the Speech Therapy department was resumed in September, following the appointment of two full-time speech therapists. Liaison was also maintained with the trainee health visitors to enable them to see the clinic at work as a background to their future field in assessment on the district.

Early in the year Mrs. Kidd was appointed as Peripatetic Teacher of the Hard of Hearing.

The occasion should not pass without thanking the consultant surgeons for their unfailing help and advice. To Mr. F. W. Hockenhull, late Headmaster, Northern Counties School for the Deaf, we offer our congratulations and good wishes in his new post, in gratitude for his courtesy and co-operation with the service at all times. No doubt the happy liaison with the school will continue under the new headmaster.

At the time of writing, with the departure of Nurse Walker from the staff at Central Clinic and from the servcie, the cover of trained audiometricians is thin and there is need to train one or two extra personnel for stand-by duties.

3. Orthopaedic Clinic

The Orthopaedic Clinic continued without a Superintendent Physiotherapist and with a depleted staff until Easter 1965. Mr. York gave two sessions per week at Pendower Hall. The physiotherapy given was as follows:—

STATISTICS FOR THE YEAR

1.	Attendances	
	New Patients	23
	Total number of attendances at Surgeons' Clinics	387
2.	Physiotherapy	
	Total number of attendances at Physiotherapy Clinics ..	1,060
	Remedial Exercises	805
	Medical Electricity	163
	Massage	6
	Manipulations	280
	Radiant Heat	3
	Ultra Voilet Light	11
	Passive Stretching	8
	Postural Drainage	667

4. Skin Clinics

Ringworm continues to be no problem, the occasional case being a trichophyton infection, which does not cause epidemics.

We are still bothered by the "scabies-like" disease mentioned in previous reports, the patient complaining of massive papular lesions, excoriated and often impedigenous. Interestingly, whereas almost all cases are due to the Malophaga group which chew the skin, the head louse, a member of the Alloplura or piercing genus, is widening its attack, and producing body lesions also. More interestingly still, the rickettsial diseases spread by these insects in warmer climates have not, as feared, appeared. We appear to be witnessing the subtle but ill understood action of the biological barrier.

Plantar warts are at last on the decrease, at least in the East End of the city.

The closure of the Physiotherapy Department and consequent lack of facilities for ultra-violet treatment has proved unfortunate, as we can no longer treat psoriasis or alopecia.

REPORT OF THE SCHOOL DENTAL SERVICE FOR THE YEAR 1965.

(Dr. J. C. Brown)

General.

Over the early part of the year the service was operated by both full-time officers and officers working on a sessional basis, giving the equivalent altogether of eight full-time officers. This arrangement continued until May when it was decided that, following an internal re-arrangement of the work of the clinics, the services of the part-time officers need no longer be retained and from June onwards the work was undertaken by a new establishment of five General Dental Officers, the Principal Dental Officer, and the Orthodontist.

The working hours of the peripheral clinics were curtailed and the General Dental Officers each worked in two clinics on alternate days.

Throughout the year Mr. Elder was absent through illness and his resignation on health grounds was tendered in June.

Dental Inspections.

Only seventy-five per cent of the children attending the Authority's schools were examined during the year. This drop of about 15% on last year's figures was due partly to the effective strength of dental officers falling from eight to five, and partly to the introduction of dental record cards for all children on the school register. It is hoped, however, that the 25% of children who were not examined at school during the year will be inspected in the early months of 1966, by which time all children will have been issued with dental record cards. Co-operation from the teaching staff at these inspection sessions in the schools was generally good, but it was noticeable that where a head teacher associates in person with the dental officer at the examination, many more children can be inspected and a more profitable session result than where the organisation of the session is left solely to the dental officer and his attendant.

Treatment.

As in former years most of the treatment provided was of a conservative nature and in spite of the reduced staff, re-organisation of the work resulted in 13,500 fillings being inserted as against some 12,000 for last year. Figures for extractions dropped from 6,500 for last year to 5,500. Nearly all these extractions were carried out under general anaesthesia.

The majority of the orthodontic work was undertaken by Mr. Crombie but where any dental officer showed an interest in this speciality every encouragement was given him to bring his patients to the Central Clinic where laboratory facilities are available.

Artificial dentures were supplied to more than seventy children during the year while three hundred were fitted with regulation appliances.

Instruction on Oral Hygiene was given daily in the schools by the Dental Auxiliary. These lectures were illustrated by posters and models and in addition the Dental Officers gave informative talks to children, parents and teaching staffs at the first infant inspection sessions to which parents were invited to be present.

Emergency gas sessions were held daily at the Central Clinic at 4.0 p.m. so that any child reporting with toothache as an emergency at any school or clinic could be seen or treated the same day. X-ray diagnosis was available at all times at the Central Clinic.

Arrangements for an ambulance service in cases of delayed recovery from anaesthesia worked smoothly. Several patients were referred to the Dental Hospital for consultant advice or treatment.

Figures for the year are appended.

Number of Pupils on the Register of Maintained Primary & Secondary Schools including Nursery and Special Schools in January, 1966: 39,575.

ATTENDANCES & TREATMENT

	Age 5 to 9	Age 19 to 14	Age 15 and over	Total
First Visit	3,374	3,062	406	6,842
Subsequent visits	3,912	5,379	746	10,039
Total visits	7,286	844	1,154	16,881
Additional courses of treatment commenced ..	101	62	35	198
Fillings in permanent teeth	2,952	5,440	845	9,237
Fillings in deciduous teeth	3,464	815	—	4,279
Permenent teeth filled ..	1,896	4,049	619	6,564
Deciduous teeth filled ..	2,675	695	—	3,370
Permanent teeth extracted	331	1,293	204	1,828
Deciduous teeth extracted	2,927	938	—	3,665
General anaesthetics ..	1,403	888	86	2,377
Emergencies	740	483	75	1,298

Number of Pupils X-rayed	147
Prophylaxis	2,273
Teeth otherwise conserved	776
Number of teeth root filled ..	25
Inlays	13
Crowns	11
Courses of treatment completed ..	4,845

ORTHODONTICS

Cases remaining from previous year	363
New cases commenced during year	144
Cases completed during year ..	59
Cases discontinued during year ..	33
No. of removable appliances fitted	280
No. of fixed appliances fitted ..	16
Pupils referred to Hospital Consultant	19

PROSTHETICS

	Age 5 to 9	Age 10 to 14	Age 15 and over	Total
Pupils supplied with F.U. or F.L. (first time) ..	—	3	3	6
Pupils supplied with other other dentures (first time)	4	47	18	69
Number of dentures supplied	4	50	21	75

ANAESTHETICS

General Anaesthetics administered by Dental Officers	194

INSPECTIONS

(a)	First inspection at School. Number of Pupils	29,020
(b)	First inspection at clinic. Number of Pupils	4,177
	Number of (a) + (b) found to require treatment	15,213
	Number of (a) + (b) offered treatment	14,233
(c)	Pupils re-inspected at school clinic	1,541
	Number of (c) found to require treatment	1,007

SESSIONS

Sessions devoted to treatment	3,019
Sessions devoted to inspection	183
Sessions devoted to Dental Health Education	131

HANDICAPPED PUPILS

This authority has carried out its duties under Sections 33, 34 and 57 of the Education Act without undue difficulty.

The procedure of ascertainment has recently become somewhat modified. Prior to the setting up of the Child and Family Psychological Service all children requiring examination to determine whether they might be in need of special educational treatment were reported to the Senior School Medical Officer who arranged the examination. With an adequate staff of phychologists it has been possible for schools to make contact with the psychologist and arrange a preliminary examination of the child at school. In this way a number of retarded children (who form the largest group of handicapped pupils) are found not to require formal examination by a medical officer, but their difficulties do require discussion with the class teacher. Children who require admission to a special school are examined by a medical officer approved for this purpose. Broken appointments account for a material loss of time but the number of children awaiting examination at any given time has been considerably reduced.

The recommendation for special education treatment is made to the Education Committee at each monthly meeting. An average of 20 children were recommended each month during the past year.

Handicapped pupils are admitted to special schools as vacancies occur. During the year a shortage of places developed at Silverhill —the day Special E.S.N. School for girls, and younger pupils were taken into Headlam—the junior school for boys to relieve the pressure.

During the year it was possible to enlist the part-time services of Miss Kidd who acted as a peripatetic teacher of the deaf during the summer term. She gave instruction to former pupils of the senior deaf unit which had been disbanded when it was impossible immediately to replace a full-time teacher of the deaf. These pupils were attending ordinary schools which Miss Kidd visited and was able to give suitable advice on their disability and management to the class teacher. At the beginning of the Michaelmas term she was able to give full-time service and reconstituted the senior deaf unit at Slatyford Comprehensive School.

The provision for handicapped pupils in Newcastle is as follows:—

A. Day Schools provided by the Local Authority :

E.S.N.	Senior Boys : Lower Condercum ..	140 places
	Junior Mixed : Headlam..	120 places
	Girls : Silverhill	140 places
Partially Sighted Mixed : Pendower Hall ..		20 places
Physically Hanidcapped & Delicate. Mixed : Pendower Hall		200 places
Partial Hearing	Senior (Slatyford)	12 places
Partial Hearing	Junior (Slatyford)	12 places
Maladjusted : East View		40 places

B. Independent Schools :

Blind Junior Mixed	Royal Victoria School for the Blind
Deaf : All age	Northern Counties School for the Deaf

The following statistical summary of the year's work takes the same form as in previous years. The tables take no account of multiple handicaps, cases being allocated to the primary handicap.

1. Ascertainment.

PUPILS EXAMINED AND CLASSIFIED—EDUCATION ACT, 1944, SECTION 34 (i)

Category	Number of Pupils	
	Examined	Classified
Blind	1	1
Partially Sighted	3	5
Deaf	3	1
Partial Hearing	4	4
Educationally Subnormal	144	122
Epileptic	1	1
Maladjusted	9	9
Physically Handicapped	27	25
Delicate	25	25

2. Special Educational Treatment Recommended —Education Act Sect. 33.

The forms of special educational treatment prescribed by the Local Authority for these pupils were as follows:—

Special School — Day	149
Residential	28
Ordinary School—Remedial Class	5
Home Teaching	7
Special Nursery	1

3. Treatment Provided.

A. CHILDREN PLACED IN SPECIAL SCHOOLS EDUCATION ACT, SECTION 31

Category	Day	Residential
Blind	—	—
Partially Sighted	2	—
Deaf	2	—
Partial Hearing	6	—
Educationally Subnormal	81	21
Epileptic	1	1
Maladjusted	2	4
Physically Handicapped	16	1
Delicate	25	1

Children provided for under Section 80, Education Act, 1944.

Number of pupils assisted by a grant in aid on medical recommendation 3

The numbers of pupils awaiting admission to Special Schools at the end of the year were:—

Day Special Schools	34
Residential Special Schools	20
Special Classes	1

B. NUMBER OF PUPILS BEING EDUCATED IN SPECIAL SCHOOLS AT THE END OF 1965

Category	Nursery	Day	Residential	Grammar
Blind	—	3	6	2
Partially Sighted	—	25	—	—
Deaf	11	20	5	1
Partial Hearing	—	22	—	—
Educationally Subnormal	—	355	72	—
Epileptic	—	4	5	—
Maladjusted	—	17	19	—
Physically Handicapped	—	91	5	—
Delicate	—	51	7	—

Number of children who received education at Stanning-ton Hospital School	115
Number of Children who received education at Sanderson Orthopaedic Hospital	53
Total number Children who received education in Hospital and Tiverlands	1,037

4. Periodic Review of Handicapped Pupils.

NUMBER OF PUPILS REVIEWED PRIOR TO FINAL EXAMINATION

Category	Number Reviewed
Blind	5
Partially Sighted	5
Deaf	3
Partial Hearing	7
Educationally Subnormal	124
Epileptic	3
Maladjusted	8
Physically Handicapped	13
Delicate	13

As a result of these examinations the following variation of recommendation was made:—

Return to Ordinary School	26
Notified to Local Health Authority as no longer suitable for education in school	12
Transferred from Day to Residential School	13
Transferred from Residential School to Day Special School	3
Children notified to Local Health Authority as unsuitable for education in school:—	
Prior to school entry	12
Children "De-Notified" under Section II Mental Health Act	5

5. Final Examinations.

PUPILS EXAMINED ON REACHING STATUTORY LEAVING AGE

Category	Number Examined
Blind	—
Partially Sighted	—
Deaf	4
Partial Hearing	1
Educationally Subnormal	86
Epileptic	1
Maladjusted	6
Physically Handicapped	6
Delicate	12

SPEECH THERAPY

At the beginning of the year Miss Bott was devoting five sessions a week in the special schools and more urgent cases from other schools were referred to the Speech Department of the R.V.I.

Miss Bott was joined by Miss Gilmour in May and was able to devote two sessions to the remedial classes.

In September Mrs. Ainley was appointed Senior Speech Therapist and Mrs. Montgomery a full-time Speech Therapist.

In December, Miss Bott resigned and has not, as yet, been replaced.

The Speech Therapists' time have been allocated as follows:—

Central School Clinic	12 sessions
Atkinson Road Clinic	2 sessions
Bentinck Clinic	1 session
Blakelaw Clinic	2 sessions
Middle Street Clinic	2 sessions
Total ..	19 sessions

The numbers of children treated are as follows:—

Number of New Cases	138
Number of Treatments given	1,581
Number discharged	1

COMMUNITY DISEASE AND ITS PREVENTION

1. General Review

From the end of January to the beginning of December temperatures were below the average of the preceding four years—July, September and November were particularly chilly and cold. Indeed the last quarter of the year was on the whole dull, wet and cold; an early onset of winter commenced with a downfall of snow in November. Sporadic cases of infective hepatitis continued from the preceding year until well into 1965. An outbreak of mild influenza occurred in the last week of the Autumn term in the schools.

2. Infectious Disease

(i) Notifiable Disease.

The numbers of cases notified during the year are shown in the table below.

NOTIFIABLE DISEASES

Disease	Age 5—14 years
Measles	1,032
Rubella	89
Scarlet Fever	70
Pneumonia	8
Acute Rheumatism	5
Whooping Cough	8
Dysentry	12
Meningococcal Infection	—
Food Poisoning	1
Pulmonary Tuberculosis	18
Other Forms of Tuberculosis	2

(ii) Contagious Skin Disease.

The number of pupils known to have been under treatment were:—

Impetigo	92
Scabies	58
Ringworm—Scalp	—
Body	4

3. Preventive Measures

(i) Poliomyelitis

The numbers of pupils protected against Poliomyelitis were as follows:—

	5—15 years	Over 15 years
Oral Polio Vaccine	6,327	7,398

(ii) Diphtheria

Pupils have been protected against Diphtheria as follows:—

	Primary	Booster
Diphtheria	49	694
Diphtheria and Tetanus	3,058	4,409
Triple (Diphtheria, Whooping Cough and Tetanus)	—	7

(iii) Other Forms of Protection

T.A.B.		461
Tetanus		645
Yellow Fever (5—15 years)		171—(1,912 Adults)
Smallpox—Primary		37
	Revaccination	3,283

A direction has been received from the Ministry of Health urging Local Authorities to undertake the re-vaccination of pupils.

(iv) Tuberculosis

It was decided to advance the age at which protection against tuberculosis is given to pupils in schools from 12 to 11 years by arranging for both groups to be protected in the autumn term, and in schools instead of as formerly in school clinics. Apart from the double load of work the operation was rendered rather more difficult on account of the re-organisation of secondary education in the West of the City which delayed the tracing of recent transfers into new secondary schools until well into the second half of the Michaelmas term. However, by the end of the term a large portion of the two age groups had received protection and detailed arrangements had been made for the completion of the balance in January, 1966.

(a) TUBERCULIN TESTING

		Age Years		
		5	10	12
No. of parents to whom circulars were sent		4,461	3,510	3,206
No. of children for whom consent was received		3,877	3,110	2,533
No. of children Tested and Read		3,038	2,693	2,355
Grading of Reactions obtained	1	314	261	103
	2	134	129	121
	3	28	92	48
	4	7	40	49

Pupils received B.C.G. vaccination as follows:

(b) B.C.G. VACCINATION

Numbers protected in—	
Maintained Schools	1,982
Independent Schools	49

(c) PERIODIC X-RAY OF TEACHING STAFF

Number of teaching staff for whom an annual chest X-ray was arranged	943

(d) X-RAY OF TEACHING STAFF ON APPOINTMENT

Number of X-ray examinations arranged for teachers appointed to the staff	349

VII—Report of the CHIEF PUBLIC HEALTH INSPECTOR

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1965

CHIEF PUBLIC HEALTH INSPECTOR:

L. MAIR, F.R.S.H., F.A.P.H.I.

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR:

A. P. ROBINSON, M.R.S.H., F.A.P.H.I.

DIVISIONAL INSPECTORS:

Districts (General)	D. HARWOOD, M.A.P.H.I.
Food Inspection and Control ..	G. F. PHILLIPS, F.A.P.H.I.
Housing and Smoke Control Survey	(Vacant)

SENIOR PUBLIC HEALTH INSPECTORS:

Administration	W. F. MANDLE, 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 ..	S. HOLLIDAY, M.A.P.H.I.
Housing	J. G. SIMPSON, M.A.P.H.I.
Smoke Control Survey	L. SMALLEY, M.A.P.H.I.

INSPECTORATE:

District Public Health Inspectors ..	18 (7 vacancies, 4 of which are filled temporarily by Technical Assistants).
Public Health Inspectors (Food Inspection and Control)	3 (2 vacancies).
Pupil Inspectors	12 (3 vacancies).

AUXILIARY STAFF:

General Assistants	2	
Technical Assistants	8	(1 vacancy).
Authorised Meat Inspectors	5	
Smoke Control Investigators	2	
Rodent Control Staff	8	(1 vacancy)
Slaughterhouse Labourer	1	

ADMINISTRATIVE SECTION:

Senior Administrative Assistant	W. H. CARTWRIGHT
Clerks	10
Shorthand Typists	2

INTRODUCTION

My annual report for 1964 ended on a sober, and indeed a sombre, note. Perhaps that year might ultimately prove to be one of the deeper troughs in the undulating road of progress to the achievement of a satisfactory housing situation, the abatement of atmospheric pollution, the provision of a healthful environment for all workers and indeed all the other ends to which an enlightened community will strive in the work of environmental improvement.

Before the end of the year under survey, the scene was, however, much more encouraging. The smoke control programme had been reviewed and restored, even if on rather a modest scale, and although progress in this necessary social task has not, for quite cogent reasons, been as spectacular as heretofore, it will, it is hoped, be constant and continuous. A revised and accelerated programme for dealing with the demolition of unfit houses was in full swing and indeed, in the field of sub-standard housing generally, sails seemed to be set to a fair wind.

However cautious may be the optimism when considering the smoke control programme, it does seem that the north-east as a whole is pursuing its aims in this work under the severe handicap of a restricted local fuel supply. Whilst it is hoped, with increasing confidence, that the production of vast quantities of natural gas from North Sea sources will eventually be a major factor in achieving smokelessness, it is an indisputable fact that if the smoke control plans to abate domestic pollution are to be continued steadily, the fuel upon which this area must rely is hard coke, of which there seems to be, for this purpose, ample supplies. A restriction to this particular type of fuel has a retarding effect upon progress because of the vastly increased cost of the conversion of fireplaces to enable the fuel to be burned satisfactorily, in many cases three or four times that incurred when dealing with other solid smokeless fuels. This increased financial burden is suffered only by the northern and north-west regions and it seems most inequitable that the citizens of these areas should thus be penalised in taking their part in dealing with what is, after all, a national problem.

The industrial areas of this country, where the problem of polluted air is more acute, are major contributors to national prosperity, perhaps the major share of which is enjoyed by the more affluent regions in the midlands and the south. It is in the industrial areas of the north where the densely populated conurbations were created

by the industrial revolution and where, in addition to heavy industry and a higher level of domestic pollution, the amount of fuel burned per household is greater than in the south because of harsher climatic conditions. The workers in Benwell and Byker contribute just as much, and perhaps more, to the rising level of national prosperity than do the sun blessed residents of the south coast who, in addition, enjoy the benefits of a relatively clean atmosphere. It is not surprising that northern local authorities are diffident in pursuing smoke control under the present financial disadvantages and it is submitted that a valid argument can be put forward showing that a greater proportion of the cost of smoke control in the northern region should be borne by the Exchequer. In this way, the aerial pollution over Tyneside will be dispelled more cheaply and quickly and the net cost to the Novocastrian will be comparable to that borne by the more fortunate citizens of the south.

Later in this report, reference is made to the greatly increased rate of representation of unfit houses. This has resulted in a recasting of the implementation of the housing programme and the staff involved, who have worked truly well to fit in with these revised plans, deserve congratulation. It was, therefore, an irritating source of frustration to be asked, within a matter of months of the new programme being formulated, to slow down the rate of progress in the department as other participating departments, whose activities followed later, found it not possible to adhere to the agreed proposals. Discussions, meetings and the careful formulation of a planned programme are essential ingredients of achievement in any field of operations, but so far as the role of the public health inspector is concerned in such proposals, it is results which count, results which are achieved by a practical assessment of the issues involved, the adaptation or improvisation of staff availability, and perhaps most important, the application of a purposeful diligence in adhering to the timing of operations.

Such a common sense and logical approach is regarded in other fields as a somewhat esoteric function, euphemistically and rather impressively described by a more modern appellation such as Modular Co-ordination or Critical Path Analysis or some other similar branch of the new science of methodology. It is hoped that, staffing resources permitting, the same effective policy can be followed in 1966 in respect of other outstanding problems in housing. Annual reports have for some time referred to the need for the systematic repair of houses which are unfit but are capable of being

made fit at a reasonable expense, so as to provide an acceptable standard of accommodation for the time being until the implementation of the Housing Programme of 1963-1981 requires demolition as the initial stage of comprehensive development. A plan to secure this was in the course of preparation at the end of the year and it is hoped that this work of essential repair will commence before the next annual report is written.

Similar work of house improvement, but to a much higher standard, is capable of being achieved by employing the provisions of Part II of the Housing Act 1964 to enable the compulsory improvement of sub-standard houses to be carried out and although the administrative procedure may be protracted and tortuous the resultant improvement in the living conditions of large sections of the city population is surely worth the effort.

None of these desirable objects can be achieved, however, without the acquisition of trained, qualified and experienced staff, the shortage of which has, for some years, been the greatest single obstacle to real progress and to the establishment of a standard of enforcement and administration which the city deserves. Further reference to this problem is made in the appropriate section of this report. The past year has been one of steady progress despite many difficulties, but 1966 will, it is hoped, be recorded in my next report as the beginning of real achievement.

HOUSING ACTS 1957—1964

When the year 1965 ended housing inspections for clearance purposes were proceeding as an operation integrated with the Housing Programme 1963-81 which had become absorbed into the Capital Works Programme. Earlier in the year a long-term and detailed chronological programme of slum clearance had been formulated after the incidental operations of inspection, survey, representstion, making of orders and Ministerial confirmation had been considered. Within a matter of months, however, the programme of representations had to be drastically altered because at some stage or other subsequent operations were not being carried out as planned. This process of periodic delay now seems to be a permanent and accepted feature in slum clearance planning and because the Public Health Inspection Services have been fashioned to carry out the work of inspection as originally planned, much time and effort have been wasted when avoidable delays have occurred in the later stages of the programme.

Nevertheless, despite the vacillations and vicissitudes associated with such inter-departmental effort more than twice the number of unfit houses were represented to the Committee during the year than in 1964. Unfit houses and houses in areas comprising a total of 668 houses, containing 1,116 families, were dealt with in 1965 as compared with 308 houses and 583 families represented during the previous year.

The Changing Standard of Fitness

It will be noted that the areas represented during the year increased generally in size as compared with those dealt with in recent years. This is an indication of the effects of the integration of slum clearance with comprehensive development based on planning legislation and perhaps one of the more important features of this combined operation is the changing attitude towards standards of fitness. Apart from the departmental attitude towards the prescribed statutory standard of fitness (in practice really a standard of unfitness), the citizen of 1965 does not now regard as acceptable living conditions which 10 years ago were deemed by him to be reasonably suitable and satisfactory.

To pass a test of fitness now a house must be of a higher standard than in former years and yet despite this gradual raising of standards the proportion of pink or unfit houses in a given area is steadily decreasing, a clear indication that slum clearance proper in our City has been completed and that the large tracts of squalid and insanitary housing associated with the immediate post-war years are now merely matters of historical interest and record. It is therefore to be expected that the proportion of objected houses reclassified by the Minister from unfit to fit will increase, and indeed, this proved to be the case during 1965, when of the 536 pink houses included in submitted orders, 12 were changed to grey or excluded. Even so, there is still room for an adjustment of standards in assessing unfitness before the limitations of the statutory standard have been reached, although it can be said from a slum clearance view point that Newcastle probably has a higher standard of fitness than elsewhere on Tyneside, and indeed, than in most of our large industrial cities.

Objections

The number of objections continued at a fairly high level throughout the year. In the Albion Row area 95·7% and in the Mary Street area 63% of the houses submitted were the subject of objections.

The average for all of the areas dealt with throughout the year was just over 34% which meant that in more than 100 cases detailed re-inspections of the objected houses had to be made in addtiion to the work involved in the preparation and service of the relevant "principal grounds". Despite the high number of formal objections submitted to the Minister only a small minority of these were pursued at the inquiry stage and, in fact, some of the original objections might rightly be regarded as frivolous and not worthy of consideration.

Statistical Summary

At the end of the year the work of inspection was in progress in the Grace Street and Buddle Road areas which will form the subject of representation early in 1966, but the actual work of the Housing Section completed during 1965 can be shown in statistical form as follows:—

Represented to the Health and Social Services Committee—

	Houses	Families	Persons
(a) Unfit Houses in Areas			
Brandling Place, East Front C.A. ..	4	4	8
Stone Street C.A's	211	376	968
Addison Road/Grafton Street C.A's	199	306	851
Delaval Road C.A's	26	49	180
Georges Road C.A's	175	284	906
(b) Individual Unfit Houses	53	97	259
Totals	668	1,116	3,172

Orders Made—

	Houses	Families	Persons
(a) Summerhill Terrace C.P.O.			
Clearance Area	27	114	247
Added lands	2	2	3
(b) Blandford Street C.P.O.			
Clearance Area	6	8	30
Added lands	1	—	—
(c) Burton Street C.P.O.			
Clearance Area	14	28	58
(d) Melrose Street C.P.O.			
Clearance Area	8	13	35
Added lands	2	2	8
(e) New Mills C.P.O.			
Clearance Area	21	29	70
(f) Walker Road (St. Anthonys) C.P.O.			
Clearance Area	37	69	211
Added lands	6	11	26
(g) Gloucester Street/Maple Terrace C.P.O.			
Clearance Area	63	108	392
Added lands	52	136	313

(h) Individual Unfit Houses			
(i) Demolition Orders	11	27	55
(ii) Closing Orders (Part) ..	19	22	73
(iii) Closing Orders (Whole) ..	20	45	124
Totals	289	614	1,645

Orders Confirmed by the Minister—	Houses	Families	Persons
Raby Street C.P.O.			
Clearance Areas	70	130	332
Added lands	16	22	56
Violet Street C.P.O.			
Clearance Areas	129	253	853
Added lands	48	76	244
Albion Row C.P.O.			
Clearance Areas	117	231	681
Added lands	6	10	27
Leazes C.P.O.			
Clearance Areas	88	140	325
Added lands	7	8	21
Scotswood Road (Dean Terrace) C.P.O.			
Clearance Areas	7	16	53
Denmark Street C.P.O.			
Clearance Areas	18	34	88
Added lands	3	3	9
Mary Street C.P.O.			
Clearance Areas	80	144	415
Added lands	15	27	80
Summerhill Terrace C.P.O.			
Clearance Areas	27	114	247
Added lands	2	2	3
Totals ..	633	1,210	3,434

Undertakings given—		Houses	Families	Persons
To close or demolish :				
(i) Part of a house	These figures relate to houses not included in Clearance Areas	2	2	7
(ii) Whole house		11	13	45
Totals ..		13	15	52

Houses in Multiple Occupation

In my report for 1964 reference was made to the treatment of the multiple-occupation problem by concentrating on a selected neighbourhood wherein, it was felt, action under the Housing Acts 1961-64 could be applied with a view not only to improving the houses themselves but also to raising the residential quality of the area generally. Although the fruits of work in the public health field are not always immediately apparent it became clear, before the end of 1965, that the time and effort expended by the staff in improving the standards of accommodation in this area comprising Malvern, Crown and Grove Streets, were not fully justified when measured against the degree of permanent improvement achieved.

However, an encouraging feature emerging from this neighbourhood experiment is the impression that a better type of tenant now resides in these houses, although this welcome change leads one to wonder where the undesirable outgoing tenants will appear next to create similar problems.

It is known that the market value of the houses in the area of Malvern Street, and indeed, in the whole of the west-end from Rye Hill to Beech Grove Road has been depressed and although owners may wish to dispose of their property they are naturally reluctant to lose heavily on their capital investment. These owners are therefore obliged to retain houses which demand further capital expenditure to comply with notices served by the department requiring the securing of repairs and the installation of amenities. The amount which can be spent on such necessary improvements is, to some extent, controlled by the revenue derived from the property, a very uncertain factor due to the class of tenant available to occupy such multi-occupied houses.

In short, the multiple occupation problem in the west-end presents a problem incapable of a complete and satisfactory solution so long as there exists insufficient satisfactory houses to enable each family to have a self-contained dwelling.

Whilst the west-end presents problems peculiar to that area, concern must also be felt over the development of uncontrolled multi-occupation in other parts of the city, notably in the Jesmond area. Whilst, so far as health matters are concerned, the position as yet is quite manageable, caution must be exercised if the interests of the present residents are not to be prejudiced by an eruption of the low class of multi-occupation which presents social problems elsewhere in the city.

During the year many complaints were received from Jesmond residents relating to alleged unsatisfactory conditions in certain areas. Though many of the matters complained of might have been regarded by the average citizen as of no consequence, every house was, nevertheless, inspected.

Many of these houses which were in multiple occupation fell short of the standard agreed by the Health Committee but the extent of such deficiencies was marginal and no urgent action was deemed to be necessary. Allegations of overcrowding, dilapidation and filthy and insanitary premises were, in the main, without foundation but the fears manifested by the complainants that their residential interests were being prejudiced by multiple occupation were very real.

The operation of the Protection from Eviction Act 1964 throughout the year had a steadying influence on the landlords of multi-occupied houses in particular and peremptory evictions by force or intimidation virtually ceased. If a landlord now has to seek a County Court order to secure possession, he will be more careful in his selection of tenants before letting a vacant tenancy.

So far as the enforcement of housing legislation in respect of the multi-occupied house is concerned the statistical table below indicates a substantial increase in the work as compared with 1964. In this connection it might be mentioned that although the powers to make a Direction under Section 19 of the Housing Act 1961 were successfully used on 15 occasions, experience shows that the provision requiring the service of a notice of intention to make a direction does not in fact serve a useful purpose. Such a notice of intention is rarely, if ever, read by either the landlord or tenant and in any event the copy posted in a conspicuous position in the house is frequently defaced or destroyed immediately by a perverse tenant. In any event the interests of persons concerned are quite adequately safeguarded by the existing machinery for appeal or revocation or variation of the Direction.

Houses in Multiple Occupation—Statistics

Number of inspections of houses	1,167
Number of houses reported to Committee for action ..	65
Notices, served, Section 15, Housing Act, 1961	61
Notices served, Section 90, Housing Act, 1957	3
Notices served of Intention to give a Direction	26
Directions made	15

Variations of a Direction Order	1
Section 15, Housing Act, 1961 ,notices complied with	33
Section 15, Housing Act, 1961, partly complied with or work in progress	33
Section 15, Housing Act, 1961, notices in default	1
Applications under Section 18 (2) for local authority to do the work	1
Houses vacated or now occupied by one family resulting from Housing Act notices	9
Houses submitted for Demolition or Closing Orders	3
Houses forming part of prosecution	8
(a) Section 15, Housing Act, 1961	7
(b) Section 19, Housing Act, 1961	1

Unfit Houses—Demolitions and Closures

During the course of slum clearance and redevelopment it is inevitable that there comes a period between rehousing and demolition when serious local problems arise. Unrestricted access to vacant buildings by children and vandals, the existence of dangerous structures, the lighting of fires, the deposit of rubbish and refuse and similar conditions are only some of the hazards and when demolition is unduly delayed over a relatively large area special action must be taken. Such was the case in the middle of the year in the Parker Street clearance areas where, of 138 vacant houses inspected 8 were found to be in a dangerous condition and 88 required closing up to prevent entry. Of the remaining houses, 24 had been demolished by the end of the year including all those classified as dangerous.

In all, 342 houses were closed or demolished as compared with 640 during 1964. These unfit premises comprised the following:—

	Houses
In clearance areas	285
Individual unfit houses	26
On undertakings by owners (not in clearance areas)	2
On certificates of unfitness (Corporation properties)	29
	342

Unfit Houses—Rehousing

There was welcome increase in the number of families rehoused from dwellings during 1965, the total being 1,512 as compared with 1,158 during the previous year. Details of rehoused families are as under:—

	Families
Clearance Areas	1,242
Individual Unfit Houses	131
On undertakings by owners (not in clearance areas)	56
On certificates of unfitness (Corporation properties)	83
	1,512

RENT ACT 1957

Once again little use has been made of this Act. As mentioned in previous reports, the process is tedious and, in general, tenants are not prepared to carry out the formalities. In addition, there has been the advent of the Rent Act 1965 and although this Act has not altered, unfortunately, the procedure for obtaining certificates of disrepair it has altered the structure for assessing rents. Consequently many persons may now make use of this new Act. Set out below is the statistical summary of the work carried out under the Rent Act 1957 during 1965.

Certificates of Disrepair

Number of Applications for Certificates	6
Certificates refused	—
Applications withdrawn	1
Undertakings received (Form K)	1
Certificates of Disrepair issued	2
Decisions pending	2

Cancellation of Certificates of Disrepair :

	1954 Act Certificates	1957 Act Certificates	Total
Number of Applications for revocation or cancellation of Certificates of Disrepair	—	5	5
Certificates revoked or cancelled ..	—	5	5
Cancellation refused	—	—	—
Decisions pending	—	—	—
Certificates remaining extant.	188	256	444

Certificates of Disrepair—Position as at 31st December, 1965 :

	1954 Act	1957 Act	Total
Number issued	542	434	976
Number revoked or cancelled	354	178	532
Number remaining in force (as in register)	188	256	444

PUBLIC HEALTH ACTS 1936—1961

Nuisances

Some ten years ago more than 9,000 complaints were received in the department annually, a figure which was reduced to 2,441 in 1964 by the large scale removal of unfit houses as part of the slum clearance programme. In 1965, however, this figure increased to 3,091 and there is little doubt that this unwelcome increase is due to an inordinate delay in securing the rehousing of tenants and the demolition of unfit dwellings in confirmed and operative clearance areas. This was particularly noticeable in the Parker Street clearance areas as mentioned earlier in this report, and it was not until December that rehousing from this area enabled demolition to be accomplished on a more satisfactory basis.

Nevertheless, the problem of demolition in clearance areas demands closer examination if serious nuisance and danger to life and limb are to be avoided. Progressive and systematic rehousing followed by immediate demolition, block by block, would not only achieve this but would be more economical.

Because of the chronic shortage of district public health inspectors it has been necessary to reorganise district administration and one of the resultant effects has been the adoption of a less accommodating attitude by the department in the matter of the abatement of nuisances. Many of the property agents in the city regarded this change as a deliberate policy of rigid enforcement whereas, in fact, it is an extraneous by-product of the staff shortage. Nevertheless, whatever might have been lost in good relations with property owners, the same level of achievement in dealing with nuisances has been reached with fewer inspections, letters and telephone calls, although the institution of legal proceedings has occurred at an earlier stage. This last factor explains the big increase in the number of complaints and informations laid at court during 1965, an increase of 82% over the previous year's figures.

The abatement of statutory nuisances involves dealing with conditions prejudicial to health or a nuisance and these can arise in connection with premises, the keeping of animals, deposits or accumulations, dusts, effluvia, stored water supplies, ditches and watercourses, noise, smoke and all manner of similar matters and in 1965 there occurred a high proportion of nuisances arising from filthy and unwholesome premises. In the main, these were dealt with reasonably satisfactorily by personal persuasion, and verbal or written notice. In one case, however, the complaint formed the subject of a petition from a number of residents who lived in the immediate neighbourhood of a ground floor flat from which offensive odours were emanating.

Access to the flat in question could not be gained during normal office hours and entry was ultimately made near midnight when the walls and floors in all rooms were found to be in a foul condition and the kitchen floor was strewn with filthy rags, bedding and refuse including a large quantity of faecal matter (see photographs). Similar conditions were found in the bedrooms, and indeed, over every part of the dwelling was hovering a pungent miasma.

The tenant was obviously incapable of looking after himself though the cause of this incapability was obscure. He was approximately 45 years old, did not suffer ill health, and his mental condition apparently did not demand any official action. Why he was so dirty and lazy is a question that might be of much academic interest to the psychiatrist or the social case worker but to the district inspector the matter was just another job of work which resulted in the Committee carrying out cleaning operations at a cost of more than £30, which expenditure will probably prove to be irrecoverable.

Having regard to the densely populated and industrial character of our city it is perhaps unusual that of the total number of complaints received only seven justified complaints related to noise. In the field of noise abatement perhaps more than in any other, is the informal and collaborative approach most successful and in the cases investigated common sense and reasonable consideration for others were the decisive factors. These nuisances included the sound of music (or noise?) from a youth club to the tune of 64 decibels at 10.30 p.m. a sound pressure level which was not regarded as satisfactory and which led to the discontinuation of the use of the hall for this purpose for evening performances. Other matters were the noise from worn bearings of electric motors in a factory



"Unwholesome Premises"

An example of filth and squalor caused by accummulations of human excreta and household rubbish.



" Unwholesome Premises "

Showing grossly insanitary conditions arising from long standing neglect in a room used by the occupant for eating, sleeping and as a sanitary convenience.

premises; excessive early morning noises from a large dairy giving readings up to 67 decibels and hammer noises from a sheet metal and engineering factory.

During the year attention was given to the increasing problem of refuse storage in shop premises. For a long time this has been a perennial problem in the older parts of the city but it is disturbing to see an extension of this hygiene hazard to newly built premises in suburban shopping centres. In such development a shopping centre usually forms a compact unit in a corner site and with the restricted area at the rear, little consideration has been given to the storage of refuse bins, of which a greater number is often required at large multiple stores because of the excessive quantities of bulky discarded packaging materials at present in use. In some cases specially constructed brick bunkers have been provided in which to house the bins but the doors and fittings of these installations have suffered badly by vandalism. The provision of shopping centres seems to be an essential feature of suburban development and it would be helpful if the planners and architects gave some consideration to the more practical aspects of planning such as refuse storage facilities.

An unusual but very serious nuisance, worthy of mention, occurred at the beginning of the year which, fortunately, had no disastrous consequences. During very cold weather it is common practice to use propane gas under pressure to defreeze frozen points in railway lines in the vicinity of the Newcastle end of the High Level Bridge. At the end of 1964 five incidents occurred which enabled propane to enter the drainage system of food warehouses situated under the railway arches at the foot of Westgate Road, creating an explosive mixture in both drains and sewer.

As a result of joint action with the City Engineer's Department defects in the propane distribution system and in the drainage system were located and remedied and all disused drains were effectively sealed off from the sewer. This work was completed at the beginning of the year since when no further incidents of propane penetrations have been observed.

The work relating to the abatement of statutory nuisances can be summarised statistically as follows:—

Statutory Notices Served

(a) Public Health Acts, 1936—1961	1,104
(b) Corporation Act, 1935	315
(c) Final letters sent	126

Legal Proceedings

Hearings pending at end of 1964	10
Complaints and Informations laid	40
Summonses withdrawn (nuisances abated)	27
Orders made (Corporation Act, 1935)	1
Nuisance Orders made	5
Informations proved	7
Hearings pending at end of year	10

Public Conveniences

For a number of reasons special attention was given during the year to the maintenance and use of public conveniences in this city. The most dramatic and also discouraging feature to emerge from this work was the vast scale upon which vandalism is directed to public conveniences. Although by the end of the year, the commendable and prompt action of the Cleansing Department and Parks Department had achieved a real improvement in standards of maintenance of these very essential amenities there were numerous occasions when fittings were damaged or even totally destroyed within a few days of installation and in one particular case new premises were wrecked within a few days of being opened.

Most interesting were the results of a national survey of the use of public conveniences in which the department participated during the year. One of the points under observation was the frequency of use of washing facilities and the results in Newcastle were both astonishing and deplorable.

The Novocastrian is easily bottom of the class so far as hand washing is concerned when compared with other regions. At one males' convenience, during a period of eleven hours, 1,675 males used the convenience, 39 paid to use hand washing facilities and only one person used the free washing facilities. During the same period (at a different convenience) the comparable figures for females were 811, 13 and 3. The only inference to be drawn is that men are perhaps slightly more conscious than ladies of the need for personal hygiene. In any event it appears that we fall very far below the national average standard so far as personal cleanliness is concerned.

There are many sound reasons for hand washing after using a sanitary convenience and these should be taught in the home as well as in schools. Such a desirable habit acquired in early years will become looked upon as normal practice later.

Places of Public Entertainment

A special effort was made during the year, so far as staff difficulties permitted, to carry out more detailed routine inspections of places of public entertainment and a total of 179 such inspections were completed. Particular attention was paid to cinemas as unsatisfactory conditions in these premises can be used as a basis for objecting to the renewal of the cinematograph licences. At a meeting of the Watch Committee held during the year adverse reports were submitted in relation to two cinemas with the result that in one case the licence was immediately revoked and in the other the renewal of the licence did not take effect until prescribed repairs and improvements were carried out. This policy proved to be very effective as all the required works were completed within days of the revocation and before the end of the year all premises were in a satisfactory condition.

In the remaining classes of premises, numerous minor defects were discovered from time to time but all of these were quickly remedied when brought to the notice of the respective managements. It might be added that many of the unsatisfactory conditions in these premises had been caused by acts of vandalism, an anti-social activity which appears to be increasing in premises frequented by the public at large.

St. James' Park Football Ground was the subject of much survey and discussion during the early part of the year. For many years the department has been greatly concerned about the inadequacy and lack of maintenance of the public sanitary accommodation provided at this place of public entertainment and over the years the matter has been ventilated in the press, on television and has also formed the subject of letters of complaint from football fans. It is therefore pleasing to record that during the close season and after protracted discussions and negotiations, substantial works of repair and improvement were carried out. The screening, lighting and ventilation of conveniences have been improved and all urinal channels have been deepened and standages improved, matters which have been long overdue.

These improvements however must be regarded only as interim measures until the more comprehensive proposals for a sports centre are realised. In the meantime it is gratifying to record that during inspections of the ground at well attended home matches in September to December the work of cleaning and maintenance proceeded effectively and conditions were generally satisfactory.

The following is a list of admission paying places of public entertainment operating at the end of the year and it may be of significance that for the first time for many years there is a decrease in the number of bingo halls and an increase in cinemas.

Billiard Halls	3
Bingo Halls	11
Bowling Alleys	1
Boxing & Wrestling Halls	1
Cricket Grounds	4
Concert Halls	1
Cinemas	17
Dance Halls	7
Football Grounds	2
Greyhound Stadiums	1
Lawn Tennis Clubs	3
Music Halls	1
Theatres	4

Offensive Trades

For the second year in succession there was a small reduction in the number of offensive trades and the position at the end of the year was as follows:—

Trade	*No. of Trades*	*No. of Premises*
Bone Boiler, Fat Extractor, Fat Melter, Glue Maker	4	1
Soap Boiler	1	1
Fell Monger	1	1
Tripe Boiler	2	2
Gut Scraper, Fat Melter	2	1
Totals	10	6

Tents, Vans and Sheds

There was a substantial increase in the number of vans and occupants who occupied the usual site on the Town Moor during the annual Temperance Festival Week. This festival was held in June, in typically adverse weather conditions, and there were 510 caravans with 495 families comprising 1,599 persons.

The facilities for water supply, waste water disposal and sanitary accommodation were, throughout the Festival, of the satisfactory standard which has come to be expected in recent years and once more the Cleansing Department rendered excellent service in respect of refuse collection.

However, a very disturbing feature during 1965 was the increase in the number of caravans illegally occupying that portion of the Moor immediately to the north of the authorised fairground site. The "pirates" comprised 89 families with a total population of 306 persons living in 94 caravans. No special provision was, or should be, made for these trespassers, by way of water supplies or sanitary accommodation and if the arrival of such "pirates" during Festival Week continues to be encouraged by officially allocating them this site near the perimeter fence the problems created will ultimately reach unmanageable proportions. In any event, the occupation of this part of the Moor by unwanted caravans is contrary to the requirements of the Caravan Sites and Control of Development Act 1960, the enforcement of the relevant parts of which is the responsibility of the Health and Social Services Committee.

It is remarkable that these van dwellers, most of whom follow dubious occupations and are merely "hangers on" of the genuine showmen, should be encouraged or even allowed within the city when other caravan dwellers such as theatrical performers, tourists and holiday makers are forced to station their vehicles outside the city boundaries. This is particularly irksome to variety artists, particularly those who have the care of performing animals and on numerous occasions in the past complaints have been received about the total lack of facilities made in our city for such caravan dwellers.

It is to be hoped that, whatever form the development of the Town Moor ultimately assumes, it will include a properly designed and managed caravan site of a standard at least equal to that found in the other principal cities in Britain.

For the second time the vacant site of the Wilfred Street clearance area was occupied by caravans in connection with a small pleasure fair held over the Christmas period. Although the five caravans in use were very well maintained and water supply, refuse and sanitary services were adequate, action had to be taken to avoid congestion on the site. All the van dwellers were members of the Showmen's Guild and co-operated well with the Department. Nevertheless, it is pleasing to learn that no further similar events will take place on this site.

Common Lodging Houses

The Salvation Army Men's Hostel in Pilgrim Street is the only Common Lodging House within the city and as in previous years, conditions continued to be satisfactory. This hostel provides accommodation nightly for 242 men only.

New Buildings and Alterations

During the year 1,450 plans were submitted to the department by the City Engineer for examination and comment before being considered for byelaw approval. This work takes up a considerable amount of time, but nevertheless it is well worthwhile. In particular, requirements relating to the Food Hygiene Regulations, Factories Act, Offices, Shops and Railway Premises legislation and other matters falling within the province of this department are checked and recommendations made accordingly.

Pest Control

Until 1965 rodent control had been carried out as an operation distinctly separate from other pest control activities but in the interests of economy and efficiency all forms of pest control became the responsibility of a newly constituted Pest Control Section which came into operation in April of the year under report.

Rodent control is dealt with in detail later in this report and a brief indication of the disinfestation work carried out during the year is given below.

Disinfestation (Slum Clearance)

The disinfestation of household effects prior to removal into Council houses from unfit houses was continued throughout the year and 857 cases were dealt with. The work involved the spraying of 1,973 rooms and the disinfestation of bedding on 57 occasions. Most of the houses concerned were in the Parker Street, Mill Lane, Violet Street, Albion Row and Raby Street Clearance Areas.

Disinfestation (General)

In June the department received a request from the Housing Department for assistance in dealing with a heavy infestation of cockroaches which affected most of the 180 houses on the Delaval Estate and it was agreed that a comprehensive disinfestation of the whole area be carried out. The first treatment was completed in July, when the bases of the external walls of all houses were sprayed with liquid insecticide, and all houses showing any degree of infestation were treated internally using Gammexane Smoke Generators in the sub-floor spaces of ground floor rooms, and liquid insecticide on the other internal surfaces. A period of three months was allowed for eggs to hatch and the whole operation was repeated in November. This is undoubtedly the biggest exercise in insect control undertaken

by the department and the total time involved amounted to 257 man hours, while 373 Gammexane Smoke Generators and 54 gallons of liquid insecticide were used.

In addition to the above operation a further 175 houses and 21 other premises in various parts of the city were dealt with, involving the use of 74 lbs. of insect powder, 390 Gammexane Smoke Generators and 160 gallons of liquid insecticide.

The following table shows the various sorts of insects against which disinfestation measures had to be taken during the year:—

Premises Disinfested

Premises infested with cockroaches	324
Premises infested with bugs	19
Premises infested with fleas	7
Premises infested with lice	5
Premises infested with red mite	5
Premises infested with ants	4
Premises infested with wasps	3
Premises infested with flies	3
Premises infested with other insects	3
Total	373

Water Supply

At all times during the year the amount of water held at the reservoirs of the Newcastle and Gateshead Water Company was ample for the needs of the city.

Reports on chemical samples of main's water taken each month reveal that at all times the water was of satisfactory organic purity, was not likely to have plumbo-solvent action and was in every way satisfactory in quality and suitable for use as a public water supply.

During the year a total of 395 samples were taken for bacteriological examination and of these six were reported as being suspicious and five unsatisfactory, a very substantial reduction in the number of adverse samples found during 1964 when the figures totalled 49. The method of dealing with bacteriological samples cannot yet, however, be regarded as satisfactory and further investigation into sampling and laboratory techniques was still being pursued at the end of the year.

All the water supplied within the city had previously been subject to high pressure filtration and chlorination and therefore there was neither the opportunity nor need to sample raw water supplied.

At the close of the year the supply of water to domestic dwellings was as follows:—

(a) Total number of dwelling houses supplied 86,481
(b) Population supplied from public mains—
(i) direct to dwelling houses 257,460
(ii) from stand pipes .. .. nil

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 ..	296	19	5	4	324
Domestic Taps	67	2	1	1	71
Totals ..	363	21	6	5	395

Public Swimming Baths

A total of 35 visits were made to the 18 swimming baths in the city and 70 samples were sent to the Public Health Laboratory for examination. The sources of water for the baths and the method of chlorination and circulation were in each case the same as in 1964.

BACTERIOLOGICAL EXAMINATION

Class 1 Nil. b.coli.	Class 2 1 to 3 b.coli.	Class 3 4 to 10 b. coli.	Class 4 10 + b.coli.	Total
70	—	—	—	70

RESIDUAL CHLORINE AND pH VALUE TESTS

Chlorine p.p.m.	pH VALUE									Total
	below 7.0	7.0	7.1	7.2	7.3	7.4	7.5	7.6	over 7.6	
0.5										Nil
1.1			4		1					5
1.2								1		1
1.3			1							1
1.4				1				1		2
1.5								1		1
1.6								1		1
1.7				1			1			2
1.8				1	2	1	1			5
1.9	1									1
2.0	1		1	3	1	3	3	1		13
Over 2.0						1		2		3
Totals	2	Nil	6	6	4	5	5	7	Nil	35

SUMMARY OF VISITS CARRIED OUT BY PUBLIC HEALTH INSPECTORS FOR THE YEAR 1964

Complaints received	2,842
Nuisances found on District in addition to above	249
	3,091

Dwellinghouses

1.	Under Housing Acts :	
	(a) On inspection of district and under any Regulations made under Acts	265
	(b) Individual Unfit Houses	
	(i) Repairable at reasonable costs	97
	(ii) Not repairable at reasonable costs	568
	(c) Houses let in lodgings	1,167
	(d) Clearance and redevelopment areas	7,913
	(e) Overcrowding provisions	75
	(f) Certificates of Unfitness	29
	(g) Improvement Grants	1
	(h) Other visits	1,067
2.	Under Rent Acts :	
	(a) In connection with Certificates of Disrepair	10
	(b) In connection with other certificates	2
	(c) Other visits	38
3.	Under Public Health Act and Water Act :	
	(a) Water closets	787
	(b) Common courts, yards and passages	28
	(c) Filthy and verminous premises	2,343
	(d) Dustbins	1,319
	(e) Statutory nuisances	6,236
	(f) Water supplies	868
	(g) Disinfestation	75
	(h) Infectious Diseases (Other than Food Poisoning)	573
	(i) Drains and Sewers	878
	(j) Other visits	3,389

Other Premises

1.	Under Public Health Acts :	
	(a) Premises used for the keeping of animals	9
	(b) Places of Public entertainment	179
	(c) Public conveniences	494

(d)	Offices	10
(e)	Schools	56
(f)	Shops	24
(g)	Offensive trades	
	(i) Blood boiler and blood drier	—
	(ii) Bone boiler	3
	(iii) Fat extractor and fat melter	3
	(iv) Fell monger	3
	(v) Glue maker and size maker	3
	(vi) Gut scraper	1
	(vii) Rag and bone dealer	—
	(viii) Soap boiler and tallow melter	2
	(ix) Tripe boiler	4
(h)	baths and washouses	11
(i)	Common lodging houses	3
(j)	Watercourses, ditches, ponds, etc.	9
(k)	Tents, vans, sheds	530
(l)	Exhibition	44
(m)	Hide and skin depot	1
(n)	Other visits	192

2. Food and Drugs Act :

(a)	Bakehouses—Mechanical	281
(b)	Bakehouses—Non-Mechanical	49
(c)	Butchers	541
(d)	Premises used for the preparation of sausages or potted, pressed, pickled or preserved food	225
(e)	Catering premises	1,585
(f)	Confectioners (sweet shops and bakers shops)	605
(g)	Dairies	44
(h)	Fishmongers	132
(i)	Food factories	92
(j)	Fried fish shops	160
(k)	General dealers and supermarkets	862
(l)	Greengrocers	307
(m)	Grocers	457
(n)	Ice cream factories	82
(o)	Ice cream retail premises	574
(p)	Ice cream vehicles	59
(q)	Licensed Premises	—
	(i) Public houses and Hotels	577
	(ii) Clubs	115
	(iii) off Licences	170
(r)	Milk retail premises	567

(s)	Mobile shops	92
(t)	Street traders	119
(u)	Food poisoning	56
(v)	Unsound food	196
(w)	Other visits	987

3. Under Clean Air Act and Regulations and Orders made thereunder :

(a)	Smoke observations (half-hour)	162
(b)	Smoke observations (eight-hour)	—
(c)	Visits to boiler and other plant (routine)	93
(d)	Visits to boiler and other plant (smoke, grit and dust emissions)	225
(e)	Smoke Control Areas	6,000
(f)	Smoke nuisances	50
(g)	Air pollution survey	378
(h)	Other visits	570

4. Offices, Shops and Railway Premises Act, 1963 :

(a)	General inspections	
	(i) Offices	1,410
	(ii) Shops (retail)	1,476
	(iii) Wholesale departments or warehouses	264
	(iv) Catering establishments open to the public	249
	(v) Staff canteens	2
	(vi) Fuel storage depots	4
(b)	Other visits	6,899

5. Factories Act, 1961 :

(a)	Factories without mechanical power	186
(b)	Factories with mechanical power	1,293
(c)	Other premises where Section 7 is enforced by Local Authority (excluding outworkers' premises)	79
(d)	Outworkers' premises	7

6. Other Miscellaneous Acts, Orders and Regulations

(a)	Burial Act, 1857 (Exhumations)	2
(b)	Merchandise Marks Act	—
(c)	Hairdressers (Corporation Act, 1956)	305
(d)	Tents, vans and sheds (Caravan Sites and Control of Development Act, 1960 and Corporation Act, 1926)	35
(e)	Corporation Act, 1935 (drains, etc).	837
(f)	Pet Animals Act, 1951	101
(g)	Riding Establishments Act	7

(h)	Animal Boarding Establishments Act, 1963	12
(i)	Prevention of Damage by Pests Act, 1949	11,896
(j)	Pharmacy and Poisons Act, 1933	175
(k)	Noise Abatement Act, 1960	87
(l)	Rag Flock and Other Filling Materials Act, 1951	47
		71,094

ATMOSPHERIC POLLUTION

Measurement

Newcastle upon Tyne is one of the authorities which is actively participating in the national survey of atmospheric pollution in connection with which five volumetric smoke filter gauges are maintained at selected points within the city boundaries. One of these gauges is at the Blakelaw Clinic in Springfield Road and the monthly results from this gauge for the second half of 1965 are of particular interest. In my last annual report I expressed concern over a slight increase in smoke pollution and expressed the hope that the 1964 figures were an unaccountable exception to the general trend toeards a cleaner atmosphere. Happily, this desired trend was resumed in 1965 and there is reason to believe that, subject to occasional fluctuations, this downward trend will continue until the completion of the smoke control area programme initiated by the Health and Social Services Committee. The results of the Blakelaw Clinic gauge are of particular significance as it was in this area that the smoke control order No. 9 came into operation on the 1st July, 1965, and the table below gives comparative figures of the smoke pollution readings at this gauge for the last six months of 1964 and 1965 respectively. In 1964 there was no restriction on the use of fuel in this area, but after the 1st July, 1965, only the use of authorised smokeless fuels was permitted. It will be seen that at the end of 1965 readings showed approximately a 30% reduction in the amount of smoke in the atmosphere and it is reasonable to infer that this reduction is a direct result of the operation of smoke control. It would be foolish to place complete reliance on figures derived from such a short period but it is, nevertheless, an encouraging sign.

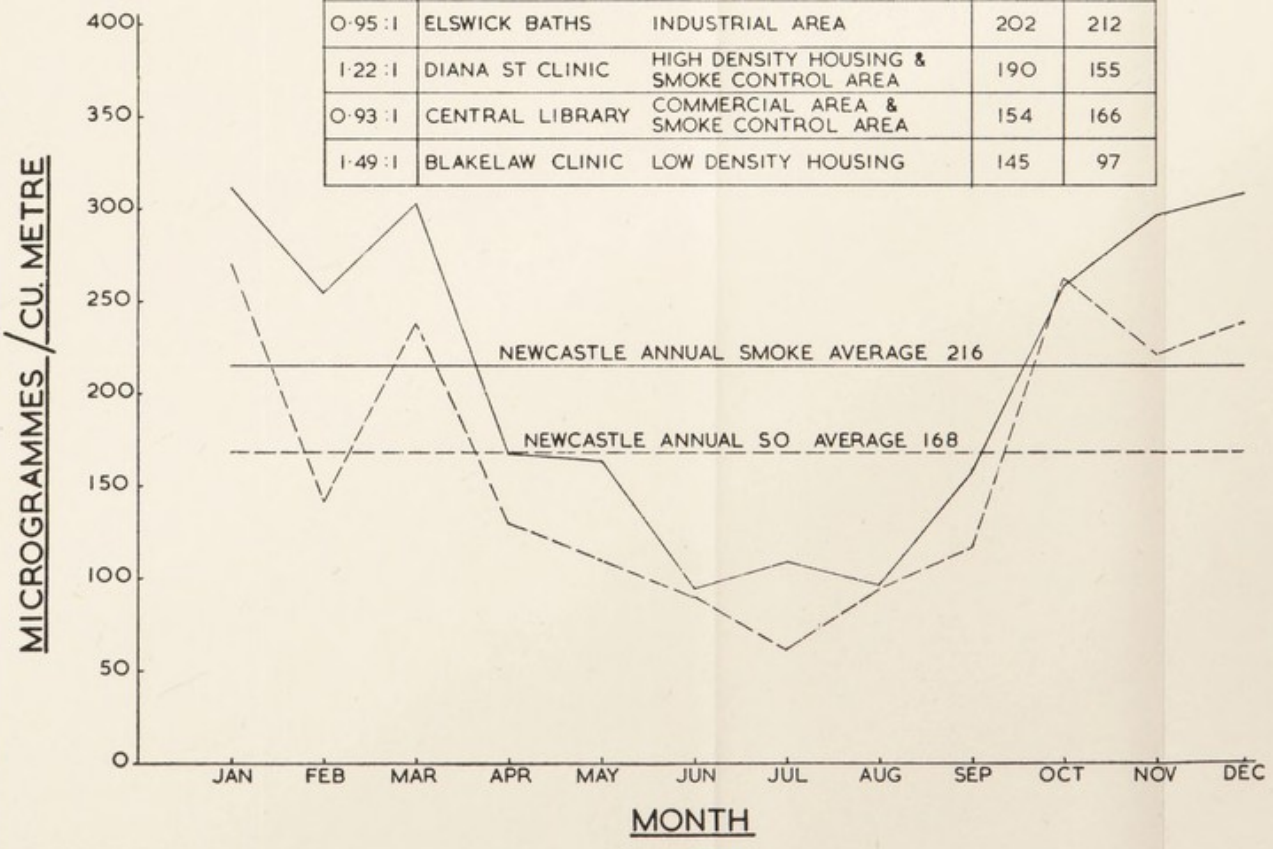
BLAKELAW CLINIC

	1964		1965	
	Smoke	SO2	Smoke	SO2
July	51	46	59	50
August	71	39	55	65
September ..	116	45	107	84
October	253	83	189	215
November ..	306	108	178	148
December ..	384	128	206	154

CITY AND COUNTY OF NEWCASTLE UPON TYNE

SMOKE AND SULPHUR DIOXIDE CONCENTRATIONS FOR 1965
(AVERAGE OF ALL FIVE STATIONS)

SMOKE SO, RATIO	SITE AND ENVIRONMENT OF STATION		ANNUAL AVGE SMOKE	ANNUAL AVGE SO_2
1·87 : 1	SHIPLEY ST BATHS	HIGH DENSITY HOUSING	376	201
0·95 : 1	ELSWICK BATHS	INDUSTRIAL AREA	202	212
1·22 : 1	DIANA ST CLINIC	HIGH DENSITY HOUSING & SMOKE CONTROL AREA	190	155
0·93 : 1	CENTRAL LIBRARY	COMMERCIAL AREA & SMOKE CONTROL AREA	154	166
1·49 : 1	BLAKELAW CLINIC	LOW DENSITY HOUSING	145	97



NATIONAL SURVEY OF AIR POLLUTION

The following table shows the average monthly smoke and SO_2 concentrations, given in microgrammes per cubic metre, for the five sites during 1965.

Gauge Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Average 1965	During 1964
Blakelaw Clinic														
SO2	79.7	57.5	125.8	54.4	33.9	***	53.8	64.7	84.4	286.5	148.5	153.6	97	78
Smoke	255.0	230.0	250.0	115.1	86.7	61.7	59.1	48.7	106.6	188.8	198.7	206.3	145	195
Diana St. Clinic														
SO2	211.7	133.1	239.9	131.9	****		54.4	90.6	98.0	216.2	198.9	176.8	155	171
Smoke	287.0	217.0	195.0	57.7	****		68.8	94.0	146.2	251.9	284.6	302.0	190	206
Elswick Baths														
SO2	569.0	197.9	258.2	134.5	135.1	82.5	86.9	120.6	145.8	259.8	277.2	278.6	212	203
Smoke	274.0	303.0	269.0	164.5	152.6	94.2	99.8	94.9	130.8	200.0	300.7	264.8	202	186
Central Library														
SO2	235.9	130.9	264.8	150.9	131.4	81.1	41.4	83.1	112.8	259.6	226.0	279.0	166	159
Smoke	207.0	136.0	251.0	117.8	107.1	58.9	****	60.2	96.5	212.0	197.5	249.0	154	163
Shipley St. Baths														
SO2	255.7	189.2	296.5	177.7	143.9	106.3	71.8	112.9	140.3	360.2	258.9	302.9	201	221
Smoke	533.0	448.0	536.0	383.3	305.1	163.1	207.4	178.1	278.4	439.1	522.1	520.6	376	383

**** Measuring apparatus out of action

Clean Air Act, 1956

The Smoke Control Order No. 9 ,which had been confirmed by the Minister of Housing and Local Government in October, 1964, became operative on the 1st July, bringing the total area of the City covered by operative Smoke Control Orders to 3,389 acres and the number of premises to 16,950, this total including 10,605 dwellings.

Although approval by the Council of a revised Smoke Control Programme as a whole had not been given, a report on the Smoke Control Area No. 10 (the first of the areas in the revised programme), was accepted and an Order was made in June. This order was confirmed by the Minister in September and is due to come into operation on the 1st October, 1966. In consequence of the continuing unavailability of 'open-fire' smokeless fuel in the Northern Region it was necessary for the costs for this area to be estimated on a 'hard coke' basis and to designate as unsuitable for installation in this area, with the aid of grant, any appliance approved as suitable for use only with the open fire smokeless fuels.

Estimates for the financial year 1965-1966 had been prepared on the basis of making two smoke control areas but owing to the relatively high costs involved, the pruned estimates subsequently allowed for the cost of one area only (No. 10). A second pruning of the estimates resulted in the amount allowed for the No. 10 area being further reduced by one half. As a twelve months period had been allowed for the carrying out of adaptations in the No. 10 area, the reduction in the estimates made no practical difference as at least half of the conversions would need to be carried out in the 1966 financial year in any case. However, uncertainty in the amounts to be allocated for smoke control purposes had an adverse effect on planning in an orderly way the progress of a Smoke Control programme. Notwithstanding these difficulties in planning, a start was made late in the year upon a survey in the proposed new No. 11 area with a view to making a smoke control order in the early months of 1966.

In the annual report for last year the high cost of fireplace conversions on a hard coke basis was mentioned with the suggestion that a higher proportion of the cost in these cases should be borne by the central government. Reference is made to this inequitable situation in the introduction to this report but the matter is of such importance that it can bear repetition and elaboration. It must be pointed out that local authorities in the northern region suffer a

twofold disadvantage in the making of Smoke Control Areas; firstly the greatly increased cost of conversions, and secondly, the need to carry out thousands of conversions to fireplaces, particularly in council houses which would have been suitable for use with the open fire coke which is not now available. There is a marked lack of progress in smoke control in the "black areas" of the north-east due to the increased financial burden placed on local authorities in this region. These local authorities are the victims of a failure to produce an equitable and rational fuel policy, a policy which would enable the north-east to take a fair and active part in the battle for clean air. National prosperity is, to a large extent, dependent upon the industrial black areas of this country, industries which, by their very nature, produce smoke pollution, and if prosperity is a commodity to be fairly shared on a national basis a similar logical policy should be adopted in respect of the cost of abating smoke pollution.

The year has not been an easy one in relation to the enforcement of Smoke Control Orders, in that a minority of householders in the various areas have from time to time reverted to the use of bituminous coal, either exclusively or to be mixed in with the smokeless fuel already in use. In no case, however, was there any case of continued defiance of the terms of the Order up to the end of the year. It will be recalled that there was a sudden snap of cold weather in late November which caused a crises in the gas and electricity supplies over large areas of the country. This spell of severe weather and a further one, including snowfall, during December, had a noticeable reaction in Smoke Control Areas as the normal supply channels of smokeless fuel became so behind in their regular deliveries that many householders had to resort to an alternative fuel which often, alas, was bituminous coal. Some suppliers were as much as one month behind in their deliveries to regular customers.

Whilst it may be true that, on the whole, adequate supplies of smokeless fuel are being produced (although there are firm grounds for believing that demand is still greater than supply for such fuels as "Coalite") experience has shown that a sudden spell of severe weather greatly disrupts distribution of the supplies and this leads to temporary contraventions of Smoke Control Orders.

The year's experience indicates it is essential that sufficient staff should be available to make regular observations in Smoke Control Areas to ensure firm enforcement so far as the supply problems mentioned above permit.

The position in relation to the establishment of smoke control areas at the end of the year was as follows:—

(a) *Areas Reported to Health Committee*

	Acres	*Houses*	*Total Premises*	*Order Made*	*Confirmed*
Area No. 10	672	4,366	4,467	2.6.65	10.9.65

(b) *Orders made and confirmed :*

	Acres	*Houses*	*Total Premises*	*Order Made*	*Confirmed*
Area No. 10	672	4,366	4,467	2.6.65	10.9.65

(c) *Position at 31st December*, 1965

	Acres	*Houses*	*Total Premises*	*Operative Date*
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	1,403	3,261	3,368	1.12.63
Area No. 9	160	978	1,024	1.7.65
Area No. 10	672	4,366	4,467	1.10.66

(d) *Formal Action During* 1965

No. of Approvals of Proposed Works dealt with	505
No. of Claims for 70% grant approved	269
No. of Claims for 100% grant approved	17
No. of Section 12 Notices served	15
No. of Section 12 Notices complied with	13
No. of Section 12 Notices work still outstanding	2
Works carried out in default	Nil

Smoke Emissions

During the year the number of smoke observations carried out increased to 162 as compared with 125 during 1964. Much of this increase was due to a series of observations carried out on premises belonging to the Ministry of Pensions and National In insurance respect of which complaints had been made to the department concerning emissions of dark smoke. The complaints were found to be justified and during observations emissions of dark smoke and even black smoke were noted. After representations were made to the appropriate government department the matter was speedily rectified and no further complaint had been received by the end of the year.

For the first time legal proceedings were instituted in respect of contraventions of smoke control orders, two of such cases concerned the burning of bituminous coal in dwellings and other two cases related to industrial emissions. In the latter cases these emissions were caused by burning wood in an effort to increase the steam

output of an industrial boiler and as a result of these legal proceedings the boilers in question have now been converted to oil fiirng. It should, however, be recorded that in general the situation in regard to smoke emissions from industrial premises in this city is generally satisfactory and co-operation is invariably obtained.

Prior Approval of Furnaces

During the year three applications for prior approval were granted under the provisions of Sections 3 of the Act. These applications related to oil fired installations and all were found to be satisfactory and granted.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The work of inspection continued apace throughout the year and the initial survey was virtually completed by the end of 1965. There is, however, still a large amount of enforcement to do, particularly as the regulations dealing with washing facilities and sanitary conveniences did not become operative until 1st January, 1966.

Most employers and owners are co-operative and are willing to comply with the Act and enforcement raised no difficulties in most premises but the following are a few points of special interest.

Temperature

Effective provision must be made for maintaining a reasonable tempreature in all rooms where people are employed to work. This provision does not apply in shop premises where the maintenance of a reasonable temperature would cause deterioration of goods. There has been considerable discussion on the types of premises which should be excepted from this provision and it has so far been agreed that the provision should not apply to butchers' shops, fresh fish shops and flower shops.

Lighting

The assessment of "suitable and sufficient" lighting standards is at present left to the discretion of each enforcing authority, though during the last three months of the year a special survey on lighting was conducted at the request of the Ministry of Labour. It is hoped that as a result of this survey the Minister will make regulations laying down fairly detailed standards for lighting which should assist greatly in securing more uniform lighting standards over the

country as a whole. A detailed report on this lighting survey is referred to later in this part of this report.

Sanitary Conveniences and Washing Facilities

The provision of additional sanitary conveniences and wash basins is probably the most expensive item the Department has to enforce under this Act, but nevertheless a great deal of work has been done and is being done in this direction. Most aspects are dealt with, in some detail, in the Act and in regulations, but no guidance is given on the interpretation of the phrase "conveniently accessible" which occurs in the Act. The interpretation of this phrase has lead to considerable argument between this department and the owners and occupiers of various premises in the City, and it would have been helpful if the question of the position of these facilities had been dealt with in a more precise manner as in the Irish Offices Act of 1958.

Exemptions under S.46 of the Act

Local Authorities are empowered to grant exemptions for periods of up to two years from certain requirements of the Act relating to overcrowding, temperature, sanitary conveniences and washing facilities.

The granting of exemptions relsting to overcrowding or temperature are straightforward, but there are some inconsistencies in granting exemptions relating to sanitary conveniences and washing facilities and these are discussed in the following paragraphs.

A local authority may grant an exemption for a period of up to two years, from ANY requirement of the Act relating to SANITARY CONVENIENCES. The position is quite different however, in the case of WASHING FACILITIES. An exemption may be granted only in the following restricted field.

> "The authority having power to enforce Section 10 (1) of the Act with respect to any premises may, if satisfied that it is not reasonably practicable for running water to be supplied there or for running water so supplied to be heated, exempt the premises from so much of that subsection as requires the water supplied to be running water".

As it is customary to provide sanitary conveniences and washing facilities in the same or adjoining rooms these two amenities are invariably considered together.

Several instances have been encountered in practice, where although some sanitary conveniences and washing facilities were provided they were not "conveniently accessible" to all employees in a particular building. The owners could provide the necessary facilities only by using space at present occupied as offices and in order to obtain sufficient time to secure vacation and carry out the necessary structural works, the owners would find it necessary to apply for an exemption.

There is no problem so far as sanitary conveniences are concerned as an exemption can be granted from the requirement that the sanitary conveniences should be conveniently accessible. In the case of washing facilities, however, the situation is much more difficult. Although the intention is to provide accommodation comprising sanitary conveniences and washing facilities and although it is a requirement of the Act that washing facilities are, inter alia, "conveniently accessible", no exemption can be granted from this provision. Presumably the owner or occupier must provide wash bowls and some form of non-running hot water, either within the offices or on the landings and it is contended that this is rather an impractical measure.

There is undoubtedly a very good case for empowering enforcing authorities to grant exemptions from ANY requirements relating to the provision of washing facilities, a power they already enjoy in relation to sanitary conveniences.

Notification and Investigation of Accidents

Most of the 159 accidents which were notified to the department were of a relatively minor nature and were not due to any negligence on the part of employers. Two of the accidents which occurred, however, do merit special mention.

One involved an employee at a supermarket, who cut off the end of his thumb on a gravity-feed slicing machine. On investigation it was found that the machine was not fitted with an approved guard, and in addition, the employee had been using the machine contrary to the maker's instructions. The employers stated that they had guards on order but they had not been delivered. After careful consideration of all the facts it was decided not to institute legal proceedings.

Undoubtedly the most serious accident which occurred during the year involved a lift which crashed from an upper floor of a

building to the basement, a distance of 37 feet. There were two men in the lift at the time of the accident, one received an injury described described as "wedged vertebrae" and the other sustained two broken ankles, one broken heel bone and a suspected back injury. This accident was investigated in conjunction with the local Inspector of Factories, and it was established that it occurred in the following manner.

As the light cage was ascending the counter weight pulley sheared causing the counter weight and cage to crash to the foot of the lift shaft. According to the Insurance Company's engineer, a safety cable which, by releasing spring loaded cams, should have slowed down the falling cage in such an emergency was itself snapped by the sudden strain placed upon it and in consequence the cams failed to operate.

While this accident did not constitute a contravention of the Act, details were sent to the Ministry of Labour who were, at the end of the year, preparing draft regulations under Section 20 on lifts and hoists.

Report on Lighting Standards

1. General Impressions

Offices

Artificial lighting was generally good in the working area of large modern offices such as banks, building societies and insurance companies, and tended to be poorer in the older, smaller offices although of course these were exceptions to the rule.

Some instances of very poor lighting were found where the office constituted a minor part of the activities, *e.g.*, a small office in a shop or warehouse.

Where natural lighting was available this was usually adequate during hours of daylight, though instances were encountered where, in rooms which faced south, conditions were unpleasant because of glare from direct sunlight.

Shops

The sales areas of shops were usually lit by artificial light and the standard was generally good, but the standard was not so high in the parts of shops which were used merely for storage. Where work was actually carried on, *e.g.*, food preparation rooms, the standard was usually satisfactory.

Passages, Staircases, Washrooms and Sanitary Conveniences

Standards of lighting varied considerably in these parts of offices and shops. Most were satisfactory, but some were of a low standard. Many external water closets were without artificial light.

2. Unsatisfactory Lighting

Most of the unsatisfactory lighting was insufficient in intensity, but a number of instances were encountered where lights were badly positioned and caused shadows or caused discomfort because of glare. There were more instances of unsatisfactory lighting in the working area of offices than in other types of premises.

3. Lighting Standards

The standards in the 1961 Code of Practice of the Illuminating Engineering Society have been recommended by this department as being a satisfactory standard.

4. Glare

Glare is usually associated with unshaded or badly positioned lights, particularly unshaded fluorescent tubes less than eight feet above floor level. Assessment of glare has been a matter for the personal judgment of the person carrying out the inspection.

5. Detailed Information on Lighting

Detailed information on lighting found in different types of premises during the month of November is given in the following table. Conditions encountered during October and December were very similar.

Standard of lighting in lumens/sq. ft.	Offices working place	Shops Sales Areas	Shops working areas & storage	Stair-cases	Pass-ages	Wash-rooms & water closets
less than 5 ..	2	Nil	1	5	10	7
between 5 & 10	22	5	15	36	29	19
between 10 & 15	21	10	20	10	2	12
between 15 & 25	38	26	17	7	2	12
more than 25	55	30	11	1	1	11

The following table shows the minimum standards of lighting recommended in the 1961 Code of the Illuminating Engineering Society of Great Britain from which it will be observed that substantially more than half of the offices and shops are inadequately lighted although staircasse and passages are fairly satisfactory.

Type of Work	Lumens/Sq. ft.
General clerical work, typing, book-keeping ..	30
Drawing offices—	
(a) on drawing board ..	45
(b) elsewhere	30
Corridors	7
Stairs	10
Kitchens	20
Canteens	15
Cloakroom and toilets ..	10

The following statistical summary is based on the requirements of Form OSR 14 which is submitted to the Minister at the end of each year.

(a) *Registrations and General Inspections.*

Class of Premises	Number of premises registered during the year	Total registered premises at end of year	Number of registered premises receiving a general inspection during the the year
Offices	229	2,019	1,410
Retail Shops	263	1,952	1,476
Wholesale shops, warehouses	30	445	264
Catering establishments open to the public, canteens	41	360	249
Fuel storage depots ..	Nil	3	2
Totals	563	4,779	3,401

(b) *Number of visits of all kinds by Inspectors to Registered Premises* 10,304

(c) *Analysis of persons employed in registered premises by workplace.*

Class of workplace	Number of persons employed
Offices	25,789
Retail Shops	17,946
Wholesale, departments, warehouses	6,834
Catering establishments open to the public	4,086
Canteens	293
Fuel storage depots	62
Total	55,010
Total Males ..	24,233
Total Females	30,777

(d) *Exemptions :*	*Granted*	*Refused*
Space (Sec. 5 (2))	—	—
Temperature (Sec. 6)	—	—
Sanitary Conveniences (Sec. 9)	1	3
Washing Facilities (Sec. 10)	2	—

(e) *Accidents notified during the year* 159

(f) *Contraventions found and remedied during* 1965.

	Found	*Remedied*
S.4 Lack of Cleanliness	33	21
S.5 Overcrowding	18	6
S.6 Temperature :		
Inadequate	30	22
Defective	1	1
No Thermometer	798	606
S.7 Ventilation :		
Not suitable	18	9
S.8 Lighting	129	68
S.9 Sanitary Conveniences :		
(a) Insufficient in number	45	27
(b) Not separate for M. & F.	50	23
(c) Not conveniently accessible	31	11
(d) Not properly ventilated	64	30
(e) Not properly lighted	503	280
(f) Otherwise defective	498	333
S.10 Washing Facilities :		
(a) Insufficient in number	109	50
(b) Not separate for M. & F.	66	31
(c) Not conveniently accessible	20	10
(d) No hot water	441	362
(e) Not properly ventilated	6	4
(f) Not properly lighted	6	2
(g) Otherwise defective	118	63

S.11 No supply of drinking water	10	5
Drinking water unsuitable	—	—
No drinking vessels	1	2
Drinking vessels unsuitable	5	—
S.12 No suitable accommodation for :		
(a) Clothing not worn at work	13	7
(b) Special clothing worn at work	—	—
S.13 Sitting Facilities :		
(a) Not provided	4	3
(b) Insufficient in number	3	1
(c) Unsuitable	5	3
S.14 Seats for Sedentary Work		
(a) Not suitable	5	3
S.15 No suitable eating facilities	4	2
S.16 Defective floors/stairs/steps:	417	222
No handrail	317	228
S.17 Machinery not guarded	15	5
S.24 First Aid Box	853	649
S.50 Abstract of Act not displayed	712	320

FACTORIES ACT, 1961

Although there was some fluctuation in the number of factories registered in the city during the year, the number was unchanged at the end of December totalling 1,586. The supervision of these premises was far from satisfactory due, in the main, to the very serious shortage of district inspectors. Nevertheless, a considerable amount of enforcement work was achieved although it is to be regretted that in one particularly serious case this was achieved only after the institution of legal proceedings. This case related to a factory in the east-end of the city where the sanitary accommodation provided for the workers was found to be in a foul condition with w.c. doors broken, seats missing and w.c. basins obstructed. Despite an immediate notification by the department no action was taken during the following three weeks and in consequence the firm involved appeared before the Magistrates' Court and was in due course fined a total of £50 in respect of contraventions of Section 7 of the Act. There was a substantial reduction in the number of inspections of factories made during the year, the total being 1,565 as compared with 2,044 during 1964. It is hoped that the staffing position will improve during 1966 to enable more attention to be given both to factory supervision and outworkers premises.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961
PART 1 OF THE ACT

1.—INSPECTIONS FOR THE PURPOSES OF PROVISIONS AS TO HEALTH (INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by Local Authorities	154	186	15	
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,386	1,300	59	1
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises) ..	46	79	4	
Total	1,586	1,565	78	1

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 institutied (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of Cleanliness (S1)	13	3	—	4	—
Overcrowding (S2) ..	—	—	—	—	—
Unreasonable temperature (S3) ..	—	—	—	—	—
Inadequate ventilation (S4)	1	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7)	4	—	—	—	—
(a) Insufficient ..	8	—	—	—	—
(b) Unsuitable or defective	140	37	2	3	1
(c) Not separate for sexes	3	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	2	—	2	—	—
Total	171	40	4	7	1

Outworkers

There continues to be a remarkably low number of outworkers in Newcastle for a city of this size. The following figures, related to outworkers operating during the past five years, suggest that this decline is more or less permanent.

Year	*Number of outworkers in city*
1965	8
1964	7
1963	19
1962	44
1961	61

PART VIII OF THE ACT
OUTWORK
(Sections 133 and 134)

Nature of work	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1) 133(1)(c)	No. of cases of default in sending lists to the Council Council	No. of prose-cutions for failure to supply lists	No. of in-stances of work in unwhole-some premises	Notices Served	Prose-cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel : Making, etc. ..	8	—	—	—	—	—
Total	8	—	—	—	—	—

FOOD AND DRUGS ACT 1955

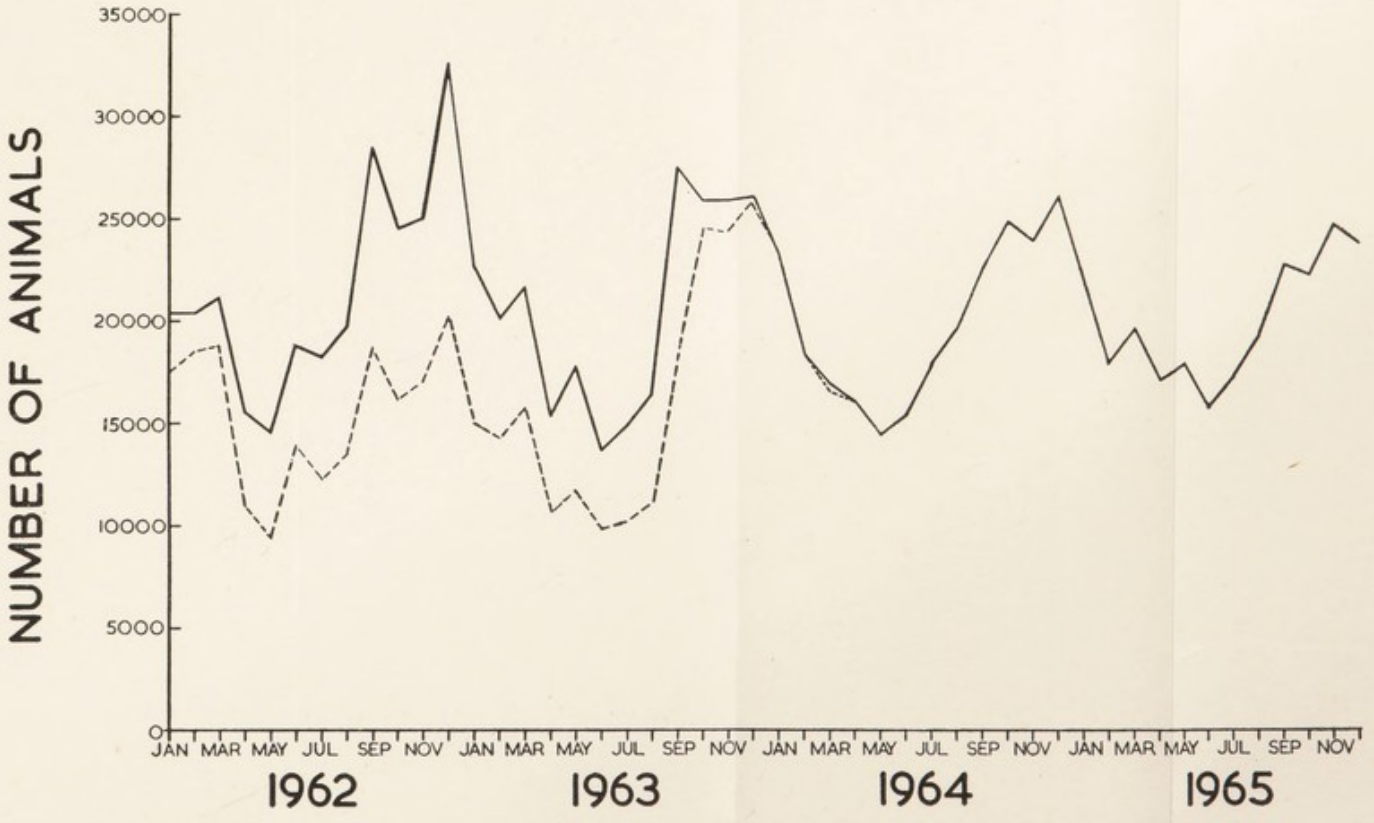
Meat Inspection

During the year there was a slight increase in the total number of animals slaughtered in the city to a figure of 240,590 as compared with 239,608 in 1964. This increase is accounted for by the unusually large number of pigs dealt with but this was accompanied by a substantial decrease in the number of cattle and sheep.

The animals slaughtered comprised 30,131 cattle, 89,815 pigs, 119,844 sheep, 610 calves and 190 horses giving a total of 814,173 inspection units. (An inspection unit is used as a basis for statistical calculations and for this purpose a beast is equal to ten inspection units, a pig or calf three units and a sheep two units).

MEAT INSPECTION

MONTHLY KILL (ALL ANIMALS) 1962/63/64/65 AND INSPECTED



ANIMALS SLAUGHTERED —— ANIMALS INSPECTED - - - -

For the first time since departmental records were kept, every animal slaughtered within the city was inspected and 1965 will be remembered as the year qhen 100% meat inspection was recorded, although the previous year with 99·91% was a creditable achievement particularly in view of the congested and outmoded conditions in which the slaughtering services are conducted in this city.

The district public health inspectors continued throughout the year to assist in this field by accepting all weekend overtime duties whilst the regular meat inspection staff, principally authorised officers, undertook early morning and evening overtime on week days. In all, a total of 3,777 man hours overtime were worked in this way, a marked reduction in the figure of 4,425 man hours for 1964. In that year a certain amount of unproductive overtime was worked by trainee meat inspectors but the reduction in overtime worked in 1965 was principally the result of a careful examination and analysis of the inspection work and a reallocation of overtime duties between the district inspectors and the regular meat inspection staff.

The maximum inspection charges permitted by the Meat Inspection Regulations 1963 were continued throughout the year and the total income from this source was £10,176. 13s. 3d. a sum which covered the major part of the overall cost of the meat inspection service.

Meat inspection and the post-mortem examination of food animals in slaughterhouses was, and continued to be, instrumental in providing important information and specimens for research work by different bodies. Sheep lungs affected by various parasitic conditions were supplied to the Department of Agriculture of Newcastle University; the Urological Department of the General Hospital received sheep's kidneys and blood; the Royal Victoria Infirmary obtained various diseased organs and the College of Further Education was given selections of sound organs for psyhiology demonstrations.

Perhaps one of the most promising activities in this field of co-operation is carried on with the Veterinary Hospital of the University of Glasgow where the relationship of various virus leukaemias and human leukaemia are being continuously studied. In this connection, meat inspectors examine all carcases and organs and any tumour formations which includes lymphosarcoma or leukaemia cases are despatched, after suitable initial preparation, to Glasgow for research purposes.

TABLE 1

WHOLE CARCASES CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease or Condition	Cattle	Sheep	Calves	Pigs	Horses	Total
Johnse disease with emaciation ..	6	—	—	—	—	6
Pyrexia	—	—	—	9	—	9
Pyaemia	1	8	—	47	—	56
Septic Conditions :						
Septicaemia ..	—	1	1	12	—	14
S. Arthritis ..	—	9	—	15	—	24
S. Mastitis ..	—	2	—	—	—	2
S. Pleurisy ..	—	5	1	4	—	10
S. Peritonitis ..	—	3	—	1	—	4
S. Pneumonia ..	1	7	—	1	—	9
S. Enteritis ..	1	—	—	1	—	2
S. Pericarditis ..	—	—	—	—	—	—
S. Nephritis ..	—	1	—	—	—	1
Toxaemia ..	1	—	—	—	—	1
Jaundice ..	1	—	—	4	—	5
Neoplasm ..	—	—	—	1	—	1
Leukaemia (lymphatic) ..	—	—	—	1	—	1
Anaemia ..	—	5	—	—	—	5
Pleurisy and peritonitis ..	—	—	—	3	—	3
Oedema and emaciation ..	3	79	—	5	—	87
Imperfect Bleeding & congestion ..	—	3	—	3	—	6
Immaturity ..	—	—	1	—	—	1
Traumatism ..	2	4	4	1	—	11
Decomposition	—	—	—	—	—	—
Gangrene ..	—	2	—	—	—	2
Gangrenous Pneumonia ..	1	—	—	—	—	1
Pleurisy & Emac.	—	1	—	1	—	2
Arthritis	—	3	—	3	—	6
Emaciation ..	1	4	—	—	—	5
S. Metritis ..	—	2	—	1	—	3
Imperfect Bleeding	—	3	2	—	—	5
Congestion ..	—	—	—	4	—	4

TABLE 2

PART CARCASES OR ORGANS CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease or Condition	Cattle	Sheep	Pigs	Calves	Horses	Total
Johnes Disease	29	—	—	—	—	29
Actinobacillosis	84	—	—	—	—	84
Actinomycosis ..	9	—	—	—	—	9
Abscess	821	309	341	—	—	1,471
Pericarditis ..	107	287	1,788	—	—	2,182
Pneumonia ..	137	2,624	8,545	2	—	11,308
Pleurisy	818	1,038	2,011	2	—	3,869
Pl. & Peritonitis	31	111	706	—	—	848
Peritonitis ..	152	114	1,181	—	—	1,447
Enteritis	23	37	288	1	—	349
Mastitis	46	36	19	—	—	101
Nephritis ..	18	6	9	—	—	33
Fascioliasis ..	6,911	2,649	—	—	—	9,560
Oedema & Emaciation ..	1	66	22	1	—	90
Congestion ..	49	168	440	—	—	657
Melanosis ..	21	—	—	—	—	21
Musc. Fibrosis	1	—	—	—	—	1
Necrosis	7	—	2	—	—	9
Arthritis	5	135	433	—	—	573
Traumatism ..	54	63	261	—	—	378
Decomposition	79	—	12	—	—	91
Emphysema ..	11	—	—	—	—	11
Telangiesctasis ..	163	—	—	—	—	163
Cirrhosis ..	659	213	435	—	1	1,308
Contamination ..	51	19	28	—	—	98
Hydronephrosis	23	—	55	—	—	78
Neoplasm ..	11	9	6	—	—	26
Muellarius Capillaris ..	—	183	—	—	—	183
Ascariasis ..	—	198	5,688	—	—	5,886
Parasites ..	—	1,696	55	—	—	1,751
Pentastones ..	—	136	—	—	—	136
Par. Pneumonia..	—	1,666	—	—	—	1,666
Gangrene ..	—	2	3	—	—	5
Cyst. Ovis ..	—	441	—	—	—	441
Pl. & Pnuemonia	—	—	3,201	—	—	3,201
Erysipelas ..	—	—	4	—	—	4
Echinococcus ..	15	—	—	—	29	44

Bovine Tuberculosis

Three carcases of beef and offals were condemned together with parts of organs of another 42 bovines showing a percentage of disease in relation to the total animals slaughtered of 0·0187 and to that of bovine animals 0·149. These figures compare rather unfavourably with those of 1964 and whilst the present percentage

is so small as not to constitute a cause for undue concern, it might serve as a timely reminder that bovine tuberculosis is still with us and with this in mind, routine inspection of bovines should be continued with undiminished thoroughness.

In all 11 bovine animals were sent into city slaughterhouses by the Ministry of Agriculture, Fisheries and Food for slaughter under the Tuberculosis (Slaughter of Reactors) Order 1950, details of which are shown at the foot of Table 3 below.

Whilst the eradication of bovine tuberculosis has been virtually completed throughout the country sporadic cases are detected in the slaughterhouse and on each occasion the Ministry are informed.

TABLE 3

	Tuberculosis condition found		
	Advanced	Other than Other than advanced	No visible evidence
(a) Animals slaughtered under the provisions of Tuberculosis Orders	—	—	—
(b) Animals slaughtered under the provisions of the Tuberculosis (Slaughter of Reactors) Order 1950 ..	—	7	4

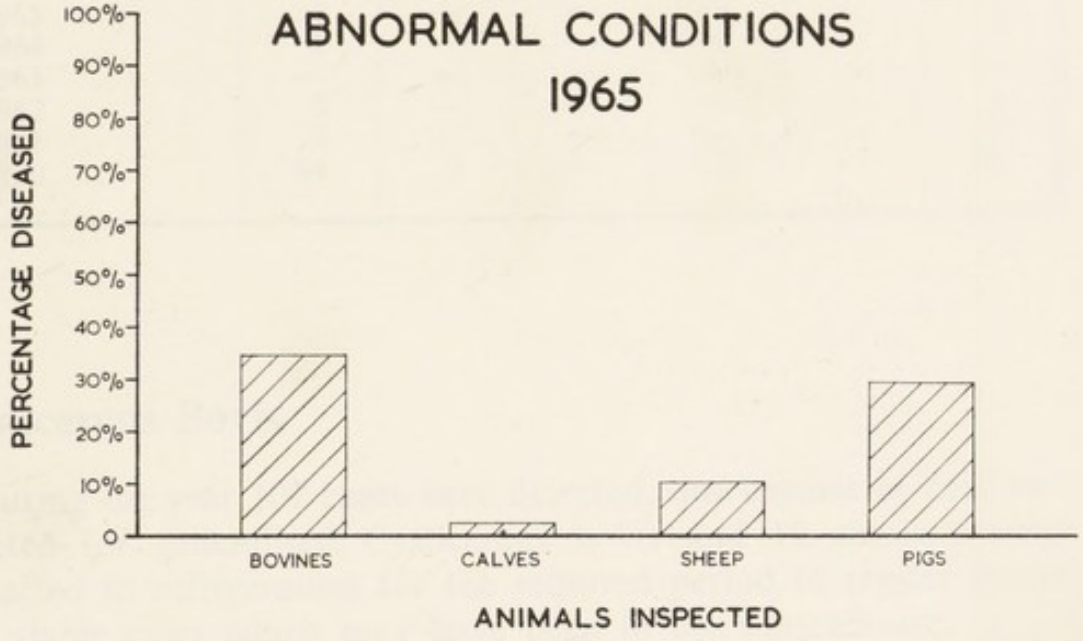
TUBERCULOSIS REACTORS ORDER, 1950

1 Heifer	Localised
1 Heifer	Localised
1 Steer	No disease found
1 Steer	No disease found
1 Steer	Localised
1 Steer	No disease found
1 Steer	Localised
1 Steer	Localised
1 Steer	No disease found
1 Steer	Localised
1 Steer	Localised

Avian Tuberculosis

Some 840 pigs were found to be affected with tuberculosis and in respect of the vast majority the heads alone were condemned. There is no doubt that, because of the conformation of the lesions found, the infection was due to the avian strain of tuberculosis.

INSPECTED ANIMALS FOUND TO BE AFFECTED WITH DISEASED OR ABNORMAL CONDITIONS 1965



DECLINE IN THE NUMBER OF CARCASES CONDEMNED BECAUSE OF TUBERCULOSIS 1945—1965

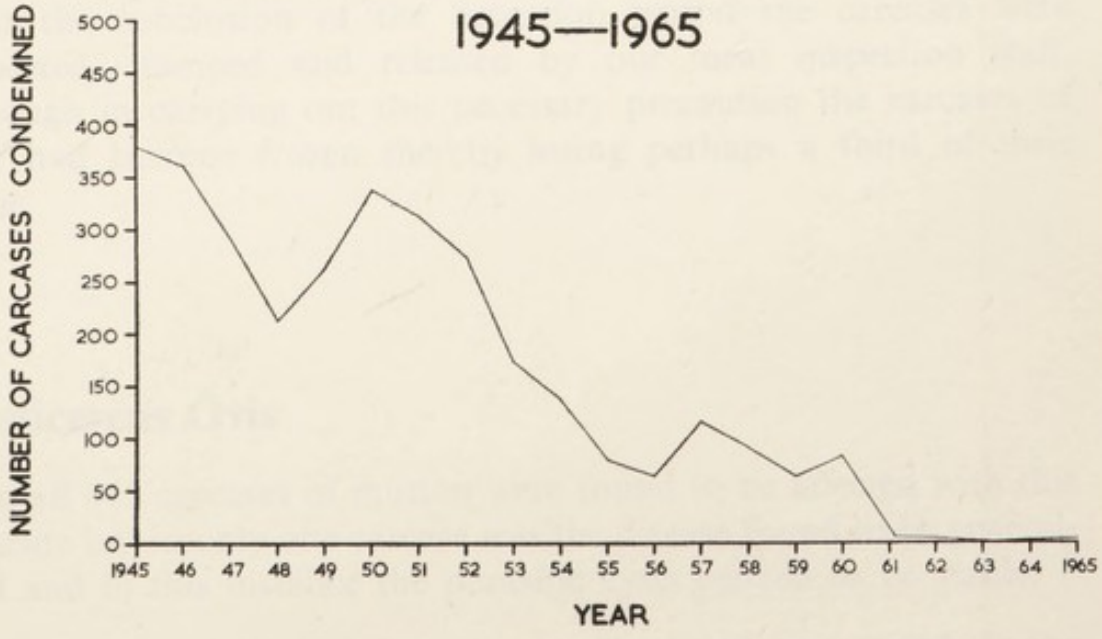


TABLE 4

THE TOTAL CONDEMNATION OF CARCASES OF ANIMALS BECAUSE OF TUBERCULOSIS SLAUGHTERED IN THE CITY BETWEEN THE YEARS 1960-1965

Year	Cattle	Calves	Sheep	Pigs	Horses	Total Animals
1965	3	—	—	—	—	3
1964	1	—	—	—	—	1
1963	—	—	—	—	—	—
1962	5	—	—	—	—	5
1961	6	—	—	—	—	6
1960	84	3	—	2	—	89

Cysticercus Bovis

During the year 102 cases were detected, one carcase of beef was rejected for generalised Cysticercus bovis and 19 carcases were subjected to refrigeration for the required period to render sterile any viable cysts which may have been in the musculature.

Supervision of a further 33 carcases of beef affected with Cysticercus bovis and sent in by other local authoritirs to city cold stores was carried out.

At the conclusion of the detention period the carcases were inspected, stamped and released by our meat inspection staff, although in carrying out this necessary precaution the carcases of beef had become frozen thereby losing perhaps a third of their value.

Cysticercus Ovis

In all 441 carcases of mutton were found to be affected with this parasite but in only one carcase was the disease found to be generalised and in this instance the parasitic cysts proved to be viable.

In all other cases the cysts were localised and were mainly in the heart muscle and occasionally in the diaphragm and were without exception found to be in a calcified and degenerated condition.

TABLE 5

INSPECTION OF SLAUGHTERED ANIMALS 1965,
CARCASES AND OFFALS INSPECTED AND COMDENNED IN
WHOLE OR IN PART

	Bovine	Calves	Sheep and Lambs	Pigs	Horses
Animals killed	30,131	610	119,844	89,815	190
Animals inspected ..	30,131	610	119,844	89,815	190
Tuberculosis :					
Carcases condemned ..	3	—	—	2	—
Part carcases or organs condemned	42	—	—	840	—
% affected by Tuberculosis	0.0156	—	—	—	—
Cysticercosis :					
Carcases affected	102	—	441	—	—
Carcases condemned ..	1	—	—	—	—
Part carcases or organs condemned	101	—	440	—	—
Carcases treated by refrigeration	19	—	—	—	—
Diseases or Abnormal Conditions other than Tuberculosis or Cysticercosis :					
Carcases condemned ..	18	9	142	117	—
Part carcases or organs condemned	10,272	6	12,206	25,602	30

Imported Foodstuffs

During the year, routine visits were made to the Quayside and a percentage of the following offals and other foodstuffs from 99 vessels arriving from Denmark and Holland were examined.

Offals (packages)	38,654	Total Weight 37,043 tons
Cases of canned foods	433,869	
Bacon sides	1,167,680	

For the first time since the war years no frozen meat was discharged at the Quayside. Imported meat arriving by rail and road within the city was subjected to supervision and inspection within cold storage depots and wholesale meat shops.

During the year it was very obvious in the so-called "imported meat" wholesale shops, that there was a well defined trend towards trading in home killed rather than overseas meat. Well known

North American and South American and New Zealand firms are now actively engaged in the home-killed meat trade and are selling meat slaughtered in their own abattoirs situated in different parts of the country.

Meat and Other Foodstuffs Condemned

In the city wholesale meat depots and shops the following overseas imported meat was condemned, viz.:—

3,706 lbs. beef	33 lbs. ox tails
68 lbs. ox livers	632 lbs. sheep livers
32 lbs. ox kidneys	28 lbs. sheep kidneys

From the extensive trade in home-killed meat imported from other districts in Northumberland, Durham, Yorkshire and from more distant places such as Scotland, Wales and Lincolnshire the following meat and offals were taken in surrender during normal routine inspection.

BEEF	2 carcases, plus 3,786 lbs., 10 heads and tongues, 3 sets of lungs.
MUTTON	17 carcases, 90 lungs, 90 plucks.
PORK	15 carcases, 10 sets of heads, 11 plucks, 23 lbs. liver.

The total weight of meat and other foodstuffs condemned during 1965 was 184 tons, 2 cwt. 3 qrs. 14 lbs., as compared with 180 tons, 3 cwt. 3 qrs. 25 lbs., during the previous year and comprised the following:—

	Tons	Cwts.	Qrs.	Lbs.
Beef, Veal, Mutton and Pork	35	17	3	2
Offals	68	12	1	7
Provisions	39	12	—	27
Fish	—	11	—	5
Fruit & vegetables	39	9	2	1
	184	2	3	14

These condemnations involved the issue of 2,399 certificates.

TABLE 6

POULTRY AND GAME, FRUIT AND VEGETABLES, PROVISIONS, &C., DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION DURING THE YEAR, 1965

POULTRY AND GAME	lbs.
Chicken	55
Rabbit	202
Turkey	106
Fowl	51
Fish (assorted)	1,237

FRUIT AND VEGETABLES	
Bananas	7,044
Carrots	5,404
Cauliflower	—
Celery	21
Apples	1,300
Coconuts	660
Grapes	2,934
Melons	1,947
Onions	1,876
Peaches	30
Pears	3,926
Beetroot	1,605
Potatoes	1,807
Tomatoes	39,456
Parsley	296
Walnuts	336
Capsicums	450
Almonds	61
Pineapples	210
Strawberries	60

PROVISIONS	lbs.
Bacon	1,911
Butter	343
Cheese	152

PROVISIONS—*continued*	
Confectionery	4
Flour	39
Fruit Preserve	476
Pickles, jars	774
Salad Cream, jars	35
Sauce	32
Sausages	24
Syrup	3
Fruit Peel	9
Currants	254
Sultanas	218
Raisins	180
Farina	112
Garlic	100
Corn Oil	4
Mixed Dried Fruit	186

TINNED GOODS	Tins	lbs.
Baby Food	239	—
Baked Beans	993	—
Beans	969	—
Beef and Veg.	6	—
Chicken	285	—
Cream	253	—
Fish	1,328	—
Frankfurters	8	—
Fruit	17,165	—
Fruit Pulp	86	—
Fruit Juice	775	—
Ham	—	25,718
Hamburgers	7	—
Irish Stew	71	—
Meats	—	23,737

TINNED GOODS—*continued*	Tins	lbs.
Mixed Grill	23	—
Mixed Veg.	23	—
Mixed Veg.	71	—
Milk	3,090	—
Milk Puddings	1,047	—
Pease Pudding	72	—
Ravioli	69	—
Sausage	1,157	—
Soup	1,418	—
Spagherri	91	—
Steak & Kidney	128	—
Stewed Steak	662	—
Syrup	6	—
Tomatoes	8,607	—
Tomato Juice	225	—
Tomato Puree	67	—
Fruit Puree	74	—
Vegetables	3,501	—
Vegetable Juice	10	—
Vienese Sausage	11	—
Meat Paste—jars	50	—
Pie Filling	81	—
Tomato Paste	3	—
Sweet Corn	115	—
Kidneys	4	—
Sponge Pudding	7	—
Curried Food	2	—
Cheese Spread... pkts.	689	—
Beefburger Mix	44	—
Mince Meat—jars	2	—
Peas	42	—
Peanut Butter	2	—
Jelly ....pkts.	6	—
Walnuts—jar	1	—
Honey	2	—

Bacteriological Examination

The facilities provided by the Public Health Laboratory of the Newcastle upon Tyne General Hospital were again used with advantage during the year.

Specimens were submitted from 12 carcases slaughtered within the city and it was decided on post-mortem examination that these border-line cases could be safely passed for food subject to satisfactory laboratory reports.

TABLE 7

BACTERIOLOGICAL EXAMINATIONS

Carcase			Type of Animal	Disease Suspected	Bacteriological Findings
Beef	Pork	Mutton			
1	—	—	Cow	Septicaemia	No
1	—	—	Stirk	Septicaemia	
—	1	—	Pig	Septicaemia	Pathogens
1	—	—	Steer	Septicaemia	
—	1	—	Pig	Septicaemia	isolated
1	—	—	Steer	Septicaemia	
1	—	—	Heifer	Septicaemia	in
—	1	—	Pig	Septicaemia	
—	1	—	Pig	Septicaemia	any
1	—	—	Cow	Septicaemia	
—	1	—	Gilt	Septicaemia	cases
—	1	—	Gilt	Septicaemia	

OTHER FOODS

Material Examined	Number of Samples Submitted	Bacteriological Findings
Cooked Ham ..	2 tins	No pathogens isolated

Detained Corned Beef

As a result of an intensive search carried out throughout the city in mid-1964 a total of 3,168 × 6 lb. of corned beef were withdrawn from sale and detained as being associated with the outbreak of typhoid in Aberdeen earlier in that year. These cans, which were identified by code marks, details of which had been supplied by the Ministry of Health, had been imported from Argentina and were stored in various warehouses pending a decision from the Ministry in respect of ultimate disposal.

In mid-December, 1964, information was received in the Department that a can of corned beef bearing an incriminated code mark indicating a "suspect" tin had been found in a food shop in south-east Durham, the tin having been one of a batch distributed from a city warehouse. Steps were taken immediately to trace the whereabouts of the cans forming the batch which had been inadvertently distributed and every tin in the remainder of the isolated stock from which the distributed batch had been taken was examined. Only some 3% of the cans bore a "suspect" code mark and there-

fore the number which had been distributed and not recovered must have been very few, indeed, if any.

This unhappy incident was pursued and cleared up with promptness and finality, but it is to be regretted that much unnecessary public alarm was created by the sensationally dramatic and unedifying fashion in which the matter was handled by the press and television services.

The unfortunate affair concluded on a somewhat ironic note when it was established that an error had been made when reading the code number of the original can which was the cause of the investigation and which can was still in the custody of the south-west Durham local authority after the conclusion of the investigation. It would appear that the indistinct code letters, caused by imperfect embossing on the end of the can, had been misleading and the can was not, in fact, a "suspect" can.

Nevertheless, the security arrangements for all detained stocks of corned beef in the city were checked and improved by labelling individually all cartons with a suitable label printed in red. Before the end of the year, all suspect Argentine corned beef had been recovered from the city for export purposes. There still remained, however, large stocks of suspect corned beef detained at the request of the Minister because of Salmonella typhimurium having been found in a can in Edinburgh, of the same origin. The present detained stocks total 30,733 × 6 lb. cans and their continued storage in the city is a source of embarrassment to both the stockists and the department.

Export Meat

A total of 40 certificates were granted for the export of meat to Belgium certifying as fit for human consumption, 190 carcases of horseflesh, 11,200 lbs. pork shoulders, 11,860 lbs. pork legs, 6,050 lbs. pork forequarters.

Slaughterhouse Act 1958

The number of separately licensed slaughterhouses within the city remains the same at 23, viz., Cooksons Lane (1), Pottery Lane (1), Stepney Bank (horses only) (1), Scotswood Road (1), Railway Street (1), Lime Street (2) and the Cattle Market group (16).

During the year Messrs. R. A. Dodds Ltd., moved to a new slaughterhouse at Felling and their vacated premises were taken over

by the Fatstock Corporation, where they have concentrated on increased sheep killing.

During the year a further two slaughterhouses became vacant making a total of four which are all situated in the Cattle Market group.

Slaughter of Animals (Prevention of Cruelty) Regulations, 1958, Slaughterhouses (Hygiene) Regulations, 1958

The extensive repairs and works of maintenance carried out during 1964 to the existing slaughterhouses, particularly those in the Cattle Market group, greatly improved hygienic conditions but it is becoming increasingly evident that inevitable deterioration of these heavily used premises is becoming more rapid.

The application of the above hygiene regulations in these circumstances is neither possible nor reasonable and therefore these regulations will not operate until 1967 on a date appointed by the Minister to coincide with the availability of the new abattoir.

It was, therefore, a sign of encouragement to note that, before the end of 1965, building operations on a large scale were in progress on the abattoir site. The contemplation of the abandonment of the existing insanitary, dilapidated congested structures at present used as slaughterhouses will sustain the meat inspection staff throughout 1966 although it may not be possible to transfer slaughtering operations to the new abattoir in January 1967 as at present planned.

FOOD AND DRUGS

Sampling

Although there appears to be no official or authoritative source to justify such an assumption, it is usually accepted that within the district of a food and drugs authority the number of samples taken annually for submission to the public analyst should be in the region of three per thousand population. This basis of calculation was probably appropriate thirty or forty years ago when it was established but in the post war years there have been great changes in the food manufacturing industries and particularly in the pattern of national distribution.

In most food industrial undertakings of any magnitude qualify control is rigidly exercised by the laboratory staff of the manufacturer and with the emergence of fewer and bigger manufacturers, and

wrapping and packaging at the factory before wide distribution, the possibility of adulteration is much reduced. Whilst this development has been evident for some time in respect of such basic foods as flour, milk, bread, cereals and the like, the same pattern is emerging in the manufacture of such things as pies, sausages and fish cakes, foodstuffs which a few years ago were mainly produced by the local butcher or the domestic bakehouse, a classification of food premises which is now virtually extinct.

Bearing in mind the above factors, and also the economical aspect of food sample purchasing, it will be seen from the table below that during the past ten years there has been a steady and unbroken fall in the number of food sample procured whilst the number of non-genuine samples has much increased overall. This is a very desirable state of affairs as the main preoccupation of the sampling officer is "looking for trouble" and his success can be measured by the proportion of unsatisfactory samples he collects.

This steady improvement has been brought about by applying a method of careful selective sampling and the figures for 1965 would have been even more dramatic were it not for the fact that Mr. W. G. Williamson, our very experienced public health inspector working in the food and drugs field, was absent from duty for some three months during the year and for much of the rest of the time he carried on under extremely adverse circumstances of poor health. Very soon after the end of 1965 this officer passed away and a tribute to him will more appropriately be included in my next annual report.

Of the 494 samples procured during the year, 220 were of milk and 274 of other foods, including in all 176 formal samples.

SAMPLES SUBMITTED TO THE PUBLIC ANALYST DURING THE PAST 10 YEARS

Year	Total	Non-Genuine	Percentage Non-Genuine
1956	824	16	1.9
1957	824	6	0.72
1958	821	6	0.73
1959	811	14	1.72
1960	803	16	1.99
1961	797	20	2.51
1962	742	18	2.42
1963	670	15	2.24
1964	648	32	4.93
1965	494	17	3.44

Miscellaneous Foods

Sausages. A formal sample of pork sausage was found to contain only 52·4% of meat, and whilst the view is held that the meat content should be at least 65% thereis, in fact, no statutory standard and no action was taken. However, this same sample was found to contain preservative within the amount prescribed by the Preservative in Food Regulations 1962, but declaration of its presence was not made at the time of sale. The vendor was cautioned.

A further sample of sausage was found to contain a preservative without being declared and a letter of caution was ·sent to the vendor.

Fish Cakes. One sample of fish cakes was reported to contain less than the 35% minimum of fish prescribed in the Food Standards (Fish Cakes) Order 1950. This was the first contravention by this particular manufacturer and as the deficiency in fish content was only 3·8% the vendor was cautioned.

Potted Meat. A sample of potted meat which was reported to contain only 51·8% of meat once again raised the difficult question as to what is, in fact, potted meat. It will be remembered that in 1960 the outcome of protracted legal proceedings resulted in the Recorder giving a Judgment at Newcastle upon Tyne Quarter Sessions when he stated that the standard for potted meat in the north-east is, upon the evidence, a meat content of not more than 55% or 60% or thereabouts. However, before the question of legal proceedings in connection with the present sample was considered the manufacturer decided to discontinue the production of potted meat because of the retsrictions which are expected to be imposed by impending legislation. However, as the firm concerned is one of the oldest in the city he intends to produce this form of potted meat once annually and to distribute it free to his customers by way of a commemoration of a traditional Tyneside dish. Nevertheless, until some statutory composition of potted meat and such produce is laid down, the north-east will have to be satisfied with the standard of potted meat which is not acceptable anywhere else in the country.

Meat Pies, etc. The recommendations of the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food with regard to a minimum meat content of meat pies and pasties have not yet been implemented in Regulations so that there is still no legal standard. Of 7 meat pies submitted to the public Analyst during the year, four fell below the recommended minimum standard of 25% meat. One of the deficient samples contained only 16·1% of

meat. A letter was sent to the manufacturer indicating that the meat content in the sample was substantially below the recommended standard. No action was taken in the other three cases.

The meat content of pasties seemed to vary between wide limits. Three samples were taken which contained 21%, 18·8% and 11·1%. The standard recommended by the Food Standards Committee is 12·5%.

Among the informal samples taken the following offences were detected:—

(1) Brandy Dessert Table Jelly had an unsatisfactory label. A letter was sent to vendor asking him to bring it to the attention of the manufacturer.

(2) Bacon contaminated with a metallic base paint. After extensive trimming the remainder was released for manufacturing purposes.

(3) Chopped Pork contained 81·7% of meat. As only a relatively small deficiency was found in relation to the recommended standard of 90% no action was taken.

(4) Cream Cauliflowers contained non-butter fat filling. Further samples were unobtainable.

(5) Butter Creams contained only 2·6% of butter fat whereas the agreed Code of Practice requires a mimimum of 4% butter fat for this classification of confectionery. A letter of caution sent to manufacturer.

Household Drugs

During the year 18 samples were examined and all were found to be satisfactory.

Pasteurised Liquid Egg

During the year, 14 samples of pasteurised liquid egg were taken from a processing factory in this city and all complied with the alpha-amylase test prescribed in the Liquid Egg (Pasteurisation) Regulations 1963. This plant is the only pasteurised liquid egg processing plant in this city and production appears to be increasing as the implementation of the above regulations is increasing the demand for liquid egg in the manufacturing industry.

Pesticidal Residues

In recent years the importance and significance of pesticidal residues has increased and at the end of the year arrangements were made to participate in a scheme of pesticide residue analyses of food which had been brought forward by the Association of Municipal Corporations. As this work of analysis involves the use of relatively expensive apparatus it was necessary for the Public Analyst to be guaranteed as it were a minumim number of samples annually and arrangements have been made with ten local authorities in the north-east, including our own city, with a view to procuring 40 samples per annum of which Newcastle will be expected to provide nine. Sampling under these new arrangements will commence early in 1966.

Milk

The quality of the milk sampled for analysis was generally very good as of the 125 samples analysed only two showed some deficiency. In both cases the deficient samples contained extraneous water. In one case further check samples were taken at the dairy farm by the sampling officer of the Cumberland County Council, and as these proved to be genuine no action was taken. In the other case the farmer ceased milk production the day after the original sample was taken and therefore no further action was taken as it was not possible to take "appeal to cow" samples.

AVERAGE COMPOSITION OF MILK SAMPLES

Designation	Number Taken	Fat %	N.F.S. %
Untreated (Farm Bottled) Channel Island	3	5.43	9.26
Untreated (Farm Bottled) ..	15	4.04	8.68
Pasteurised Channel Islands ..	6	4.75	9.13
Pasteurised	54	3.74	8.12
Sterilised	47	3.69	8.67
Total	125	—	—

Antibiotics in Milk

In all, 95 samples of producers' milk were submitted to the Public Analyst for examination for antibiotic residues. Seventeen of these showed some reaction to the test and in each the producer and the

Ministry of Agriculture, Fisheries and Food were notified. The residue in each case was within the acceptable range of less than 0·05 i.u. per ml.

Bacteriological Examination of Milk

The quality of milk sampled for bacteriological examination showed a slight improvement over the year as the percentage of samples of Untreated (Farm Bottled) milk which failed the methylene blue test was 8·46 as compared with 8·72 in 1964 and the percentage of pasteurised milk which failed was 3·09 as compared with 4·17.

All pasteurised milk samples passed the phosphatase test and all sterilised milks passed the turbidity test.

BACTERIOLOGICAL EXAMINATION OF MILK SAMPLES

Designation	Number Taken	Satis-factory	Unsatis-factory	%Unsatis-factory
Untreated (Farm Bottled)	122	111	11	8.46
Pasteurised	162	157	5	3.09
Total	284	268	16	5.63

In addition to the above, 74 samples were taken from milk dispensers in stores and snack-bars and submitted for bacteriological examination and of these 20 failed to pass the methylene blue test. This unsatisfactory state of affairs resulted in the delivery and storage arrangements being investigated and check samples subsequently being taken. In most instances the initiation of the investigation itself was sufficient to rectify matters.

Tubercle Bacilli

Sixty-six samples of raw milk were examined for the presence of tubercle bacilli and these were found to be free from infection.

Brucella Abortus

Ten samples of untreated (farm bottled) milk and 16 samples of untreated milk (in course of delivery) were examined for brucella abortus. Two of these samples indicated a positive result on the Ring Test, but on a further biological examination brucella abortus was not isolated.

In respect of those samples which showed a positive Ring Test result the authority in whose area the milk was produced was informed and also the appropriate officers of the Ministry of Agriculture, Fisheries and Food.

Milk Churn and Bottle Rinses

Sixty milk churn and bottle rinses were submitted to the Public Health Laboratory for examination and all were found to be satisfactory.

Ice Cream

The compositional quality of ice cream continues to be good. Sixteen samples of ice cream were submitted to the Public Analyst for examination and all exceeded the minimum standard of 5% fat prescribed by the Food Standards (Ice Cream) Regulations 1959.

The bacteriological quality of ice cream showed a decline. Of 135 samples taken during the year 57·04% were satisfactory as compared with 87·71% last year and 85·6% in 1963. It will be seen from the table below that of 95 samples of ice cream manufactured in the City only 62·11% were satisfactory. Whilst these figures give cause for concern it should be noted that of the last 27 samples taken 96·3% were satisfactory and that the majority of the unsatisfactory samples were check samples taken during the process of investigating other unsatisfactory results.

ICE CREAM SAMPLES

PUBLIC ANALYST

Fat Content Percentage	Manufactured in City	Manufactured outside City	Total
Less than 5	Nil	Nil	Nil
5 — 6	Nil	Nil	Nil
6 — 7	5	Nil	5
7 — 8	2	Nil	2
8 — 9	4	1	5
9 — 10	2	Nil	2
10 — 11	1	1	2
11 — 12	Nil	Nil	Nil
Over 12	Nil	Nil	Nil
Totals ..	14	2	16

Provisional Grade	Manufactured in City		Manufactured outside City		Total	
	No.	%	No.	%	No.	%
1	47	49.48	13	32.50	60	44.44
2	12	12.63	5	12.50	17	12.60
3	14	14.73	10	25.00	24	17.77
4	22	23.16	12	30.00	34	25.19
	95	100.00	40	100.00	135	100.00

Milk and Dairies (General) Regulations 1959

During the year the number of premises registered for the sale of milk increased from 804 to 831, the 27 new registrations being all in respect of retail purveyors. Contraventions of these regulations during 1965 were of a relatively minor character and legal proceedings were instituted in only one case. This related to the delivery of milk in an unclean bottle and the defendant firm was convicted, fined £5 and ordered to pay £4. 4s. 0d. costs.

Milk (Special Designation) Regulations 1960

Although the number of licenses issued in respect of processing establishments remained the same as in former years, namely three, there was an increase in the number of licences for the sale of designated milk from 801 to 825, a witness, possibly to the persuasive effects of the "drink more milk" campaign.

At the beginning of the year certain difficulties in securing the enforcement of the regulations (which difficulties are as yet still unresolved) emerged in connection with the marking of milk bottle caps. Many producers were using designs, trademarks, advertising slogans and, indeed, Christmas greetings which completely obscured and rendered quite illegible the statutory wording on the cap. Whilst the housewife may have appreciated the Yuletide goodwill expressed, she was unable to determine the type or designation of milk she was buying. This was particularly evident in the case of the standard small topped tottle using a 38 mm. cap and unless some change is made in the regulation concerning the marking of bottles this state of confusion will continue.

Food Hygiene (General) Regulations 1960

Whilst the subject of food hygiene is always in the forefront in the field of environmental health, the question generally was given

closer examination in the early months of the year. Modest success has attended previous efforts in food hygiene publicity, particularly with managers, proprietors and supervisors engaged in the food and catering trades, and it was thought that greater benefit would result if similar efforts were directed to the more numerous lower grade workers including kitchen staff and in particular the "girls behind the counter" who are, in fact, involved in most of the food handling.

The fruits of past experiences were closely considered when the content of the lectures was prepared. It has been found most difficult to sustain genuine interest and enthusiasm in the majority of listeners after the first or second lecture and it was decided to deal with the situation by giving a single comprehensive and non-technical lecture to each audience and incorporate a suitable film display to add interest. In this way it was felt, the message of clean food could be more pointedly delivered, particularly as we had, as it were, a captive audience. Most of these lectures were given in the departmental conference room but occasionally the lecturing team visited the premises of food retailers and catering firms.

Perhaps the most successful project of 1965 associated with clean food propaganda was the production of the Clean Food Handbook. The text and other technical aspects were dealt with and prepared in the department but the active production of this publication, the costs of which were paid for by advertisements, was carried out by the Pyramid Press Ltd. Some 4,000 copies of this handbook have been printed and have been distributed throughout the city. News of the success of this venture seems to have spread far and wide and requests for copies and permission to reproduce the material contained therein have been received from many parts of the country as well as abroad as far distant as New Zealand.

An incident of considerable interest within the compass of food hygiene was pursued during the year. From the end of 1963 until late in the following year 18 instances of Salmonella heidelberg infection comprising 24 cases had been notified to the department by the Public Health Laboratory Service. During the same period 14 cases were found in localities in the immediate neighbourhood of the city. Within the city itself all cases except three were resident in the Benwell area and 12 households out of the 18 involved in this infection, made purchases from one pork butcher. The cases occurred sporadically but after consideration of all the circumstances, towards the end of 1964 it was decided to carry out a fairly detailed bacteriological examination of the pork butcher's premises and staff

most commonly involved. This work began at the beginning of 1965 and three faeces specimens were taken from each person handling food on the butcher's premises, 21 swabs were taken from items on the premises and five swabs were taken from sewer manholes in the immediate area. All these bacteriological examinations proved to be negative on review and as there had been no further cases since September 1964, it was decided that a continuation of the investigation was hardly justified. This incident served to demonstrate the elusive character of the casual agents in such infections and the difficulties of establishing the origin.

Regular routine inspections involving food hygiene enforcement were, of course, part of the daily task of the district inspectors and whilst generally the ready co-operation of food handlers was forthcoming and standards reasonably satisfactory, a number of more reprehensible situations resulted in legal proceedings described in detail later in this report.

Registered Premises — Food and Drugs Act 1955 and Newcastle upon Tyne Corporation (General Powers) Act 1935

During the year 54 applications were received for the registration of premises for the manufacture or sale of ice cream or for the preparation of sausages or potted, pressed, pickled or preserved food. These applications were approved and at the end of the year the premises on the register were as follows:—

Sale or manufacture of ice cream	1,171
Preparation of sausages, or potted, pressed, pickled or preserved food	300

TOTAL NUMBER OF FOOD PREMISES SUBJECT TO THE FOOD HYGIENE REGULATIONS 1960

Type of Premises	Premises			
	Total Number	No. Fitted to comply with Reg. 16*	No. to which Reg. 19 applies	No. Fitted to comply with Reg. 19**
Dairies ..	15	14	14	14
Bakehouses ..	75	75	75	75
Butchers ..	235	235	235	235
Food Manufacturers	45	45	45	45
Food Packing ..	37	29	29	29
Food Storing ..	158	35	29	29
Catering	250	247	247	247
Grocery & Provisions.. ..	240	234	185	185
Fishmongers ..	53	52	52	52
Fish Fryers ..	66	65	65	65
Greengrocers ..	185	176	153	153
General Dealers	467	467	443	440
Confectioners ..	402	399	342	341
Licensed Premises	416	415	367	367
Cinemas & Theatres	19	17	8	8
Miscellaneous Premises ..	93	76	33	33
	2,756	2,581	2,322	2,318

* Regulation 16 relates to the provision of wash-hand basins

** Regulation 19 relates to facilities for washing food & equipment

DISEASES OF ANIMALS

Foot and Mouth Disease

One isolated outbreak of foot and mouth disease was confirmed in Kent during the course of the year involving the slaughter of 154 animals. This outbreak which was the first in the country since 1961 was contained and no further cases resulted. Routine preventive measures were carried out under the Waste Foods Order 1957, Importation of Carcases Order 1926, the Packing Materials Order 1925 and the Wrapping Materials Order 1932 as amended.

Tuberculosis

No animals were dealt with during the year under the Tuberculosis Orders 1938 and 1964.

Anthrax

No case of anthrax occurred in the city during 1965. Figures for the country showed 587 animal deaths from 515 outbreaks.

Although the last case of anthrax in the city occurred more than 20 years ago, the recent increase in the incidence of this disease is a timely reminder that a constant watch must be kept on animals at the Cattle Market and in the abattoir and that, while our present immunity may be a cause for satisfaction, it is not one for complacency. Opportunity was taken during the year to review arrangements for the disposal by burning of infected carcases, should the need arise and very satisfactory arrangements have been made with the Durham County Police to hire, at short notice, suitable gas fired flame throwing equipment for the purpose of incineration.

Swine Fever

No outbreaks of swine fever occurred in the city during 1965. A contributory factor to this satisfactory situation is the reduction in the pig population in the city which has fallen considerably during the last few years. Only four piggeries now remain within the city and two of these are connected with institutions where only a small number of pigs are kept.

The slaughter-out policy of the Ministry of Agriculture, Fisheries and Food was continued during the year and since this was adopted the number of outbreaks of disease has continued to fall. The number of outbreaks nationally during the year totalled 113 and the pigs slaughtered amounted to 42,079.

Rabies

No outbreaks occurred.

Parasitic Mange

No outbreaks occurred.

Fowl Pest

No outbreaks occurred within the city. The total number of outbreaks confirmed in the country was 495.

Railway Cattle Docks and Live Stock Market

For the purpose of the Transit of Animals Order, 1927, and the Newcastle upon Tyne Improvement Act, 1882, regular visits were made to the cattle market and occasionally to the railway docks during the year.

Under the Transit of Animals Order, cleansing and disinfection of stock and railway waggons were found to have been carried out efficiently and the provisions relating to side rails and battened floors, etc., to have been complied with. Under the Improvement Act of 1882 lame and emaciated animals are removed from the cattle market for immediate slaughter. During the year 20 pigs and 10 sheep were found dead in lairs or hunger-houses and seven pigs and five sheep were found dead on arrival at the market. In addition, six sheep consigned to the market were discovered dead after the collapse of one of the floors in a multi-tiered cattle truck. Scheduled disease was suspected in 11 pigs, but on examination by a Veterinary Officer of the Ministry of Agriculture, Fisheries and Food this was not confirmed.

All dead carcases were removed to a processing firm for manufacture into inedible products.

Ritual Slaughter

During the year sustained efforts were made to influence the slaughtermen who serve the Moslem community in the city to render insensible before slaughter all animals slaughtered in ritual fashion. In the case of the Jewish ritual method of slaughter Jewish law is emphatic and makes a clear prohibition against pre-stunning, and although Mohammedan ritual slaughter is exempt from the provisions of the Slaughter of Animals Act, 1958, there does not appear to be any real reason why this should be so. After consultations with the Imam of the Shah Jehan Mosque in Woking, who seems to have a certain jurisdiction over Moslems in this country, it was stated that "the use of a humane killer does not in any way go against the teachings of Islam (*i.e.*, by uttering the words "Bismillaa Allaahu Akbar" this meat is allowed as food for Moslems)".

The situation is further complicated by the fact that the law is interpreted differently by different sects, although nothing has emerged during investigations in the city which suggests that pre-stunning is contrary to the tenets of the faith of Newcastle Moslems. The matter was pursued at local level with the President and Secretary of the Pakistan Association and it would seem that the abandonment of ritual slaughter depends almost entirely on local acceptance. With this in view officials of the Pakistan Association were to arrange at the end of the year to consult the Moslem community and it is hoped that in due course during 1966 the position will have clarified itself.

Prevention of Damage by Pests Act 1949—Rodent Control Section

This has been another year of sustained effort in the field of rodent control and the overall figures for the mice and rat population show a slight decrease compared with last year.

During the year the Ministry of Agriculture, Fisheries and Food held refresher courses for inspectors and operators and in addition several members of the staff attended Workable Area Meetings.

RAT AND MICE INFESTATIONS DURING 1965

	Dwelling Houses	Other Premises	Local Authority	Agri-cultural	Total
Number of properties inspected ..	2,949	2,103	54	1	5,107
Number of visits (including revisits)	5,411	6,265	227	26	11,929
Number of properties found to be infested :					
Rats	306	211	16	1	534
Mice ..	549	270	37	—	856
Number of infested properties treated by Local Authority :					
(a) On complaint	855	257	53	—	1,165
(b) Under contract	—	224	—	—	224
Number of "Block Control" schemes.. ..	72	—	—	—	—

MISCELLANEOUS MATTERS

New Legislation

During the year the following legislation affecting the work of the department was passed or brought into operation.

Offices, Shops & Railway Premises Act 1963 (Conduct of Inquiries) Regulations 1965

These regulations provide for the conduct of inquiries into objections to special regulations proposed to be made under the 1963 Act.

Offices, Shops & Railway Premises Act 1963 (Information for Employees) Regulations 1965

These regulations require employers either to keep on display where employees can easily see and read it an abstract of the Act, or alternatively, to give to each employee an explanatory booklet (O.S.R. 9A) containing the same information.

The Building Regulations 1965

These regulations were made by the Minister of Public Buildings and Works in exercise of powers conferred under various statutes. The regulations take the place of building bye-laws made by individual local authorities, and so far as the enforcement duties of the public health inspector is concerned his field is limited to installation of works and fittings.

The Smoke Control (Authorised Fuels) Regulations 1965

These regulations add a new fuel to those which have been declared to be "authorised fuels". The new fuel is Phurnacine briquettes.

The Smoke Control (Authorised Fuels) (No. 2) Regulations 1965

The name of the fuel known as "phurnacine" was changed to "Multiheat" and the purpose of these regulations was to declare "Multiheat" an authorised fuel and to revoke the regulations relating to "Phurnacine".

Rag Flock and Other Filling Materials Regulations 1965

By amending the 1961 regulations these regulations effect a technical alteration in the process of testing for cleanliness, woollen flock and other woollen filling materials. The porportion of animal fibre in such materials will now become a standard for grading the materials and determining what tests and requirements are applicable.

The Meat Inspection (Amendment) Regulations 1965

The provisions of the Meat Inspection Regulations 1963 relating to the removal of carcases of animals slaughtered for sale for human consumption before inspection are extended by these regulations until the 30th September, 1966.

The Milk (Special Designation) (Amendment) Regulations 1965

A new special designation for milk is prescribed. This is for milk which has been processed by heating to not less than 270° F. for not less than one second, and is specially designated as "Ultra Heat Treated".

The Dried Milk Regulations 1965

These regulations prescribe minimum and maximum percentages of milk fat in dried milk and also the maximum moisture content for dried milks. The manner in which dried milk shall be labelled is also prescribed.

SUMMARY OF LEGAL PROCEEDINGS

Case No.	Contravention of	No. of offences proved	Fines imposed	Costs ordered to be paid £	s.	d.
1	Public Health Act, 1936 Section 45	1	£2	4	4	0
2	Food & Drugs Act, 1955— Section 2	1	£45	9	9	0
3	Factories Act, 1961— Section 7	2	£50	—	—	—
4	Public Health Act, 1936— Sections 45 and 93/94 ..	2	£10 Nuisance Order (42 days)	—	—	—
5	Food Hygiene (General) Regulations 1960—Regs. 6(1) and 23(1)	2	£20	—	—	—
6	Milk and Dairies (General) Regulations 1959 —Reg.27(1)	1	£5	4	4	0
7	Clean Air Act, 1956— Section 11(2)	1	£10	—	—	—
8	Newcastle upon Tyne (General Powers) Act, 1935 —Section 10..	1	Nuisance Order (28 days)	—	—	—
9	Food & Drugs Act, 1955— Section 2	1	£10	4	4	0
	Food Hygiene (General) Regulations, 1960 (9 Contraventions)	9	£55	4	4	0
10	Public Health Act, 1936— Section 45	1	£5	4	14	0
11	Food Hygiene (General) Regulations 1960 (2 Contraventions)	2	£10	5	5	0
12	Food & Drugs Act, 1955— Section 2	1	£5	4	4	0
13	Food & Drugs 1955— Section 8	1	£30	5	5	0
14	Clean Air Act, 1956— Section 11 (2)	1	£1	—	—	—
15	Food & Drugs Act, 1955— Section 2	1	£15	5	9	8
	Food Hygiene (General) Regulations 1960 (9 Contraventions)	9	£27			
16	Food & Drugs Act, 1955— Section 2	1	£20	—	—	—
17	Food Hygiene (General) Regulations, 1960 (3 Contraventions)	3	£15	5	5	0
18	Public Health Act, 1936— Section 45	1	£2	5	5	0
	Housing Act, 1961—Section 15	1	£25			
19	Offices, Shops, & Railway Premises Act—Section 10(1)	1	£5	—	—	—

SUMMARY OF LEGAL PROCEEDINGS—*Continued*

Case No.	Contravention of	No. of offences proved	Fines imposed	Costs ordered to be paid		
				£	s.	d.
20	Food & Drugs Act, 1955—Sections 2	1	£10	4	4	0
21	Food Hygiene (General) Regulations 1960 (9 Contraventions)	9	£18	4	4	0
22	Housing Act, 1961—Section 15	1	£15	—	—	—
23	Public Health Act, 1936—Sections 93/94	1	£5 Nuisance Order (14 days)	—	—	—
24	Housing Act, 1961—Section 15	2	£20	—	—	—
25	Public Health Act, 1936—Sections 45 and 92/94 ..	4	£20 Nuisance Order (28 days)	—	—	—
26	Food & Drugs Act, 1955—Section 2	1	£25	—	—	—
27	Food & Drugs Act, 1955—	1	£25	—	—	—
28	Food & Drugs Act, 1955—Section 2	2	£35	—	—	—
29	Food Hygiene (General) Regulations 1960 (1 Contravention)	1	£20	—	—	—
30	Food Hygiene (General) Regulations 1960 (4 Contraaventions)	4	£20	4	4	0
31	Food & Drugs Act, 1955—Section 2	1	£3	4	4	0
32	Food & Drugs Act, 1955—Sections 2 and 8 (4 Contraventions)	3	£70	11	11	0
	Food Hygiene (General) Regulations 1960 (13 Contraventions)	10				
33	Public Health Act, 1936—Sections 39 and 93 ..	2	£4 Nuisance Order (6 months)		10	0
34	Food & Drugs Act, 1955—Section 2	1	£30	5	5	0
35	Public Health Act, 1936—Sections 39 and 93/94 ..	2	£3 Nuisance Order (14 days)	—	—	—
36	Housing Act, 1961—Section 19	1	£5	4	4	0
37	Clean Air Act, 1956—Section 11(2)	2	£20	4	4	0

Hairdressing Establishments

Having regard to the apparent infrequency with which the younger generation resort to haircutting it seems odd that the steady rise in the number of hairdressing establishments noted during the past few years was maintained during 1965. An additional 12 premises were registered during the year bringing the total to 337. There was a substantial increase from 260 to 305 in the number of inspections of these premises but this figure is still woefully short of that required to ensure satisfactory enforcement of hygiene standards. All of the contraventions detected upon inspection were of a minor character and were remedied without delay as a result of informal notice.

Rag Flock and Other Filling Materials Act 1951

There was a small reduction of 20 to 19 in the number of registered premises at the end of the year although the number of licensed premises remained unchanged at two.

Although the enforcement of this little known legislation occupies a minor part of the public health inspector's activities, the need for filling materials to be of a hygienic standard is as important as ever. There has been a vast improvement during the past 20 years, both in the quality and cleanliness of filling materials and it seems incongruous that as recently as 1946 the Inter-Departmental Committee on the Rag Flock Acts stated in their report "the . . . . rag fflock is collected from tips and dumps . . . . No material, however dirty, is refused. . . . . It calls for little imagination to realise that most of these rags must of necessity contain much infection, filth and excreta. In addition large quantities of raw material for rag flock are imported and consist of rags collected abroad and it is known that such materials as disused army clothing, underclothing, used surgical dressings and sleeping bags from the East are used." Such a sordid picture illustrates the need for the adequate cleansing of filling materials during manufacture and it is a welcome sign that the upholstery trade in particular, has largely replaced the use of rag flock and similar material with polyether and other synthetic materials including foam rubber and fibres.

There is, however, no marked change in the types of material used generally by bedding manufacturers who still, in the main, adhere to flocks and animal or vegetable fibres.

Premises registered at the end of the year ..	19
Premises licensed at the end of the year ..	2
No. of inspections..	47
Samples taken	18

All of the samples, details of which are shown below, were satisfactory except in the case of feathers, These unsatisfactory samples came under investigation at the end of the year and an account of the findings will be included in the next annual report.

SAMPLES TAKEN

Rag Flock	2
Layered Felted Flock	3
Curled Flock (Woollen)	1
Layered Flock	2
Feathers	3
Washed Flock	1
Grey Hair Teased	1
Cotton Felt	1
Layered Felt	1
Coir Fibre	2
Mixture Felt and Coir Fibre	1
Total	18

Pharmacy and Poisons

During the year, nine new registrations were approved and six sellers ceased to sell. At the close of the year Part II of the Poisons List comprised the following sellers:—

General Dealers	119
Hairdressers	10
Druggists	9
Hardwaremen	12
Seedsmen etc.	12
Chemical and disinfectant manufacturers	2
Ironmongers	3
Motor Factors	1
Total	168
New registrations	9
Ceased to sell Part II poisons	6

Agricultural Produce (Grading and Marking) Act, 1928

The number of premises registered under this Act for the cold and chemical storage of eggs remains at four. No eggs were held in store during the year.

Fertilisers and Feeding Stuffs Act, 1926

During the year, three samples of fertilisers and five of feeding stuffs were submitted to the Agricultural Analyst. In all samples the statutory statements were correct within the limits of variation.

Burial Act 1857—Exhumations

Only two exhumations took place at which a public health inspector was required to be present so as to take whatever action that may have been found to be necessary in the interests of public health as required by the terms of the exhumation licence. One body was reinterred locally and the other cremated.

Lectures and Training

The training of pupil public health insepctors throughout the year continued to be the principal educational activity although lectures and addresses on a more informal note and dealing with various aspects of environmental hygiene, were delivered to groups of workers in the food trades, religious, political and social organisations, health visitors, D.P.H. students, medical students, district nurses, hospital staff, and others. The demand for talks to the organisations mentioned above is a welcome indication of the increasing interest in the affairs of the department and the three topics heading the popularity list during the year were clean food, clean air and the work of the public health inspector. The demand for speakers was such that a panel of specialists from the inspectorial staff was formed and now an address on any public health inspection subject can be given virtually without notice, with or without films or slides or other visual aids.

So far as the public health inspection staff were concerned, a popular function was the week-end school for refresher training held at Lambton Castle and conducted by the Northern Centre of the Association of Public Health Inspectors. Five of the inspectorial staff attended. Overseas visitors served by the inspectorate included public health inspectors from Nigeria, Turkey and Mauritius; medical and hospital administration staff from Burma, the Phillipines and Nepal and trade union officials from the West Indies.

Staff

Reference was made in my last report to the impending results of the deliberations of the National Joint Council, who, at the end of 1964, were addressing their attention to the problem of the chronic shortage of public health inspectors. Their solution, which to a

limited extent helps the general situation, was subsequently published in the form of Circular No. N.O. 185. Briefly, the result of this circular was the salary regrading of public health inspectors as a class to a more favourable level than that of the previously approved scales.

However, as these previous scales had been disregarded by most authorities for some years, the effect of this N.J.C. decision was rather limited and in any event, the real problem, *i.e.*, the shortage of inspectors in the larger industrial towns and cities such as Newcastle, was unaffected.

Reference has been made in previous reports to the situation in the department which is, in effect, operating as a training school to supply other local authorities with inspectorial staff. Very few north eastern authorities have not an inspector who was produced by this department and one or two have virtually all Newcastle-trained staff. Were the import and export of staff, as it were, maintained in reasonable balance, the situation would be acceptable but the deficit in this trade balance must be in the region of ten to one to our disadvantage. Much could be written on this urgent but neglected subject but no substantial and lasting reduction in the present chronic staff shortage will be achieved until very serious and prolonged consideration is given to (*a*) the payment of a substantial salary weighting in the large towns and cities; and (*b*) the training of public health inspectors on a national basis, the costs to be paid from a national fund to which all local authorities contribute proportionately to their number of established posts for inspectors. In this way other authorities might be deterred from relying upon Newcastle to supply inspectorial staff if they find that the cost of training must be paid for.

Staff Appointments

In July Messrs. F. W. Dixon and I. N. Smith, successful candidates in the Diploma Examination of the Puvlic Health Inspectors' Examination Board, were appointed as district inspectors and took over some of the district work left by the departure of other district staff who left to take up duties with other north-east local authorities as indicated below. Mr. N. V. Bent, previously chargehand in the rodent control service, was appointed as a General Assistant in the Pest Control Section and Mr. P. Byrne was promoted to the post vacated by Mr. Bent.

Staff Resignations

The principal reason for the loss of district inspectors during this year being not greater than three is because throughout the year the number in post was very low, and indeed, of these, two were absent for a very large part of the year due to serious illnesses (from which they did not, in fact, recover). The three resignations in question were in respect of Messrs. D. G. Jones who commenced duties with the Gosforth U.D.C. in July; J. Robinson who took up an appointment with the Easington R.D.C. also in July; and P. Stirling, a particularly well experienced inspector of nine years' service who went to South Shields C.B. in September.

Mr. J. F. Marshall resigned from his post as a Technical Assistant (General) in October and at the end of the year this vacancy was unfilled.

Retirements

Mr. R. T. Chapman, who had been in the service of the department since 1935 was unfortunately forced to retire in August because of ill-health. Similarly, for medical reasons, Mr. J. White, a rodent operator in the Pest Control Section was obliged to relinquish his post in November.

The good wishes of the Committee and the department were conveyed in suitable fashion to these officers.

Obituary

In the early part of the year, Mr. A. W. Bramwell, a smoke control investigator in the Housing and Smoke Control Division died suddenly at the age of 60. Mr. Bramwell, who had served the department well for some four years, had been enduring indifferent health for some time.

Conclusion

It is gratifying to conclude this report on a brighter note than that which ended by report for 1964, when the scene of public health inspection could only be described as stagnant.

The year 1965 has seen considerable progress in all activities but perhaps the most fruitful operation during the year has been the appriasal of the situation which has resulted in plans for real achievement during 1966, particularly in the realms of smoke control and housing. Too long has one been preoccupied with the demolition of unfit houses and it is hoped that much more attention

will now be devoted to rendering fit, by way of repair and improvement, the large existing stock of dwellings, which, while falling short of Parker Morris standards will provide reasonably satisfactory accommodation for many years to come.

In all these events of the future I am sure that the staff as a whole will continue to give that unselfish co-operation which was so evident throughout 1965. I am particularly appreciative of the work of the Divisional and Senior Inspectorial staff upon whom the satisfactory execution of the day-to-day work load so much depends and to the Senior Administrative Assistant and his staff who, immersed in the administrative processes of the department, nevertheless never fail to produce promptly whatever is needed.

Annual repetition does not detract from the sincerity with which thanks are offered to the City Legal Adviser's Department for help and co-operation in housing activities and the prosecution of offences in court proceedings and to the Engineering Section of the City Architect's Department for their advice and guidance, often at very short notice indeed, in respect of fuel burning plant subject to the provisions of Section 3 of the Clean Air Act, 1956. Acknowledgment of the friendly assistance given by the Estate and Property Surveyor's Department is gladly offered for the preparation of plans and other documents relating to smoke control and slum clearance.

In particular, I am grateful to the Health and Social Services Committee as a body and to individual members for the unfailing courtesy and support throughout the year and to the Medical Officer of Health I can only say thank you once more for another year of cordial co-operation and friendly support, factors in the daily round which I, personally, value highly.

L. MAIR,

Chief Public Health Inspector.

APPENDIX I

WORK OF THE NEWCASTLE UPON TYNE EXECUTIVE COUNCIL

(Mr. K. N. Ogden)

It is the statutory duty of the Executive Council under Part IV of the National Health Service Act, 1946 (as amended) to :

(a) Make arrangements with medical practitioners for the provision of personal medical services (including maternity medical services) for all persons in Newcastle who wish to take advantage of the arrangements—these services are known as "general medical services";

(b) Make arrangements for the supply of sufficient drugs and medicines and prescribed appliances necessary for the treatment of all persons who are receiving general medical services and for the supply of prescribed drugs and medicines necessary for the treatment of persons who are receiving general dental services—these services are known as the "general pharmaceutical services";

(c) Make arrangements with dental practitioners under which any person may, when required, receive dental treatment and appliances—these services are known as "general dental services"; and

(d) Make arrangements with ophthalmic medical practitioners and ophthalmic and dispensing opticians for the testing of sight of all persons requiring such a test and for the supply of glasses thereafter found to be necessary—these services are known as the "supplementary ophthalmic services".

On 1st January 1966, there were 207 doctors (117 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors' lists was 264,375, a figure which is in excess of the population of Newcastle based on the Registrar General's estimate. This apparant inflation of doctors' lists is probably due, at least in part, to the rehousing programme—persons on removing outside the boundaries not having selected a new doctor or secured acceptance on their doctors' Northumberland lists.

1,859,100 prescriptions were dispensed during the year by city chemists and appliance contractors of which at 31st March 1966, there were 106. The total cost of these prescriptions to the National Health Service was £1,041,522.

During the year 3,423 claims were submitted by doctors for maternity services rendered to their patients. The gross fees paid for these services amounted to £31,854. The Medical Officer of Health is a member of the Local Obstetric Committee.

At the 31st March 1966, there were 75 principal practitioners providing general dental services in the City. 88,239 courses of treatment were given during the year 1st April 1965 to 31st March 1966, as compared with 92,632 the previous year. Of this it is estimated that some 37.4% of the patients resided outside the city boundaries.

Under the supplementary ophthalmic service, 53,081 sight tests were given during the year, 842 to children under arrangements made with the Local Authority. 40,629 persons were supplied with glasses during this period. Approximately 47% of the applicants for sight tests and glasses resided outside the City boundaries.

The total expenditure on the various services administered by the Council during the year ended 31st Match 1966 was as follows :

	£
General Medical Services	489,764
Pharmaceutical Services	1,043,490
General Dental Services	256,009
Supplementary Ophthalmic Services	100,575
Administration	26,669
	£1,916,507

Based on the Registrar General's estimate of population at 30th June 1965, this represents an expenditure of £7 8 10½d. per head but it should be remembered particularly of the general dental services and the supplementary ophthalmic services, that residents in surrounding areas come into the city and take advantage of the facilities available.

The following members of the Local Authority served on the Executive Council during the period 1st April 1965 to 31st March 1966, viz. Mr. B. Abrahams, Councillor R. C. Brown, Mrs. E. G. Chalk, Councillor Mrs. C. M. Lewcock, O.B.E., Dr. R. C. M. Pearson, Alderman Dr. H. Russell, Alderman Dame Catherine C. Scott, D.B.E., J.P., Councillor H. J. White.

APPENDIX II

HOMELESS FAMILIES SCHEME

from 18th January, 1963 to 31st December, 1965

1. FORMATION. The Eviction Joint Sub-Committee was constituted as a result of a recommendation of the Health and Social Services and the Housing Management Committees, in view of the problem of homeless families in the City and its effect on the Welfare Services. The City Council delegated the duties of the provision of Part III accommodation under the National Assistance Act, 1948 Section 21 (1)(b) to the Housing Management Committee, control of the accommodation being the responsibility of the Housing Department, through the Joint Sub-Committee.

2. CHAIRMAN. Councillor Mrs. C. M. Lewcock was appointed the first Chairman, in which capacity she has continued to act.

3. TERMS OF REFERENCE
   (i) To provide overnight accommodation in all cases of eviction.
   (ii) To prevent if possible, the carrying out of evictions.
   (iii) To provide temporary accommodation for evicted families at the reception centre.
   (iv) To use intensive social case work where necessary in an attempt to rehabilitate the families who have been evicted.

4. POLICY. It has been the consistent policy of the Sub-Committee to ensure that by co-ordinating the resources of the Housing Department and the Health and Social Services Department, families who were subject to threat of eviction should not suffer undue hardship.

5. PROCEDURE

(a) *Prevention of Eviction*

(i) In cases where the tenant has been considered to be at fault, efforts have been directed at obtaining his co-operation to remove the cause of the landlord's complaints.

(ii) In cases where the landlord has been felt to be open to criticism by threatening eviction, endeavours have been directed towards the prevention or the delay of the eviction. Considerable success has been achieved in this field, and in some cases tenancies have been reinstated even after eviction had taken place.

(b) *Prior to Eviction*

Although prevention has been the Sub-Committee's primary function, it has not always been possible, but delaying the actual eviction allowed the Housing Department time to find suitable accommodation—often with the invaluable assistance of the Social Case Workers—to make arrangements to ensure the care of the family at the Reception Centre when the probability of eviction had become apparent.

In some cases, where the eviction could not be prevented, rehousing has taken place (when suitable property was available) before the actual eviction, if the alleviation of undue hardship to the family warranted such action.

The type of accommodation offered has been decided upon by close liason between the two departments.

(c) *Following Eviction.*

With the exception of the cases housed before actual eviction took place, referred to in the second paragraph of (b) above, all other families, including unexpected evictions have been accommodated in Lancefield House until other more permanent accommodation could be made available to them.

Corporation tenants who have been evicted due to arrears of rent have been admitted to Lancefield House and from there have been rehoused to houses of a lower standard than that from which they had been evicted, (usually older type, short-life properties purchased for additional accommodation which have been repaired and equipped with a hot water system before being occupied.)

(d) *Legislation.*

Information gathered during the operation of the scheme was made available to members of H.M. Government at a meeting with the local Members of Parliament in 7th February, 1964. It is hoped that the information made available to them assisted in the preparation of the Protection from Eviction Act which became operative in December, 1964.

6. LANCEFIELD HOUSE

Details of the use made of the Reception Centre at Lancefield House are shown below.

7. NUMBER OF CASES DEALT WITH

The number of threats of eviction reported during the 3 year period that the scheme has operated and the method of dealing with them is shown in the following table.

Reported to Housing Dept.	1,487	Rehoused	401
Reported to Health & Social Services Dept.	300	Medical Social Worker Assisted	94
		Found own accommodation	449
		Prevented	500
		No action (includes "outside city" families)	142
		Total threats resolved ..	1,586
		Not yet resolved	198
		In Lancefield House at 31.12.65	3
	1,787		1,787

The 401 families rehoused by the Housing Department have been placed in accommodation as under :—

Additional Accommodation ..	236
Revitalisation areas	38
Corporation Estate Houses ..	112
Nominations to Estate Agents ..	15
	401

8. Rent Act 1965

The Rent Act protects the tenant from eviction without an order of the Court and much of the preventive work so far as statutory tenants are concerned will no longer be necessary. It is anticipated, however, that many tenants will still seek advice from time to time and preventive work will still be necessary to deal with the possible "eviction" of families who are not protected by the Act, i.e. families living in with parents or relatives etc. Half the threats of homelessness now being reported are those outside the scope of the Act and are usually the result of domestic difficulties. Great care has to be taken in dealing with such cases because very often the threat of eviction is clearly used in an endeavour to jump the housing queue.

9. Appreciation

The Joint Sub-Committee wishes to record its appreciation of the work done by the staffs of the Medical Officer of Health and the Director of Housing. Much of the success of the scheme has been due to the enthusiasm of the officers concerned with the day to day problems and the fact that they have been prepared to deal with emergencies which have arisen at all times of the day and night.

C. M. LEWCOCK
Chairman

LANCEFIELD HOUSE

Use of Centre

In the period from the opening of Lancefield House on 18th March 1963, to 31st December, 1965, temporary accommodation has been provided for 292 families. This represents an average stay in the centre of 11 days per family.

These were dealt with as follows :

1. *Families from outside the city*

(a)	Taken into Part III Accommodation by own authority.	6	
(b)	Assisted to find accommodation by Medical Social Worker.	5	
(c)	Returned to own area	25	
(d)	Found own accommodation	12	
(e)	Died in Lancefield House	1	
		——	49

2. *Families from within the city*

(a)	Corporation Tenants		
	(i) Rehoused	20	
	(ii) Found own accommodation	3	
	(iii) Assisted to find accommodation by Medical Social Worker	1	
		——	24
(b)	Others		
	(i) Returned to former address	53	
	(ii) Assisted to find accommodation by Medical Social Worker	17	
	(iii) Found own accommodation	35	
	(iv) Transferred to Hospital or Residential Home ..	3	
	(v) Rehoused	108	
	(vi) Still in Lancefield House at 31 12 65	3	
		——	219
			292

APPENDIX III

VOLUNTARY ORGANISATIONS

As in previous years I am including in this APPENDIX outlines of the work of voluntary organisations working alongside the staff of the Health and Social Services Department. This year it is the turn of the organisations working with the blind and I am most grateful to Mrs. C. Whiteley, Secretary of the Newcastle and Gateshead Voluntary Society for the Blind, and Mr. C. Rowbottam, Manager of the Workshops for the Blind for the reports which follow.

NEWCASTLE AND GATESHEAD VOLUNTARY SOCIETY FOR THE BLIND

(Mrs. C. Whiteley, Secretary)

Today the conscientious administration of long-established charities is more difficult than it used to be. It is a fundamental privilege, perhaps even a duty, of every charity to pioneer. It is indeed out of this pioneering of charitably minded persons that the modern welfare state has evolved. But to the thoughtful person of good intent, that evolution has brought problems, problems that demand a constant re-appraisal of the sphere of charitable effort. It is the duty of the trustees of every established charity to endeavour to carry out the intention of its founders. If and when that can no longer be done, then the charity ought to cease. Those who determine the policy of the Newcastle and Gateshead Voluntary Society for the Blind are deeply aware of the changing trend that policy must take if it is to fulfil the ideals of its founders, that is if it is to continue to ease the burden of blindness. That burden was once destitution, lack of education, lack of gainful occupation; in short lack of the basic needs which must be satisfied before any human being can feel himself to be a worthwhile member of society. Today no blind person need be destitute, none with the capacity for education need be uneducated, and none with the ability to do useful work lacks the opportunity for training and sympathetic help in open or sheltered industry. Even those with a capacity that falls short of that required for gainful employment can spend rewarding hours in the Occupational Centres set up by the Local Authorities. When all these needs have been met, does anything remain that will help to ease the burden of blindness?

This Society thinks the answer is 'Yes.' Perhaps it is the loss of independence which is the greatest part of the burden. Blind people cannot take part in the day-to-day life of the community without sighted help, and even with this help their participation is limited. The ideal is the integration of the blind person into the sighted community, but that is possible only for the fortunate few. Mostly, blind people who have been without sight from childhood or early middle life, seem to prefer to mix in the little world of the blind. The all-purpose social worker, the recreational centre which caters for all types of handicapped persons, makes little appeal to them. They understand the needs of others with a similar disability; they have no reserve vitality to help them to understand and to adapt themselves to the needs of those suffering from other handicaps. For most blind people life is rather drab, full of frustrations and with an increasing restriction on physical movement.

With this background, the Newcastle and Gateshead Society seeks to specialise in meeting the needs of the blind, those needs which cannot be, or are not, met by the statutory service. In this it is helped by the second important function of charitable bodies, the right to discriminate between one case and another, even when the pyhsical characteristics of the case would seem to be identical. The ideas which determine the policy of the Society must be, and are, applied with a sympathetic recognition of the psychological needs of the individual.

In furtherance of its policy to make its work match the needs of today rather than yesterday, the Society has embarked upon a programme of recreational activities aimed at providing for the the more active blind persons some of the amenities which are available to their sighted fellows.

This is perhaps best exemplified by the organisation of residential week-end schools conducted by a university tutor, sited away from the city and giving ample opportunity for social fellowship and re-union with old friends and the arranging of half-day excursions to places of historic or topical interest, again in charge of an informed guide.

The financial resources of the Newcastle and Gateshead Society for the Blind are limited, but within the limit of these resources it hopes to continue to serve the blind people of our community with sympathetic imagination. It is the blind people's own Society, and hopes to be regarded as their friend, but it could not, of course, function successfully without the most willing and helpful co-operation of the appropriate officers of the Local Authority. In Newcastle this co-operation has been most happy and fruitful, and it is the earnest hope of the Society that it will continue to be so.

WORKSHOPS FOR THE BLIND

(Mr. C. Rowbottom, Manager)

The first Workshops for the Adult Blind was opened in Liverpool in 1791 by a Ship's Captain who had lost his sight. From that time on there has been a fairly steady growth in the number of Workshops and at present there are 65 in the British Isles employing approximately 3,000 blind men and women.

Originally the intention was to train blind persons in some suitable trade in order that they could earn their livelihood in their own homes, but the difficulties in marketing created problems for the individual, and in recent years blind persons have tended to attend places of employment where they share conditions of employment which are equal, and sometimes superior to that of sighted persons working in similar trades.

In Newcastle the Workshops for the Adult Blind have two factories one in Benwell Lane, employing approximately 30 blind men in the manufacture of baskets, and at Whickham View, the main factory, employees total 80 blind men and women who practise the trades of bedding, brush mat and upholstery, and the recaning of chairs. The workers come from Newcastle, Northumberland, Gateshead, South Shields and Tynemouth and travel mainly by public transport with little assistance. Four of the blind employees have Guide Dogs and one of the eight sighted disabled persons travels in his own Invalid Car.

Male employees work a 37½ hour five day week and the female employees 35 hours per week. There is a guaranteed minimum wage to each employee which is associated with the Local Authorities, Scale for Manual Workers. In addition to the guaranteed minimum wage all of the workers have the opportunity of earning bonus for increased production. The majority of the workers are middle aged but new trainees are accepted from the age of 21 years. Retirement is permitted at 60 years of age in the case of women and 65 years of age in the case of men. A non-contributory pension is paid after retirement.

Originally the Workshops were voluntarily controlled but in 1933 were taken over by a group of Local Authorities. In 1935 the new Workshops in Benwell Lane were opened and in 1958 premises adjacent to the Royal Victoria School for the Blind were acquired for the Basket Makers. A Joint Management Committee of representatives of the City & County of Newcastle upon Tyne, County Council of Northumberland and County Boroughs of Gateshead, South Shields and Tynemouth control the policy and activities af the Workshops.

In the present financial year sales in the region of £110,000 have been made and strenuous efforts are being made to increase the productivity of the Workshops and the profitability of the products that are being made.

In 1962 a Report of the Working Party on Workshops for the Blind was accepted by the Ministry of Labour and many changes have been recommended. Workshops generally practise the traditional handcraft trades of basket, brush and mat making and it is recommended that these should be replaced gradually by simple repetitive processes associated with mass production in order that the blind workers themselves can earn higher wages and make a greater contribution towards the costs of running the Workshops which at present are being met, partly from the rates, and partly by way of capitation grants from the Ministry of Labour.

New trades being introduced include plastic moulding (combs, etc), the manufacture of toilet soap, light engineering, cardboard box manufacturing, wire work, and in Newcastle it is proposed to develop the upholstery and bedding trades. The Workshops at present have a productive capacity of 400 Spring Interior Mattresses per week which are sold to Government departments, local authorities and the general public.

The majority of blind workers belong to their own Union, the National League for the Blind, which watches their interests most closely. Approximately two fifths of the Workshops in the country are controlled by Local Authorities, but the remainder are still directed by Voluntary Organisations. In the past two years the Workshops have been open for the introduction of sighted disabled persons who are now working alongside blind persons in various trades; it is hoped to increase the number of such persons in future years to fill the places vacated by retiring blind persons.

The greatest need in Workshops for the Blind at the present time is for an appreciation by industry and the gernal public of the greater contribution blind persons are able to make, if given the chance, towards their own upkeep and the economy of the country.

Blind workers who have had the opportunity of working alongside sighted persons on some processes have lost nothing by comparison.

APPENDIX IV

OCCUPATIONAL HEALTH SERVICE

(Dr. D. L. Wilson)

During 1965 there was an overall expansion in the Occupational Health Service although no major change in the arrangements took place. Questionnaires completed by entrants to the Sick Pay and Superannuation Schemes increased by 76% over 1964 and medical examinations were more than doubled. 79% of new entrants were accepted without examination and only seven of the remainder were found unfit for employment after medical examination. Special examinations of staff during and following sickness increased and these became the responsibility of one Medical Officer. During her first full year the nurse at the medical centre dealt with many enquiries in addition to treating casualties and cases of emergency sickness. Booster doses of oral poliomyelitis vaccine were made available to Civic Centre staff and appropriate personnel were vaccinated against smallpox.

The work of the service is shown in the following tables with 1964 figures in brackets.

TABLE I

ENTRY INTO SICK PAY AND SUPERANNUATION SCHEMES

	Sick Pay		Super-annuation		Total	
Questionnaires received ..	1,838	(965)	560	(416)	2,398	(1,361)
Accepted without examination	1,438	(770)	466	(368)	1,904	(1,138)
Medically examined	400	(175)	94	(48)	494	(223)
Percentage examined	22	(18)	17	(12)	21	(16)
Unfit for sick pay & super-annuation schemes and unfit for employment	7	(2)	5	(1)	12	(3)
Percentage	0.38	(0.21)	0.89	(0.24)	0.5	(0.22)
Unfit for sick pay and super-annuation schemes but fit for employment	62		4		66	
Total percentage excluded from schemes	3.8		1.6		3.3	

TABLE II

Special examinations

Examined	300	(207)
Fit	211	(141)
Unfit for present employment ..	5	(15)
Retired on medical grounds ..	23	(17)
Died	10	(3)
Dismissed	1	(—)

TABLE III

Work of Medical Centre

Medical examination

Sick pay and superannuation schemes	794
For other authorities	46
For Children's Department	14
	854

Vaccinations

Poliomyelitis	782
Smallpox	73
T.A.B.	12
	867

Treatments

Staff—Industrial conditions (injuries etc.)	93
Non-industrial conditions	760
Visitors to Civic Centre—accidents	32
	885

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