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HEALTH AND SOCIAL SERVICES
OF THE
CITY AND COUNTY OF

NEWCASTLE UPON TYNE



REPORT OF THE MEDICAL OFFICER OF HEALTH

1966



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HEALTH AND SOCIAL SERVICES COMMITTEE

(As at December, 1966)

Chairman:

ALDERMAN MRS. M. S. MURRAY

Vice-Chairman:

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

Ald. R. W. Hanlan	Ald. Lady Wynne-Jones
Ald. Mrs. M. Shaw	Coun. S. Peddie
Coun. B. A. Abrahams	Coun. Mrs. F. Plumb
Coun. H. J. M. L. Criddle	Coun. Mrs. M. Stephenson
Coun. Mrs. A. A. Davison	Coun. N. Stockdale
Coun. Mrs. M. E. Graham, M.B.E.	Coun. Mrs. A. L. Storey, M.B.E.
Coun. Mrs. V. H. Grantham	Coun. Mrs. A. I. Telford
Coun. G. R. Gray	Coun. H. J. White
Coun. Mrs. I. McCambridge J.P.	Coun. T. W. Yellowley
Coun. Mrs. R. McVain	

*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, 1966)

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.

Principal Medical Officers

D. L. WILSON, M.B., Ch.B., D.P.H., D.T.M. & H.

W. B. SHAW, M.B., B.S., D.P.H., (Commenced 1st September, 1966)

Senior Medical Officer (General)

G. HAMILTON WHALLEY, M.B., B.S., B.Hy., D.P.H., D.M.A., F.C.C.S.

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*)

1 Assistant Medical Officer (*Part Time*)

Childhood Tuberculosis Medical Officer:

Mary D. Thompson, M.D., D.P.H. (*Part-Time*)

Assistant Medical Officers of Health and School Medical Officers

B. Buckley, M.B., Ch.B.

H. C. W. Carpenter, M.B., B.S. (Commenced 1.3.66)

H. M. Dixon, M.D.

J. H. Hindmarsh, M.B., B.S., D.P.H.

L. Lombard, M.B., B.S., D.P.H. (left 31.3.66)

K. Matthews, M.B., B.S., D.P.H.

J. L. Thomas, M.B., B.S. (commenced 1.7.66)

M. Y. Walls, M.B., B.S., D.P.H.

A. H. Young, M.B., B.S., D.P.H. (left 13.12.66)

Honorary Medical Officers

(in conjunction with the University of Newcastle upon Tyne)

D. H. Shennan, M.D., D.P.H.

J. H. Walker, M.D., 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. (Lond.), 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.

49 Health Visitors, 4 Assistant Nurses, 2 Students,
12 Clerks, 2 Shorthand Typists

Non-Medical Supervisor of Midwives:

Miss L. E. Stott, S.R.N., S.C.M.,

Midwife Teacher's Diploma

Assistant Supervisor, 34 Midwives, 11 Pupils, 1 Clerk

District Nursing Superintendent:

Miss R. M. Lovett, R.G.N., S.C.M., Q.N., H.V. & D.N.T. CERTS.

Assistant Superintendent, 48 District Nurses (8 Male, 40 Female),
12 Bath Orderlies, 2 Clerks

Home Help Organiser:

Mrs. I. E. Moulton

Assistant Organiser, 2 Area Organisers, 3 Visitors, 5 Clerks
594 Home Helps (full and part-time)

Day Nurseries:

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

Welfare Foods Distribution Supervisor:

Miss D. C. Brown

11 Assistants (7 part-time)

Other Staffs:

Vaccination and Immunisation—4 Clerks

Invalid Equipment—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.

3 Divisional Inspectors, 7 Senior Inspectors, 11 Inspectors, 9 Technical Assistants, 5 Authorised Meat Inspectors, 10 Pupil Inspectors, 8 Rodent Operators, 1 Smoke Investigator, 2 General Assistants, 1 Senior Administrative Assistant, 12 Clerks

Social Services Staff:

Chief Welfare Officer:

H. CRAIG

Principal Social Worker:

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

3 Social Case Workers

4 Clerks

Deputy Chief Welfare Officer:

Miss D. Haythornthwaite, H/T/ CERT., H.H.O.C.

1 Senior Social Worker, 4 Social Welfare Officers,

4 Home Teachers for Blind

13 Residential Homes each with Superintendents, Matrons and
other staff

1 Senior Administrative Assistant

2 Administrative Staff, 7 Clerks

Social and Occupational Centre:

1 Supervisor

1 General Assistant

Mental Health Staff:

Senior Mental Welfare Officer:

T. E. J. R. Mather

6 Mental Welfare Officers, 4 Welfare Assistants, 2 Clerk Typists,

1 Manager of Training Centres, 1 Deputy Manager, 2 Training

Centre Supervisors, 7 Craft Instructors, 11 Assistant Supervisors,

4 Trainees, 1 Nurse, 1 Clerk/Typist

Ambulance Staff:

Chief Ambulance Officer:

H. M. Roberts, M.B.E., F.I.A.O.

23 Administrative, Supervisory and Clerical Staff, 138 Operative
Staff (Drivers, Attendants, Maintenance Staff, etc.), 1 Trainee*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,

11 Clerks, 4 Typists

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

MY LORD MAYOR, LADIES AND GENTLEMEN,

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

It is fair to say that more time than usual has been spent on the formidable task of keeping the capital building programme up to date. At one time it seemed that nothing would go right but eventually firm links were established with officers at the Ministry of Health who could offer advice and make decisions. With the aid of the 'building notes' no great difficulty should arise when putting a new building on virgin land but in such a city as this to fit buildings into neighbourhood units, frequently as part of a larger building, brings untold difficulties and frustrations to all concerned. By the end of the year the programme was once again realistic and the offers of loan sanction which followed shortly afterwards confirmed the likely starting dates during the next three years. These predictions are a great help to the architects. General Revi

An undertaking to submit fairly comprehensive reports on sections of the department instead of monthly statistics which only had a limited value, developed and brought to light a number of lesser known facets of the work of caring for people in their total environment. Clearly these reports are too long to print in full but a few are included in Appendix IV, the other reports being available on request.

A Ministry of Health request for a review and ultimate report on the "Care of the Handicapped Child" brought several departments and agencies together and produced a number of interesting recommendations, mostly a matter of improving communications. In a rather similar way compiling evidence for the Seebohm Committee led to considerable thought being given to alternative approaches to the same problem throughout the life span.

All these 'reviews' brought together professional groups with a common objective and not only furthered the team spirit but actually led to the formation of inter-disciplinary teams of social workers, with each of which it will shortly be possible to associate a number of group practices. The beginnings of a survey of health centre and child welfare centre provision and their close association could be noted as the year closed.

Staff
and Training

Whether the delay in reaching a decision on the future structure of local government on Greater Tyneside has had much effect on recruitment is difficult to say. Perhaps it is fortunate that only one senior appointment had to be made from outside the department during the year. Obviously uncertainty about future prospects and later the national financial situation which delayed decisions on salary structure, did not help. Unless more long-term prospects can be seen ahead by keen young recently trained staff, then clearly after their period of consolidation when they should be forming the middle structure of the department they go elsewhere and training starts again. It can be said that the loss of such professional staff is someone else's gain: true—but a department with heavy training commitments requires strong supporting staff for the senior trainers.

Although the maintenance of a full establishment of public health inspectors in the larger county boroughs (despite delegation to technical assistants) has been impossible there have been signs of improvement in the level of recruitment and training. (This was later confirmed in the Mallaby Report). Larger local government areas will permit more specialism and consequently more delegation. Technical assistant training requires consideration.

Recruitment and training of health visitors is causing grave concern. More candidates are required for training for the health visitor tutor's certificate. A similar situation will shortly arise in the district nursing sphere. Preparations to promote an integrated nurse training course at the College of Commerce were well advanced at the end of the year. The ultimate aim of this type of course is to train the nursing administrators and tutors of the future.

A plan was prepared to absorb part-time trained staff into all nursing, social worker and administrative fields. This will enable establishments to be maintained and is actually economical of staff time as skilled workers can be deployed at the time (often short) when they are most needed, whilst still bringing up their families. The superannuation position of this small but useful group requires attention.

Total
Environment

The well established link between 'Health and Housing' developed years ago as 'medical rehousing' and then continued through the years of 'eviction prevention' has now produced a combined team to consider 'the social aspects of housing'. Monthly meetings are held and channel any difficulties into the right quarter. It would be a great help if similar arrangements could be made in the private landlord sector.

When the Director of Housing ascertains the requirements of families living in an area to be cleared, some indicate their desire to make their own arrangements and eventually on the final reckoning as many as 12% are not rehoused by the Corporation. Who are they? Where do they go? Many turn up again in the poorer rented property next on the list for clearance.

It will be many years before home, working and leisure conditions are suitable for all families. Primary prevention has its greatest impact by building suitable living units for families of varying sizes, clearing away the now derelict houses built during the last century and bringing up to date the remainder—a colossal task but one which must be overtaken if each succeeding generation's health is to take a clearly defined step forward. Local authorities have only limited control over conditions in factories but offices and shops are no longer an unexplored field. Much needs to be done on heating, lighting and ventilation to produce and maintain really up to date conditions and clearly the standards required should be gradually raised.

Accidents in these working conditions are not so infrequent as to be negligible. When in the near future many young persons will be working in the commercial and shopping centre of the city a medical centre will be essential. Who should provide and staff it? If any conclusion can be drawn from the preventive and treatment aspects of a University Health Service then the message is clear. Some large organisations already make provision—others are too small to take independent action.

There is a pressing need for a suitably designed and constructed short-stay caravan park adjacent to the road to the north. Such a park would meet some of the overflow from the June Town Moor Festival as well as cater adequately for the growing leisure activity of caravanning.

The heritage of chronic bronchitis which is common to so many Tynesiders cannot be indefinitely accepted. That it is closely associated with a smoke laden atmosphere is no longer in doubt, but the financial burden of remedying what is a menace to public health from early childhood and throughout life is a considerable one and is, therefore, the limiting factor. Clearly it would be wasteful to convert fireplaces when an area is to be cleared within the total time required to declare the remaining parts of the city as smoke control areas, but it is just these houses which make such a large contribution to ill health.

Clean Air

Alternative forms of heating such as North Sea gas may bring a quicker answer but progress on Tyneside is slow when compared with the Northern region overall figures of premises converted to burn solid smokeless fuel. Although Newcastle upon Tyne made a reasonable start ten years ago, there has been a general slowing up due to the considerable increase in the cost of conversion.

Ambulance
and Transport
Services

A sustained effort has now brought the fleet up to date although the total mileage run by each vehicle before it is 'retired' is very considerable and only made possible by sound maintenance by skilled staff.

Advance knowledge of new forms of hospital treatment and day hospital development is essential and usually forthcoming. It takes a year or more to prepare suitable specifications, put more money in the estimates and obtain the vehicles—a point which is not always appreciated.

Transport on non-hospital patients is increasing and now amounts to one-third of all persons carried, one-fourth of all mileage run and one-tenth of all journeys made by the service. This is the growing point of a service provided for people who live in the community, who look to it as their first call in time of dire need as well as their regular transport service when unable to use the public service to get them to places where medical or social services can be obtained.

Home Help
Service

It is always salutary to have to make a service 'go further' on the same budget. In such a flexible service with so many part-time staff this is, to a degree, possible. In fact, during 1966 it was achieved. Cutting down help to long stay cases when improvement occurs is never received with equanimity. It has to be done carefully and sympathetically but if the waiting list is to be maintained at a reasonable level and the priorities are right, then this is where the skill and training of several professional workers has to be closely co-ordinated. Both social and medical assessment (with treatment as required) play their part.

Chiropody

Like all other services for the elderly and handicapped a careful weighing of priorities has to be undertaken. The exercise of reviewing services in rotation and reporting on each has clarified this relationship and brought a better staff understanding to the necessity of keeping to a budget and yet permitting some flexibility and development. Once again, sessional staff (there is no shortage) are easier to deploy.

Residential
Accommodation

Who requires it? And why? Dr. Peter Morgan has kept very careful records of patients admitted to hostels for ex-psychiatric

patients and is consequently able to predict demand and the type of patient likely to pass through this type of temporary accommodation most successfully.

There is a growing opinion that most elderly people can maintain themselves at home (with district nursing and home help, etc.) until life begins to ebb away, if their home is really adequate in all respects. Some may then be nursed at home, others in hospital. This is borne out by several years' experience of bungalows and tall blocks of flats where the elderly settle down with wardens or care-takers in unobtrusive attendance. Obviously this is a difficult subject on which to draw firm conclusions but it is being investigated. If correct, the lesson is clear.

Again, on economical grounds, it is sound to use special transport and equipment both in the kitchen and in distribution, twice a day on five days a week and once on the remaining two, instead of just once daily. With this in mind early evening meals on wheels were tried as an experiment—a high tea in fact. A second experiment of early and late lunch is now being carefully assessed. The elderly do not like change but again, good staff co-ordination and sound sales technique can overcome difficulties.

Considerable saving has been possible in hospitals by centralised purchasing of commodities common to most hospitals. Consortia of health departments assisted by the central purchasing officer of one authority might achieve the same results in purchasing medical and nursing equipment. Investigations are proceeding.

A great deal more screening of vulnerable groups goes on than is generally appreciated, both by local authority staff and general practitioners. It is not intended, at least until more is known about concentrating these procedures, to organise special clinics with appropriate propagands for this purpose. Again this is a question of priorities and a choice has to be on which 'growing points' to pursue.

In a few years' time it will probably seem strange that a plea should be made for accessibility to all new buildings for prams and wheelchairs. Many more handicapped persons, both young and old, would be able to lead a fuller life if thought were to be given to this point before the erection of new buildings or the conversion of old ones.

A glance at the statistical table on page 27 reveals the lowest number of total deaths and the second lowest number of infant deaths ever recorded. Only once, in 1941, have there been fewer

Meals
on Wheels

Central
Purchasing

Medical
Screening

The
handicapped

Infant deaths

babies born alive to city mothers. So all might seem well, but the infant mortality rate remains at 25 (national figure is 19.0).

A closer look reveals deaths under one year from whooping cough (1), influenza (1), pneumonia (24), bronchitis (2) and accidents (2), and incidentally between the first and fifth birthday, meningococcal meningitis (1), measles (1), tuberculosis (1), accidents (1) and pneumonia (3). There is clearly no room for complacency.

Other statistics Another sharp rise in illegitimate births and yet so little is known about their ultimate fate. Despite the help given to their mothers during and immediately after their birth, many are extremely difficult to trace. The study of the babies born in 1960-1962 may help in a general way. Can anything more be done to give them a better start in life?

Prevention of infectious disease A further opportunity of controlling infectious disease occurred in 1966, namely the prevention of measles, regarded by too many as a mild disease of childhood, complications of which can be easily controlled by antibiotics, etc. There is now clear evidence that epidemics can be controlled and individual cases prevented. This is very important, but like the difficulty of convincing parents of 25 to 30 years ago that diphtheria could be controlled, each disease seems to go through a period when parents hold a 'watching brief'. May that period be short. It is extremely important to continue studying the epidemiology of measles and the work being undertaken in the city in conjunction with the Medical Research Council and other towns is important in finding the long-term answers.

The report on the Control of Childhood Tuberculosis reveals a steady reduction in tuberculin positive children of school age during the past ten years, but emphasises the importance of continued supervision of these children, particularly during adolescence, so that treatment may be given if required at an early date. It will be noted that the large number of schoolchildren Heaf tested during 1966 was due to a further reduction in the age group so that children are now tested, and given B.C.G. if necessary, during their first year in a secondary school. The nursing staff are to be congratulated on the high rate of acceptance and testing. A year ago, after two years of higher incidence of childhood tuberculosis the situation required careful watching. In spite of a fall in incidence during 1966, vigilance must be maintained.

The small paragraph in the Chief Public Health Inspector's report on 'Brucella Abortus' has considerable significance. It

indicates clearly 'the one that got through the net' but did it cause disease? When one considers that as pasteurisation of milk is a process subject to human error one wonders if the untreated milk samples were all successfully pasteurised. There is no other answer short of the removal from all herds of animals infected by brucella abortus and the sooner this policy is pushed forward in the counties from which the citizens of Newcastle upon Tyne obtain their milk, the better for all concerned—farmers and citizens alike.

It became known that during 1967 there would be a considerable increase in hospital beds available for maternity purposes both within and adjacent to the city. A carefully considered forecast of the future of domiciliary midwifery in the city was worked out with the Regional Hospital Board's officers. A close watch on the rapidly changing situation must be kept during 1967 with every help given to those mothers in the para 4 plus group, who should really, for their own and their baby's safety, be confined in hospital. Maternity beds

When giving consideration to the guide lines for the future of an area which is to be completely cleared, the ten year forward moving building programme plays an important role. In areas, however, where very little change can be foreseen it is still very important to consider the need for future health services, but to get others to look well ahead is by no means an easy task. There are still so many complicating factors in the future of both medical and dental practice in the community. Area planning

Meetings have been held with groups of general practitioners and dentists to explain the Development Plan, to offer possible solutions on future building, etc. One group of general practitioners are about to build on land leased from the Corporation and adjacent to a future clinic site; other groups are giving careful consideration to their future requirements. During 1967, general practitioners and dentists working in areas where early changes are unlikely will be given the same opportunities.

Following the decision reached in December 1965, discussions took place between representatives of the Newcastle and Gateshead Water Company and the Local Authorities in their supply area. It was, however, not possible to obtain the necessary equipment, etc., so that fluoride could be added to the water supplies during 1966. Water supplies

Agreement was reached with the two major hospitals in the city to provide postmortem facilities for Coroner's cases, etc., with certain exceptions. This arrangement meets the immediate need for the great majority of postmortems but the provision of a modern Mortuary accommodation

mortuary with suitable postmortem facilities and a seven day week service must be a priority as soon as the boundaries of Greater Tyneside are established. Preliminary discussions would be worthwhile.

Immigrant Integration

The department's staff have taken a keen interest in this matter for a number of years and have worked closely with the immigrant community. The liaison officer on the staff has improved relations and assisted other departments whenever possible. A committee with immigrant representation will shortly be making further recommendations.

Social Rehabilitation

The Working Party on Social Rehabilitation considered very carefully setting up a Family Service Unit with financial support from the Corporation but had reached no definite conclusion by the end of the year.

Voluntary Agencies

Representatives of all voluntary organisations to which the Health and Social Services Committee makes an annual grant were invited to review their present commitments and to outline future developments, with a small sub-committee appointed for this purpose. This proved to be a worthwhile exercise and led to a better understanding of the way ahead.

Appreciation

Nothing stands still. There is always some room for improvement. Ideas come from many sources—all are welcome. Opportunities are given to everyone to participate and many do. The result is a welding of ideas into practical schemes and then subsequent application. To those who have played their part in many of these exercises I am indebted, especially to those who at my request have studied particular problems in depth.

Both the professional and the administrative staff have played their particular roles admirably. Mr. H. M. Roberts, Chief Ambulance Officer, received a well deserved decoration (M.B.E.) from Her Majesty the Queen.

I am particularly grateful to those who in their several ways have taken part in staff training programmes, often as an essential but extra load. The fruits of years of work are becoming apparent.

Finally, for the support I have received from the Chairman,

Vice-Chairman and Members of the Health and Social Services Committee, I am also grateful.

How far shall we get in 1967?

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

R. C. M. Pearson.

Medical Officer of Health.

*Health and Social Services Department,
Civic Centre,
Newcastle upon Tyne, 1.
May 1967.*

CITY AND COUNTY OF NEWCASTLE UPON TYNE

I—GENERAL

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

VITAL STATISTICS

(Set out in the order laid down in Ministry of Health Circular 1/67)

Live Births	..	..	..	..	4,239
Live Birth Rate (Crude)	..	..	..	..	16.70 per 1,000 population
Live Birth Rate (Corrected)	..	..	..	..	16.70 per 1,000 population
Illegitimate Live Births per cent of total Live Births	..	..	..	..	11.5
Stillbirths	..	..	..	..	68
Stillbirth Rate	..	..	..	..	15.79 per 1,000 live and stillbirths
Total Live and Stillbirths	..	..	..	..	4,307
Infant Deaths	..	..	..	..	106
Infant Mortality Rate—					
Total	..	..	..	..	25.01 per 1,000 live births
Legitimate only	..	..	..	..	23.19 per 1,000 legitimate live births
Illegitimate only	..	..	..	..	38.93 per 1,000 illegitimate live births
Neonatal Mortality Rate	..	..	..	..	15.10 per 1,000 total live births
Early Neonatal Mortality Rate	..	..	..	..	13.45 per 1,000 total live births
Perinatal Mortality Rate	..	..	..	..	29.02 per 1,000 total live and stillbirths
Maternal Deaths (including abortion)	—				
Maternal Mortality Rate	..	..	..	..	0.00 per 1,000 live and stillbirths.

OTHER STATISTICS

Population	..	..	..	..	253,780
Area	..	..	..	..	11,401 acres
Deaths	..	..	..	..	3,100
Death Rate (Crude)	..	..	..	..	12.22 per 1000 population
Death Rate (Corrected)	..	..	..	..	13.19 „ „ „
Tuberculosis Death Rates—					
All Forms	..	..	..	..	0.083 per 1,000 population
Pulmonary	..	..	..	..	0.079 „ „ „
Non-Pulmonary	..	..	..	..	0.004 „ „ „
Cancer Death Rates—					
All Forms	..	..	..	..	2.39 per 1,000 population
Lung and Bronchus	..	..	..	..	0.68 „ „ „
Other Sites	..	..	..	..	1.71 „ „ „
Marriage Rate	..	..	..	..	16.85 per 1,000 population
Inhabited Houses	..	..	..	..	86,115
Rateable Value	..	..	..	..	£12,234,118
Product of 1d. Rate	..	..	..	..	£49,000 12s. 4d.

GENERAL STATISTICS

Population

The population, as estimated by the Registrar General, was 253,780, a decrease of 3,680 since 1965.

Births

There were 4,239 live births recorded, representing a crude birth rate of 16.70 per 1,000 population, as compared with a rate of 17.31 in 1965. The city birth rate continues to be lower than that for England and Wales—17.7.

In addition there were 68 stillbirths, representing a rate of 15.79, higher than the 1965 rate of 14.81. This rate is higher than the England and Wales rate—15.4.

LIVE BIRTHS				STILL BIRTHS		
Sex	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male	1,957	262	2,219	32	2	34
Female	1,794	226	2,020	28	6	34
Totals	3,751	488	4,239	60	8	68

BIRTH RATE per 1,000 POPULATION

Year	England and Wales	Newcastle upon Tyne (corrected)	Northumberland (corrected)
1966	17.7	16.7	15.1
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

Deaths

The net deaths amounted to 3,100 equivalent to a crude rate of 12.22 per 1,000 population, as compared with a rate of 13.17 for 1965. The death rate for England and Wales for 1966 was 11.7.

Infantile Mortality

One hundred and six infants died before completing the first year of life, representing a rate of 25.01 per 1,000 live births; last year the rate was 25.13. The England and Wales rate for 1966 was 19.0.

Of the 106 infant deaths, 64 occurred before attaining the age of one month, making a neo-natal mortality rate of 15.10 as compared with the England Wales rate of 12.9.

Only 57 children died before reaching the age of one week, and this figure, together with the stillbirths gave a peri-natal mortality rate of 29.02 per 1,000 total births. This rate is slightly lower than the 1965 rate of 29.41 and higher than the England and Wales rate of 26.3.

Maternal Mortality

No maternal deaths occurred in the city, there were two in 1965. The England and Wales maternal mortality rate for 1965 was 0.26 per 1,000 live and stillbirths.

Tuberculosis

Twenty-one persons died from various forms of tuberculosis during the year, 20 being pulmonary and one non-pulmonary, giving death rates of 0.079 and 0.004 respectively, a total of 0.083 for all forms. The provisional national rate for all forms of tuberculosis is 0.048 per 1,000 population.

Marriages

Two thousand one hundred and thirty-eight marriages took place during the year, representing a marriage rate of 16.85 per 1,000 population, compared with 16.30 in 1965.

Street Accidents

During the year 3,006 street accidents occurred, an increase of 68 as compared with 1965 and as a result, 1,329 persons were injured, and 29 died. The total included 246 accidents to children under 15 years of age, ten of which were fatal.

	Under 5 years		5-9 yrs.		10-15 yrs.		Total	
	1965	1966	1965	1966	1965	1966	1965	1966
Killed ..	2	—	6	4	2	1	10	5
Injured ..	74	54	116	120	63	67	253	241

Cremation

During 1966, there were 3,462 cremations carried out in the city, 138 less than last year. Of the cremations performed, 1,642 were in respect of Newcastle residents, this figure being 47% of the total.

The percentage of city residents who died in 1966 and were cremated was 53.

The Medical Referee required 16 post-mortem examinations as compared with 25 in 1965, 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 duties imposed by the Public Health (Aircraft) Regulations, 1952—54, the Aliens Order 1953, and the Commonwealth Immigrants Act, 1962, were transferred to Castle Ward Rural District Council on the 1st July, 1966.

During the period January to June, 1966 there were 280 landings from the Continent, and of those passengers landing, 1,525 were Aliens.

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 1966 was warmer and dryer than in the previous year. Hours of sunshine in the city averaged one per month more and rainfall was 0.09 inches less than in 1965. 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 1966							
Month	SUNSHINE HOURS				RAINFALL AND TEMPERATURES		
					Jesmond Dene		
	N'cle. Univer- sity	Hexham	Cockle Park	Gates- head	Rainfall (inches)	Mean Max. Temp. °F.	Mean Min. Temp. °F.
January ..	20.4	18.50	28.9	24.6	2.07	40.10	32.83
February ..	31.9	39.00	44.9	35.8	2.89	43.33	34.47
March ..	88.1	120.50	4.3	120.7	0.43	50.57	37.36
April ..	60.3	78.00	96.4	89.9	3.54	46.84	37.64
May ..	150.7	200.00	195.6	216.8	2.15	59.34	42.89
June ..	85.0	126.75	122.7	137.9	2.90	65.16	51.07
July ..	144.0	169.00	181.0	186.6	2.28	65.83	50.70
August ..	116.3	113.25	122.6	114.9	4.71	64.16	51.29
September ..	99.9	110.00	111.3	127.9	1.62	65.12	50.40
October ..	62.9	52.75	68.6	68.0	3.99	55.53	43.19
November ..	58.5	49.25	74.4	64.7	1.88	47.15	36.96
December ..	51.0	37.25	74.7	71.2	2.48	44.14	34.65
Totals ..	969.0	1114.25	1125.4	1259.0	30.94	—	—
Averages ..	80.7	92.85	93.8	104.9	2.58	53.94	41.95
1965 Averages	79.6	87.16	99.9	100.0	2.67	52.40	41.07

Water Supply

Details relating to the city's water supply are shown in the Chief Public Health Inspector's section of this report (see page 177).

Sewerage

There are 476.36 miles of sewers in the city, discharging directly into the River Tyne at various points along the 8½ miles of river frontage.

The first meeting of the Tyneside Joint Sewerage Board was held in October, 1966, and as soon as the necessary staff have been appointed work will commence with a view to reducing pollution of the River Tyne estuary and adjacent sea beaches.

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
10th January, 1966	..	..	3,689	695	4,384
12th December, 1966	..	..	3,947	961	4,908

Inhabited Houses

There were 86,115 inhabited houses which, on the estimated population, showed an average of 2.9 persons per dwelling.

Rateable Value

A penny rate produced £49,000 12s. 4d., the gross rateable value being £12,234,118 compared with £12,184,536 in 1965.

Vital Statistics of Whole City during 1966 and previous years

YEAR	Population estimated Mid-Year	LIVE BIRTHS			TOTAL DEATHS REGISTERED IN THE CITY	TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE CITY			
		Uncor-rected Number	Net			of Non-resi-dents regis-tered in the City	of Resi-dents not reg-istered in the City	Under 1 Year of Age		At all Ages	
			Number	Rate				Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12
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
1966	253,780	5,072	4,239	16.7	4,266	1,695	274	106	25	3,100	12.2

§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 1966

(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. F.	11 9	— —	— —	— —	— —	— —	— —	— —	2 —	4 5	5 3	— 1
2—Tuberculosis, other forms	M. F.	— 1	— —	— —	— 1	— —	— —	— —	— —	— —	— —	— —	— —
3—Syphilitic disease ...	M. F.	3 3	— —	— —	— —	— —	— —	— —	— —	— —	1 —	1 2	1 1
4—Diphtheria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
5—Whooping cough ...	M. F.	— 1	— —	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —
6—Meningococcal infections ...	M. F.	— 1	— —	— —	— 1	— —	— —	— —	— —	— —	— —	— —	— —
7—Acute poliomyelitis	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
8—Measles ...	M. F.	— 1	— —	— —	— 1	— —	— —	— —	— —	— —	— —	— —	— —
9—Other infective and parasitic diseases	M. F.	1 4	— —	1 —	— —	— —	— —	— —	— —	— —	1 —	3 —	— —
10—Malignant neoplasm, Stomach ...	M. F.	41 31	— —	— —	— —	— —	— —	— —	— 1	5 2	14 1	12 10	10 17
11—Malignant neoplasm, lung, bronchus	M. F.	147 25	— —	— —	— —	— —	— —	1 —	5 1	19 3	67 8	38 10	17 3
12—Malignant neoplasm breast ...	M. F.	— 42	— —	— —	— —	— —	— —	1 —	— 6	— 6	— 15	— 10	— 4
13—Malignant neoplasm, uterus ...	F.	20	—	—	—	—	—	—	—	4	5	8	3
14—Other malignant and lymphatic neoplasms ...	M. F.	173 118	— —	— —	1 1	1 —	3 —	— —	5 2	16 17	35 28	56 40	56 30
15—Leukaemia, aleukaemia	M. F.	5 5	— —	— —	— 2	1 —	— —	1 1	1 —	— —	1 1	1 —	— 1
16—Diabetes ...	M. F.	7 17	— —	— —	— —	— —	— —	— —	— —	— 1	2 4	4 7	1 5
17—Vascular lesions nervous system	M. F.	161 249	— —	— —	— —	— —	1 —	2 —	— 3	14 8	25 22	57 64	62 152
18—Coronary disease, angina	M. F.	399 287	— —	— —	— —	— —	— —	1 —	15 2	58 16	101 33	143 104	81 132

Causes of Death at different periods of life for 1966—*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. F.	34 27	— —	— —	— —	— —	— —	— 1	— —	2 —	7 4	13 5	12 17
20—Other heart disease ...	M. F.	82 141	— —	1 —	— —	— —	— —	— —	2 2	2 6	12 7	24 35	41 91
21—Other circulatory disease	M. F.	64 97	— —	— —	— —	— —	— —	— —	2 1	2 1	11 4	16 21	33 70
22—Influenza ...	M. F.	4 4	— —	— 1	— —	— —	— —	— —	— —	1 —	— —	1 1	2 2
23—Pneumonia	M. F.	89 86	1 1	15 7	1 2	— —	— —	— —	2 1	7 —	11 3	20 19	32 53
24—Bronchitis	M. F.	153 45	— —	2 —	— —	— —	— —	— 1	1 1	7 1	33 11	59 10	51 21
25—Other diseases of respiratory system ...	M. F.	9 15	— —	— —	— —	— —	— —	— —	— —	— 1	4 1	2 6	3 7
26—Ulcer of stomach and duodenum	M. F.	22 9	— —	— —	— —	— —	— —	— —	— —	— —	7 2	8 1	7 6
27—Gastritis enteritis and diarrhoea ...	M. F.	8 6	— —	2 1	1 —	— —	— —	— —	— —	— 1	1 1	1 2	3 1
28—Nephritis and nephrosis	M. F.	7 5	— —	— —	— —	— —	1 —	— —	1 —	— 1	3 2	— —	2 2
29—Hyperplasia of prostate ...	M.	10	—	—	—	—	—	—	—	—	—	4	6
30—Pregnancy childbirth, abortion ...	F.	—	—	—	—	—	—	—	2	—	—	—	—
31—Congenital malformations	M. F.	11 6	8 4	1 1	— 1	— —	— —	— —	— —	1 —	— —	1 —	— —
32—Other defined and ill-defined diseases ...	M. F.	104 138	27 23	3 4	— 1	— —	— 3	1 1	3 4	9 6	15 18	22 30	24 48
33—Motor vehicle accidents ...	M. F.	31 9	— —	— —	— —	5 1	9 2	3 1	— 1	6 1	2 —	4 1	2 2
34—All other accidents ...	M. F.	47 35	— —	1 1	— 1	1 —	1 —	4 —	9 —	7 —	4 1	6 6	14 26
35—Suicide ...	M. F.	23 12	— —	— —	— —	— —	1 3	6 —	6 2	3 3	2 1	5 2	— 1
36—Homicide and operations of war ...	M. F.	2 3	— —	— —	— —	— 1	1 —	— —	— 2	1 —	— —	— —	— —
All causes ...	M. F.	1,648 1,452	36 28	26 16	3 11	8 2	17 8	19 6	52 29	162 78	362 178	503 400	460 696

Total deaths during recent years from certain classes of disease.

	Nervous System	Circu- latory	Respira- tory	Digestive	Non- Natural Causes
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 ..	468	1,162	494	52	161
1966 ..	410	1,131	405	57	162

CANCER DEATHS AND DEATH RATES FROM 1940
AND DEATHS FROM CANCER OF RESPIRATORY ORGANS SHOWING AGE AND SEX DISTRIBUTION

RESPIRATORY ORGANS ONLY												
	Total Number of Cancer Deaths	Death Rate per 1,000 Popula- tion	Males					Females				
			Under 25	25-44	45-64	Over 65	Total	Under 25	25-44	45-64	Over 65	Total
1940	474	1.85	—	5	37	6	48	—	1	6	4	11
1941	510	2.00	—	4	24	6	34	—	—	2	4	6
1942	510	2.01	—	5	33	12	50	1	2	7	6	16
1943	533	2.09	—	4	43	11	58	—	3	7	7	17
1944	519	1.97	—	3	30	19	52	—	1	4	4	9
1945	510	1.92	1	2	30	13	46	—	2	15	6	23
1946	538	1.90	1	5	37	19	62	—	—	12	5	17
1947	514	1.77	—	4	43	21	68	—	—	10	9	19
1948	590	2.01	—	7	56	22	85	—	1	7	9	17
1949	558	1.89	—	6	44	21	71	—	—	9	13	22
1950	644	2.18	—	3	55	34	92	—	—	10	7	17
1951	585	2.01	—	6	52	27	85	—	2	8	8	18
1952	614	2.12	—	5	58	30	98	—	1	10	10	21
1953	607	2.09	5	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
1966	607	2.39	—	6	86	55	147	—	1	11	13	25

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES 1966

	Newcastle upon Tyne	Gateshead	South Shields	Sunderland	Tynemouth	Northumberland	Durham
Registrar General's estimated population ..	253,780	101,200	108,110	187,650	72,400	501,380	981,020
Comparability factor :							
(a) Births	1.00	0.97	0.98	0.94	0.98	1.00	0.98
(b) Deaths	1.08	1.14	1.17	1.23	1.09	1.05	1.18
Crude birth rate per 1,000 population	16.70	18.1	16.04	18.55	18.89	15.08	17.33
Birth rate as adjusted by factor	16.70	17.5	15.72	17.44	18.51	15.08	16.98
Crude death rate per 1,000 population	12.22	12.2	11.06	11.05	10.72	12.29	11.68
Death rate as adjusted by factor	13.19	13.9	12.94	13.59	11.68	12.90	13.78
Illegitimate live births per cent. of total live births	11.5	5.6	7.3	6.2	6.4	5.1	4.9
Infant mortality rate per 1,000 live births ..	25.01	19.6	23.51	23.56	16.37	20.10	21.00
Neonatal mortality rate per 1,000 live births ..	15.10	16.3	13.19	14.65	10.41	13.49	14.23
Perinatal mortality rate per 1,000 total births ..	29.02	29.5	27.07	31.83	26.78	28.08	28.57
Stillbirth rate per 1,000 total births	15.79	15.5	16.34	19.44	10.24	16.78	17.12
Maternal mortality rate per 1,000 total births	—	—	0.56	0.28	—	0.13	0.12
Tuberculosis rates per 1,000 population :							
Primary Notification :							
(a) Respiratory	0.39	0.44	0.55	0.59	0.29	0.26	0.30
(b) Non-Respiratory	0.09	0.15	0.08	0.06	0.06	0.04	0.04
Deaths :							
(a) Respiratory	0.08	0.10	0.06	0.06	0.04	0.02	0.08
(b) Non-Respiratory	0.00	0.01	—	—	0.01	0.00	0.01
Death Rates per 1,000 population from :							
Cancer :							
all forms (including Leukaemia and Aleukaemia)	2.39	2.54	2.25	2.25	2.21	2.18	2.14
Lungs and Bronchus only	0.68	0.77	0.70	0.64	0.52	0.54	0.52
Meningococcal Infections	0.00	—	—	0.00	0.01	0.00	0.00
Whooping Cough	0.00	—	—	—	—	—	—
Influenza	0.03	0.03	0.09	0.01	0.09	0.04	0.07
Measles	0.00	—	—	0.00	0.01	0.00	0.00
Acute Poliomyelitis and Encephalitis	—	—	—	—	—	0.00	—
Diarrhoea (under two years)	0.02	0.01	0.01	0.02	0.01	0.01	0.02
Diarrhoea (under two years) per 1,000 live births	0.94	0.54	0.56	1.15	0.74	0.01	0.94

(— 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)

The year 1966 has not produced any spectacular changes. It has rather been a year of consolidating gains and some extension and expansion of services already established. The links with general practitioners increase in number and become stronger with each year that passes.

In the early part of the summer months the department took part in the enquiry organised by the Ministry of Health into the incidence of rickets and anaemia in young children. An account of this survey is included on page 267 of this report.

The investigation into leukaemia and childhood cancers directed by Dr. A. Stewart of the Department of Social Medicine at Oxford whereby details are obtained about all children who have died from such causes and are compared with comparable information about normal healthy children, has continued. This survey has now been operating for over ten years.

The department also participated in a study of measles vaccination, organised by the Medical Research Council and designed to find out the efficacy of vaccination in the individual and the community. Unfortunately, although every effort was made to encourage mothers to have their children vaccinated, the response in this area was not as high as had been anticipated.

There were fewer infant deaths during 1966 than in the previous year, more than half occurring in the first week of life. Prematurity and diseases of early infancy together accounted for 54 of the 106 recorded deaths. There were 42 deaths between one and twelve months, the majority of these being due to bronchitis in the spring

DEATHS OF INFANTS UNDER ONE YEAR OF AGE

Cause of Death		AGE			Total under one year
		Under 1-week	1—3 weeks	1—11 months	
Whooping Cough	M	—	—	—	—
	F	—	—	1	1
Other Infective and Parasitic Diseases	M	—	—	1	1
	F	—	—	—	—
Haemorrhagic Conditions ..	M	1	—	—	1
	F	1	—	—	1
Diseases of Ear and Mastoid Process	M	—	—	—	—
	F	—	—	1	1
Influenza	M	—	—	—	—
	F	—	—	1	1
Pneumonia	M	—	1	15	16
	F	—	1	7	8
Bronchitis	M	—	—	2	2
	F	—	—	—	—
Gastro-Enteritis	M	—	—	2	2
	F	—	—	1	1
Monstrosity	M	1	—	—	1
	F	—	—	—	—
Spina Bifida and Meningocele ..	M	—	1	—	1
	F	1	—	—	1
Congenital Hydrocephalus ..	M	—	—	1	1
	F	1	—	—	1
Congenital Malformations of Heart	M	3	1	—	4
	F	1	—	1	2
Congenital Malformations of Genito-Urinary System ..	M	1	—	—	1
	F	—	—	—	—
Other Genital Malformations ..	M	—	1	—	1
	F	1	—	—	1
Injury at Birth	M	7	1	—	8
	F	2	—	—	2
Postnatal Asphyxia and Atelectasis	M	4	—	—	4
	F	7	—	—	7
Haemolytic Disease of Newborn ..	M	—	—	—	—
	F	1	—	—	1
Immaturity	M	8	1	—	9
	F	9	—	—	9
Obstruction by Inhalation or Ingestion	M	—	—	1	1
	F	—	—	1	1
All other causes	M	5	—	4	9
	F	3	—	3	6
TOTALS (1965 totals in brackets)	M	30 (35)	6 (10)	26 (14)	62 (59)
	F	27 (31)	1 (4)	16 (18)	44 (53)

and autumn months. The number of stillbirths was 68, one more than in 1965.

There were 54 babies born during the year who had congenital abnormalities detectable at birth compared with 63 in 1965.

There were 573 babies born in 1966 who were considered to be "at risk" for one reason or another and who required extra supervision in their first few years of life. Of the 520 children entered in the "at risk" register in 1965, 195 were removed from the register because they were considered quite normal by the time they reached their first birthday; 17 developed defects; on 201 no definite decision had yet been made; and 124 had removed from the area and no opinion had been obtained.

Congenital Malformations

	1964	1965	1966
Total Births	4,553	4,456	4,327
No. of children notified as having a congenital abnormality ..	45	63	54
No. of congenital abnormalities ..	54	83	76

The system of notification of congenital abnormalities, observable at birth, came into operation in 1964. The notification is made on Form S.D.56 for both home and hospital confinements.

It is possible in the first year that there was a tendency to under-notify although subsequent years show more comparable figures.

This scheme as well as being part of a National Survey does help in the identification of handicapped children so that appropriate help and advice can be given.

The commonest types of defect noted are those involving the Central Nervous System—in fact 50% of the abnormalities noted were in this group. The next largest groups were abnormalities of the Alimentary System and limb deformities.

The year 1966 showed an increase in the rate of abnormalities involving the Central Nervous System, in particular Hydrocephalus and Spina Bifida, although the number of children involved did not increase.

STATISTICAL INFORMATION

Births

Of the 4,327 city births notified 3,349 (74%) occurred in hospitals, nursing homes, etc. as shown below.

This is the same proportion as in 1965 when out of 4,456 births, 3,294 occurred in hospital.

	1966	1965
Hopedene Maternity Home	87	99
Princess Mary Maternity Hospital	814	830
Newcastle General Hospital	1,386	1,303
Hexham Hospital	224	178
The Green, Wallsend	543	611
Ashleigh, Gosforth	50	54
Willington Quay Maternity Home	67	63
Preston Hospital, North Shields	139	134
Queen Elizabeth Hospital, Gateshead	17	7
Others	22	15
	<u>3,349</u>	<u>3,294</u>

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
1966 ..	697	12	540	12	3,003	12	6
1965 ..	971	23	655	23	3,359	23	4

The fall in Ante-Natal Clinic attendance reflects the fall in domiciliary confinements—in 1965 there were 1,107, in 1966—978—and also that more ante-natal work is being carried out in general practitioner surgeries—at which midwives attend.

ATTENDANCES OF CHILDREN AT CHILD WELFARE CENTRES

(1)	No. of children who attended during the year (2)	No. of children who first attended centres during the year		No. of children in attendance at the end of the year		Total No. of attendances made by children included in col (2) during the year		Average sessional attendances 0-5 years (9)
		Under 1 year (3)	Over 1 year (4)	Under 1 year (5)	Between the ages of 1 & 5 years (6)	Under 1 year (7)	Over 1 year (8)	
1966	11,385	3,609	439	3,020	7,364	43,853	23,906	38
1965	11,971	3,604	420	3,231	7,823	47,092	27,667	41

Reference for Consultant Advice

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

Newcastle General Hospital	..	..	..	181
Royal Victoria Infirmary	..	..	..	44
Fleming Memorial Hospital	..	..	..	7
Sanderson Orthopaedic Hospital	..	..	..	53
Hearing Assessment Clinic—City Road	..	..	..	17
Speech Therapy—City Road	..	..	..	21
Total	..	..	..	323

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

Blind and partially sighted	..	..	..	1
Eye defects (squints)	..	..	..	194
Other eye defects	..	..	..	30
Deaf and partially deaf	..	..	..	18
Mentally backward	..	..	..	48
Epileptic	..	..	..	15
Spastic	..	..	..	10
Congenital defects	..	..	..	119
(including congenital heart, hare lip, cleft palate, spina bifida, meningocele etc.)				
Orthopaedic	..	..	..	131
Speech Defects	..	..	..	21
Eczema	..	..	..	14
Asthma	..	..	..	3
Other conditions	..	..	..	83
				687

Cervical Cytology

The two cervical cytology clinics have become well established and requests for appointments remain fairly steady except during holiday periods. Out of 2,420 women examined there were 25 who required further investigation. Attendances were as follows:—

	East End Centre	Diana Street Centre
Number attended	1,158	1,262
No. of referrals	8	17

Welfare Foods

The “take up” of all the subsidised welfare foods except orange juice was again reduced slightly below the 1965 figures. Orange juice was slightly increased but the total cash payments were reduced.

	National Dried Milk	Cod Liver Oil	Vitamin A & D Capsules	Orange Juice
Paid	70,850	2,113	3,312	49,242
Free	16,309	1,768	547	8,627
At 4/-d	1,476	—	—	—
Day Nurseries	57	308	—	640
Total	88,692	4,189	3,859	58,509

PLAY THERAPY AND CLINIC PLAY GROUPS

Play therapy sessions are held weekly at the East End and Blakelaw Welfare Centres. They cater for children with behaviour problems and mothers who have difficulty with their children. Facilities are provided for group discussions as well as individual discussion between the mother and group supervisor. During 1966 there continued to be a constant demand for play therapy group places from doctors and health visitors. Several health visitor students visited the groups for general observation and for particular observation of a child they were studying.

Nine play groups are held weekly during child welfare sessions throughout the city and these continued to be well attended. Two groups were started in July: one at Brinkburn Street Centre and the other at St. Anthony's Centre. In November a group was started at Ravenswood Clinic instead of Blakelaw where attendance numbers had fallen following the withdrawal of a doctor's attendance at the clinic. Three play groups were held during sewing classes, these being at St. Anthony's and Fawdon and were well attended.

	Blakelaw	East End
No. of play therapy sessions ..	51	52
Cases continued from 1965 ..	10	11
New cases	16	25
Total attendance	362	534

DAY NURSERIES

There has been a continuing demand for nursery places. This is not necessarily because there are more of the type of social problems which are helped by day nurseries but because the way of life is

changing and whereas at one time a mother might leave her children with their grandmother if she went out to work or stay at home to look after her children and live on National Assistance, grandmothers now are not available because they are working and the mothers prefer to get out to work rather than remain at home on Supplementary Allowances. There is no doubt that the present trend is towards mothers going out to work.

Another appreciable demand for nursery places, particularly over the last year, has come from college and university students. Quite a number of women marry and start a family while still at college. In some cases only the father is studying and his grant is not large enough to support a wife and family so the wife wants to go out to work; in others both parents are studying. In either case a day nursery place is offered if available, but these cases are not top priority. Probably most of these requests come from coloured students. It seems a pity for students not to finish a training once started, but on the other hand this is a problem which might be catered for by nurseries attached to universities and training colleges and hospitals where mothers are undertaking nursing training.

During the year 683 people attended for interview; 369 places were offered and of these 299 were admitted: 321 were discharged and 206 individual children attended as casuals.

Specially assessed cases during the year totalled 85 and of these 56 were discharged. At the end of December, 1966, 29 children were attending at special rates.

There were 16 severely physically and/or mentally handicapped children attending the nurseries during the year, seven of these being over five years of age.

DAY NURSERIES

Nursery	Total Capacity	Children on Register 31.12.66	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 $\frac{1}{2}$ day attendances
				0-2 yrs	2-5 yrs					
Willow Avenue...	50	42	110	1802	6652	8454	33	65	68	745
Renwick Street ...	50	42	125	2039	6191	8230	32	76	83	693
Woodland Cresc.	25	24	86	2115	4223	6338	25	64	62	479
West Parade ...	50	41	85	652*	1962*	2614*	29	39	44	366
Gosforth Street ...	50	42	106	2638	6801	9439	37	55	64	568
Total ...	225	191	512	9246	25829	35075	156	299	321	2851

*CLOSED BETWEEN 11.3.66 AND 10.11.66

Figures below show the total number of children in the Nurseries at the end of 1966 and the reason for their admission.

Father in Prison	...	...	...	...	...	5
Unmarried mothers	...	...	...	...	...	35
Widows	...	...	...	...	...	11
Separated or divorced	...	...	...	...	...	57
Mother ill	...	...	...	...	...	10
Father ill	...	...	...	...	...	1
Financial	...	...	...	...	...	8
Confinements	...	...	...	...	...	4
Special recommendations:						
	Health visitors, doctors, social workers, etc.					42
	Students					13
	Teachers					3
	Student teachers					2
Waiting list at 31.12.66—						
	West Parade					12
	— Gosforth Street					2

Nursery and Child Minders Regulation Act, 1948

At the end of 1966 there was a total of 13 registered child minders caring for 144 children and 11 registered premises providing places for 277 children.

All the homes and premises were visited monthly by the health visitors in their area. The care given is quite satisfactory and the children seem to enjoy organised play of an informal nature in the company of other children of their own age.

Nursing Homes

There were four nursing homes registered in the city at the end of the year, providing four maternity beds and 82 beds for other cases.

All the nursing homes were visited by medical and nursing officers at least once during the year. The standards of all are reasonably good and they provide good care and attention for their patients.

IMMUNOLOGY

The number of primary vaccinations of pre-school children was higher than it has been since the recommended age of vaccination was altered, although the levels achieved when vaccination was performed at an earlier age have not yet been reached.

The numbers of children protected against diphtheria, pertussis, and tetanus are similar to those in recent years but there has been some increase in those protected against poliomyelitis.

SMALLPOX VACCINATION 1966

NUMBER OF INDIVIDUALS SUCCESSFULLY VACCINATED AGAINST SMALLPOX
1965 figures in brackets

	Under 1 year	1—4 years	5—14 years	Over 15 years	Total
<i>Clinics</i>					
Primary ..	76 (23)	1,178 (529)	58 (38)	16 (25)	1,328 (615)
Re-vaccina- tions ..	—	5 (3)	12 (3,287)	78 (75)	95 (3,365)
<i>General Practitioners</i>					
Primary ..	64 (79)	470 (371)	33 (32)	132 (46)	699 (528)
Revaccina- tions ..	—	25 (9)	78 (50)	471 (132)	574 (191)
Total					
Primary ..	140 (102)	1,648 (900)	91 (70)	148 (71)	2,027 (1,143)
Revaccina- tions	—	30 (12)	90 (3,337)	549 (207)	669 (3,556)

DIPHTHERIA IMMUNISATION

NUMBER OF CHILDREN WHO COMPLETED A COURSE OF DIPHTHERIA
IMMUNISATION BETWEEN 1ST JANUARY 1952 AND 31ST DECEMBER 1966

Age on 31.12.66 (i.e. Born in year)	Under 1 year 1966	1—4 years 1965/1962	5—9 years 1961/1957	10—14 years 1956/1952	Under 15 years Total
A. Number of children whose last course (Primary or Booster) was completed 1962/1965	1,076	11,696	15,210	11,765	39,747
B. Number of children whose last course (Primary or Booster) was completed in 1961 or earlier	—	—	3,861	11,831	15,692

DIPHTHERIA IMMUNISATION 1966

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY
OR RE-IMMUNISATION DIVIDED INTO AGE GROUPS (1965 figures in brackets)

	Under 5 years	Over 5 years	Total
<i>Primary Immunisation</i>			
Clinics	2,277 (2,189)	1,399 (1,561)	3,676 (3,750)
General Practitioners ..	740 (819)	29 (13)	769 (832)
<i>Re-Immunisations</i>			
Clinics	1,686 (1,694)	2,545 (2,338)	4,231 (4,032)
General Practitioners ..	444 (487)	170 (175)	614 (662)
Totals			
Primary	3,017 (3,008)	1,428 (1,574)	4,445 (4,582)
Re-Immunisations ..	2,130 (2,181)	2,715 (2,513)	4,845 (4,694)

ORAL POLIOMYELITIS VACCINATION
NUMBER OF INDIVIDUALS WHO RECEIVED PRIMARY COURSE OR BOOSTER DOSE
JANUARY—DECEMBER, 1966

Completed Primary Course (3 doses)	Under Five	School Children	Aged 16—24 years	Aged 25—39 years	Expectant Mothers	40 +	Total
Child Welfare Clinics	2,287	17	39	117	8	2	2,470
School Children ..	—	373	3	20	—	3	399
General Practitioners	822	75	99	154	—	92	1,242
Medical Room, Civic Centre ..	—	—	3	—	—	—	3
Outside firms ..	—	—	230	162	—	87	479
Hospitals ..	—	—	84	25	—	38	147
Total	3,109	465	458	478	8	222	4,740
Completed fourth doses							
Child Welfare Clinics	1,149	66	28	39	—	2	1,284
School Children ..	—	1,688	34	16	—	—	1,738
General Practitioners	306	242	66	16	—	3	633
Medical Room, Civic Centre ..	—	—	30	22	—	12	64
Outside firms ..	—	—	208	238	—	121	567
Hospitals ..	—	—	241	30	—	8	279
St. Mary's Training College ..	—	—	372	—	—	—	372
Total	1,455	1,996	979	361	—	146	4,937

Number of children under 15 years protected against diphtheria, whooping cough and tetanus are as follows:—

PRIMARY IMMUNISATIONS

Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus
2,933	1,512	208	4,445	2,933	4,653

RE-IMMUNISATIONS

Diphtheria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus
143	1,360	3,342	236	4,845	1,360	4,938

Number of persons inoculated against typhoid, cholera, etc:—

Typhoid Primary	..	..	149
Re-immunisation	..	..	3
Typhoid-tetanus Primary	..	..	137
Cholera	..	..	Nil.
Yellow Fever	..	..	1,857

Measles Vaccination

The authority agreed to take part in the Medical Research Council study of the effects of intensive measles vaccination. Measles vaccination was offered to all children between 10 months and 10 years who had not previously had measles and special vaccination clinics were held during the summer and autumn.

Vaccine continues to be available for children reaching 10 months of age.

It was estimated that 10,000 pre-school children had not had measles and 1,667 were vaccinated during the year. 1,170 School children were vaccinated representing 65% of those who had not had measles.

NUMBER OF CHILDREN WHO HAVE BEEN IMMUNISED AGAINST MEASLES

	Under 1 year	1 year and under 5 years	Over 5 years	Total
Child Welfare Clinics ..	194	1,239	27	1,460
School Clinics	—	—	1,109	1,109
General Practitioners ..	17	217	34	268
	211	1,456	1,170	2,837

MIDWIFERY

Domiciliary Practice

Since the introduction of the National Health Service Act in July, 1948 certain changes in domiciliary midwifery practice have taken place. The trend today is towards hospital confinement, and therefore the need for domiciliary midwives is decreasing.

The total number of domiciliary births was 978, which included five sets of twins, and five stillbirths, compared with 1,122 births in 1965. 2,306 patients were visited by the midwives after discharge from hospital, compared with 2,112 in 1965.

Of the 978 births:

96 patients were primigravidae.

61 had had 4 previous pregnancies.

16 had had 5 previous pregnancies.

28 had had 6 or more previous pregnancies,
of whom 1 had 9 and 1 mother 10 children.

This makes a total of 201, or over 20% of the home confinements were of women classified by most obstetricians as being at high risk.

Ante-Natal Care

In spite of the fall in the number of domiciliary births the attendance of midwives at ante-natal clinic sessions has increased. This is accounted for in the main by the increase in the number of General Practitioner Obstetricians who arrange their own ante-natal clinics with the help of the domiciliary midwives. In addition, a greater number of hospital booked patients attended their own family doctor for ante-natal care. There are now 75 sessions held monthly in local authority premises, the doctor, midwife and sometimes a health visitor attending, thirty sessions when the midwives assist the doctor in his surgery and approximately 26 sessions monthly when the midwives themselves hold clinics.

There are eight sessions monthly where the local authority provides a doctor on a sessional basis for the patients who do not wish to attend their family doctor. Although the number of patients at these sessions is small they serve a useful purpose for taking blood specimens and similar services. Cervical cytology sessions are held at the same time by appointment.

Social Difficulties

There are still approximately 12 women each year who do not co-operate with the midwives, having no ante-natal care and making no arrangements for their confinement. Very often there is a combination of poor home conditions and mental or physical ill-health. Although the numbers are small, each one involves several departments of the local authority and voluntary services.

During 1966, instead of 12 there were 31 women who had their babies at home and who had either made no arrangements, or who were booked for hospital confinement. To the figure of 31 must be added the small number of women who did not realise they were pregnant or who had a delivery so rapid that they did not have time to get help or arrange hospital transport.

Premature Infants Born at Home

Livebirths—42. Stillbirths—4. Total—46.

Admitted to hospital—21. Nursed at home—21.

Of those nursed at home 20 survived.

Hospital discharges needing the care of the specialist premature infant midwives—170.

During the five years 1962 to 1966 inclusive, out of 288 premature domiciliary births, 203 premature infants were born and nursed at home, and of these 195 survived; the remaining 85 babies were admitted to hospital. These figures suggest that as far as premature births are concerned, in the majority of cases, the right decision has been made when deciding which babies can safely be cared for in their own homes.

Live Births Nursed at Home

Weight	Total	Survived 28 days	Died
Up to 2lb. 3oz.	—	—	—
2lb. 3oz. to 3lb. 4oz. ..	—	—	—
3lb. 4 oz. to 4lb. 6oz. ..	—	—	—
4lb. 6oz. to 4lb. 15oz. ..	2	2	—
4lb. 15oz. to 5lb. 8oz. ..	19	18	1
Total	21	20	1

SUMMARY OF MUNICIPAL MIDWIVES' WORK

No. of ante-natal visits	No. of post-natal visits	No. of clinic visits	NUMBER OF BIRTHS				No. of Nursing
			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	
1966 16,614	1,711	4,975	7	29	157	785	45,971
1965 21,826	2,106	4,515	1	26	217	884	50,836

* Either booked doctor or another

Early discharges from hospital

0—3 days	..	..	580	} Total—2,306
4—6 days	..	..	630	
Others	..	..	1,096	

Staff Training

Forty-six pupil midwives completed their training and all were successful in the examination of the Central Midwives Board.

FAMILY PLANNING

On receipt of Ministry of Health Circular 5/66 in February 1966 a review of the arrangements for family planning in Newcastle upon Tyne was undertaken.

These arrangements, which had been in existence since 1941, provided for liaison and financial support for the Family Planning Association. Over the years liaison has improved and the financial support has been increased. The Health and Social Services Department has been represented on the Council of the Family Planning Association and the Medical Officer of Health has discussed matters of mutual interest as necessary.

In 1959 premises were loaned by the local authority to the Family Planning Association so that Dr. Mary Peberdy with a grant from the Council for the Investigation of Fertility Control, working closely with the departmental staff, could undertake domiciliary family planning for a number of problem families and could survey her results carefully.

Due to the success of this pilot scheme a domiciliary service has been provided by the Family Planning Association with a local authority grant for this purpose.

Thus by February 1966 agreement had been reached in Newcastle upon Tyne with the Family Planning Association to provide seven clinics weekly on their own premises and in addition a domiciliary service for families recommended by general practitioners and the local authority staff. The City Council makes an annual grant to the Family Planning Association both for patients referred on medical grounds and also for a domiciliary service.

All the local authority medical and nursing staff are able to offer advice to patients and refer them to the Family Planning Association clinics. Information about these clinics is available on notice boards in child welfare centres, etc.

A sound relationship exists between the general practitioners and the Family Planning Association fostered from time to time by meetings with representatives of the Local Medical Committee at which the Medical Officer of Health has been present.

In March 1966 a further review took place both amongst the medical and nursing staff of the local authority and with the Officers of the Newcastle upon Tyne Branch of the Family Planning Association. As a result financial help to the Family Planning Association was increased by 60%. Further plans were developed for the use of local authority premises for Family Planning clinics (these plans will be ready by January 1967) and arrangements made for further in-service training of local authority nursing staff.

It is not the policy of the City Council at present to make arrangements for advice on family planning to be given other than by the arrangements set out above, i.e., by assisting financially and by encouraging a very active and knowledgeable branch of the Family Planning Association in Newcastle upon Tyne.

HEALTH VISITING

Home Visiting

The routine work of health visitors continues as before but as in previous years the accent changes from one type of visiting to another as the need arises. Primarily her work is still with the very young child as well as being a household visitor for all age groups. One might say that the greater part of her time is spent with the very

young and the very old. Her duties include child welfare clinics, ante-natal clinics, immunisation and vaccination clinics, hearing assessment and mothers' clubs.

During the past year there has been a rise in the number of visits paid to immigrant families as a result of Ministry of Health arrangements made for long-stay immigrants.

It has always been the practice in Newcastle, because of the close link with the University, for health visitors to partake in research projects, this still continues.

Home visits paid by the health visitors were:—

	1966	1965
Births and Children under 1 year	22,229	19,905
Children over 1 year	60,812	56,986
Infectious Diseases (other than T.B.)	126	164
Expectant Mothers	1,089	1,087
Aged Persons	15,915	16,389
Tuberculosis Cases	411	365
Tuberculosis Contacts	369	1,113
Hospital Cases	119	85
Special Visits	2,584	2,243
Housing	95	102
Venereal Diseases—Contacts	237	278
Home Accidents	19	24
Sanitary Defects	57	21
Totals	104,062	98,762
No. of Households Visited	15,832	15,539

In addition to the total shown there were 22,392 ineffective visits compared with 19,490 in 1965.

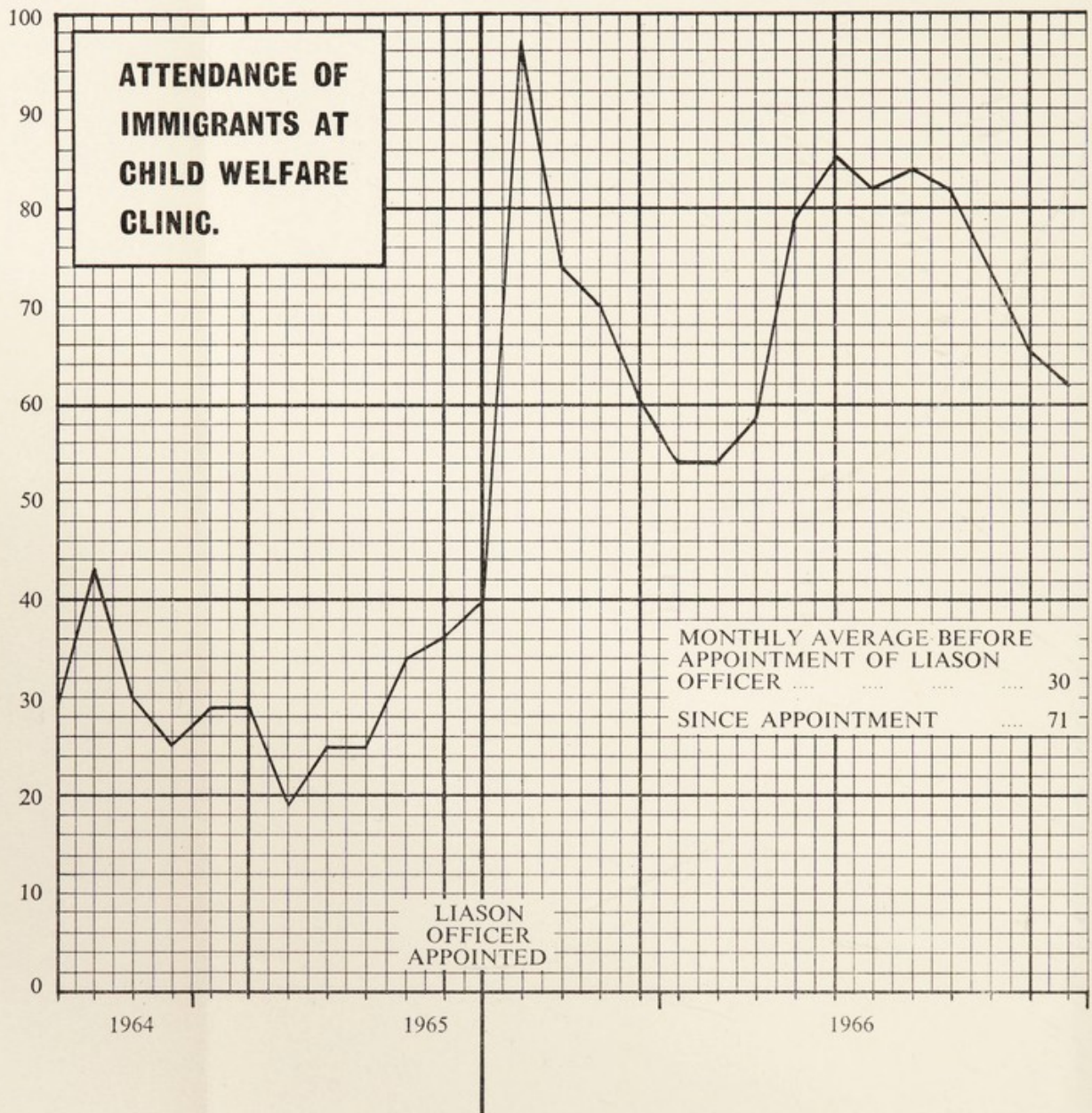
Group Advisors

At the present moment, there are two sharing the City between them to co-ordinate the services and maintain health education programmes.

Programmes have been arranged in six schools at the request of headmasters. This is a necessary part of a child's general education and further development in this work is essential. Health visitors are instructing girls in personal hygiene and mothercraft.

Health education again has been given to members of Mothers' Clubs, to groups within the child welfare and ante-natal clinics, and to other bodies of people who are interested.

NUMBER OF
ATTENDANCES
PER MONTH



Field Work Instructors

At present there are five field work instructors. They take part in the Health Visitor Training Course held at the College of Commerce and their duties include organising the practical work of student health visitors. They also carry a small case load.

Health Visitor Students

Two students were sponsored to take the Health Visitor Course at the College of Commerce.

Pakistani Liaison Officer

During 1966 child welfare and ante-natal clinics were visited to assist the doctors and health visitors with work involving immigrant families and their children. The work was largely concentrated in the West End of the City. One session per week was also given to health education and to teaching the English language.

The graph opposite shows the increase in the number of immigrant families attending a child welfare clinic as a result of the help given by the Liaison Officer.

Regular visits were also paid to the chest clinics. An arrangement was made for the Mass X-Ray Unit to visit the Elswick Road area to attract the Asian population. 161 immigrants were x-rayed and five were referred to the chest clinic.

Refresher Courses

Twenty-three members of the nursing staff attended Refresher Courses and in addition in-service training continued as in previous years.

In April two study days were held in the Rutherford College of Technology with help from the Education Department. The theme was "Principles and Techniques of Teaching in Health Education".

Ancillary Staff

Bath Orderlies

The establishment of male and female bath orderlies remains the same as last year. The demand is still there and their work is much appreciated.

		1966	1965
No. of cases	..	631	498
No. of visits	..	14,064	11,600

Wardens

The four wardens work on a part-time basis in the areas allocated to them.

	1966	1965
No. of cases ..	95	70
Number of visits	4,764	3,228

Home Advisors

Again four women gave considerable and prolonged support to problem families. The demand for their services varied from time to time, but on the whole their work brought a degree of improvement in most families.

The table showing the work of home advisors does not look very encouraging but perhaps it is difficult to give a fair summary in figures. As their work gets known more and more social workers ask for their help. Their work takes the form of teaching the mother to cope with budgetting and all her practical household tasks. The social workers may consider a person is "teachable" from intelligence and capability standpoints, but often they turn out to be so unco-operative and unwilling to make any effort to put their house in order that after a trial period it is a waste of time for the home advisor to continue. In many cases where a certain amount of success is achieved the home advisor has to go on supporting the family sometimes for years—where there are small children, but without this support things would slip back to their original "hopeless" state.

No. of new cases	14 + 4 renewals
	(2—1961 cases. 1—1964 case 1—1966 case)
No. of cases carried over from 1965	4
No. of cases carried over from 1964	7
No. of cases carried over from 1963	3
No. of cases carried over from 1961	1
No. of cases assisted at end of year	16
No. of cases where home advisor was withdrawn during year	17
Reason for withdrawal from above:	
Refused to co-operate	7
Nothing achieved	3
Children taken into care	1
Able to cope	3
Home Advisor only attended twice—mother taken to Mental Hospital	
Not co-operating with debts	1
Mother working	1

DISTRICT NURSING

The Changing Pattern

This is a service which is still increasing in its scope. As in previous reports emphasis has been on the needs of the greater number of elderly people being cared for outside hospital by the district nurses and ancillary staff.

The city is divided into five areas each covered by a group of nurses, with a senior nurse in charge. Each district within the area is allocated to a state registered nurse who is responsible for the care of the patients in her district.

There has been an increase in group practice attachment and there are now ten nurses attached to general practitioners.

The district nurse is helped considerably by the use of disposable equipment and incontinence pads. In addition, the laundry service delivers clean linen and collects soiled linen from households where an incontinent patient resides, and where facilities for washing and drying linen are inadequate.

The Marie Curie Service and the five dressing attendants operated throughout the year and these have been greatly appreciated by patients and relatives.

The requisites necessary for nursing patients in their own homes are provided by the invalid loan section.

District Nurse Training School

Two courses were held. Students were seconded from authorities in north east of England. Eighteen students sat the examination and seventeen were successful.

DISTRICT NURSING VISITS

Type of Case	Cases brought forward from 1965	New Cases 1966						
		Total	Under 1 year	1-4 years	5-14 years	15-64 years	65-79 years	80 yrs. and over
Cardiac	139	272	—	—	—	54	154	64
Respiratory	24	273	—	5	5	109	102	52
Hemiplegia	68	277	—	—	—	39	164	74
Senility	47	238	—	—	—	5	63	170
Infectious Diseases ..	1	28	—	8	3	7	7	3
Tuberculosis	41	100	—	—	1	88	8	3
Diabetes	43	49	1	—	—	17	25	6
Accidents and other								
Violence	47	261	2	4	13	97	94	51
Carcinoma	48	273	—	—	1	130	111	31
Genito-Urinary	27	140	1	4	5	63	52	15
Gynaecological and								
Post Obstetric	51	200	—	—	1	172	21	6
Breast Abscesses	—	13	—	—	—	12	1	—
Stomach & Intestinal								
Complaints	74	621	—	3	11	347	202	58
Skin Infections	25	208	3	12	28	93	49	23
Varicose Ulcers	44	65	—	—	—	21	37	7
Rheumatism	43	112	—	—	—	26	67	19
Other Diseases	90	314	2	5	4	172	94	27
Anaemia	266	263	—	1	—	74	118	70
Diseases of Early								
Infancy	—	1	1	—	—	—	—	—
Totals	1,078	3,708	10	42	72	1,526	1,369	679

*Cases referred by:**Number*

General Practitioners	3,445
Maternity and Child Welfare Department	4
Newcastle General Hospital	130
Royal Victoria Infirmary	109
Walker Gate Hospital	6
Other Hospitals	14

Total cases 3,708

Total visits 140,676

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

CO-ORDINATING COMMITTEE

During the year, eight meetings of the Co-ordinating Committee were held and twenty new cases brought to the notice of the Committee for consideration and investigation, a slight decrease on the

previous year but it was also possible to remove from the register 23 cases which had achieved a reasonable standard, the children were above school age or the families had moved from the district. A number of these cases would still, however, require to be kept under review by the various organisations.

A further voluntary organisation—the Soldiers', Sailors' and Air Force Families Association (S.S.A.F.A.) was invited to join the Committee during the year and Dr. W. B. Shaw, Principal Medical Officer for Child Health who joined the staff of the Health and Social Services Department in September, also attended meetings. On one occasion the Senior Educational Psychologist was asked to attend to give his advice on the management of an eight-year old boy who was continually in trouble but too young to bring before the Court.

The Memorandum on "The Battered Baby" published in the British Medical Journal in March was circulated to all members of the Committee and fully discussed, members being asked to report immediately on any doubtful cases coming to their notice and a close link was established with the hospitals. The Consultants in the Paediatric Departments of the two major hospitals in the city are concerned with the welfare of children who are badly treated, neglected, underweight, etc., and after in-patient treatment, arrange convalescence and follow-up care.

Cases have been referred from the following sources:—

	1966	1965	1964	1963	1962	1961	1960	1957	1953
Deputy Supt. Health									
Visitor School Nurse	2	2	6	5	3	10	13	6	7
Chief Nursing Officer	6	7	6	5	7	1	—	2	6
Head Teacher									
Representative ..	3	1	1	2	—	3	1	1	—
Organiser of Child									
Care	—	1	—	3	—	1	4	1	—
Probation Service ..	—	1	—	1	—	3	1	—	1
N.S.P.C.C.	2	3	2	8	6	1	3	6	5
Medical Officer of									
Health	—	1	1	—	1	—	1	—	—
Housing Dept. ..	5	5	2	1	—	—	1	—	—
Social Worker ..	—	1	—	—	—	—	—	—	1
Youth Employment									
Bureau	—	—	1	—	—	—	—	—	—
Senior Educational									
Psychologist ..	2	—	—	—	—	—	—	—	—
	20	22	19	25	17	19	24	16	20

The parents of one family on the Committee's register were referred to the Court by the N.S.P.C.C. resulting in the parents being committed to prison and four children taken into care. This family had been evicted in the county and came to live in the city, in one room, two of the children being in care at that time. The family were allocated a Council flat with more accommodation and the two children returned to them. Help with furniture, bedding, etc., was given, but conditions soon deteriorated; day nursery care for the younger children was refused and the state of the children and home went from bad to worse. The children were dirty, badly clad, inadequately fed, in need of medical attention and often left alone in the home for periods.

On a happier note, many families improved considerably under the constant help and supervision given by the statutory and voluntary organisations working closely together.

The Area Sub-Committees in the Kenton, Blakelaw and Atkinson Road areas continued their supervision of potential problem families and met regularly under the chairmanship of assistant medical officers. The close link they maintain with head teachers, social and voluntary workers is proving most valuable and it is hoped to form a further Area Sub-Committee in the East End of the city in due course.

Once again I wish to thank the members of the Committee for their loyal support during the year.

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

The work of the Maternity and Child Welfare service was undertaken by the staff of the School Dental Service and treatment was given generally in the Central Clinic or at the school clinic most conveniently situated for the patient to attend.

The impact of the General Dental Service on this priority service becomes more apparent each year and the numbers of both mothers and children using the service show a steady fall since entirely free treatment became available a few years ago.

As much conservation work as possible was undertaken on the young children but for every three teeth filled two were extracted, which is not a very bright picture. Most of the mothers attended for extractions and dentures, and overall nearly 1,000 attendances were made.

Details of the work carried out during the year are as under:—

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

PART A. ATTENDANCES AND TREATMENT

Number of Visits for Treatment during Year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	420	44
Subsequent Visits	284	82
Total Visits	704	126
Number of Additional Courses of Treatment other than the First Course commenced during the year	62	3
Treatment provided during the year—		
Number of Fillings	492	37
Teeth Filled	371	23
Teeth Extracted	245	51
General Anaesthetics given	88	7
Emergency Visits by Patients	91	16
Patients X-Rayed	—	4
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	157	12
Teeth Otherwise Conserved	28	—
Teeth Root Filled	—	—
Inlays	—	—
Crowns	—	—
Number of Courses of Treatment completed during the year	198	15

PART B. PROSTHETICS

Patients supplied with Full Upper or Full Lower Dentures	12
Patients supplied with Other Dentures	8
Number of Dentures supplied	28

PART C. ANAESTHETICS

General Anaesthetics Administered by Dental Officers	—
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PART D. INSPECTIONS

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections during year	498	41
Number of Patients who required Treatment	324	39
Number of Patients who were offered treat- ment	342	39

PART E. SESSIONS

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to Maternity and Child Welfare Patients:	
For Treatment	98
For Health Education	—

AMBULANCE SERVICE

(H. M. Roberts—Chief Ambulance Officer)

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

Year	City		Section 24 Other Authorities		Ancillary	Miscellaneous (includes Training Centre and Welfare)	
	Cases	Mileage	Cases	Mileage	Mileage	Cases	Mileage
1965	152,926	604,591	3,512	67,493	31,743	88,310	230,869
1966	155,490	627,457	3,746	74,480	32,157	90,062	242,182
Diff.	+2,564	+22,866	+234	+6,987	+414	+1,752	+11,313

Year	Total	
	Cases	Mileage
1965	244,748	934,696
1966	249,298	976,276
Diff.	+4,550	+41,580

Persons Carried

There has been an increase over last year of 4,550 cases.

The comparison of types of cases carried is of interest, as it is a change in the normal pattern, usually the Welfare and Miscellaneous Services account for the major proportion of any increased demands. However, this year Section 27 which provides for demands principally in connection with the Hospital Services has accounted for 2,798 of the total case increase.

Possibly the reason for this could be, that during the year there has been a considerable pressure to effect economies within the Service, and whilst the demands for services provided to the Welfare and other Miscellaneous Sections can be controlled, it is not possible to control the demands made under Section 27 of the National Health Service Act, this being a statutory duty for which the Authority must provide.

Mileage

The increase of 41,580 miles is accounted for partly by the extra number of cases and partly by an increase in the vehicle journey mileage. This has risen from 3.8 to 3.9 miles per patient journey, the national average being 3.6.

Traffic conditions are primarily responsible for the increase in the time taken "per vehicle journey" and comparisons over the last three years indicate that the average journey time for out-patients into hospital, collecting three or four persons, has increased from 1 hour to 1 hour 20 minutes. This has necessitated an increase in the ratio of staff to cases, and approximately 400 extra hours per week are worked.

Continuous efforts are being made to improve conditions of collection at the hospitals and to ensure that vehicles are not kept waiting at the patients' homes.

For the first time there has been a decrease of 414 in cases co-ordinated into other local authorities visiting vehicles, this being a drop from last year's figure of 19,055 to the year under review of 18,641. It is not considered that this is caused by any deterioration of the relationship and organisation that exists at the hospitals between the authorities to deal with these cases, but rather by the fact that facilities of the hospitals within the region have been expanded, and consequently a smaller number of cases from outside the immediate "catchment area" are now attending hospitals within the city.

Welfare and Miscellaneous Transport

As stated the increase in numbers of persons carried is down compared with the previous year, this should not be taken as an indication that the demand has stabilised, but that the problem has been finance and it has been necessary to postpone many requests for the expansion of existing services and for new demands.

Maintenance

Year	Overhauls 10,000 miles	Inspection 2,000 miles	Miscellan- eous Repairs	Rebuilt Components	Vehicle Repaints
1965	73	324	524	13	20
1966	82	286	646	17	12
Diff.	+9	—38	+122	+4	—8

The schedule of the workshops shows satisfactory results, particularly in view of the difficult conditions prevailing in temporary quarters. The general efficiency of the shop can be judged by the fact that during the year there have been very few mechanical breakdowns and the fleet has been maintained to a high standard.

To date it has not been possible to have any vehicles in reserve, consequently vehicles can only be taken off the road for a minimum of time, as there is continual pressure from the operational side for vehicles to meet commitments.

It is accepted practice in many transport undertakings to carry a reserve of vehicles up to 5 % of the total fleet, thus providing flexibility for maintenance and breakdowns. It should be possible now to consider this practice in regard to this service, as now that the replacement programme of vehicles is up to date and it is the policy to renew vehicles after eight years of service, it means that some of the vehicles which are being withdrawn could be maintained for another year to operate on a reduced scale so as to provide a reserve of up to four vehicles over and above the normal establishment.

Premises

During the period under review, the service has operated from premises at Benton Road, Millers Road, Tantobie Road and Kenton. The Benton Road depot acted as a temporary headquarters pending the removal to the new station being erected in Blenheim Street.

It was anticipated that the new headquarters would be completed during the year. This was not achieved but the progress is such that there is no question that it will be available for occupation early in 1967.

Vehicles

The programme for new vehicles for the year amounted to 10 Dual Purpose Ambulances, five of these being fitted with automatic transmission, two Personnel Carriers also fitted with automatic transmission and two 6 cwt. vans. These vehicles will be replacing units which have been in service for eight years and over, and the introduction of them into the fleet now brings all the vehicles up to an extremely high standard.

Staff

During the year there has been a turnover of 17 members of the staff, 12 of these were on the manual side and left either because of

unsuitability or finding more remunerative employment. Of the three from the administrative side two retired and one obtained a post as Chief Ambulance Officer. The deaths of Miss Crown and Mr. Clements are reported with regret.

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 1,199 days due to sickness and 464 were lost by the administrative staff.

Safe Driving Awards

Seventy nine members of the staff were entered, and sixty two were recommended for awards.

Accidents

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

Civil Defence

The number of volunteers and the standard of training have improved during the year, despite the fact that there is a feeling of some uncertainty as to the future of this Service.

It is important, regardless of the outcome that volunteers are kept at a reasonably high standard of efficiency, as in the event of a national emergency the peace-time ambulance service will need to enrol them for duty to enable them to expand the existing service.

HEALTH EDUCATION

(Dr. D. L. Wilson)

1. Quarterly Campaign

The Quarterly Health Education campaigns which formed the basis for exhibits in clinics were:—

<i>January/March</i>	Prams and cots
<i>April/June</i>	Dental Health
<i>July/September</i>	Hearing
<i>October/December</i>	Heating and Ventilation

2. Tyneside Summer Exhibition

The theme of the Health and Social Services Department exhibit was "Helping People Hear". The displays portrayed the working of the human ear, how hearing is affected by disease and the medical and surgical treatment available. Screening for hearing defects in babies, hearing guidance for young deaf children and the education of deaf and partially hearing children were demonstrated. Hearing aids and household aids for the deaf were shown including the experimental vibrator bell for deaf blind persons. A film was shown and the welfare officer for the deaf and others demonstrated an audiometer and a speech trainer. The assistance of Mr. I. J. C. Frew, F.R.C.S., and Miss Piercy in planning the exhibition was appreciated.

3. Health Education in Schools

Three meetings were held with Head Teachers' Representatives when the current campaigns and other health education matters were discussed.

Health visitors continued to give talks mainly in comprehensive schools on hygiene and parentcraft.

4. Meetings

Requests for speakers on various aspects of health are always accepted. These come from a variety of voluntary groups of women, of elderly persons, or from youth groups.

A large variety of talks often supplemented with films or film strips were given.

HOME SAFETY

(Dr. G. Hamilton Whalley)

The work of the Home Safety Committee was transferred to a newly constituted Health Education Sub-Committee in October. This Committee remains a member of the Northumberland and Durham Area Home Safety Group and works closely with the Royal Society for the Prevention of Accidents to which an annual grant is made both for home safety and water safety.

A successful joint Home and Road Safety Exhibit was set up for one week in August in the large departmental store of Messrs. Bainbridge and Co. Ltd. The main feature was an augmented exhibit on poisoning provided by the Pharmaceutical Society of

Great Britain whilst "Water Safety and Holiday Safety", with stress on learning to swim, were given special emphasis. The latter publicity has been maintained for several years now, as it is felt that this should be provided in population centres as well as in holiday areas.

Campaign Subjects in 1966

JANUARY – MARCH:

- (a) PRAM AND COT SAFETY (Jan. – March) – Special publicity in Child Welfare Clinics and Day Nurseries.
- (b) PREVENTION OF FALLS (Jan.) – Posters and Leaflets.
- (c) PREVENTION OF BURNS AND SCALDS – FIREGUARDS – (Feb. – March) – Posters and leaflets and public service vehicle publicity.

APRIL – JUNE:

- (a) LEARN TO SWIM (April) – General poster issue.
- (b) POISONING (May) – Extensive poster emphasis included schools and public service vehicles – leaflet issue.
- (c) GENERAL ACCIDENTS – CUTS AND BROKEN GLASS – (June) – Poster publicity included public service vehicles.

JULY – SEPTEMBER:

- (a) WATER SAFETY – LEARN TO SWIM (July – August) – Wide poster publicity included schools and public service vehicles. Leaflet issue.
- (b) JOINT HOME AND ROAD SAFETY EXHIBIT (August) – Emphasis mainly on poisoning accidents.
- (c) SAFETY ON HOLIDAYS AND OUTINGS (August – Sept.) – Poster publicity included public service vehicles.
- (d) PREVENTION OF BURNS (Sept.) – Posters and leaflets.

OCTOBER – DECEMBER:

- (a) "STOP ACCIDENTS" (Oct.) – Poster display to coincide with the start of the "Golden Jubilee Year" initiated by Ro.S.P.A. This covered falls, poisoning, burns, ventilation, etc.
- (b) LEARN TO SWIM (Oct.) – Poster re-emphasis.

- (c) FIREWORK PUBLICITY (Oct. – Nov.) – Posters and leaflets. Attendances at city hospital out-patient departments for firework accidents have fallen by half after four years of publicity. Bonfire sites were restricted in 1966.
- (d) SAFETY WITH OIL/GAS/ELECTRIC APPLIANCES (Nov.) – Posters displayed.
- (e) STOP ACCIDENTS IN THE HOME THIS CHRISTMAS (Dec.) – Posters issued on “Buy Safety Toys and Gifts”, “Buy for Safety”, and “Christmas Safety” with leaflet support.

III—SOCIAL SERVICES

- (a) The following are the names of the persons who have been appointed to the various positions in the Department of Social Services:
- (b) The following are the names of the persons who have been appointed to the various positions in the Department of Social Services:
- (c) The following are the names of the persons who have been appointed to the various positions in the Department of Social Services:

III-SOCIAL SERVICES

CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

(*Dr. Joyce Grant*)

Care in the Community

Reference has been made in previous reports to the efforts to co-ordinate medical and social services in order to deploy resources logically. Though there is room for considerable expansion and consolidation of this principle, there is clearly a limit to the contribution it can make to stem the increasing tide of demand for social services, bearing in mind the rapidly increasing size of the elderly population who depend upon them. It must not be forgotten that, without these services, many socially isolated and handicapped old people would starve or die of cold or neglect in their own homes.

The officers concerned with the allocation of priorities in the social services are conscious that they are able to provide only the minimum rather than the optimum allocation of a service, particularly in the provision of home helps and meals on wheels. These two services, together with the nursing service, provide the corner stones of the community care of the elderly and the deterioration in health of handicapped elderly persons waiting to be fed by the home helps or meals service contributes to the high incidence of anaemia and malnutrition found among those who have to be admitted to hospitals or residential homes.

It seems therefore, that a major expansion is needed, particularly in these two services, as well as in other services to meet social and housing needs of the elderly. Some evidence of this can be found in the waiting lists for these services, though these may only indicate the minimum needs, partly because of the reluctance of the elderly to ask for help, and partly because those making assessments of need may withhold a name from a waiting list for a service which is known to be in short supply.

The nature and extent of unmet social need amongst the elderly in Newcastle is not known precisely. However, evidence of the picture on a national scale is provided in a survey by Townsend and Wedderburn published in July, 1965. These authors conclude that for every elderly person receiving:

Home help—a further two persons would benefit from it and for many the allocation is inadequate;

Meals on Wheels—a further five persons would like it and many need more meals than they receive;

Chiropody—another one needs it. Amongst persons needing but not receiving chiropody, the majority are housebound which may in part explain their immobility.

They also conclude that:

One in three elderly persons experience some difficulty in hearing. Of this group half have never been examined and of the 6% who have hearing aids half do not use their aids. These observations exemplify the difficulties of communication experienced by the deaf and their consequent isolation, sometimes because they are thought to be mentally impaired.

One third of all elderly persons have some difficulty in seeing and one in four has not been examined for more than five years. While just over 1% of the elderly population is registered blind or partially sighted a further 8% have severe difficulty in seeing some of whom might well be eligible for registration and some of its consequent benefits.

Routine medical examinations are to be recommended, particularly for the over 75's and following hospital discharge, and every effort made to persuade both the medical profession and the general public not to accept ill health and infirmity as necessary and inevitable features of old age.

One in three elderly people want to be in a different type of dwelling and one in four lives in housing which lacks basic amenities. Only 0.5% live in sheltered housing and 5% require it since they live alone, are socially isolated and are also handicapped.

It is not possible to state how far these findings have application in this city, but there is no reason to assume the situation is radically different from the national pattern. The provision of home helps and meals on wheels services is certainly greater to compensate for the less than average provision of beds in residential homes, but there is clearly a need for local research. It is undoubtedly a correct policy to promote expansion of community rather than residential care, bearing in mind the capital cost of a purpose-built home is now over £2,000 per resident and that the running cost is over £6 per week for each resident.

Residential Care

Combined social and medical assessments of persons referred for residential care, both permanent and temporary, have been made, as also for persons referred to day centres in residential homes. Periodic re-assessments of residents in homes have also been made and the Senior Medical Officer has been helped by an assistant medical officer of health in this work. Every effort is made to provide residential care only when community care is inadequate or when it is imperative for relatives to have relief since demand for places is high, both from persons in difficulty in their own homes and from hospital medical staff who need their accommodation for sick persons. With this in mind, social and medical staff co-operate closely to ensure that permanent care is not arranged unless it is absolutely essential; periodic re-admissions may sometimes be preferable for the individual and will permit two elderly persons to be helped in the place of one.

Medical Assessment. The numbers of elderly and handicapped persons assessed for residential care in 1966 was as follows:—

	Men	Women	Total
In City Hospitals (other than Geriatric Unit) ..	56	80	136
In own homes	161	271	432
In Residential Homes	58	195	253
In respect of adaptations	2	3	5
In Civic Centre	13	7	20
	290	556	846

Waiting List. The waiting list for admission to residential homes at December 31st, 1966 included 129 persons, of whom, six (four men and two women) required urgent admission from their own homes. Details were as follows:—

	Men	Women	Total
In own homes	29	40	69
In Geriatric Unit	13	29	42
In Mental Hospitals	3	4	7
In Voluntary and Private Homes	1	5	6
	46	78	124

Hospital Services for the Elderly

Close co-operation with the Geriatric Unit has continued on the lines explained in previous reports and the majority of residents

entering homes from a hospital ward do so from the Unit. Some entered hospital wards for the acutely ill and were subsequently transferred to the Unit for rehabilitation; others were admitted for investigation and treatment of conditions that rendered them unsuitable for the residential care they had requested. The Senior Medical Officer thus sees a high proportion of persons referred for residential care assessed in the Geriatric Unit and only a minority subsequently require residential care.

A new development has been the establishment of a Psycho-Geriatric Unit in the grounds of St. Nicholas Hospital, where mentally confused elderly patients are supervised by a consultant psychiatrist experienced in geriatrics. It is hoped that another Psycho-Geriatric Unit will be available in Newcastle General Hospital next year and that both Units will also have Day Hospitals attached to them. These developments will greatly enhance the community care of the elderly.

A paper on "Co-operation between Local Authority and Hospital Services in providing a Geriatric Service to preserve health in the Elderly" was read to the International Congress of Gerontology in Vienna in June, 1966 by Dr. Joyce Grant.

Voluntary Services

The Organiser of the Newcastle upon Tyne Council for the Care of the Elderly has been developing a service for systematic home visiting of the elderly by voluntary visitors. In two areas of the city well established groups are visiting over 200 elderly people. Visitors have reported needs for services which have been met by voluntary or statutory organisations and the visitors have also given extended support in case of illness and emergency.

The Domiciliary Physiotherapy Service, for the treatment of hemiplegia has virtually exhausted its funds. The Ministry of Health has been asked to state if it is felt that the Service is of value and if so, that the Regional Hospital Board should be authorised to support it.

The Abbeyfield Society continues to expand and hopes to open a new house in Fenham in the spring for seven lonely elderly men and women. At the moment fourteen tenants live in five Abbeyfield Houses in this City.

Acknowledgements are due to Dr. M. R. P. Hall, Consultant Physician in Geriatrics, for his co-operation and advice during the year.

SUMMARY OF SERVICES FOR THE ELDERLY

Health Visitors	..	15,915 visits to 5,715 housebound persons
Wardens	..	4,764 visits to 95 persons under their supervision
Social Workers	..	3,319 visits to elderly persons
Home Nurses	..	2,300 (approximately) receiving nursing attention
Home Helps	..	2,699 persons over 65 assisted
Chiropody	..	2,326 elderly persons treated
Meals on wheels	..	550 (approximately) receive meals in any week
Convalescence or holiday		480
Residential Homes	..	371 residents of 65 and over
Estimated population of pensionable age 40,000		

SOCIAL WORK

(Miss O. S. Holliday)

A gradual but ever increasing change in the role of the social worker is becoming apparent. In the past social work has been associated traditionally with the provision of assistance, material and personal to the "poor". However, with the advent of a more affluent society, the need for social workers has not declined. On the contrary, changes in the techniques and patterns of industry are seen to make tremendous demands on people for flexibility and mobility that affect all aspects of their lives. The framework of choice within which people must plan their lives has been broadened greatly and the limits of choice are not as clear as they once were. Education has broadened and is not now so limited by class. Children progress outside the limits which their parents accepted. Adults are more mobile jobwise and families are being uprooted according to the demands of the economy. Adapting to change makes heavy demands on people and they often need support—support which at one time they may have had from a more static society which is not now always so readily available.

It is in this changing climate that the social workers are called upon to function using their knowledge of, and ability to assess, environ-

mental phenomena and their understanding of human relationships and family interactions. Their training enables them to perceive social and emotional factors which lead to individual and family crises, and by offering help in these situations, they may be able to give support in such a way as to free in some measure the family's burdens and work with the family throughout the crisis period until its members are functioning within their limits in society.

Training

It is with this changing role of the social worker in mind that this authority has continued to expand its training programme. During the past year three workers returned from professional training courses, another worker who was a student with the department was engaged as a full time worker at the end of his course and two medical social workers were engaged, one part time. Three other members of staff have been seconded to professional courses and will return in 1967/68 to the authority. The Training Unit continues to expand, students being taken from the local two year course for the Certificate in Social Work and various University professional courses. It is hoped when more trained workers return to the authority that they in turn will act as supervisors for students. It is anticipated that the Training Unit will then be able to accommodate from 15 to 20 students. At the present time three senior workers supervise students for their practical work placements.

Plans for staff development are now fully matured and the in-service training of welfare assistants has proved effective and useful in integrating the younger workers into the department. As from April next plans have been drawn up for the training of older workers in order to help them look at and assimilate more up to date knowledge.

Expansion of Services to the Community

The organisation of social work in the department as in most local authorities has grown up piecemeal in an attempt to meet specific problems, or the needs of medically, legally or administratively defined categories of client. The resulting sections developed in the light of the more specific demands of the community do not now necessarily coincide with the needs of individuals and families and make uneconomical, and in some cases ineffective, use of scarce

social work staff. It is, therefore, proposed in the next year to amalgamate the social work sections—i.e., Mental Health, Medical Social Work and Social Welfare, to provide a general purpose team of social workers in each quarter of the city.

If a broad look is taken at the future of social work and the new training for social workers one can see the generic trends being promoted. General social workers are being trained, both in Universities and in Colleges of Commerce and Technology, to take their place in a team which deals with all problems. Certain specialisations will still exist, for example, work with the blind and with the deaf, but with this proposed amalgamation a firm foundation will be laid to include future developments and provide a more effective structure to be used to the advantage of both client and worker. Some of the advantages of amalgamation of workers into teams would mean that priorities in each area could be worked out in a more organised fashion. There would be more supervision of quantity and quality of work. Co-operation between health visitors and social workers would be more constant as the areas would be based on child welfare clinics; social workers would be able to work more closely with general practitioners and other agencies in the various areas and the public would be offered a more intimate and family based service.

MEDICAL SOCIAL WORK

(Miss R. M. Sanders)

Casework

During 1966, 1,591 applications for assistance were received. There were 2,556 interviews and 1,590 visits were made. The source of referral of the applications is shown below.

General Practitioners	..	..	..	202
Health and Social Services Department Staff	..	..	..	510
Other Corporation Departments	..	..	..	45
Other Statutory Bodies	..	..	..	93
Voluntary Agencies	..	..	..	79
Relatives, Personal Applications, etc.	..	..	..	569
Others	..	..	..	93
Total	..	..	..	1,591

The emphasis is increasingly placed on short term intensive casework given towards immediate need with the prevention of more

severe problems being attempted such as housing, finance, psychiatric and marital problems. Emphasis has been placed on establishing such a relationship with clients and their families which would help them to return to ask for help if needed. The amount of marital case work has increased.

Unmarried Mothers

This is an area of great concern to doctors, social workers, teachers and parents, as a young girl's whole future as well as that of the child may depend on the action taken at this time. The local moral welfare worker is a specialist in these matters and the social workers of the Health and Social Services Department must work closely with those in the Childrens Department. An unmarried mother of 17 for example who has been rejected by her family and tries to find accommodation and to support the baby alone is at risk because of her youth and inexperience, yet technically she is considered an adult and capable of running her own life. Without supporting help and advice both she and the child are likely to suffer emotional and material deprivation; skilled casework is required at this point. On the other hand parents too often force the pregnant girl into marriage when this is not necessarily the wisest course of action. While marriage may solve one problem other difficulties for the young couple may be created and all too often the child suffers.

The following table shows the age range of the 75 unmarried mothers for whom maintenance was arranged. (Corresponding figures for 1965 in brackets.)

15 and under	..	..	..	..	..	1	(8)
16—21	..	..	..	..	..	54	(37)
22—30	..	..	..	..	..	15	(5)
Over 30	..	..	..	..	..	5	(1)
						75	(51)

Convalescence

Convalescence is arranged for those who would benefit from a rest either because of the direct medical aspect or to prevent problems arising out of exhaustion due to difficult family situations. Where possible the smallest children go with their mother on convalescence to avoid separation.

The following figures show the ages of the 373 patients for whom convalescence was arranged. 75 were admitted free.

Age Group	Males	Females	Total
1—15.. ..	41	53	94
16—21.. ..	—	3	3
22—45.. ..	5	48	53
46—50.. ..	25	36	61
61—70.. ..	17	40	57
71—80.. ..	18	45	63
81—	10	32	42
	<u>116</u>	<u>257</u>	<u>373</u>

COMMUNITY CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

(Miss M. Clarke)

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 department, the Housing Department, hospitals, general practitioners, the Ministry of Social Security, 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 worker helps and supports the old person and his family through the transitional period.

During the year 3,319 visits were made, of which 455 were initial visits to new cases.

Services for the Physically Handicapped (General Classes)

The number of registered handicapped persons has increased by 101 during the year and the numbers registered at 31st December, 1966 were as follows:—

Amputations	71
Arthritis and Rheumatism	127
Congenital Malformations and Deformities	49
Diseases of the Digestive and Genito-urinary Systems, Heart, Circulatory System, etc.	160
Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis or Trunk, Limbs, Spine, etc.	79
Organic Nervous Diseases, Disseminated Sclerosis, Poliomyelitis, etc.	250
Neurosis, Psychoses, etc.	19
Tuberculosis (non-respiratory)	9
Tuberculosis (respiratory)	15
Diseases and Injuries not specified above (Asthma, Diabetes, etc.)	37
	<u>816</u>

Domiciliary Services and Casework

Social workers paid 481 visits during 1966 to handicapped persons. These visits were made principally to people who requested help with a specific problem, usually in connection with aids or adaptations. The following aids and adaptations were provided.

Adaptations and Provision of Facilities in the Homes of Handicapped Persons

Runways, ramps, etc., for wheelchairs and motorised vehicles ..	14
Exterior handrails	16
Interior handrails	2
Interior door alterations for wheelchairs	3
Ground floor toilets	7
Bathroom and toilet aids	35
Visible indicators for the deaf	6
Other minor alterations and aids	8

Car Badges for Severely Disabled Drivers

Car badges are issued to applicants who suffer from a permanent and substantial disability which causes severe difficulty in walking. These are usually in one of the following categories:—

Drivers of invalid vehicles supplied by the Ministry of Health.

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

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

The issue of badges to 34 new cases was authorised during the year making a total of 183 in use.

These badges are for the purpose of identification only and confer no legal rights or privileges. The display of these badges, however, enables ready identification, both by the police and other road users and since the installation of parking meters in the city, holders of badges issued by the section and by other local authorities have been granted free parking facilities at the official parking meter bays.

Concessionary Travel for Disabled Persons

Concessionary travel permits are available to city residents who are unemployed and substantially and permanently handicapped by illness, injury or congenital deformity which seriously impairs their ability to walk. Persons who qualify for these permits are registered as handicapped persons under Section 29 of the National Assistance Act. This concession is obviously of great benefit to people who have difficulty in walking distances. During 1966, 132 permits were issued.

REGISTRATION OF HANDICAPPED PERSONS

	BLIND REGISTER			DEAF REGISTER			Physically handicapped
	Total blind	Partially sighted	Deaf blind	Deaf without speech	Deaf with speech	Hard of hearing	
Under 5	2	—	—	—	10	—	
5 and under 15 ..	6	14	—	9	16	19	
15 and under 65 ..	225	74	12	149	35	39	
65 and over	406	68	13	23	15	67	
Totals	639	156	25	181	76	125	
	795			382			816
Totals 1965 ..	626	146	30	185	54	102	
	772			341			735

SERVICES FOR THE BLIND AND PARTIALLY SIGHTED

(Miss D. Haythornthwaite)

Registration

On 31st December, 1966, there were 639 registered blind persons of whom 25 were deaf blind, and 156 partially sighted persons. (See table above). 94 persons were referred for ophthalmic examinations. (See tables 1, 2 and 3).

Employment

86 blind and 29 partially sighted persons were employed as follows:—

	Blind	Partially Sighted
Workshops for the blind ..	49	1
Home workers scheme	2	—
Self-employed professional and open industry	35	28

Residential Accommodation

27 registered blind were in residential homes and 21 in hospitals.

Social and Industrial Rehabilitation

Two persons attended a course organised by the Royal National Institution for the Blind at Torquay. These courses provide a valuable means of assessing work capacity and potential and give guidance for recommending suitable employment.

Social Services

During 1966 the home teachers paid 3,793 visits; 89 of these were for Braille instruction, 56 for escorting persons to hospital and 167 were made in respect of new cases. In addition to the above duties, the home teachers taught crafts at the Social and Occupational Centre.

Ten Ministry of Health experimental door bell devices for deaf blind persons are under trial in the city. The deaf blind person wears a finger vibrator attached to an adapted Medresco hearing aid. The house is wired with a loop and pressing the doorbell activates the vibrator.

Voluntary Societies

The Newcastle and Gateshead Voluntary Society for the Blind act as distribution agents for the British Wireless Fund for the blind and the Nuffield Talking Book Society. Social and recreational functions are held at Sutherland Memorial Hall and weekend schools at Beadnell.

The National Deaf Blind Helpers League held its Northern Rally during August at York. This was attended by a party of 27 blind deaf persons and their guides from Newcastle.

Sixty-nine blind persons in Newcastle borrow books from the National Braille Library for the blind.

TABLE 1

Sources of referral for ophthalmic examinations

Re-examination—Home Teachers	..	..	..	..	12
Consultants—Hospitals	..	..	..	..	3
Consultants—Ophthalmic	..	..	..	..	13
General Practitioners	..	..	..	..	8
Medical Social Workers	..	..	..	..	3
District Nurse	..	..	..	..	2
Health Visitors	..	..	..	..	16
Ministry of Social Security	..	..	..	..	20
Personal	..	..	..	..	6
Other source	..	..	..	..	11

TABLE 2

Results of ophthalmic examinations

Certified Blind	..	..	..	..	..	..	55
Transferred from partially sighted to Blind Register	..	..	..	..	..	..	4
Certified partially sighted	..	..	..	..	..	..	12
Re-examined with no change in category	..	..	..	..	..	..	2
Not classed as blind or partially sighted	..	..	..	..	..	..	21
							94

TABLE 3

Eye conditions causing blindness or partial sight

Myopia	..	..	..	..	..	..	..	13
Optic atrophy	..	..	..	..	..	..	..	3
Diabetic retinopathy	..	..	..	..	..	..	..	5
Cataract	..	..	..	..	..	..	..	9
Glaucoma	..	..	..	..	..	..	..	6
Glaucoma and cataract	..	..	..	..	..	..	..	9
Senile macular degeneration	..	..	..	..	..	..	..	17
Retinal arteriosclerosis	..	..	..	..	..	..	..	2
Buphthalmos	..	..	..	..	..	..	..	2
Vitreous haemorrhages	..	..	..	..	..	..	..	2
Others	..	..	..	..	..	..	..	7
								75

SERVICES FOR THE DEAF AND HARD OF HEARING

(Miss D. Haythornthwaite)

Registration

There were 257 deaf persons and 125 hard of hearing persons (see table on page 79) on the register at 31st December, 1966.

Employment

Guidance in obtaining suitable employment for deaf school leavers is a team effort, an initial interview being arranged by the youth employment officer and attended by headmaster, welfare officer for the deaf and parents. Older persons seeking or wishing to change their employment consult the welfare officer for the deaf who liaises on their behalf with the disablement officer of the Ministry of Labour and prospective employers.

There were 134 registered deaf persons in employment at 31st December, 1966.

Social Services

During 1966 the welfare officer for the deaf made 1,872 visits to or on behalf of the deaf and hard of hearing. The problems dealt with and assistance given to the deaf are many and varied, such as those arising from difficulties at the place of employment, interpreting at hospitals, weddings, divorce proceedings, social security claims and during driving tests.

The survey of newly issued hearing aids continued in co-operation with the Regional Hospital Board and a total of 189 domiciliary visits were made.

Voluntary Organisations

The Northumberland and Durham Mission to the Deaf and Dumb provide spiritual care, special Church services for the deaf and deaf/blind persons, social functions for the young and old and 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-second year offers a variety of services and social functions such as lip reading classes, youth club, regularly monthly programme of film shows, dances and social events. also a monthly inter-denominational religious service. The Northumberland Mission to the deaf and dumb, our Lady of Lourdes Deaf Club and the Hard of Hearing Association are grant aided by the Health and Social Services Committee. The National Deaf Children's Society have a local group in the area.

RESIDENTIAL CARE

(Mr. H. Craig)

Residential care is an essential function of the City Council and continues to expand to meet the present need of the increasing number of elderly and handicapped who cannot be maintained in the community. An additional 22 places became available when an adapted home, Shirley Lodge, was opened in July.

To meet the increasing years and frailty of the residents, improvements in adapted premises are taking place. Adderstone House is the first to be provided with a lift which will be completed during 1967. This has necessitated the transfer of a number of residents to St. Abb's at Whitley Bay for a period and consequent reduction in holiday

places. 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 17 blind, 101 physically handicapped (15 of whom are wheelchair cases) and nine epileptic, among the 417 residents. 25 require help in eating, 75 in moving and 110 in dressing.

Admissions to residential care numbered 224; 46 were emergencies who subsequently returned to their own homes; 114 were admitted from hospital. There were 57 deaths and 99 residents were admitted to hospital. The oldest resident is 101 and there are 40 over the age of 90; 46 residents are under the age of 65 years, the average age being 78.

The number of elderly and handicapped persons in residential accommodation at 31st December 1966 was:—

	Males	Females	Total
Residential Homes	152	265	417 (394)
Church Army Home	9	—	9 (9)
Free Church Federal Council Eventide Home	—	10	10 (6)
City Residents in other Local Authority Homes	2	3	5 (6)
City Residents in Special Homes run by Voluntary Organisations	10	26	36 (30)
	173	304	477 (445)

1965 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, 387 persons enjoyed a break there during 1966 for periods of from two to eight weeks.

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

Seven incidents occurred where other accommodation was necessary.

Four families were admitted to Lancefield House as an emergency measure.

Protection of Property

This service was called upon on seven occasions and in addition 31 cases following admission to residential care. There were a further 14 cases where assistance was given to relatives.

Burials

Thirty burials were arranged in accordance with the provisions of the National Assistance Act and a further 28 were arranged for relatives of persons dying in residential homes. In a further 39 cases, assistance and advice was given to relatives.

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 who provide a varied diet both for residents and for the meals on wheels and luncheon club services are to be congratulated.

MEALS ON WHEELS AND LUNCHEON CLUBS

The meals on wheels service is still expanding and fulfills a great need. Meals of a high standard, much appreciated by the recipients, are produced in the kitchens of several of the residential homes. During the year a late meals service was introduced to permit an expansion not possible to the mid-day service owing to transport difficulties. Delivery is by the ambulance service.

During 1966 some 1,242 meals were delivered each week to elderly and handicapped housebound persons amounting to 64,913 meals. In addition the W.R.V.S. provided 182 meals each week in the areas which they serve.

At the end of December the meals service covered 479 individuals, the make-up of the service being:—

No. of meals per week						Persons Served
1	..	..	..	..	..	57
2	..	..	..	..	..	167
3	..	..	..	..	..	127
4	..	..	..	..	..	53
5	..	..	..	..	..	26
6	..	..	..	..	..	18
7	..	..	..	..	..	31
						479

Certain luncheon clubs administered by voluntary bodies receive meals prepared in the residential homes, 9,788 meals being provided during 1966. The residential homes also provide the W.R.V.S. with meals during school holidays when their supply of school meals is not available, 1,401 meals were so supplied making a total meal production of 76,102 being an increase of 12,097 on the 1965 figures.

HOME HELP SERVICE

(Mrs. I. E. Moulton)

The service continues to expand and during the year 3,248 cases were assisted. The groups of people served are shown in the following table. This shows the steady increase in elderly long term cases who now form 83% of the cases served. These people will always need help and as they grow older often need additional help. Maternity cases decline with the fall in domiciliary confinements.

Type of Case	1962	1963	1964	1965	1966
Maternity	130	91	91	64	54
Short term	58	25	54	62	74
Under 65 long term ..	379	407	367	366	368
Over 65 long term ..	2,310	2,321	2,426	2,514	2,699
Child Care	51	31	25	34	26
Cancer	22	22	21	12	13
Tuberculosis	29	17	11	20	14
	<u>2,979</u>	<u>2,914</u>	<u>2,995</u>	<u>3,072</u>	<u>3,248</u>

The weekly hours of service at the end of 1966 were 16,240 and 2,381 cases were being assisted. The daily maximum time is two hours and when the home help may have to light the fire, prepare food, wash, clean, shop etc., this time is frequently inadequate. An average of 135 cases remained on the waiting list but none of these was urgent.

A weekend service is provided for 12 cases who are unable to dress themselves. Hospital discharges needing daily help have increased; there were 433 such cases. The homes of 33 dirty cases were cleaned by home helps. After a general clean up a home help is sent as regularly as possible to prevent the home from being neglected again.

Fifteen full time and 575 part time home helps were employed at the end of the year. 179 resigned during the year and 136 were engaged. Part time work varies from between 20 and 30 hours a week. Absence due to sickness tends to disrupt the service.

The visiting staff paid 8,660 supervisory visits to the patients homes.

The scale of charges were increased from the maximum of 4/11d. per hour to 6/- per hour in August and the minimum charge of 5/- per week for patients in receipt of supplementary pensions from the Ministry of Social Security was discontinued in May 1966.

SOCIAL AND OCCUPATION CENTRE

(Mrs. B. Urwin)

In April 1966 the centre moved to temporary accommodation in Jubilee Road as the Princess Street premises were to be demolished. Plans for a purpose built centre as part of the projected Health and Social Services Centre in Shieldfield are being prepared.

The centre is open five days a week from 10.00 a.m. to 5.30 p.m. to registered handicapped people. It is staffed by a supervisor, one male craft instructor and a home teacher for the blind part-time. The average weekly attendance is 97 physically handicapped, 79 blind and nine deaf blind persons. Voluntary helpers and guides number 20. With more adequate facilities a larger attendance would be achieved. The attendance is also largely governed by the transport available through the Ambulance Service. Two younger men have obtained sheltered employment and a number of regular attenders have moved out of the city; five have entered residential homes and eight have died.

Over the last year we have tried to maintain a high standard of work and to introduce new crafts to hold the interest of the people. The crafts include embroidery, machine sewing, knitting, centre cane work, seagrass and rush seating, various types of rug making, soft toys, leatherwork, ceramics and mosaics. We have recently introduced the making of link mats, lamps, lamp shades, painting by numbers, willow baskets and are now attempting ornamental jewellery and machine-knitting. We have had to dispense with woodwork due to lack of space.

The amount realised from sale of articles made in the centre was £848 this figure includes £123 from the sale of goods at the Tyneside Summer Exhibition. £193 has been paid in bonuses to class members.

Evening classes sponsored by the Education Department are held in the Centre on three evenings each week the subjects being leatherwork, upholstery, general crafts, dressmaking and social education for the deaf/blind. The Central Library provides an excellent service and sends a librarian each week to see to the literary needs of the class members.

Social activities included the annual summer outing which was to Seaburn where a most enjoyable time, good weather and meals were much appreciated by those attending. Many accepted the kind invitation of Councillor Peddie to the City Hall and enjoyed a very pleasant evening's entertainment. Some went to Blackpool for the

illuminations at their own expense, a coach was hired and the outing was most successful. Christmas parties were held on three different days, one each for blind, deaf/blind and physically handicapped persons, thus easing the load. All were provided with a meal, sweets, ice cream, fruit and soft drinks. A very entertaining concert party was engaged.

Whilst we are out of the way for the general public we are still visited by one or two councillors and have had visits from social welfare students from the College of Commerce; district nurses; a party of the W.R.V.S.; a student from Guy's Hospital and our own welfare assistants spend time in the centre with the people as part of their training.

CHIROPODY

(*Dr. D. L. Wilson*)

The chiropody service provided at eleven weekly sessions for elderly and handicapped persons is staffed by part time chiropodists. Ambulance transport is provided to take patients to four of these sessions. A domiciliary service is available for those who cannot attend a clinic. It has not been possible to expand the service although there is considerable delay in arranging further appointments.

1,536 persons, of whom 546 were new applicants received 5,770 treatments during the year. The voluntary organisations have provided 2,653 treatments to 814 persons.

CHIROPODY SERVICE (1965 figures in brackets)

		No. of sessions per week	No. of patients		Total	Total treatments
			Old age pensioners	Handi-capped persons		
Local Authority Clinics	..	11	1,134	12	1,146	3,791
Domiciliary Service	..	—	378	12	390	1,979
Voluntary Organisations						
B.R.C.S (Croft House)	..	2	259	—	259	585
Council of Social Service (surgery appointments)	..	—	290	—	290	1,008
W.R.V.S.	.. ..	3	265	—	265	1,060
Totals—						
Local Authority	.. ..	—	1,512 (1,345)	24 (23)	1,536 (1,368)	5,770 (4,735)
Voluntary organisations	..	—	814 (874)	— —	814 (874)	2,653 (2,624)
Combined Totals	..	—	2,326 (2,219)	24 (23)	2,350 (2,242)	8,423 (7,359)

HOUSING MATTERS

(*Dr. D. L. Wilson*)

Medical Rehousing

Applications for priority rehousing on medical grounds are discussed at regular meetings held with the Director of Housing's representative.

Cases considered	1,792
Number granted priorities	145
Number recommended for transfer	132

Evictions

The Director of Housing has kindly provided the following information:

Threats of eviction reported to Housing Dept.	324
Evictions prevented	39
Found own accommodation	60
Rehousing by Housing Dept.—	
Additional accommodation	37
Estate houses	3
	— 40
No further action necessary	33
Cases outstanding and under observation—no immediate threat of eviction	152
Total	<u>324</u>

Liaison

A regular Health and Housing Liaison Meeting now takes place between officers of the Housing and the Health and Social Services Departments to study and discuss problems of mutual concern.

MENTAL HEALTH SERVICES

(*Dr. Peter Morgan*)

Many local authorities have been reluctant to provide sheltered housing for mentally disordered persons as envisaged in the Mental Health Act 1959, and yet surveys of the chronic population of Mental hospitals have shown that about a quarter of the patients did not require individual medical or nursing attention, and were thus the responsibility of the local authority.

It would be cruel to discharge patients who have been in psychiatric hospitals for many years, unless this would offer better facilities than those already provided in the hospital, or if it were possible by such a move, to rehabilitate them to a degree that they could live a happy independent life in the community.

At this stage in the development of community psychiatric services, there is a considerable need for experimentation and particularly with regard to different kinds of sheltered housing. The elderly person who is mildly demented or psychotic is a different problem to the severely subnormal adolescent attending the senior training centre or the younger psychotic patient who requires short term care prior to final recovery.

The boarding out of these patients with private families has been successfully attempted for many years in a limited number of places throughout the world. Such a scheme was unsuccessfully tried in this city about five years ago, and is being considered again at the present time, particularly with regard to the adult subnormal.

Some local authorities have placed a small number of ex-mental hospital patients in council houses with minimal supervision from social workers, but residents must be capable of looking after themselves. At the present time in St. Nicholas Hospital, there is a group of such potential residents being rehabilitated in a hospital house.

Hostels provide another type of sheltered housing, and obviously different types of hostels are required for different purposes. If such hostels are to be of value there must be careful assessment of potential residents, and this requires the co-operation of the hospital services, as the assessment must be made on the basis of medical and social work need.

The Local Authority opened Summerhill Psychiatric Hostel four years ago, and this has been described elsewhere (*Mon. Bull. Min. Hlth. and P.H.L.S.*, 1964, 23 224). There have been 197 admissions

and 178 discharges, 147 of which have been back into the community. This hostel, which was previously a small commercial hotel near the centre of the city, has served three main functions; prevention, rehabilitation and after care.

The success of the hostel has been due in part to the correct selection of residents and the maintenance of a mixture of residents of different ages, hospital experience and diagnosis, within the hostel. Other important factors have been the single rooms, the situation of the hostel near to places of amusement and the absence of institution-like rules and regulations.

Whilst the residential staff have played a vital role, the success or failure of the hostel has depended upon the relationship between the resident and his local authority social worker, without whom progress would have been minimal.

The hostel has not only been used to aid the rehabilitation and discharge of patients from hospital and to prevent the admission of patients to hospital, but also served as a "mother ship" in the community, where ex-residents could return for support.

The recent survey by Whitlock and Schapira of Newcastle upon Tyne University showed that in the two years from 1962 to 1964, 244 citizens of Newcastle upon Tyne were admitted to the General Hospital after a suicidal attempt and at the same time 76 verdicts of suicide were returned on persons resident in the city by H. M. Coroner. Allowing for the fact that many cases of attempted suicide are not admitted to hospital, there is obviously a considerable problem in the city and whilst the official services can do a good deal to alleviate this, such local organisations as the Telephone Samaritans, providing a trained group of volunteers, can greatly augment this work and are to be commended.

As society becomes more sophisticated there is an increasing need for medical and social work services of various kinds and it seems unlikely that all these could be provided through official sources, and indeed there are obvious psychological advantages in some of these services being provided on a voluntary basis. This may require untrained volunteers, but in the field of mental health the trained volunteer is of greater value.

Community Care

During the year there were 611 referrals to the Mental Health Section being cases for investigation, admissions to hospital, day centres, training centre or hostel and referrals for community care.

(See tables I, II and III.) As in previous years the majority of these referrals were persons suffering from subnormality or psychiatric illness. Of these referrals 228 were referred for care in the community by the mental welfare officer, the majority of these coming from the Local Education Authority and the Psychiatric Hospital Services, (see tables IV, V and VI). Once again the number of home visits carried out by the staff during the year decreased, as in the first six months of 1966 due to illness and vacancies, there was an extreme shortage of mental welfare officers.

The weekly Community Care Clinic at the Newcastle General Hospital attracted 57 new patients, and there were a total of 264 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 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 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.

The weekly evening club for mentally subnormal adults, organised by the training centre staff, was closed temporarily in the summer, as the numbers attending had decreased owing to voluntary organisations starting clubs and the increased number of evening classes available for mentally subnormal persons.

Admissions to Hospital

Mental welfare officers were concerned with 236 admissions to Hospital (see tables VIII and IX). This showed a slight decrease from the previous year's figure of 270 and once again the majority of these admissions were under section 25 of the Mental Health Act, and there appears to be no abuse of the use of Section 29, which has occurred elsewhere in the country.

STATISTICS

Referrals

TABLE I

SOURCE OF REFERRAL					NO.
General Practitioner	..	..	..	..	51
Hospital In-Patients	..	..	..	..	143
Hospital Out-Patients	..	..	..	..	112
Local Education Authority	..	..	..	..	85
Police Courts	..	..	..	..	46
Others	..	..	..	..	174
TOTAL	..	..	..	..	611

TABLE II
AGE DISTRIBUTION OF REFERRALS

AGE	MALE	FEMALE	TOTAL
0 — 9	38	28	66
10 — 19	66	31	97
20 — 29	43	48	91
30 — 39	67	41	108
40 — 49	42	44	86
50 — 59	24	26	50
60 — 69	18	19	37
70 — 79	14	38	52
80 — 89	6	9	15
90 — 99	—	2	2
NOT KNOWN	4	3	7
TOTAL	322	289	611

TABLE III
DIAGNOSIS OF REFERRALS

DIAGNOSIS	MALE	FEMALE	TOTAL
Schizophrenia	99	54	153
Manic Depressive ..	36	60	96
Dementia	12	36	48
Delirium	2	3	5
Neurosis	21	23	44
Psychopathic Disorder	21	13	34
Subnormal	59	50	109
Severely Subnormal ..	58	29	87
Others	16	19	35
TOTAL	324	287	611

Community Care

TABLE IV
SOURCE OF REFERRAL OF CASES FOR COMMUNITY CARE

SOURCE OF REFERRAL	NO.
General Practitioner	1
Hospital I.P.	76
Hospital O.P.	24
Local Education Authority	70
Police Courts, etc.	3
Others	54
TOTAL	228

TABLE V
AGE DISTRIBUTION OF CASES REFERRED FOR COMMUNITY CARE

AGE	MALE	FEMALE	TOTAL
0 — 9	20	15	35
10 — 19	47	21	68
20 — 29	14	14	28
30 — 39	26	12	38
40 — 49	8	15	23
50 — 59	5	7	12
60 — 69	5	5	10
70 — 79	1	6	7
80 — 89	1	3	4
90 — 99	—	—	—
NOT KNOWN	2	1	3
TOTAL	129	99	228

TABLE VI
DIAGNOSIS OF COMMUNITY CARE REFERRALS

DIAGNOSIS	MALE	FEMALE	TOTAL
Schizophrenia	32	15	47
Manic Depressive	8	13	21
Dementia	2	6	8
Delirium	—	1	1
Neurosis	8	12	20
Psychopathic Disorder	6	1	7
Subnormal	42	27	69
Severely Subnormal	29	17	46
Others	3	6	9
TOTAL	130	98	228

TABLE VII

NUMBER OF HOME VISITS CARRIED OUT BY MENTAL WELFARE OFFICERS

1966	1965	1964	1963	1962
4,276	4,716	7,089	7,180	6,337

Admissions to Hospital

Mental welfare officers were concerned with 236 admissions to hospital as follows:—

TABLE VIII

MODE OF ADMISSION				NO.
Section 29	..	..	..	29
Section 25	..	..	..	90
Section 26	..	..	..	28
Section 60	..	..	..	12
Section 136	..	..	..	14
Informal	..	..	..	63
TOTAL	..	..	..	236

TABLE IX

HOSPITAL TO WHICH ADMITTED				NO.
St. Nicholas' Hospital	..	..	..	189
Newcastle General Hospital	..	..	..	6
Prudhoe and Monkton Hospital	..	..	..	4
Northgate & District Hospital	..	..	..	27
Other Hospitals	..	..	..	10
TOTAL	..	..	..	236

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 ..	294	459	138	185	432	644	1,076
Section 29 ..	9	18	1	1	10	19	29
Section 25 ..	34	58	1	4	35	62	97
Section 26 ..	8	15	—	—	8	15	23
Section 30 ..	—	—	2	—	2	—	2
Section 60 ..	5	—	—	—	5	—	5
Section 136..	24	9	1	—	25	9	34
Total Admissions..	374	559	143	190	517	749	1,266
Discharges ..	317	464	131	180	448	644	1,092
Deaths ..	67	93	—	2	67	95	162

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

	1966	1965	1964	1963	1962
General Practitioners ..	181	216	229	210	232
Follow-up of discharged Hospital Patients ..	130	110	98	102	140
Probation Officers ..	21	10	16	31	20
Children's Department ..	6	6	4	—	—
Mental Welfare Officers..	24	—	—	—	—

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=41 (54) Involving 37 persons.

Discharges=35 (56) Involving 31 persons.

Successfully returned to the community=24 (45)

Returned to Hospital=11 (11)

(1965 figures in brackets)

Psychiatric Day Centre

Admissions=33

Discharges=16

Attendances=4,510

Places provided=33

Training Centres

TABLE XII

	Junior	Adult	Total
Attendances ..	19,050 (17,326)	23,370 (23,280)	42,420 (40,606)
Admissions ..	34 (43)	35 (24)	69 (67)
Discharges ..	41 (25)	21 (20)	62 (45)
Places Provided	116 (116)	129 (129)	245 (245)

(1965 figures in brackets)

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

(Dr. D. E. Wilson)

The prevalence of infectious diseases in various parts and in different seasons has been shown in Table "A" and "B."

For the fourth year of experience there has been an increase in the number of cases of infectious diseases in the city but not more than for the previous year. The number of cases of infectious diseases in the city for the year 1934 was 1,174. The number of cases of infectious diseases in the city for the year 1935 was 1,174. The number of cases of infectious diseases in the city for the year 1936 was 1,174. The number of cases of infectious diseases in the city for the year 1937 was 1,174.

In 1937, there was an increase in the number of cases of infectious diseases in the city but not more than for the previous year. The number of cases of infectious diseases in the city for the year 1937 was 1,174. The number of cases of infectious diseases in the city for the year 1938 was 1,174. The number of cases of infectious diseases in the city for the year 1939 was 1,174. The number of cases of infectious diseases in the city for the year 1940 was 1,174.

IV—INFECTIOUS DISEASE

There were 1,174 cases of infectious diseases in the city for the year 1937. The number of cases of infectious diseases in the city for the year 1938 was 1,174. The number of cases of infectious diseases in the city for the year 1939 was 1,174. The number of cases of infectious diseases in the city for the year 1940 was 1,174.

During July and August 1937 a serious epidemic occurred in the city. The number of cases of infectious diseases in the city for the year 1937 was 1,174. The number of cases of infectious diseases in the city for the year 1938 was 1,174. The number of cases of infectious diseases in the city for the year 1939 was 1,174. The number of cases of infectious diseases in the city for the year 1940 was 1,174.

This epidemic should be noted as being more serious than the epidemic of 1936. The number of cases of infectious diseases in the city for the year 1937 was 1,174. The number of cases of infectious diseases in the city for the year 1938 was 1,174. The number of cases of infectious diseases in the city for the year 1939 was 1,174. The number of cases of infectious diseases in the city for the year 1940 was 1,174.

MEASLES NOTIFICATION SYSTEM

1934 1,174 1,174 1,174 1,174

1935 1,174 1,174 1,174 1,174

1936 1,174 1,174 1,174 1,174

PREVALENCE, PREVENTION AND CONTROL

1934 1,174 1,174 1,174 1,174

1935 1,174 1,174 1,174 1,174

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

(*Dr. D. L. Wilson*)

The prevalence of infectious diseases at various ages and in different Wards for 1966 are shown in Tables "A" and "B".

For the fourth year in succession there has been no case of poliomyelitis in the city nor has there been any diphtheria which last occurred in 1958. These diseases could re-appear at any time and emphasis on immunisation cannot be neglected.

In recent years the incidence of whooping cough has fluctuated and this year was higher than in the previous two. Dysentery and scarlet fever notifications were low during the year. An epidemic of rubella during March and July only affected the western half of the city.

Measles

A review of measles notifications over the last 20 years has shown that between 1947 and 1953 an annual measles epidemic occurred, reaching its peak in the second quarter of the year; from 1955 to 1963 there was a pattern of biennial epidemics in the first quarter of each year with very few notifications in the alternate years; from 1963 onwards measles has never been absent in the city.

During July and August 1966 a minor epidemic occurred in four wards of the city and from October onwards increasing notifications have indicated the start of the winter epidemic occurring throughout the city.

This seems also to be smaller than in recent years. The effect of the measles vaccination on this epidemic is being closely watched although it is realised that interpretation of notification figures is difficult.

MEASLES NOTIFICATIONS 1955-1966

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	1966	1,539

Paratyphoid Fever

Two incidents occurred during the year. In May two students developed paratyphoid. This was found to be a laboratory infection, resulting from the accidental spilling of a culture of paratyphoid B organisms. The spilt organisms were detected in the laboratory a month later. Appropriate action was taken and no other persons were infected. The infection was cleared in both cases with treatment.

A further case of paratyphoid B infection was notified in a school-boy in October. The source of infection was not found but he had camped with two other boys over the August Bank Holiday weekend when all three had suffered abdominal pain. This might have been a food poisoning due to consuming infected food or water and it was postulated that the paratyphoid infection had been contracted at the same time. No other cases occurred and the infection was cleared satisfactorily.

Food Poisoning

Food poisoning notifications totalled 12. There was only one family incident involving four persons, the remainder being individual cases. Although certain foodstuffs were suspected in some instances no direct link was proved. Various investigations of suspected food poisoning took place where no cases were notified, for instance, where the suspects had consumed a meal in the city although they lived elsewhere. Public Health Inspectors paid 32 visits in connection with food poisoning.

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	1966	1

CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS

EXCLUSIVE OF TUBERCULOSIS

AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1966

NOTIFIABLE DISEASE	AT AGES—YEARS												NET TOTAL					
	Under 1		1 and under 5		5 and under 15		15 and under 25		25 and under 45		45 and under 65		65 and up- wards		1966		1965	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acute poliomyelitis including polio encephalitis	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Rheumatism (under 16 years)	—	—	—	—	12	—	3	—	7	—	4	—	1	—	47	—	49	—
Diphtheria	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	5	—
Dysentery	—	—	—	—	—	—	2	—	1	—	3	—	—	—	4	—	6	—
Enteric fever	—	—	—	—	—	—	—	—	—	—	2	1	—	—	10	—	—	—
Erysipelas	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	92	—	870	—	569	—	5	—	3	—	—	—	—	—	1539	—	3239	1
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	24	3	3	4	—	8	—	5	3	22	21	14	124	57	175	69	191
Puerperal pyrexia	—	—	—	—	—	—	3	—	3	—	—	—	—	—	6	—	6	—
Rubella	22	—	196	—	415	—	30	—	19	—	1	—	—	—	683	—	148	—
Scarlet fever	2	—	23	—	66	—	5	—	—	—	—	—	—	—	96	—	117	—
Whooping Cough	17	1	69	—	38	—	2	—	—	—	—	—	1	—	127	1	32	—
Totals	137	25	1181	4	1107	—	60	—	40	3	33	22	16	124	2574	178	3678	197

TABLE B
WARD DISTRIBUTION OF INFECTIOUS DISEASES (CITY CASES)

WARD	Pneumonia	Acute Rheumatism under 16 years	Diphtheria	Dysentery	Enteric Fever	Erysipelas	Food Poisoning	Acute Encephalitis	Malaria	Measles	Meningococcal Infections	Ophthalmia Neonatorum	Poliomyelitis	Puerperal Pyrexia	Rubella	Scarlet Fever	Tuberculosis (all forms)	Whooping Cough	Total 1966	Total 1965
St. Nicholas	—	—	—	2	1	1	—	—	—	48	—	—	—	—	5	4	4	4	68	57
Blakelaw	9	—	—	—	—	1	—	—	—	156	—	—	—	—	61	8	7	5	248	111
Kenton	—	—	—	9	—	2	—	—	—	96	—	—	—	—	60	14	7	15	204	274
Scotswood	5	—	—	—	—	—	—	—	—	82	—	—	—	—	73	8	1	9	180	331
Stephenson	1	—	—	—	—	—	—	—	—	80	—	1	—	—	66	1	18	7	181	190
Armstrong	2	—	—	3	—	—	—	—	—	135	—	—	—	1	53	2	14	9	219	198
Elswick	5	—	—	2	—	—	—	—	—	70	—	—	—	—	51	2	7	4	142	155
Westgate	3	—	—	—	—	—	4	—	—	50	—	—	—	—	68	3	5	1	134	112
Arthurs Hill	2	—	—	—	—	—	1	—	—	47	—	—	—	—	63	3	7	3	127	155
Benwell	5	1	—	3	—	—	—	—	—	66	—	—	—	1	64	4	5	17	167	248
Fenham	7	—	—	2	—	—	—	—	—	88	—	—	—	—	49	8	6	8	168	196
Sandyford	—	—	—	—	—	—	—	—	—	64	—	—	—	—	7	—	3	1	77	139
Jesmond	5	—	—	—	1	—	1	—	—	86	—	—	—	—	4	5	3	2	107	91
Dene	—	—	—	—	—	—	1	—	—	36	—	—	—	—	15	4	2	9	67	143
Heaton	4	—	—	—	—	—	2	—	—	67	—	—	—	—	15	2	10	9	112	176
Byker	2	—	—	3	—	—	—	—	—	54	—	—	—	2	3	3	3	8	82	188
St. Lawrence	1	—	—	7	—	—	—	—	—	65	—	—	—	—	2	11	5	7	92	229
St. Anthony's	—	—	—	1	—	—	—	—	—	52	—	—	—	—	10	6	4	3	76	273
Walker	2	—	—	3	—	—	—	—	—	117	—	—	—	—	13	6	6	2	149	418
Walkergate	3	—	—	—	—	—	—	—	—	80	1	—	—	—	1	2	5	4	96	168
Total 1966	57	1	—	47	2	4	10	—	—	1539	1	1	—	6	683	96	122	127	2696	—
Total 1965	69	7	—	49	—	5	6	—	—	3239	—	—	—	6	148	117	174	32	—	3852

SPECIAL SKIN CLINIC

(Dr. G. Hamilton Whalley)

This clinic is situated at the rear of the Adult Training Centre, Jubilee Road. Attendances are nearly all by appointment, and totalled 445 compared with 303 in 1965, an increase of 31%. Persons attending totalled 417 and comprised 234 males and 183 females, an increase of 37% over 1965.

Of 376 receiving treatment for scabies, 107 came singly and 269 were in 76 family groups of two to eight persons; whilst of 41 pediculosis cases, 14 were in four family groups. These 80 family groups compare with 48 in 1965 and 19 in 1964, an increase which reflects in part the follow-up and efforts by health visitors to secure the treatment of all family contacts of a case of scabies. As in 1965, family doctors sent most attenders.

Second treatments for scabies were necessary in 28 cases involving six family groups. Four adjacent local authorities referred 29 persons, 25 being in eight family groups.

Although not all those who attend in family groups are seen to be cases of scabies, there has been a marked increase in scabies infestation. There was no special seasonal incidence.

AGE AND SEX DISTRIBUTION AND TYPE OF CASE

Age Groups	1961	1962	1963	1964	1965	1966					
						Total		Scabies	Pediculosis		
						M	F		Head	Body	Pubis
0-1	—	6	16	3	14	10	13	20	3	—	—
1-4	2	18	45	16	54	42	37	73	6	—	—
5-14	—	17	50	34	84	61	49	105	5	—	—
15+	76	99	180	185	151	121	84	178	—	24	3
Totals	78	140	291	238	303	234	183	376	14	24	3

REFERRALS FOR SCABIES AND PEDICULOSIS

Source	Scabies	Pediculosis
Family Doctors (42)	202	3
City Hospitals (3)	81	6
Departmental Staff	60	8
The Salvation Army	2	21
Other Local Authorities	29	—
Self referred	—	2
Others	2	1
	376	41

New purpose built premises will be in use early in 1967 in the new Ambulance Service Headquarters in Blenheim Street.

COMPARATIVE ANNUAL STATISTICS

Year	Total Persons Treated				Total No. of Treatments
	Scabies	Pediculosis	Others	Total	
1956	79	462	—	541	631
1957	113	466	—	579	689
1958	58	218	2	278	317
1959	109	226	—	335	384
1960	28	96	—	124	139
1961	37	38	1	76	81
1962	101	39	—	140	147
1963	190	101	—	291	318
1964	132	56	3	191	205
1965	268	35	—	303	338
1966	376	41	—	417	445

VENEREAL DISEASE

(Dr. W. V. MacFarlane)

	Grand Total	Male	Female
New Registrations Total ..	1,304	823	481
Gonorrhoea	228 (17%)	144 (17%)	84 (18%)
Syphilis	29 (2%)	22 (3%)	7 (1%)
Non-gonococcal Urethritis ..	179 (13%)	179 (22%)	—
Trichomonas Vaginalis infestation	65 (5%)	—	65 (14%)
Non-venereal treated	385 (30%)	191 (23%)	194 (40%)
Non-venereal and not requiring treatment	318 (25%)	196 (24%)	122 (25%)
Desired reassurance and no infection found	100 (8%)	91 (11%)	9 (2%)

The total number of new registrations, during 1966, increased by 10% compared with 1965. The trend was more noticeable in female registrations which increased by 20%. This unfavourable state of affairs was mainly attributable to the marked rise in the incidence of men and women found to have gonorrhoea; the increase in males being 20% and females 24%.

The incidence of syphilis remained stationary, accounting for only 2% of all new registrations.

Men reported with non-gonococcal urethritis showed a decrease of 14% but this must be put in its proper perspective since the incidence of this infection has varied considerably from year to year during the past decade. Despite a percentage decrease it is interesting to note that the overall incidence of male urethritis is steadily increasing. The ratio of gonococcal to non-gonococcal infections varies inversely for any particular year, that is to say a decrease in non-gonococcal urethritis being offset by an increase in gonococcal urethritis.

The increase of male gonorrhoea elsewhere in Great Britain has been attributed, in no small measure, to immigrants and the increasing incidence of venereal infection in homosexuals. Neither play an important part in Newcastle, homosexuals accounting for only 2% of all new registrations, the corresponding figure for immigrants being 6%.

It is worth noting that 63% (58% in 1965) of all new registrations were "non-venereal", i.e. many having clinical entities in no way related to venereal disease, while others sought reassurance that they were free from infection.

This trend suggests that patients are more likely to attend the Department of Venereology when they have any condition which worries them and that the old bogey of attending the "Clinic" is slowly being abated. The increased attendances are also probably due to the changing social climate and the freer discussion of medical subjects, including venereology, in the papers and on radio and television. It is to be hoped that this health education will continue and that it should receive active support in the city thus encouraging people, of all social levels, to feel free to attend, for examination and advice, at any time without feeling that they are committing a social crime in doing so.

Contact Tracing

The purpose of contact tracing is to locate the alleged source of a patient's contagious venereal disease.

One hundred and fifty-eight men with gonorrhoea, who alleged that they acquired their infection in Newcastle, were interrogated but in 54 instances adequate information was not forthcoming. Health visitors, seconded for contact tracing purposes in the city, acquired sufficient information to equate 57 women with 70 male infections. A further 34 women were proved to be subsequent contacts, which means that instead of disseminating the disease they themselves had been infected, usually by unfaithful husbands, fiancés, etc.

Forty-eight of the 57 promiscuous women were examined in the local Department of Venereology. Approximately half were persuaded to attend by patients whom they had infected and the remainder were brought to the clinic by the contact tracers. Of these 48 women, no fewer than 40 were found to have gonorrhoea and one can only assume that between infecting the male and being examined in this department, the remaining eight had received antibiotics which had cured them of their infection.

Nine women did not attend for examination, of these four had promised but failed to do so, two disappeared, one refused and two attended Venereology Units elsewhere.

Thirteen women were responsible for infecting 29 men with gonorrhoea.

Twenty-eight of the 57 promiscuous females were known to be prostitutes, a further nine were suspected of being so and the remaining 20 were promiscuous. Only 12 were teenagers; four were under the age of 16 years and a further eight were between the ages of 17—19 years. Three of the teenagers were known prostitutes and five were suspected of being so.

To attempt to estimate the unknown reservoir of infection in the city is indeed a difficult problem and one can only hazard a guess. On the evidence available, I am satisfied that little more than half of the promiscuous women in this city have attended the department during the year.

CHEST CLINICS
MASS RADIOGRAPHY

V—TUBERCULOSIS

CONTACT CLINICS

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1928

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
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	441	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	0.10	0.67
1966	98	20	0.08	0.39	24	1	0.004	0.09	122	21	0.08	0.48

TUBERCULOSIS

There was a considerable decrease in the number of new cases of pulmonary tuberculosis, 98 cases, 44 less than last year, were notified, giving an attack rate of 0.39 per 1,000 population, the lowest ever recorded in the city. New cases of non-pulmonary tuberculosis numbered 24 as compared with 32 in 1965, the attack rate falling from 0.12 to 0.09.

The number of deaths from the disease fell to 21, four less than in 1965, all but one being due to pulmonary tuberculosis; giving a death rate of 0.08 per 1,000 population (0.079 pulmonary and 0.004 non-pulmonary).

Notifications

During the year, primary notifications were received as follows:

<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Total</i>
98	24	122

Sources of notification were:—

General Practitioners	..	..	..	..	14
Chest Physicians	..	..	..	..	94
Hospital Medical Staff	..	..	..	..	14
				122	

In addition, 16 notifications (all 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											
	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Persons not notified before death ...	6	9	4	4	5	7	8	5	1	4	7	7
Persons notified under 1 month ...	5	3	1	4	4	2	1	3	—	—	—	2
Persons notified between:—												
1 and 3 months ...	1	2	—	2	2	3	—	1	—	—	1	—
3 and 6 months ...	1	—	2	—	—	—	—	1	—	—	—	—
6 and 12 months ...	1	1	—	1	3	1	—	1	—	—	—	—
12 and 18 months ...	—	—	4	—	—	—	—	—	—	—	2	—
18 and 24 months ...	3	2	1	1	—	—	—	—	—	2	—	—
2 and 3 years ...	2	2	3	1	2	4	2	3	1	—	1	—
Over 3 years ...	29	22	20	16	12	7	10	8	7	8	8	9
Totals ...	48	41	35	29	28	24	21	22	9	14	19	20

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

	1960		1961		1962		1963		1964		1965		1966*	
	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	0.10	0.87	0.09	0.77	0.09	0.69	0.05	0.56	0.06	0.64	0.06	0.66	0.08	0.48
England and Wales...	0.07	0.52	0.07	0.47	0.06	0.44	0.06	0.40	0.05	0.38	0.05	0.48	0.05	0.32
Glasgow ...	0.21	1.13	0.19	1.10	0.19	1.00	0.21	0.95	0.15	0.93	0.15	0.82	0.11	0.76
Scotland ...	0.10	0.75	0.09	0.70	0.09	0.61	0.09	0.55	0.07	0.50	0.07	0.46	0.06	0.48

*Provisional figures

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING
1964, 1965 and 1966

		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—	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
		1966	—	2	—	1	1	3	3	9	9	16	18	6	3	71
Females—		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
		1966	—	1	2	1	1	1	2	7	4	2	4	2	—	27
Non-Respiratory—																
	Males—	1964	—	—	—	—	—	2	1	3	2	1	—	—	—	9
		1965	—	—	—	—	1	1	—	5	1	1	2	—	—	11
		1966	—	—	—	1	—	1	3	3	1	1	1	—	—	11
Females—		1964	—	—	—	—	—	1	2	3	2	2	2	—	1	13
		1965	—	—	—	—	1	2	2	6	1	5	2	2	—	21
		1966	—	—	1	—	—	1	2	3	1	2	1	1	1	13
Totals	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
	1966	—	3	3	3	2	6	10	22	15	21	24	9	4		122

AGE DISTRIBUTION OF DEATHS DURING 1966

		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	4	5	—	11
Females ...	...	—	—	—	—	—	—	—	—	—	—	5	3	1	9
Non-Respiratory—															
Males ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females ...	...	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Totals ...	...	—	—	1	—	—	—	—	—	—	2	9	8	1	21

TUBERCULOSIS IN CHILDHOOD

(*Dr. Mary Thompson*)

"Our aim of a childhood population free from tuberculosis infection is becoming a possible reality." So I wrote in the 1956 Report, the second year in which no child died from tuberculosis but when as many as 26% of children were infected before they left school. How near we are to this may be seen in the report that follows.

In 1966 there were 11 notifications of tuberculosis in those under 15 years of age (Table I). Among these was a Pakistani child who died from tuberculous meningitis a few weeks after his arrival in the city. This was the first child death since 1959. Another child living outside the city boundary, but within the area of the Newcastle Chest and Contact Clinics also died of tuberculous meningitis in 1966. Among the notifications was a 13 year old girl, long known to the Contact Clinic who developed pulmonary tuberculosis. Including the notified cases a total of 32 children were treated with chemotherapy. (Table Ia).

Routine tuberculin testing in schools has continued but is now at five years of age, at 8—9 years and at 11—12 years, and in each case the number and proportion of children found to be tuberculin positive in 1966 is the lowest yet recorded. (Table II). At five years, ten children (0.3% of those tested) were tuberculin positive compared with 66 children (2% of those tested) in 1957 when routine testing was introduced. Five of the ten were already under supervision, three others had healed lesions, one had an active lesion and the other child left the city immediately after testing. One child who had been treated in infancy for a primary infection was Heaf negative. One Grade IV reaction, two Grade II reactors and twelve Grade I reactors were subsequently found to be negative to 10 T.U. intradermally. At 8—9 years of age 22 children (0.7% of those tested) were found to be tuberculin positive compared with 10% in 1956 when testing was introduced at this age. Thirteen of the 22 were already under supervision; of the others two had recent infections, one had a healed lesion, in five the age of the infection is still uncertain and one child persistently failed to attend for investigation. Four of these nine children were recent immigrants from Pakistan. Four Grade II reactors and eleven Grade I reactors were negative to 10 T.U. intradermally. At 12—14 years only 40 children (0.6% of those tested) were tuberculin positive compared with 45% at 12—13 years in 1954,

31% in 1955 and 26% in 1956. Thirty-one of the 40 children were already under supervision. One of the remaining nine did not attend for investigation, one had a recent and one a healed infection, there was not enough information to date the others. Three of the nine were recent immigrants from Pakistan. The three Grade II reactors who were Mantoux negative, and all the Grade I reactors were vaccinated with B.C.G. without accelerated reactions.

In the Contact Clinic 1,281 children under five years of age and 362 over five years attended for the first time (Table 3). Fourteen of those under five years and 44 over five years were tuberculin positive. 167 children under five years of age and 148 over five years were referred to the Contact Clinic as contacts of newly diagnosed patients; four did not attend, four under five years and thirteen over five years were tuberculin positive (Table 4). All but one, who had a healed lesion, were given chemotherapy. Of the 55 tuberculin positive children seen in the Contact Clinic nine were Pakistani immigrants.

The number of B.C.G. vaccinations has fallen. (Table 5). That so many are done is due to the care and enthusiasm with which health visitors and midwives advise parents of the need for B.C.G. vaccination wherever there is known to have been a case of tuberculosis in the family. It is also due to the excellent response of those parents and must be one of the main causes of the lowered incidence of infection and illness for about 16% of Newcastle children are now given B.C.G. before they reach school age.

The importance of tuberculin positive children as a source of tuberculous illness in adolescence has been referred to in previous reports. Three of the six notifications in the age group 15—19 years had been tuberculin positive when tested in the Contact Clinic in early childhood. In 1966 there are the names of 51 under five years, 776 aged 5—14 years and 714 over 15 years on the Contact Clinic tuberculin positive register. Arrangements are now complete for those over 15 years to be referred to the M.M.R. Unit for annual X-Ray recall, and month by month in 1967 and 1968 they will be referred there. All the younger children remain under the supervision of the Contact Clinic but will in their turn be transferred.

In conclusion it may be stated that very few children are now infected, hardly any are ill and death is an unnecessary tragedy. This situation will only continue so long as every effort is made to eradicate the disease in adults, to protect children likely to be exposed to

infection, and to identify and treat those who are infected before they become ill.

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—1966

	1950	1955	1957	1959	1961	1963	1964	1965	1966
Notifications :									
All forms ..	91	49	40	17	17	9	13	20	11
Meningitis ..	13	7	4	—	—	—	—	—	1
Deaths—									
All forms ..	13	—	—	1	—	—	—	—	1

TABLE Ia

THE NUMBER OF CHILDREN TREATED WITH CHEMOTHERAPY 1963—1966

	1963	1964	1965	1966
Under 5 years ..	8	21	29	16
5 to 9 years ..	17	13	16	13
10 to 14 years ..	7	8	9	3
Total ..	32	42	54	32

TABLE II

THE RESULTS OF ROUTINE TUBERCULIN TESTING IN SCHOOLS 1954—1966

	1954	1957	1961	1963	1965	1966
'Leavers' age 12—14						
% Tested	88	71	96	86	73	86
Number Tested ..	3,034	2,339	2,872	2,901	2,355	6,982
% Positive	45	26	18	15	16	0.6
'Juniors' age 9—10						
% Tested	—	48	81	78	74	78
Number Tested ..	—	2,314	2,973	2,909	2,693	3,268
% Positive	—	10	5	2.4	1.7	0.7
'Infants' age 5—6						
% Tested	—	66	85	76	66	79
Number Tested ..	—	3,111	3,280	3,473	2,949	3,045
% Positive	—	2.0	1.3	0.7	0.3	0.3

TABLE III

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AND THE NUMBER FOUND TO BE TUBERCULIN POSITIVE 1941—1966

			1941	1945	1949	1953	1963	1964	1965	1966
Number seen	..	..	63	139	277	577	1,179	1,395	1,314	1,281
Number tuberculin										
Positive	..	..	26	46	62	79	12	21	29	14
% Positive	..	..	41.3	33.1	22.4	13.7	1.0	1.5	2.2	1.0

TABLE IV

THE NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF NEWLY DIAGNOSED PATIENTS 1952—1966

			1952	1955	1963	1964	1965	1966
Number seen	..	..	103	217	176	195	168	167
Number Tuberculin								
Positive	..	..	41	27	6	18	18	4
% Positive	..	..	40	12.4	3.4	9.2	10.8	2.4

TABLE V

THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1952—1966

				1952	1953	1955	1963	1964	1965	1966
Chest & Contact Clinics	..	..	..	114	312	747	1,023	875	1,089	875
Newcastle General Hospital (Maternity Department)	..	..	..	170	114	142	184	224	225	178
Princess Mary Maternity Hospital	..	..	..	—	37	133	294	326	240	342
				284	463	1,022	1,501	1,425	1,554	1,395
School Leavers	..	..	..	—	—	713	2,429	2,369	1,488	5,771
Further Education Students	..	..	..	—	—	—	32	—	—	—
Total	..	..	..	284	463	1,735	3,962	3,794	3,042	7,166

PULMONARY TUBERCULOSIS

(Dr. J. R. Lauckner)

1966 has seen a substantial reduction in the number of new notifications of respiratory tuberculosis in the city. The total of 98 is the lowest on record and appreciably less than the previous lowest figure of 117 in 1963. The purpose of this contribution is to consider this development in the context of the more detailed information collected during the past three years.

Data for 1966

All cases of respiratory tuberculosis reported in the city during the year are as follows:—

	<i>Inward transfer</i>	<i>New</i>	<i>Relapse</i>	<i>Total</i>	<i>After death notification</i>
Primary intrathoracic ..	—	13	—	13	—
Tuberculosis of pleura ..	3	5	—	8	—
Adult pulmonary ..	12	80	10	102	9
	15	98	10	123	9

After death notifications are mentioned here for the first time. Like relapses they are not included in official notifications, but they now constitute an important proportion of all cases, and surprisingly, they show no tendency to diminish.

The data relating to cases of adult pulmonary disease, classified as in previous years according to type of case and degree of infectivity is as follows:—

	<i>Inward transfer</i>	<i>New</i>	<i>Relapse</i>	<i>Total</i>
Smear positive	—	24	5	29
Culture positive	—	35	4	39
Culture negative	12	18	1	31
No Information	—	3	—	3
	12	80	10	102

The number of incidents of active disease arising in the city during the year (new cases plus relapsed cases) was 90, compared with 118 in 1965. Of these 68 (76%) were infectious—but this year there were rather more patients with sputum positive only on culture (*i.e.* the degree of infectiousness was somewhat less).

Presented separately for the two Chest Clinic areas, the data is as follows:—

		EAST				WEST			
		<i>I.T.</i>	<i>New</i>	<i>Relapse</i>	<i>Total</i>	<i>I.T.</i>	<i>New</i>	<i>Relapse</i>	<i>Total</i>
Smear positive	..	—	6	—	6	—	18	5	23
Culture positive	..	—	20	1	21	—	15	3	18
Culture negative	..	9	4	—	13	3	14	1	18
No information	..	—	2	—	2	—	1	—	1
		9	32	1	42	3	48	9	60

A similar overall reduction has occurred on both sides of the city; but in the East the fall has been mainly in culture negative cases, whereas in the West it was in smear positive cases.

There has also been an important reduction of notified primary cases from 30 in 1965 to 13 in 1966, reversing the upward trend noted in the past two years.

Three Year Comparison

It is now possible to present comparable data for three years.

	1964	1965	1966
Primary intrathoracic	12	30	13
Pleura	5	5	8
Adult pulmonary: Inward Transfer	31	14	12
New	128	108	80
Relapse	14	10	10
	142	118	90
New foci of infection (excluding people not notified before death)	93	90	68

Unfortunately comparable data is not available for 1963 or earlier years. In 1963 there were approximately 103 new notifications of adult pulmonary tuberculosis and 10 relapses.

Comment

It appears therefore that, after a break in 1964, the number of new notifications of adult pulmonary tuberculosis continues to decline, while the number of relapsed cases remains about the same.

The rapid decline in the number of new cases from 1953 to 1963 was due in large measure to reduction in notifications of young adults, in whom disease frequently arises as the result of fresh infection. This can be attributed to reduction in the number of infectious cases in the community as the result of effective chemotherapy, and to the gradual protection of these young adults as the school B.C.G. programme has progressed. Approximately 70% of adolescents and young adults up to the age of 25 are now protected by B.C.G. vaccination. As can be seen from the tables at the begin-

ning of this section, the number of cases arising in young adults is now very small, so little further reduction is possible here. The reduction in the number of cases has been much less in middle aged people and particularly in older men, in whom disease commonly arises as the result of breakdown of infection acquired many years earlier. In future, therefore, the reduction in the number of new cases is likely to be slower than during the period 1953-63.

There are two reasons for caution in accepting the figures given above for the past three years at their face value as indicating a substantial reduction in the amount of pulmonary tuberculosis in the city. If the figures for new notifications of adult pulmonary tuberculosis are presented separately for the East and West sections we obtain the following:—

	EAST			WEST		
	1964	1965	1966	1964	1965	1966
Smear positive ..	12	7	6	26	31	18
Culture positive..	21	23	20	18	19	15
Culture negative ..	29	12	4	20	15	14
No information ..	1	1	2	1	—	1
	63	43	32	65	65	48

(1) The reduction in the East sector over these three years is largely due to the disappearance of culture negative cases. This is difficult to explain.

(2) The area served by the West Chest Clinic includes the western suburbs, outside the city boundary, but into which an important group of people (some from slum clearance areas) have moved from the City. It is thus perhaps, at the present time, a more stable population group than the West sector of the city. If we look at the figures for this area in recent years, the reduction in the number of cases is less striking.

TUBERCULOSIS CASES (NEW AND RELAPSE) WEST CHEST CLINIC AREA

	1962	1963	1964	1965	1966
Respiratory—adult ..	98	82	104	95	90
—children ..	7	5	11	17	10
	105	87	115	112	100

After Death Notifications

The Pathology Department at Newcastle General Hospital noted during 1966 an unusually large number of patients coming to autopsy with evidence of active pulmonary tuberculosis, in many

cases not recognised during life. Some of these were coroner's post mortems on persons found dead at home. This is reflected in nine after death notifications for the city, the highest number since 1956.

For the whole area served by the West Chest Clinic the increase compared with recent years is quite striking.

AFTER DEATH NOTIFICATIONS WEST CHEST CLINIC AREA

1962	1963	1964	1965	1966
2	2	2	3	10

This may account for some of the "missing" smear positive cases. Is it an extension of the trend noted last year, when evidence was presented suggesting a tendency in recent years for cases to be recognised at a progressively later stage of the disease?

MASS RADIOGRAPHY

Dr. J. R. Lauckner

Arrangements for Mass Radiography were unchanged in 1966, with the Static Unit at Newcastle General Hospital, one Mobile Unit covering the whole of Northumberland and the northern part of Durham, and the Regional Caravan Unit available to do small jobs at short notice.

All three units were in action in the city during the year, and the total number of persons x-rayed was 45,225, compared with 39,322 in 1965—due to a larger allocation of the time of the Mobile Unit. Altogether 29 visits were paid to Industrial and Commercial establishments, by either the Mobile Unit or the Caravan Unit. General public sessions were held at eight locations, compared with five in 1965. At one of these a special effort was made, with the help of Mrs. Ahmed (Pakastini Liaison Officer), to attract as many Asian immigrants as possible. In terms of co-operation this was highly successful, but the numbers examined were rather small.

The two tables set out the work done in the city during the year. Table I gives the numbers of persons in various categories examined by all three units together, with the cases of active tuberculosis and lung cancer detected. Table II shows the cases of tuberculosis found in recent years among patients referred by their family doctors to the Static Unit.

The three Units contributed as follows to the total number of persons x-rayed.

Static Unit	..	28,991
Mobile Unit	..	13,911
Caravan Unit	..	2,323
		45,225

Appreciably more General Public and Industrial employees were examined in 1966 (due to more time spent by the Mobile Unit in the city) and more cases of tuberculosis were found among them—28 in 1966 compared with 20 in 1965. The number of patients referred by family doctors was about the same, but the cases of tuberculosis found among them were slightly fewer than in 1965. The total number of cases found was thus slightly increased, from 78 in 1965 to 82 in 1966. It should be noted that not all persons examined in the city are in fact resident in the city.

It will be noted that the number of cases of lung cancer detected was slightly greater than the number of cases of active tuberculosis. The great majority are found in patients referred by their family doctor because of symptoms. Both tuberculosis and lung cancer are detected approximately three times as frequently among general public volunteers as among industrial and commercial employees—presumably because the former include a proportion of people attending voluntarily on account of symptoms.

TABLE I
WORK CARRIED OUT IN NEWCASTLE DURING 1966

Examinee Group	Number X-rayed	Referred to Chest Clinic	Active Tuberculosis	Bronchial Carcinoma
Doctors' Patients ..	8,099	877	47	74
General Public ..	8,444	255	13	10
Industrial Groups ..	24,228	273	15	7
Contacts	1,079	32	3	1
School Children (Tuberculin Positive)	601	13	—	—
Hospital Outpatients and Inpatients ..	1,530	96	2	—
Others	1,248	31	2	1
Totals	45,225	1,577	82	93

TABLE II
TUBERCULOSIS AMONG PERSONS REFERRED BY GENERAL
PRACTITIONERS

Year	Number Referred	Active Tuberculosis	Rate per 1,000
1963	7,985	41	5.1
1964	7,776	43	5.4
1965	8,040	52	6.5
1966	8,099	47	5.9

VI-SCHOOL HEALTH SERVICE

SYNOPSIS OF REPORT SUBMITTED TO
EDUCATION COMMITTEE

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*)

General

The major change affecting the organisation of the Health Services was the appointment of Dr. W. B. Shaw as Principal Medical Officer to take charge of the Child Health Services of the city, of which the School Health Service forms a part. The Education Department, however, retains responsibility for the School Health Service and matters of policy are determined by the School Welfare Committee, which is responsible for School Meals, Welfare and School Health Services.

The School Health Service is now fully integrated with the Health Department and a common pool of medical officers man this, the Occupational Health, the Child Welfare and the Tuberculosis Contact Services. This arrangement permits of a wider variety of experience to those medical officers who are entering upon a career in local authority health services, but it also renders the task of arranging the work of officers more complicated so that difficulties sometimes arise in meeting sudden calls upon the department.

Staff. The shortage of medical manpower in the country as a whole has more recently been felt in the service in Newcastle upon Tyne, and when the medical officer at Kenton Clinic resigned in August a replacement was not immediately obtainable. The employment of a general practitioner on a sessional basis—an expedient which has been resorted to by other authorities—was considered. Fortunately, a full time replacement was obtained. The immediate prospect of recruiting medical personnel is not promising, and present difficulties in adjusting salaries to keep the services competitive do not help the situation.

With regard to the availability of other staff the position during the last year has been somewhat easier. Clerical staff, particularly shorthand typists have been difficult to obtain; school nurses and nursing helpers have not presented any problem, and more recently it has been possible to secure part-time physiotherapists for Pendower Hall. The Speech Therapy Department has been manned throughout the year, but at no time at full strength. Dr. Mills has been able to secure a full complement of educational psychologists.

Clinics. Plans are in preparation for two clinics at Diana Street and Shieldfield to replace the Central School Clinic. The existing clinics are:—

Atkinson Road, St. James' Crescent, 4.	Purpose built.	School Health and M. & C.W.
Bentinck, Mill Lane, 4.	Adapted.	School Health.
Blakelaw, Springfield Road, 5.	Purpose built.	School Health and M. & C.W.
Central, 12/18 City Road, 1.	Adapted.	School Health.
East End, 316 Shields Road, 6.	Adapted.	School Health
Kenton, Hillview Avenue, 3.	Purpose built.	School Health and M. & C.W.
Middle Street, Langley Road, 6.	Purpose built.	School Health.
Ravenswood, Ravenswood Road, 6.	Purpose built.	School Health and M. & C.W.

With the development of comprehensive education, large schools situated for the most part on the boundary of the city have made the siting of clinics more difficult and much work among senior pupils formerly done in clinics now has to be undertaken on the school campus. This is not economical of staff, but it has been supplemented by auxiliaries on the staff of the schools.

The older buildings have been well adapted to the requirements of school clinics. All are well maintained in structure, decoration and equipment. Atkinson Road Clinic continues to give difficulty in maintenance as a result of technical faults in the building construction and wanton damage by local children. It has not been possible within the limits of permitted expenditure to provide accommodation for the School Health Service quite on the same scale in the new clinics as formerly in the clinics which they have replaced, but by the communal use of rooms fuller use is made of accommodation. This has been made easier by the combined duties of medical staff.

At the beginning of the year a vision screener was brought into regular use. The instrument is operated by a member of the clerical staff, who handles all aspects of the work of the department in connection with defective vision. She is in contact with the Supplementary Ophthalmic Services in matters relating to the replacement and repair of spectacles. She devotes her mornings during the term to screening pupils in schools, and acts as clerk to the Ophthalmic Medical Practitioner in the Central School Clinic.

MEDICAL INSPECTIONS

Selective and pre-school inspections are in operation in the West of the city with the exception of the Bentinck Clinic area, where the socio-economic conditions are below the average and the incidence of defects among school children is such that this approach to inspection has rather less value than in other areas. Arrangements are in hand to extend these examinations to the East end of the city. Children are examined at 5, 10 and 15 years of age.

The number of children examined at periodic and other inspections were as follows:

A. Periodic Inspections in Maintained Schools

Entrants	..	..	..	..	..	4,395
Intermediates	..	..	..	..	..	2,007
Leavers	..	..	..	..	..	2,194
Other Age Groups	..	..	..	..	..	187
Total	..	..	..	..	..	8,783

Periodic Inspections in Independent Schools

Church High School— (5, 8, 12 years)	..	..	..	..	..	69
Sacred Heart Grammar School— (10 years)	..	..	..	..	..	10

B. Re-inspection in Schools

No. of Pupils Inspected	..	..	..	..	..	1,047
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C. Special Inspections

(a) Inspections in Schools	..	..	..	..	..	675
(b) Inspections for Freedom from Infection	..	..	..	..	..	567
(c) Examination of pupils for fitness for employment out of school hours	..	..	..	..	..	394
(d) Examination of children and young persons proceeding to Remand Homes	..	..	..	..	..	140
(e) Examination of children being taken into Care of the Local Authority	..	..	..	..	..	498
(f) Annual Inspection of children in Care of the Local Authority	..	..	..	..	..	500

D. Infestation with Vermin

(a) Number of Inspections conducted in schools	..	..	..	..	..	91,056
(b) Number of Individual pupils found to be infested	..	..	..	..	..	3,287
(c) Number of pupils in respect of whom Notices were issued under Section 54(2) Education Act, 1944	..	..	..	..	..	35
(d) Number of pupils in respect of whom Notices were issued under section 54(3) Education Act, 1944	..	..	..	..	..	6

There was an increase in the numbers of pupils inspected for Pediculosis by nurses, and a higher rate of infestation (8.18%) has been reported. Indeed in this the third year since the lowest rate was recorded one can begin to see evidence of acceleration in the rate of deterioration. The reason for this is at present unknown.

The findings at Periodic Inspections were as follows:—

NUMBERS 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
1962 and later	429	—	27	25
1961	3,315	32	118	196
1960	649	20	71	71
1959	97	3	14	13
1958	61	1	6	6
1957	76	2	1	3
1956	1,992	150	183	263
1955	44	4	2	5
1954	3	—	—	—
1953	2	—	—	—
1952	814	55	29	77
1951 and earlier	1,380	69	40	95
Total ..	8,862	336	491	754

PHYSICAL CONDITION OF PUPILS INSPECTED

Nursery and Pre-School	..	..	..	100%	satisfactory
Primary—5— 6 years	..	..	..	99.82%	„
7— 8 years	..	..	..	99.36%	„
9—10 years	..	..	..	99.95%	„
Secondary—15 years	..	..	..	100%	„
Over 15 years..	..	..	..	100%	„

NUMBERS AND TYPES OF DEFECTS FOUND
AT PERIODIC INSPECTION

Defect	Requiring Treatment				Requiring Observation			
	En-trants	Leav-ers	Others	Total	En-trants	Leav-ers	Others	Total
Skin	38	14	28	80	181	44	49	274
Eyes—								
Vision	55	124	148	327	146	163	145	454
Squint	69	13	42	124	116	18	47	181
Other	9	2	8	19	20	21	12	53
Ears—								
Hearing	23	7	15	45	68	14	44	126
Otitis Media ..	23	8	8	39	145	22	46	213
Other	8	1	13	22	15	4	14	33
Nose and Throat ..	36	2	13	51	460	13	103	576
Speech	26	1	5	32	185	7	25	217
Lymphatic Glands	3	—	—	3	94	3	13	110
Hearts	2	2	—	4	72	8	25	105
Lungs	7	1	5	13	173	31	41	245
Developmental—								
Hernia	5	—	1	6	16	2	9	27
Other	7	3	14	24	115	9	83	207
Orthopaedic—								
Posture	4	4	3	11	36	13	21	70
Feet	40	3	27	70	124	10	56	190
Other	19	3	8	30	73	30	38	141
Nervous System—								
Epilepsy	6	1	2	9	20	3	11	34
Other	7	1	3	11	27	4	16	47
Psychological—								
Development ..	1	1	4	6	49	2	18	69
Stability	6	1	6	13	105	7	56	168
Abdomen	5	1	1	7	19	4	12	35
Other	4	—	2	6	22	4	8	34

In recent years the number of pupils reported to require treatment for defective vision at periodic inspections has fallen. This year the number has been restored. A total of 875 were referred for refraction as against 448 in the previous year. This represents a referral rate of 8%, as against the national average of 6% in 1965. The referral rate of the screener varies from 25% in six year old pupils to 10% in school leavers. A high referral rate in the younger children is to be expected since it includes failures from all causes and is not restricted to defective vision. Of this value 10% will probably prove to be educationally retarded and will, in due course, require investigation in which inclusion of visual defect will prove a valuable preliminary step.

Tests for near vision have long formed part of vision testing in schools, especially in older pupils, although there is some doubt as to their value. Among school leavers they may be useful, since some

of these will be employed in occupations which require exceptional close vision. A test devised by the late H. C. Weston which fulfils these requirements came to our notice. This is a group test which can be economically employed in classes of between 20 and 40 pupils, and which is given by the class teacher, the test papers being checked in the office at the Civic Centre. Following enquiries made to H. K. Lewis and Raphael's Ltd., who raised no objection to the use of the test in schools, it was tried out. No difficulty was experienced in administering the tests or checking the completed sheets, although some difficulty was encountered in preparing the test sheets, a specimen of which is shown in Figure 1. The whole operation in the class room takes about three minutes.

A reminder might be inserted here of the significance of the assessment of physical conditions as recorded at the medical inspection. This originally referred to the state of nutrition of the child in times when many families were unable to provide sufficient food to maintain the children in a reasonable state of health or promote normal physical growth. Subsequently economic problems continued to create difficulty in terms of the quality, rather than the quantity of the diet and under nutrition gave place to malnutrition. The war years, during which a fair distribution of essential foods with special consideration of the needs of children, produced a generation, the like of which had not been seen before and would not be seen again when the rationing of food finally came to an end in 1953.

It is understandable that as the final phases of the Second World War receded into the past, less emphasis came to be placed by the Ministry of Education upon the state of nutrition of children, and the term was replaced by that of Physical Development on the Medical Record Card. In the Explanatory Notes of the Ministry in 1948 occurs this definition of the new term: "What is wanted is the Medical Officer's impression of the child's Physical Fitness". The booklet produced by the Society of Medical Officers of Health entitled "School Medical Inspections" does not refer to the subject, and the second edition now in the press has not repaired this omission.

Insofar as the medical inspection is an assessment of the health of the child and of the school population, this part of the examination is important. Former school medical officers were alive to this and diagnosed the condition of health in terms of the sheen of the hair, the play of expression in the eyes, the development of the jaw and teeth, the colour of the conjunctiva and gums, the texture of the

skin, the tone of facial, abdominal and skeletal muscles, etc. Present day standards extend to functional health as observed by teachers of physical education.

TREATMENT — MEDICAL

Although Section 78 of the Education Act places a duty upon Local Education Authorities to provide medical treatment free of cost to all pupils attending any school maintained by them, it was anticipated at the time of the writing of the Act that the National Health Service would in due course undertake the treatment. Circular 178 (1948) suggested that Education Authorities delegate their duty under this section of the act to the general practitioner and hospital services. Nevertheless the facilities which these latter afford are often incomplete and by long tradition the Local Authority has been permitted to supplement treatment which, for one reason or another, has proved difficult to obtain.

In Newcastle the following forms of medical treatment are provided by the Local Authority: Physiotherapy, the prescription of Spectacles, Dental Treatment, and treatment for Minor Ailments and Skin Disease. Speech Therapy falls into the category of educational treatment and will be referred to on page 148.

Medical treatment is for the most part given to pupils in school clinics or clinics on school premises by nurses.

The numbers of individual pupils attending these clinics during the year were as follows:—

1. School Clinics

Atkinson Road	..	..	..	..	1,213
Bentinck	..	..	..	..	726
Blakelaw	..	..	..	..	4,422
Central ..	..	..	..	..	379
East End	..	..	..	..	3,006
Kenton ..	..	..	..	..	1,334
Middle Street	..	..	..	..	969
Ravenswood	..	..	..	..	181
Total	..	..	..	..	12,230

2. Accessory Clinics

Ashfield House ..	..	..	..	..	509
Brinkburn Street	..	..	..	..	486
Cowgate ..	..	..	..	..	1,134

3. Return of Work in School Clinics by School Nurses

Defect or Service	Number of Children	Total Treatments
Skin—Septic	1,982	4,567
Scabies	145	287
Ringworm	8	15
Other	1,593	3,807
Ear Conditions—		
Wax in Ears	38	59
Discharging Ears	60	667
Eye Conditions—		
Conjunctivitis	65	137
Other External Eye Conditions	245	283
Spectacles	475	185
Vision Tests	607	426
Tonsillitis	64	51
Acute Infectious Fevers	22	25
Injuries	1,506	1,874
Malaise	170	137
Follow-up Inspections	333	215
Head Inspections	238	237
Cleansing	356	589
F.F.I.'s and Manual Workers	1,231	1,052
Miscellaneous	3,371	2,323
Total	12,509	16,936

4. Inspections Performed by Nurses

Hygiene Inspections	48,070
Head Inspections	24,030
Follow-up Inspections	2,673

5. The Work in Clinics on School Premises

Defect or Service	Number of Children	Total Treatments
Skin—Septic	2,794	4,984
Scabies	43	42
Ringworm	14	1
Other	3,196	5,478
Ear Conditions—		
Wax in Ears	35	43
Discharging Ears	34	41
Eye Conditions—		
Conjunctivitis	60	75
Other External Eye Conditions	188	230
Spectacles	45	28
Vision Tests	180	73
Tonsillitis	6	10
Acute Infectious Fevers	10	5
Injuries	989	1,229
Malaise	196	137
Follow-up Inspections	799	941
Head Inspections	2,225	1,004
Cleansing	55	953
F.F.I.'s and Manual Workers	13	26
Miscellaneous	796	973
Total	11,678	16,273

Medical Officers reserve one session per week at which they see parents and children at the school clinic for examination. The number of children who attended for consultation was as follows:—

6. The Work in School Clinics

Consultations by Medical Officers

Ashfield House	—
Atkinson Road	178
Bentinck	222
Blakelaw	253
Central	440
East End	679
Kenton	114
Middle Street	243
Ravenswood	22
Total	2,151

(in 1965—1,955)

7. Duties Performed by School Nurses outside Clinics

Home Visits

For Hospital	15
For Inspection of Home	24
For Other Reasons— (Failed Appointments and Follow up visits etc.)	1,562
Children escorted to Clinics or Hospitals ..	84
Children escorted to and from Residential Schools	94
Total	1,779

SPECIAL CLINICS

OPHTHALMIC

These have been organised on the same lines as in previous years. Three Ophthalmic Medical Practitioners are employed, one of whom has been seconded from the Regional Hospital Board. The number of sessions which they provide has been increased to six per week. Five sessions are held at the Central School Clinic and one at Middle Street Clinic.

The increased number of pupils referred for refraction has put a strain on the facilities for refraction at the Central School Clinic. To meet the demand the number of pupils sent for per session has been increased and when an opportunity offered, an extra session for refractions per fortnight was provided. However, the number of refractions actually undertaken throughout the year has not been markedly increased and the waiting list has increased in size. There is evidence that the absentee rate at these sessions has also somewhat increased and this matter is receiving attention, although it is difficult to see where further additional help will come from.

(i) *The number of pupils who received a full ophthalmic examination was:—*

New Cases	872	} 1,455
Old Cases	583	
Number for whom glasses were prescribed ..	1,118	
Number referred to hospital following examination	83	
Number awaiting examination at the end of the year	295	

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

Examined at Hospital	139
Examined by an Ophthalmic Optician	243

(ii) *The Dispensing of Spectacles*

The number of pupils who obtained spectacles ..	801
The number of spectacles replaced or repaired ..	1,037

The arrangements under which spectacles are provided by the National Health Service are similar to those described in my report last year.

A sum of £279. 10s. 4d. was charged to this Authority in respect of spectacles which in the view of the Supplementary Ophthalmic Services Committee required repair or replacement as a result of negligence. In addition supplementary spectacles were purchased for two pupils to meet exceptional circumstances.

In addition to this eye work Dr. Milne is employed as a certifying officer for partially sighted pupils and keeps children who have been so classified under surveillance.

HEARING ASSESSMENT

Dr. B. Buckley

During the year under review the work of the Hearing Assessment Clinic continued on the lines of previous years. Although the numbers dealt with maintained a steady level, the difficulty of the work has increased because the age level of the children referred is gradually falling each year.

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

			1964	1965	1966
A.	New Cases attending Clinic	.. ..	311	252	276
B.	Cases reviewed—				
	(a) From Ordinary Schools	.. ..	89	86	75
	(b) From Special Schools	.. ..	5	15	7
C.	Cases Discharged	.. ..	200	188	229
D.	Number of Audiometer Tests—				
	(a) New Cases	.. ..	243	170	207
	(b) Reviews	.. ..	94	101	82
E.	Number of Cases referred to—				
	(a) Hospital or G.P.	.. ..	164	154	173
	(b) Speech Therapy	.. ..	—	1	5
F.	Handicapped Pupils—				
	(a) Ascertained	.. ..	9	8	11
	(b) Reviewed	.. ..	6	7	18

G. (a)	Number of Pupils on register with			
	Hearing Aids	56	59	40
(b)	Number followed up and reported on	20	23	14
(c)	Number of Hearing Aids issued ..	9	11	4

It is interesting to note that the number of hearing aids on issue for hard of hearing children is declining and that very few were issued for the first time in 1966. The explanation is most likely to be found in the disappearance of resistant cases of chronic otitis media following the wider use of more effective antibiotics.

Liaison was maintained with the Speech Therapy Department, and with the health visitors, throughout the year.

A number of staff changes occurred in the Special Hard of Hearing Classes. Mrs. Kidd at Slatyford Lane Comprehensive School left to be replaced by Miss Gibbons, and at Cowgate Primary, Mrs. Smith was succeeded by Mr. Hamilton. A number of children in the Special Classes have been fitted, and supplied by the Education Committee with Commercial Hearing Aids.

Screen testing was carried out at Silverhill Girls and Headlam Junior Boys E.S.N. Schools and the results were followed up.

In April I had the opportunity to visit Manchester University for a revision course. These courses enable one to keep abreast of recent advances and also to meet colleagues who otherwise tend to work in isolation.

Once more the occasion should not pass without thanking the Consultant E.N.T. Surgeons for their unfailing help and advice and Mr. Evans, the recently appointed Headmaster of Northern Counties School for the Deaf, for his courtesy and co-operation at all times.

AUDIOMETRY AND THE FOLLOW-UP OF HEARING AIDS

Nurse T. Chesterton

In 1966 Sweep testing was carried out on the pupils of Silverhill School for Educationally Sub-normal Girls, and Headlam School for Educationally Sub-normal Boys.

Those cases thought to have defective hearing were given further pure tone tests, out of which 44 were referred to Dr. Buckley for further investigation.

In most cases the apparent loss of hearing was attributable to the educationally sub-normal perception factor, rather than actual hearing loss.

As in previous years, all hearing aids worn by children in ordinary schools have been checked and reports sent to Mr. Munro Black. The teachers in the two units have been checking hearing aids in the classes and arranging for repairs as necessary. Head teachers have been most co-operative in the supervision of those children wearing aids.

THE ORTHOPAEDIC CLINIC AT PENDOWER HALL

During the year Mr. York resigned and Mrs. Carron continued his work at Pendower Hall. She was joined by Mrs. Jones and Mrs. Ryan who between them give 20 sessions per week. The work which is under the nominal direction of Dr. Walker was as follows:—

1. Physiotherapy

Total number of attendances for treatment	2,370
Remedial Exercises	1,309
Manipulations	595
Postural Drainage	271

SKIN CLINICS

Dr. H. M. Dixon

Ringworm of the scalp still fails to occur. Plantar warts still continue to be troublesome and resistant to local treatment.

The "scabies-like" disease mentioned in previous reports is still prevalent. It has been suggested that this disease has a natural 14 year cycle, but I feel unable to accept this. Possibly the roughly 14 year cyclical epidemics reflect economic variations with consequent rehousing, demolition of property or even migration of workers causing a breakdown of the natural barriers.

Important dermatological implications emerge from the clinical examination of school leavers and applicants for employment, for example psoriatic scales are a poor breeding ground for pathogens even although the patient may be unduly prone to micrococcal infection. Further these patients are no more liable to allergic skin reactions than others and thus arises the question as to whether the school leaver who suffers from psoriasis should be advised against taking up work which involves the handling of food or paint.

Eczema also presents a problem. The allergic form can be clearly distinguished from the atopic which has a family history. The question arises, should sufferers from the former be debarred from smallpox vaccination to remain a risk to themselves and to others in the community?

The number of children treated during the year were as follows:—

Total number of attendances	..	..	299
New cases investigated—			
Ringworm—Scalp	..	..	—
Body	..	..	16
Warts—Boys ..	..	..	25
Girls ..	..	..	42
Other conditions	..	..	75
Total number of cases under treatment	..	410	

TREATMENT — DENTAL

Dr. J. C. Brown, Principal Dental Officer

General

For the first six months of the year the service was operated by the Principal Dental Officer and six full-time officers only with sessional officers to fill interim periods.

A further step to implement the recommendations of the Report of the Department of Science and Social Services (1964) was taken when it was decided to purchase a Kingsway Mobile Dental Unit.

This unit will take over, at first, the work of Kenton Clinic where the dental suite is required for medical extension, but it is hoped it will also provide dental facilities for the schools at present attending Atkinson Road Clinic.

These mobile units, bringing dentistry to the schools, as it were, would appear to be far the most satisfactory means of operating a school dental service, and if the one purchased comes up to expectations it is hoped to introduce a further unit in the following year.

Dental Inspections

It is gratifying to report that this year children at all schools in the Authority's care were examined by the dental officers and every child found to be in need of attention was given an offer of early treatment. In all, over 41,000 children were examined and some 17,000 were found to require treatment of one sort or another. This latter figure is not as alarming as it appears, for it includes irregularities, and caries of the first dentition in teeth soon about to be lost.

Treatment

Most of the dental officers' time was given over to conservative dentistry and although priority was given to fillings in permanent

teeth, some three and a half thousand deciduous teeth were also filled.

The figures for permanent teeth extracted are down slightly on last year while the ratio of permanent teeth filled to permanent teeth extracted has risen slightly—a step in the right direction.

Nearly all extractions were undertaken under gas and oxygen anaesthesia and the daily emergency “gas session” at the Central Clinic was well attended.

In fact since the peripheral clinics went on to half-time working last year there has been a notable rise in the number of children attending the Central Clinic for emergency treatment each day, and numbers of ten and twelve emergency cases have been quite common.

Orthodontic work was undertaken at the Central Clinic where laboratory facilities are available. The majority of it was carried out by Mr. Crombie but encouragement was given to the other dental officers to bring cases to the Central Clinic and treat them personally with the technician in attendance.

Lectures and talks, illustrated by slides and models, flannel-graphs, etc., on oral hygiene and matters of dental health generally, were given daily in the schools by the dental auxiliary and the dental officers gave informative talks to children, parents and teachers, when they visited the schools for dental examinations.

Arrangements with the ambulance service to provide transport for cases of bad recovery from general anaesthesia worked smoothly while consultant advice and treatment where necessary was available at the Sutherland Dental Hospital and the Royal Victoria Infirmary.

Details of the work carried out during the year are as under:—

SCHOOL DENTAL STATISTICS

	Age 5 to 9	Age 10 to 14	Ages 15 and over	Total
First Visit	3,576	3,467	307	7,350
Subsequent visits	3,908	5,151	675	9,734
Additional courses of treatment commenced	163	200	28	391
Fillings in permanent teeth	2,475	4,939	732	8,146
Fillings in deciduous teeth	3,248	765	—	4,013
Permanent teeth extracted	350	1,085	148	1,583
Deciduous teeth extracted	2,589	651	—	3,240
General anaesthetics	1,173	674	58	1,905
Emergencies	740	483	75	1,298

Number of Pupils X-rayed	207
Prophylaxis	4,209
Teeth otherwise conserved	741
Number of teeth root filled	14
Inlays	16
Crowns	14
Courses of treatment completed	5,403

PROSTHETICS

	Age 5 to 9	Age 10 to 14	Age 15 and over	Total
Pupils supplied with Full Upper or Full Lower Dentures	—	—	1	1
Pupils supplied with other dentures	5	21	14	40
Number of dentures supplied	5	21	15	41

ANAESTHETICS

General Anaesthetics administered by Dental Officers	94
---	----

INSPECTIONS

First inspection at school. Number of Pupils	35,161
First inspection at clinic. Number of Pupils	6,235
Number found to require treatment	17,009
Number offered treatment	17,009
Pupils re-inspected at school clinic	1,096
Number found to require treatment	746

SESSIONS

Sessions devoted to treatment	2,680
Sessions devoted to inspection	188
Sessions devoted to dental health education	48

TREATMENT — EDUCATIONAL

Probably the most widely publicised event in the field of education during the year was the publication of the Plowden Report. This report of the Central Advisory Council deals comprehensively with primary education, and the special needs of the handicapped pupil are not neglected. Taking stock of developments in educational thought over a number of years, the report may be accepted in its recommendations fairly to represent contemporary opinion on a number of important problems. It would be useful then to measure the work of the School Health Service against those recommendations which it makes in relation to handicapped pupils.

Recommendation 102

Early and accurate identification of handicapped children from birth onwards is essential.

Teachers need to be alert to children showing difficulty and to arrange for them to have expert examination without delay. From early infancy health visitors keep children under observation, particularly children "at risk" both at home and in the clinic. If a child shows evidence of disability it is referred to hospital for investigation without delay. By the time the child has reached school age a large quantity of useful information has accumulated, and where there appears reason to do so the Medical Officer of the Child Welfare Service reports a child to the Senior School Medical Officer for investigation. During the year 53 pre-school children have been reported and investigated as follows:—

Mentally Sub-normal	..	..	..	..	29
Blind	..	..	..	..	1
Deaf	..	..	..	..	7
Physically Handicapped	..	..	..	15	
Maladjusted	..	..	..	..	1

Other children less handicapped, but suspect, are discussed between the health visitor, school nurse and head teacher at the pre-school medical inspection. In this way the school is alerted at the onset.

The investigation of children after admission to school occurs at the behest of the parent, the school or the hospital physician, and delay can arise through any one of these keeping the child too long under observation. Delay in sending for children for examination now rarely happens and it is usual to give the parent an appointment within a month of the case being notified to the School Health Service. In the case of children failing at their school work the

creation of the School Psychological Service has helped considerably, for each psychologist is allocated a number of schools which he regularly visits to discuss with the head teacher any children whose behaviour or progress is giving anxiety. The informal testing of these children without commitment encourages teachers to bring forward doubtful cases earlier than perhaps they otherwise would.

Inevitably a small number of children come to be reported to the School Welfare Committee in a later stage of their school career than they should be, and members are quick to recognise them and seek an explanation. It is a practice of long-standing for the Senior School Medical Officer to scrutinise the case history of each child included in his report to the Committee and, in the event of anything brought to light from time to time, to take such steps as appear necessary to maintain the arrangements for the investigation of cases reported in efficient working order. More recently the Director has as a routine measure investigated all retarded children recommended for admission to a special school over the age of nine.

These remarks have been written with the educationally sub-normal in mind, but they apply in the main to all other categories of handicapped pupils.

Recommendation 103

Assessment of handicap should be a continuing process in which teachers, doctors, psychologists, and parents must co-operate as a team.

It has long been the policy of the service that when a pupil has been classified by the medical officer, and ascertained by the Education Authority as a handicapped pupil, the matter is not concluded. The case is periodically reviewed, and the original recommendation varied in the light of subsequent findings. This matter is dealt with in the statistical section which follows.

Recommendation 104

A counselling service is needed for the parents of handicapped children.

A specific counselling service for types of handicap other than that of maladjustment has not been organised. Counselling forms an essential part of the statutory examination of the medical officer, and every effort is made to ensure that the parent is present at the examination. Teachers, psychologists and consultants also provide counselling.

A detailed enquiry should be made into the needs of handicapped children including slow learners and the provision made for them.

This matter has constantly been in the mind of the School Welfare Committee in recent years, and a number of investigations have been carried out in this connection. At the present time consideration is being given to the needs of physically handicapped and partially sighted pupils.

Recommendation 106

The term "slow learner" should be substituted for "educationally sub-normal".

The "slow learner" is a term frequently used by medical officers when counselling parents and is in our view a useful one. A change in official nomenclature is a matter for the consideration of the Department of Education and Science. The previous Director once said that parents know full well what sort of children attend Special E.S.N. Schools—it is obvious to the eye and the name, whatever you might call it, will not conceal the fact.

Recommendation 107

Teachers in training should be equipped to help handicapped children as far as they can.

In so far as educational psychologists give advice to teachers concerning the appropriate teaching method for children whom they feel should stay in ordinary schools, and because teachers are given opportunity to attend suitable courses, this Authority is fulfilling this recommendation. Students from local Training Colleges of Education also visit our special schools.

The following statistical summary of the work of the service in connection with handicapped pupils takes a similar form to that of previous years. Once again it should be mentioned that the tables do not take 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	1	1
Deaf	7	6
Partial Hearing	—	—
Educationally Subnormal	175	147
Epileptic	2	3
Maladjusted	10	9
Physically Handicapped	37	37
Delicate	9	9

**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	181
Residential	14
Ordinary School—Remedial Class	5
Home Teaching	1
Special Nursery	9

3. Treatment Provided**A. CHILDREN PLACED IN SPECIAL SCHOOLS DURING 1966
(EDUCATION ACT, SECT. 34(iv))**

Category	Total
Blind	2
Partially sighted	1
Deaf	6
Partial Hearing	—
Educationally Subnormal	116
Epileptic	1
Maladjusted	12
Physically Handicapped	22
Delicate	12

Children provided for under Section 81, Education Act, 1944:

Number of pupils assisted by a grant in aid on
medical recommendation 4

The numbers of pupils awaiting admission to special schools at the end of the year were:—

Day Special Schools 69
Residential Special Schools 8

B. NUMBER OF PUPILS BEING EDUCATED IN SPECIAL SCHOOLS AT THE END OF 1966

Category	Nursery	Day	Residential	Grammar
Blind	—	2	5	2
Partially Sighted	—	18	1	—
Deaf	5	20	8	1
Partial Hearing	—	20	1	—
Educationally Subnormal	—	392	99	—
Epileptic	—	5	5	—
Maladjusted	—	15	31	—
Physically Handicapped ..	—	122	15	—
Delicate	—	46	6	—

Number of children who received education at
Stannington Hospital School 60

Number of children who received education at
Sanderson Orthopaedic Hospital 33

Total number of children who received educa-
tion in Hospital and at Tiverlands 979

4. Periodic Review of Handicapped Pupils

NUMBER OF PUPILS REVIEWED PRIOR TO FINAL EXAMINATION

Category	Number Reviewed
Blind	3
Partially Sighted	3
Deaf	3
Partial Hearing	7
Educationally Subnormal	78
Epileptic	1
Maladjusted	6
Physically Handicapped	6*
Delicate	5

*In addition Dr. Walker visits Pendower Hall and reviews Pupils as a regular routine each week during the term.

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

Return to Ordinary School	9
Notified to Local Health Authority as no longer suitable for education in School	18
Transferred from Day to Residential School ..	14
Transferred from Hospital School to Day Special School	3
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	26
Children "de-notified" under Section II Mental Health Act	2

5. Final Examinations

PUPILS EXAMINED ON REACHING STATUTORY LEAVING AGE

Category	Number Examined
Deaf	1
Partial Hearing	—
Educationally Subnormal	63
Epileptic	1
Maladjusted	1
Physically Handicapped	1
Delicate	8

SPEECH THERAPY

Mrs. M. Ainly, L.C.S.T.

The staff of the Speech Therapy Department consists of one Senior Therapist, one full time Therapist and one part time Therapist. because of Miss Bott's retirement in December 1965, three E.S.N. Special Day Schools have not had a Therapist during this year. In October Mrs. S. Jolliffe joined the staff and is attending for two sessions per week at Kenton Clinic.

Therapists in attendance at outside clinics are as follows:—

Atkinson Road	..	..	..	..	2 sessions
Bentinck	..	..	..	..	1 session
Blakelaw	..	..	..	..	1 session
Central	..	..	..	..	12 sessions
Kenton	..	..	..	..	2 sessions
Middle Street	..	..	..	..	2 sessions

During the year it was found necessary to extend the Therapy sessions at Pendower Open Air School and the Senior Therapist is now there two sessions per week.

The number of children treated are as follows:—

Number of New Patients	..	..	..	93
Number of Treatments Given	..	..	..	2,602
Number of Cases Discharged	..	..	..	46

CHILDREN WITH MORE SEVERE SPEECH DEFECTS

The numbers of speech therapists practising in this area are insufficient for the normal type of work required in schools and moreover it has to be admitted that a sufficiency of staff is unlikely to be forthcoming in the discernible future. Means must therefore be found of utilising staff to the best advantage. Two measures have suggested themselves namely: children requiring minimal therapy might be initially seen by a speech therapist who advises the class teacher how to carry on with them.

The other class of children have a severe speech defect which constitutes a major social and educational handicap. These require daily therapy which can only be economically given in a special unit. At present there are only two small schools of this type in the Country and it has never been possible to obtain a place for a Newcastle pupil in them. Two local authorities have provided such a unit for their children.

Dr. Ellis, the Medical Superintendent of the Percy Hedley School, has considered the problem and reported upon it in October of last year. He recommends the setting up of a unit within a primary school in Newcastle, which would cater for the Tyneside Area.

Thirty-five children (two of them pre-school children) are known to him in this area, who require intensive treatment. Of these the following are the responsibility of this Authority.

Pre-School	One with delayed language development.
School Children	One each with (i) Language delay. (ii) Receptive Dysphasia. (iii) Mental Retardation. (iv) Nasal Speech. (v) Dyslexia.

CROWD DISEASE AND ITS PREVENTION

1. General Review

Apart from the first two months of the year, which were below the average of monthly mean temperatures, the weather of 1966 was not exceptional, and was not responsible for any major outbreak of sickness. Sporadic cases of infective hepatitis continued to come to light, and a number of cases of influenza characterised by nausea and sickness were encountered immediately after the Michaelmas half-term recess.

2. Infectious Disease

(i) Notifiable Disease

There has been a slight reduction in notifications of recent years. Those of 1966 are contrasted with the previous five years in the table below:—

NUMBERS OF CASES OF NOTIFIABLE DISEASES 1961-66
(PUPILS 5-14 YEARS)

	1966	1965	1964	1963	1962	1961
Measles	569	1,032	368	1,977	256	1,861
Rubella	415	89	103	330	511	269
Scarlet Fever	56	70	63	59	23	34
Whooping Cough	38	8	25	57	63	12
Tuberculosis—(1) Respiratory	4	18	5	6	1	8
(2) Others ..	1	2	—	1	2	2
Pneumonia	5	8	—	4	8	6
Meningitis	—	—	—	1	1	1
Dysentery	11	12	28	15	12	7
Food Poisoning	2	1	3	1	—	2
Para-Typhoid	—	—	—	—	—	2
Acute Rheumatism	1	5	2	3	4	10

(ii) Contagious Skin Diseases

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

Impetigo	34
*Scabies	20
Ringworm—Scalp	—
Body	16

*Last year the number of cases of scabies rose abruptly to 58. A previous high figure was in 1960. (The higher number shown elsewhere in this report refers to the treatment of all members of families who receive prophylactic treatment as contacts). Reports coming in from other parts of the country indicate that this condition is again on the increase.

(iii) Self Induced Disease

More recent problems affecting the health of the community have been referred to in previous reports, namely lung disease, arising out of excessive smoking, venereal disease and injuries. To these should now be added the increase in drug-taking among young people. As yet this latter has not posed a problem in our senior schools, but the situation is being closely watched.

3. Preventive Measures**(i) Measles Vaccination**

Following initial trials conducted by the Medical Research Council, Newcastle Health and Social Services Department is participating in further trials of measles vaccine.

Whilst vaccine is supplied to the Local Authority, it is available for vaccination by either Local Authority medical staff or by General Practitioners.

(ii) Poliomyelitis

The number of pupils protected against poliomyelitis was as follows:—

5—15 years	Over 15 years
2,564	258

(iii) Diphtheria

Pupils have been protected against Diphtheria as follows:—

Diphtheria/Diphtheria Complex	4,085
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(iv) Other forms of Immunisation

T.A.B.	..	..	..	..	..	244
T.A.B.T.	..	..	..	..	..	270
Tetanus	..	..	..	..	..	396
Yellow Fever —5—15 years	..	..	..	..	..	172
Over 15 years	..	..	..	..	..	1,685
Smallpox—Primary	..	..	..	..	..	51
Re-Vaccination	..	..	..	..	..	277

(v) Tuberculosis**(a) TUBERCULIN TESTING**

		Age Group		
		5 years	9 years	11/12 years
No. of parents to whom circulars were sent	..	3,854	4,184	8,089
No. of children for whom consent was received	..	3,405	3,746	6,858
No. of children tested and read	..	3,045	3,268	6,679 + 303*
Grades of Reactions obtained—	1	228	234	385
	2	168	231	511
	3	35	65	219
	4	4	18	74

*Absentees from 1965.

(b) B.G.G. VACCINATION

Pupils received protection against Tuberculosis as follows:—

No. protected in Maintained Schools	..	4,601
No. protected in Independent Schools	..	1,170
No. of pupils X-rayed	..	548

(c) X-RAY OF TEACHING STAFF ON APPOINTMENT

Number of X-ray examinations arranged for teachers appointed to the Education Staff	221
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HEALTH EDUCATION

A. Organisation

The activities of the various sections of the Departments of Health and Education are co-ordinated at the Departmental Health Education Committee. This Committee is composed of the heads of sections in the Health Department and is concerned with the work as it affects the community as a whole.

Meetings with Representatives of Headteachers. In so far as schools are concerned meetings with representatives of headteachers are arranged at regular intervals. Three meetings took place in 1966. The meetings, apart from matters of policy, give a valuable opportunity for the interchange of up to date information and the exhibition of films, posters and literature. The following are some of the matters discussed at these meetings during the year:—

Headteachers agreed to select, in consultation with the school medical officer, a day during the Autumn term to inform pupils in senior schools about the dangers of smoking.

Mr. Stabler, of Sandyford Senior School showed a poster produced by senior pupils in his school. On the recommendation of the Principal School Medical Officer the poster was sent to the Department of Education and Science for consideration with a view to reproduction.

The following literature and aids were displayed:—

- (i) Literature. “The Teaching of Dental Health”—

Principal Dental Officer.

“House in Tooth Town”—

Principal Dental Officer.

“Lifting and Carrying”—Min. of Manual Labour—Senior School Medical Officer.

“Planning for Health Education”

—U.N.E.S.C.O.—Senior Medical Officer

(Administrative).

- (ii) Tape Recording “The Whole Man” given by Sir Wilfred Wayland to the boys of Seaford College.

- (iii) A linear programme of teaching “Don’t Smoke”—

The Deputy Director of Education.

During the year the manual of the former Ministry of Education: “Health Education” was revised under the title “Health in Education”. This was discussed at one of the meetings.

Teachers' Consultative Council: At the inaugural meeting of this body the above publication was discussed. The Principal School Medical Officer and Dr. Shaw were invited to attend and the former to open the discussion.

Health Education: Publicity was given to the problem of deafness, including special educational facilities, at the Health Exhibition on the Town Moor in August.

During the year the guide to the exclusion from school of pupils suffering from or in contact with infectious disease was revised. At the request of headteachers two copies were sent to each primary and six to each secondary school.

B. Contribution by the School Health Service Staff

Miss A. C. Emerson, M.B.E.

During the year 1966 health visitors and school nurses took part in the health education programme of seven senior schools and one residential school.

Other lectures were given by medical officers and group advisers to certain groups of pupils, *e.g.*, school leavers.

The Health Education programme dealt with "Parentcraft" and "Personal Hygiene". In some schools pupils were entered for the Certificate in Parentcraft and Home Management. The examination is organised by the Royal Society of Health. Other schools obtained lecturers for children preparing for the Duke of Edinburgh Award.

Visual aids were made available by the Education and Health Departments. These included a projector for film strips.

In addition to Local Authority Staffs, two schools secured the services of a representative from "Lilia White" who showed two films.

ANNUAL REPORT OF THE
CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1946

THE PUBLIC HEALTH SERVICE
U. S. DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH BUILDING
400 RICHMOND, WASHINGTON, D. C.

VII—Report of the CHIEF PUBLIC HEALTH INSPECTOR

Advisory Committee	W. E. Rouse, Chairman
Food Inspection and Control	E. J. Campbell, M.D., M.P.H.
Health	A. J. Henshaw, M.D., M.P.H.
Sanitation	E. J. Campbell, M.D., M.P.H.
Food Inspection and Control	E. J. Campbell, M.D., M.P.H.
Health	E. J. Campbell, M.D., M.P.H.
Public Health Service	E. J. Campbell, M.D., M.P.H.

Chief Public Health Inspector	18
Public Health Inspector	12
Food Inspection and Control	12
Health	12

and to ensure compliance with the provisions of the Act, the Board of Health has directed the local health officers to take the following steps:

1. To make a complete inventory of all the premises in the city, and to classify them according to the nature of the business conducted there.

2. To make a special inspection of all the premises in which food is prepared or sold, and to issue orders for the improvement of the sanitary conditions.

and to make a special inspection of all the premises in which food is prepared or sold.

VII-Report of the CHIEF PUBLIC HEALTH INSPECTOR

and to make a special inspection of all the premises in which food is prepared or sold.

The following are the results of the inspection of the premises in which food is prepared or sold, and the measures taken to improve the sanitary conditions.

1. The premises in which food is prepared or sold, and the measures taken to improve the sanitary conditions.

2. The premises in which food is prepared or sold, and the measures taken to improve the sanitary conditions.

3. The premises in which food is prepared or sold, and the measures taken to improve the sanitary conditions.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1966

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	R. G. PUFFITT, D.M.A., F.R.S.H., M.A.P.H.I.

SENIOR PUBLIC HEALTH INSPECTORS:

Administration	W. F. MANDLE, M.A.P.H.I.
West Division	G. BAILEY, M.A.P.H.I., M.R.S.H.
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 (8 vacancies, 3 of which are filled temporarily by Technical Assistants).
Public Health Inspectors	
(Food Inspection and Control)	3 (2 vacancies)
Pupil Inspectors	12 (2 vacancies)

ANCILLARY STAFF:

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

ADMINISTRATIVE SECTION:

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

INTRODUCTION

The belief that an annual report is at sometime and by someone read from beginning to end is the predominant factor which actuates the author to undertake conscientiously the rather onerous task of reviewing the multifarious operations of the public health inspection service during the year just past. The realisation that this belief is probably unjustified does not deter him from attempting, by combining conciseness with completeness, to present a balanced picture of twelve months' work within the space available and at the same time apply due emphasis to particular aspects where it is felt this should be done.

In the knowledge that the introduction to an annual report is likely to be scanned with a more receptive eye than the subsequent indigestible statistical material encountered in later pages, opportunity is taken to comment and offer opinions at this early stage on matters which justify special mention in the hope that the reader might be provoked into persevering with the rest of the report with more interest and purpose than otherwise would be the case.

In the field of unfit housing very few local authorities, if any, of the size and character of our own city, can have made greater progress in abolishing slum areas than has Newcastle. It has been said in previous annual reports that there are now no slum areas remaining in the city and when one views the wide cleared tracts of Shieldfield, Scotswood Road and Byker and the dramatic redevelopment taking place in those districts, it is not unnatural to feel a certain satisfaction in overcoming, to a major extent, the problem of the unfit house. Unsatisfactory living conditions are not, however, confined to unfit houses. Newcastle has far more substandard houses than the number of unfit houses that ever were included in slum clearance programmes, and the vast majority of these houses could and should be repaired and improved, in most cases to the Full Standard of Improvement prescribed in the Housing Act 1964.

For many years the central government has gone to great lengths to encourage the improvement of the nation's stock of sub-standard houses and the Minister of Housing and Local Government has exhorted local authorities and property owners to take advantage of, and use, the grant aided machinery provided for this purpose.

These efforts at persuasion have been supplemented by press advertisements, mobile and static exhibitions, ministerial circulars and advice, but, so far as our own city is concerned, with little result. There must surely be few, if any, local authorities of the size and civic importance of our own city where less effort has been made to improve the lot of the sub-standard house tenant.

That large scale area improvement can be carried out just as effectively as slum clearance has been demonstrated by other authorities and indeed the success achieved in this field prompted the introduction of the compulsory improvement provisions of the Housing Act of 1964. These provisions gave powers to authorities like Newcastle to achieve compulsorily what the City of Leeds has accomplished over the past ten years by voluntary effort. The Act of 1964 has been in operation for more than two years and a recent review of compulsory improvement throughout the country revealed that to October 1966, of the ten regions in England and Wales in which more than 150 improvement areas had been declared by 79 local authorities, the sole representative of the Northern Region was Tynemouth C.B. with one area.

There are thousands of houses in our city which are sub-standard but still structurally sound and if the opportunity to improve these houses to a realistic and realisable standard is not taken now, future clearance plans will have to be still larger and more costly. Because most tenants, and many owners, as well as the Ministry of Housing, want houses to be improved it is all the more unfortunate that the appropriate provisions of the 1964 Housing Act have been allowed to stagnate.

This failure of the Northern Region to keep abreast of national social advancement is, moreover, not limited to house improvement. As mentioned later in this report the north east has a very unenviable record of progress in the field of smoke control, an essential ingredient of environmental modernisation, although, it is submitted, this aspect is transcended by public health considerations.

It is appreciated that the present economic situation rightly demands the imposition of restrictions on the public sector of the economy, but the Minister of Housing and Local Government has made it clear that he does not wish for any reduction in either the effort or expenditure on smoke control programmes. Therefore,

accepting the urgency of cleaning the air in our area (particularly when one notes that a certain district of our city has regularly the highest concentration of smoke in the country), there can be no lessening of vigour in the pursuance of our existing smoke control programme, and indeed, it is urged that, in the interests of public health alone, steps be taken, as soon as it is possible, to revise and accelerate the chronological phasing of the programme.

Nevertheless, despite these sombre adjurations, the past year has been one of progress although little headway was made to overcome the shortage of inspectorial staff which constitutes the greatest single obstacle. A depleted and unstable staff is a major impediment to the accomplishment of the very many aims of the environmental health service and if our own department could achieve a situation where we had no more than a fair share of the staff shortages which exist in the north east, the standard of enforcement and administration could be raised to a level more in keeping with the civic status and importance to which our city quite properly aspires.

HOUSING ACTS 1957—1964

During the year the inspection of dwellinghouses proceeded continuously in the following areas Grace Street, Buddle Road, Shieldfield North, Chirton Street, Paradise Street, Elswick Row, Clive Terrace, Stephen Street, Gill Street and Denmark Street and subsequently, most of these areas formed the subject of official representations.

A significant feature emerging from this work of inspection was the very high number of premises which had to be inspected and classified before official representations could be prepared. Of 2,085 houses inspected and classified, only 767 were classified as unfit within the terms of Section 4 of the Housing Act 1957. Although this is an increase over the figure of 1965, when 615 houses were so represented, it does, nevertheless, mean that much of the work of inspection produced no fruitful result. This is inevitable if the policy of slum clearance is to be pursued within the framework of the Housing Programme 1963-1981, but perhaps the principal difficulty experienced in maintaining a satisfactorily high rate of inspection was the frequent changes of staff among Technical

Assistants engaged on this work. During the year, because of lack of staff, the loss of man power was the equivalent of 150 working days.

Four public inquiries were held in 1966 in respect of 510 unfit houses. A total of 282 formal objections were received in respect of these unfit houses, giving an objection rate of 55%, a figure substantially higher than the 34% during 1965. It is obvious that such a proportion of objections is quite needlessly high and, indeed, in many of these cases objection could not, by any means, be justified on any grounds whatever. This is confirmed by the rate of less than 1% of the classifications of these houses being modified by the Minister on the confirmation of the order after the inquiry.

Section 9—Housing Act 1957—The Repair of Unfit Houses

Early in 1966 a report was submitted to the Health and Social Services Committee dealing with the problem of the individual unfit house capable of repair at a reasonable expense. It was pointed out that it was the statutory duty of a local authority, when satisfied that a house is unfit for human habitation, but could be made fit at a reasonable expense, to serve a notice upon the owner requiring the execution of repairs to render the house fit. One of the principal objectives of this provision is to prevent the creation of slums which, in the main, arise from the continued neglect of houses in a state of disrepair until a stage is reached when only clearance will deal satisfactorily with the unsatisfactory conditions in the area.

Nevertheless, even if sufficient repairs were carried out to satisfy the standard laid down in Section 4, the house would, when measured against a modern yardstick, still be sub-standard, but the pursuance of such a policy of repair could nevertheless very effectively be applied with advantage to certain categories of houses in the Housing Programme 1963-1981. It was suggested in the report mentioned above that a policy of short-term repair could usefully operate in respect of the houses classified as 'yellow' in nineteen areas defined on the Housing Programme Map and although after the completion of such repairs the houses would still fall short of both the reduced and full standards of improvement prescribed in Part II of the Housing Act 1964, they would, nevertheless, provide accommodation of a standard adequate for the time being until rehousing and

demolition can take place as part of the overall housing programme. It is to be hoped that 1967 will see the proposals in this report put into effect and that the thousands of families who live in these 'yellow' houses will have their unenviable lot improved and their standards of domestic comfort raised, as it may well be ten years or more before rehousing and clearance is achieved and ten years represents in many cases the entire school life of a child.

Compulsory Improvement

It has been stated that the present voluntary grant scheme does not, in any measure, cope with the rate of deterioration of sub-standard property and although local authorities have a duty under Section 9 of the Housing Act 1957 to secure the execution of repairs to dwellinghouses as indicated above, these repairs do little to extend the life of the house at a satisfactory standard. This state of affairs has been acknowledged by Parliament and the Housing Act 1964 provides for the compulsory improvement of tenanted dwellings. At the end of the year Part II of the Housing Act 1964, which deals with compulsory improvement, was delegated to the Health and Social Services Committee and in a report to the Committee in May of 1966, it was suggested that the declaration of improvement areas under that Act could very usefully be incorporated in the Housing Programme 1963-1981. In particular, this policy of compulsory improvement, to both the full and reduced standards of improvement, is eminently suitable for those houses in the Programme which are designated as being suitable for long-term revitalisation.

During the year a special survey was made of the Goldspink Lane area (reference number 21C in the Housing Programme) with a view to assessing its suitability for compulsory improvement. This area covers 24.6 acres and contains 829 dwellings, more than a third of which are owner-occupied, with the rest in the ownership of private landlords. More than 80% of these houses are without all or some of the standard amenities and more than half of them can be improved to the full standard. It is to be hoped that before the end of 1967 a realistic and vigorous programme will be in operation to secure the improvement of long-life sub-standard houses, a proceeding in which the North East seems singularly backward when compared with the rest of the country. This policy of improvement is advocated by the Central Housing Advisory

Council in the publication "Our Older Homes—A Call for Action" and, indeed, not only is it suggested that all houses with a fifteen year life should be improved to the full standard, but also that those houses with a minimum life of seven years should be improved to the reduced standard, i.e., be provided with a hot and cold water supply at a sink; a satisfactory water closet and satisfactory facilities for storing food.

The Minimum Fitness Standard

In the Central Housing Advisory Council's publication mentioned above, mention is made of the minimum fitness standard, a factor which is of prime importance in slum clearance administration. It has generally been accepted that the standard set out in Section 4 of the 1957 Act is too low and, indeed, so far as the North East is concerned that standard fails to take into account many important features peculiar to the North East form of house construction. It had been hoped that the Council's recommendations would have enabled special consideration to be given to the many houses-in-flats constructed with steep external staircases and with sanitary accommodation not conveniently accessible at the end of a yard, but the only material change suggested by the Advisory Council is the addition of the factor "free from internal bad arrangement". Why consideration of bad arrangement should be restricted to the internal circumstances of the house is somewhat puzzling, particularly in respect of the type of house constructed in flats. It had been suggested from our own department that the additional item "structural arrangement" should be added to Section 4 of the Act as this would have included both internal and external factors. It would seem that the recommendations of the Council have been influenced by considerations other than those experienced in the practical field of house inspection and if and when legislation is introduced to amend the existing Section 4 (definition of the fitness standard) it is to be hoped that this situation might be remedied.

Statistical Summary

At the end of the year the work of inspection was in progress in the Denmark Street No. 2 and Mill Lane (North) areas which will form the subject of representation early 1967. The actual work of

the housing section completed during 1966 can further be shown in statistical form as follows:—

Represented to the Health and Social Services Committee—

	<i>Houses</i>	<i>Families</i>	<i>Persons</i>
(a) Unfit Houses in Areas			
Grace Street Clearance Area	202	381	944
Buddle Road Clearance Area	357	679	2,064
Elswick Row Clearance Area	22	41	115
Clive Terrace Clearance Area	53	90	219
Gill Street Clearance Area	104	196	543
Stephen Street Clearance Area	29	57	137
(b) Individual Unfit Houses	76	132	413
Totals	843	1,576	4,435

Orders Made

	<i>Houses</i>	<i>Families</i>	<i>Persons</i>
(a) Stone Street Compulsory Purchase Order			
Clearance Areas	211	374	968
Added Lands	121	175	445
(b) Addison Road/Grafton Street C.P.O.			
Clearance Areas	199	306	851
Added Lands	67	81	224
(c) Delaval Road C.P.O.			
Clearance Areas	26	49	180
Added Lands	19	35	101
(d) Georges Road C.P.O.			
Clearance Areas	175	284	906
Added Lands	68	78	245
(e) Individual Unfit Houses			
(i) Demolition Orders	15	26	75
(ii) Closing Orders (Part)	28	29	103
(iii) Closing Orders (Whole)	32	67	219
Totals	961	1,504	4,317

Public Local Inquiries held

	<i>Houses</i>	<i>Families</i>	<i>Persons</i>
(a) Walker Road (St. Anthony's) C.P.O.			
Clearance Areas	37	69	211
Added Lands	6	11	26
(b) Gloucester Street/Maple Terrace C.P.O.			
Clearance Areas	63	108	392
Added Lands	44	113	278
(c) Stone Street C.P.O.			
Clearance Areas	211	374	968
Added Lands	121	175	445
(d) Addison Road/Grafton Street C.P.O.			
Clearance Areas	199	306	851
Added Lands	67	81	224
Totals	748	1,237	3,195

Orders Confirmed by the Minister

				<i>Houses</i>	<i>Families</i>	<i>Persons</i>
(a)	Loadman Street C.P.O.					
	Clearance Areas	..	..	97	185	525
	Added Lands	..	..	18	22	58
(b)	Burton Street C.P.O.					
	Clearance Areas	..	..	14	28	58
(c)	Melrose Street C.P.O.					
	Clearance Areas	..	..	8	13	35
	Added Lands	..	..	2	2	8
(d)	Blandford Street C.P.O.					
	Clearance Areas	..	..	6	8	30
	Added Lands	..	..	1	—	—
(e)	Walker Road (St. Anthony's) C.P.O.					
	Clearance Areas	..	..	34	65	202
	Added Lands	..	..	9	15	35
(f)	Villa Place C.P.O.					
	Clearance Areas	..	..	38	33	104
	Added Lands	..	..	1	1	3
(g)	Villa Place Clearance Order					
	Clearance Areas	..	..	9	13	50
	Added Lands	..	..	—	—	—
(h)	New Mills C.P.O.					
	Clearance Areas	..	..	15	21	38
(i)	Gloucester Street/Maple Terrace C.P.O.					
	Clearance Areas	..	..	63	108	392
	Added Lands	..	..	42	111	266
	Totals	..		357	625	1,804

Undertakings Given

			<i>Houses</i>	<i>Families</i>	<i>Persons</i>
To Close or Demolish:					
(i)	Part of a house	These figures relate to houses not included in Clearance Areas	1	1	4
(ii)	Whole house		4	5	15
	Totals	..	5	6	19

Houses in Multiple Occupation

In my last report I referred to the treatment of the multiple occupied house in the Malvern, Crown and Grove Streets area and expressed doubts as to whether the degree of permanent improvement in living conditions would justify the time and effort expended. That these doubts were fully justified was confirmed before the end of 1966, and although the statistics below include fewer inspections than in previous years, a considerably greater number of man-hours have been spent in the Malvern Street area than in any previous year. The number of houses now repaired and provided with full

amenities and maintained in that condition is relatively few although, in addition, there have been served many notices relating to the abatement of nuisances and the repair of drainage. Nevertheless, despite this concentrated attention on this particular area the general picture in the West End is discouraging. It may well be that the problem of many of these multiple occupied houses will be solved by the completion of the Rye Hill Revitalisation Project but one cannot ignore the fact that the area to the immediate north of Elswick Road is deteriorating to a level similar to that for which the Rye Hill area was notorious.

An effective but negative method of dealing with certain of these houses is by way of closing or demolition and during the year 27 such orders were made in respect of the whole or parts of multiple occupied houses. This is a considerable increase over previous years arising from the inability or reluctance of owners to carry out works. In fact, it was not possible to bring these houses up to the requisite standard at a reasonable cost and closure, particularly in respect of attics where fire escapes were needed, was preferred by the owners.

In the east end of the city multiple occupation is almost unknown and the few houses that do exist have been dealt with satisfactorily and cause little concern at present. However, there has been a marked increase, particularly towards the end of the year, in the degree of multiple occupation in Jesmond brought to the notice of the department. Although these houses are of a better type and construction than elsewhere in the city (indeed both owners and tenants are of a higher socio-economic class) the present situation in this area, which is reasonably satisfactory at present, is unlikely to remain so. So long as there exists a shortage of self-contained dwellings, there will of necessity be multiple occupation, a form of living which, at its very best, is only a temporary and unsatisfactory expedient. In its worst form it is a source of squalor, domestic distrust and intra-household strife.

Houses in Multiple Occupation—Statistics

Number of inspections of houses	..	..	..	..	633
Number of houses reported to Committee for action	..	..	..	..	25
Notices served, Section 15, Housing Act, 1961	..	..	..	..	15
Notices served, Section 90, Housing Act, 1957	..	..	..	..	—
Notices served of Intention to give a Direction	..	..	..	..	12
Directions made	..	..	..	..	9

Variations of a Direction Order	1
Section 15, Housing Act, 1961, notices complied with ..	14
Section 15, Housing Act, 1961, partly complied with or work in progress.. .. .	2
Section 15, Housing Act, 1961, notices in default	—
Applications under Section 18 (2) for local authority to do the work	—
Houses vacated or now occupied by one family resulting from Housing Act notices	4
Houses or parts of houses submitted for Demolition or Closing Orders	27
Houses forming part of prosecution	
(a) Section 15, Housing Act, 1961	5
(b) Section 19, Housing Act, 1961	1

Unfit Houses—Demolitions and Closures

Almost as many unfit houses were closed or demolished during 1966 as in the previous year but there still remained at the end of the year many derelict and unoccupied houses in clearance areas which were a source of danger and nuisance. This was particularly evident in the Violet Street area and although it is acknowledged that it is impossible to clear an area street by street to ensure speedy demolition, the present method does seem to be unduly protracted.

In all, 676 houses were closed or demolished as compared with 342 during 1965. These unfit premises comprised the following:—

	Houses
In clearance areas	522
Individual unfit houses.. .. .	56
On undertakings by owners (not in clearance areas)	35
On certificates of unfitness (Corporation properties)	63
	676

Unfit Houses—Rehousing

There was a decrease in the number of families rehoused from dwellings during 1966, the total being 894 as compared with 1,512 during the previous year. Details of rehoused families are as under:—

	Families
Clearance Areas	773
Individual Unfit Houses	77
On undertakings by owners (not in clearance areas)	7
On certificates of unfitness (Corporation properties)	37
	894



Individual unfit houses - Perkins Street, Scotswood. Danger, dereliction and decay, pending demolition.



Neglected Structures

On an increasing number of occasions during the year complaints were received of nuisances arising from the condition of derelict and neglected structures. Almost all of these were houses outside clearance areas or areas under the control of the Corporation and, therefore, action had to be taken under the provisions of the Corporation Act of 1935. This is a relatively simple process as usually there is no difficulty in proving that the condition of the neglected structure is detrimental to the residents of the neighbourhood. Nevertheless, the operation involves the time-consuming procedure of applying to the Magistrates' Court for an order requiring the demolition or clearance of the site or alternatively the repair and restoration of the structure. On three occasions during the year this local act was brought into operation for this purpose and as the orders made by the court were not complied with, the work was carried out in default of the owner. The administration of these provisions of the local act is complicated by the fact that very similar provisions existed in Section 27 of the Public Health Act 1961 which section, for some reason not yet established, has been delegated to a Committee other than the Health and Social Services Committee. The main source of the nuisance and detriment to the residents of the neighbourhood arising in connection with these houses was not only their external appearance, but the nuisance created by deposits of refuse and unwanted lumber and often the lighting of fires therein by children. This latter activity is of some importance during the first week in November every year and in 1966 at least one house had been filled with combustible refuse with a view presumably to having a mammoth bonfire. The accompanying photographs illustrate the type of house involved in this problem and in each case shown it is obvious that the adjoining property has been reasonably well maintained. The successful operation of this local act is of great advantage in these situations.

RENT ACT 1957

Once again surprisingly little use was made of the provisions of this Act during 1966 as indicated in the summary below. Only six applications for certificates of disrepair were received and when one considers the many thousands of controlled houses included in the Housing Programme 1963-1981 for the purpose of short-term

revitalisation, virtually every one of which would justify the issue of a certificate of disrepair, the futility of this enactment is obvious. Whether it is because tenants are quite happy to pay the increased rent unquestioningly or whether landlords prefer to forego the increase, is a question that cannot be determined without a survey, but in any event it is suggested that the facilities available under this Act could quite usefully be given more publicity. The following is a statistical summary of the work carried out under the Rent Act 1957, during the year under review.

Certificates of Disrepair

Number of Applications for Certificates	..	..	..	..	6
Certificates refused	..	..	..	..	—
Applications withdrawn	..	..	..	..	2
Undertakings received (Form K)	..	..	..	..	3
Certificates of Disrepair issued	..	..	..	..	3
Decisions pending	..	..	..	..	—

Cancellation of Certificates of Disrepair

	1954 Act Certificates	1957 Act Certificates	Total
Number of Applications for revocation or cancellation of Certificates of Disrepair	..	..	..
Certificates revoked or cancelled	..	..	..
Cancellation refused	..	..	..
Decisions pending	..	..	..
Certificates remaining extant.	188	259	447

Certificates of Disrepair—Position as at 31st December, 1966

	1954 Act	1957 Act	Total
Number issued	542	437	979
Number revoked or cancelled	354	178	532
Number remaining in force (as in register)	188	259	447

PUBLIC HEALTH ACTS 1936—1961

Nuisances

Since 1964 there has been a regular annual increase in the number of complaints received in the department and in 1966 there was a further increase to 4,107 compared with 3,091 during the previous year. Once again there is little doubt that this increase was due to the continued occupation of unfit dwellings in confirmed clearance areas or areas awaiting to be represented, a situation which is inevitable but nevertheless very unsatisfactory so far as the tenant, owner and the Corporation are concerned. The tenant occupies an unfit house, which is often grossly unfit because of extensive dilapidation, the owner is naturally averse to incurring expenditure for repairs, and the department would be unwise to follow a policy of statutory enforcement when the only satisfactory solution is the rehousing of the tenant and the demolition of the property, a conclusion which, after all, is the sole and original objective of the operation. It is inevitable that a certain degree of turmoil will occur during the period between the confirmation of an order and clearance of the site, but the situation in relation to the abatement of nuisances would be even worse, were it not for the ready co-operation of the Housing Department in making a special effort to rehouse from premises where there is a special urgency on health grounds.

The usual number of cases of "filthy and unwholesome premises" were encountered during the year, premises which in the main, were occupied by aged persons. In two cases it was necessary to take action under the Public Health Acts where the persons were unable to act on their own behalf because of illness. In these cases a firm of commercial cleaners was employed to cleanse thoroughly the premises.

A policy of a more rigid enforcement of statutory notices continued throughout the year and although there was a very slight fall in the number of such notices served, there was twice the number of informations and complaints made to the magistrates' court. The laying of an information, the making of a complaint and the preparation of a case for a court hearing is always an irksome and time-consuming task but it is even more unwelcome when the department is suffering from a chronic and serious staff shortage. The total time wasted by officers of the Corporation before a

defendant is brought before the court is almost sufficient justification in itself for the application of an organisation and methods study to these operations. Moreover, even when non-compliance of statutory notices is proved to the satisfaction of the court, the penalties imposed and the costs awarded to the Corporation are relatively trivial. During 1966 the average penalty imposed for proved contraventions of the Public Health Acts was less than two guineas and the average costs awarded amounted to 4s. 9d. In fact, the maximum penalty for a first offence of this kind is only £5, but this figure was originally fixed in 1875 when values were different from today. The somewhat cursory attention which is paid to Public Health Act offences is contrasted by the more severe penalties imposed in respect of food hygiene contraventions when fines of up to £100 are not uncommon. It is, of course, acknowledged that there is often a greater number of people at risk because of food hygiene omissions but to the occupants of a house, a leaking roof, a collapsed floor or extensive dampness are matters of even more importance, particularly when, because of the slow and protracted processes of law, the unfortunate occupants are compelled to endure for several months such conditions which are a hazard to health.

Noise Abatement

It is somewhat surprising that, having regard to the size and character of our city, in only three cases was it found necessary to carry out full investigations into complaints of noise nuisance. In one case concerning large industrial premises in the north western area of the city a series of night visits established that a noise nuisance did exist and apart from one noise source, the causes were remedied forthwith by the engineering staff of the firm concerned. The remaining and principal nuisance, however, presented greater difficulty as it was caused by the use of steam for a particular operation during night time when the overall demand for steam was low. With the excellent co-operation of the management, the production cycles in the factory were altered to enable this steam-using equipment to be used until 8 p.m. until which time the noise was masked or absorbed into the general background noise in the area. Since then sound suppressors have been installed and the plant has doubled its production since it now also operates throughout the night without causing nuisance to nearby residents.

Another noise nuisance investigation related to early Sunday morning operations at an east end factory which fabricated large diameter wrought iron pipes. In this case the cost of sound proofing the factory premises would have been prohibitive and an acceptable compromise was reached when the management agreed to arrange their activities so that no such noise was created before 9.30 a.m. Sound level readings of 85 dBs had been recorded at 7.30 a.m. during the course of this investigation and whilst such a situation might have been tolerated on a weekday, it was felt that a nuisance did, in fact, exist on other occasions.

With the increasing social night life in the city, it was inevitable that sooner or later the noise of a night club would provoke a complaint from citizens who prefer to sleep during the small hours. Towards the end of the year this situation arose in connection with a night club in the east end when a petition signed by 22 aggrieved residents was received complaining of nuisance from "music" and singing. Public health inspectors do not normally frequent night clubs and it was to be expected that their arrival, accompanied by sound measuring equipment, would be given an unenthusiastic reception. However, when it was demonstrated that the sound level reading at the adjoining houses had reached 85 dBs., when a maximum reasonable level for that environment was some 45 dBs., the need to reduce the noise was acknowledged. Indeed, extensive sound proofing was put in hand within a fortnight of completing the investigation and since then every one of the original petitioners has been interviewed and without exception they find that the noise from the club has been reduced to a level which no longer interferes with sleep.

As in most noise complaints, the co-operation of all concerned invariably results in a satisfactory remedy being found.

Statutory Notices Served

(a) Public Health Acts, 1936—1961	..	..	..	..	1,104
(b) Corporation Act, 1935	..	..	..	..	235
(c) Final letters sent	..	..	..	..	333

Legal Proceedings

Hearings pending at end of 1965	..	..	..	..	10
Complaints and Informations laid	..	..	..	..	86
Summonses withdrawn (nuisances abated)	..	..	..	..	40
Orders made (Corporation Act, 1935)	..	..	..	..	3
Nuisance Orders made	..	..	..	..	15
Informations proved	..	..	..	..	33
Hearings pending at end of year	..	..	..	..	10

Places of Public Entertainment

For the first time in many years not one complaint was received from the public in respect of St. James' Park Football Ground. It will be remembered that a regular source of complaint was the inadequacy and arrangement of the sanitary accommodation provided for the public, but as a result of the substantial works of repair and improvement carried out in 1965, the present position can be regarded as reasonably satisfactory.

In all only 109 visits were made to places of public entertainment during the year as compared with 179 inspections made in 1965. Various reasons can be given to account for this reduction, but principally shortage of staff was the main cause. It is, however, pleasing to report that by and large all the premises were found to be in a satisfactory condition and that any minor defects noted at the time of inspection were attended to satisfactorily forthwith.

The following is a list of admission paying places of public entertainment operating at the end of the year.

Billiard Halls	..	..	..	..	..	2
Bingo Halls	..	..	..	..	..	11
Bowling Alleys	..	..	..	..	..	1
Boxing & Wrestling Halls	..	..	..	..	..	1
Cricket Grounds	..	..	..	..	..	4
Concert Halls	..	..	..	..	..	2
Cinemas ..	..	..	..	..	..	15
Dance Halls	..	..	..	..	..	6
Football Grounds	..	..	..	..	..	2
Greyhound Stadiums	..	..	..	..	..	1
Lawn Tennis Clubs	..	..	..	..	..	3
Music Halls	..	..	..	..	..	1
Theatres ..	..	..	..	..	..	4
Any Others	..	..	..	..	..	9

Offensive Trades

There was no change in the number and nature of offensive trades carried on in the city. All premises were regularly inspected and in all cases satisfactory conditions were maintained. The types and number of offensive trades at the end of the year was as follows:

<i>Trade</i>		<i>No. of Trades</i>	<i>No. of Premises</i>
Bone Boiler		1	1
Fat Extractor		1	
Fat Melter		1	
Glue Maker		1	
Soap Boiler		1	1
Fell Monger		1	1
Tripe Boiler		2	2
Gut Scraper		1	1
Fat Melter		1	
Totals ..		10	6

Tents, Vans and Sheds

There was a marked fall in the number of caravans and families who occupied the fairground site on the Town Moor during the Annual Temperance Festival Week. This festival was, as usual, held in the last full week in June in mixed weather conditions and there were on the site 422 caravans containing 381 families comprised of 1,143 persons. The usual facilities for water supply, drainage and sanitary accommodation were maintained at the generally satisfactorily high standard and general supervision was maintained by at least one public health inspector being on duty during the whole of the period that the Festival was open. A major problem was, however, a disturbing feature which has become worse in recent years, and which was created by the number of pirate caravans and tents stationed to the north of the fairground site. The number of "pirate" caravans and tents was the highest figure ever reached for unauthorised vehicles and included 100 caravans, 84 other vehicles and two tents which were occupied by 94 families comprised of 358 persons. Repeated references have been made in previous years to this disturbing trend and I suggested in my last report that this undesirable practice should be examined against the background of the Caravan Sites and Control of Development Act 1960. Of the 358 persons unlawfully using the moor in this way, none of them was known to be officially attached to the Festival although 40 of these persons were employed on the festival site on a casual labour basis. Of the rest, 11 were scrap merchants, four were workers engaged on road surfacing, one was a horse dealer, one was a carpet salesman and the remainder were apparently spending their time on the moor as a kind of annual holiday. Of the 102 unauthorised habitations, 37 were without any facilities for the storage of refuse and the only sanitary accommodation available

was the public conveniences in the Grandstand Road. This unlawful occupation by these "pirates" on the moor is not only a contravention of the Caravan Sites and Control of Development Act, but it is also a potential public health hazard as the absence of appropriate sanitary accommodation and arrangement for the disposal of waste water and the indiscriminate tipping of refuse of all kinds creates conditions which are prejudicial to health. It is surprising that the genuine showmen, who are authorised to attend the festival, have themselves not taken active steps to prevent these pirates from exploiting the fair and as attention has been drawn to this situation without any attempt at a remedy, it seems not unlikely that the absurd position will ultimately be reached when there are more unauthorised persons and vehicles than there are of those officially attached to the festival. The situation will remain unsatisfactory until adequate and firm ground control is exercised over the entrants to the moor.

On another site in this city on land in a slum clearance area, caravans were found to be occupying the cleared land which was in the ownership of the Corporation. This occurred on two occasions and although in the first case three caravans were removed within the requisite period, in the other case it was several weeks before the occupants found suitable housing accommodation. In all cases the occupiers of caravans carried on their usual businesses as general dealers in old clothing and scrap metal whilst they occupied these sites and it is clear that a much firmer attitude must be adopted in future with respect to the use of cleared sites in slum clearance areas in this way. If the Corporation is going to permit, and even encourage, because of their passive attitude, the use of sites for this purpose, it will be difficult effectively to take action against van dwellers on privately owned sites and the inevitable result will be a colony of itinerant dealers flourishing on various sites within the city, a development which would bring in its trail all the problems of nuisances associated with accumulations of unwanted refuse and abandoned scrap motor vehicles.

Common Lodging Houses

The Salvation Army Men's Hostel in Pilgrim Street is the only Common Lodging House within the city and it continues to provide adequate accommodation nightly for 242 men. The standard of

accommodation is austere but quite adequate and on the occasion of every inspection the conditions were found to be satisfactory.

New Buildings and Alterations

During the year 1,304 plans were submitted to the department for examination and comment before being considered for building regulation approval by the City Engineer. A number of recommendations were made with regard to requirements of the Food Hygiene Regulations, Offices Shops and Railway Premises Act, Factories Act, etc.

Water Supply

During the year the amount of water held at the reservoirs of the Newcastle and Gateshead Water Company was at all time ample for all purposes. All of the results of chemical samples of main's water taken during the year indicated that the water continued to be of satisfactory organic purity, did not have a plumbo-solvent action and was in every way satisfactory for use as a public water supply. A total of 586 samples of water were taken for bacteriological examination all of which were found to be satisfactory. These are the best results obtained for very many years and can probably be attributed to recent improvement in sampling and laboratory techniques.

All water supply in the city had previously been subject to high pressure filtration and chlorination and, therefore, the need did not exist to obtain samples of raw water supplies. At the 31st December the supply of water to domestic dwellings was as follows:—

a)	Total number of dwelling houses supplied	..	..	85,583
(b)	Population supplied from public mains—			
	(i) direct to dwelling houses	..	..	253,730
	(ii) from stand pipes	..	..	50

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 ..	576	6	—	—	582
Domestic Taps	4	—	—	—	4
Totals ..	580	6	—	—	586

Public Swimming Baths

All the bath waters in the eighteen swimming baths in the city are changed by re-circulation and were regularly sampled during the year for bacteriological examination and to estimate the amount of free chlorine and pH. value. These swimming baths comprise thirteen open for public use and five attached to schools and in all 30 visits were made for the purpose of obtaining 59 samples which were submitted to the Public Health Laboratory. Of the samples taken eight were classified as unsatisfactory, but subsequent samples proved to be of excellent quality.

BACTERIOLOGICAL EXAMINATION

Class 1	Class 2	Class 3	Class 4	Total
Nil. b.coli.	1 to 3 b.coli.	4 to 10 b. coli.	10 + b.coli.	
47	3	1	8	59

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								1		1
1.0				1	1	3				5
1.1			1							1
1.2					2					2
1.3										Nil
1.4										Nil
1.5										Nil
1.6		1		2						3
1.7										Nil
1.8		1		2						3
1.9										Nil
2.0		3		2	1	4		2		12
Over 2.0				2			1			3
Totals	Nil	5	1	9	4	7	1	3	Nil	30

SUMMARY OF VISITS CARRIED OUT BY PUBLIC HEALTH INSPECTORS FOR THE YEAR 1966

Complaints received	3,907
Nuisances found on District in addition to above	200
	4,107

Dwellinghouses

1. Under Housing Acts :

(a) On inspection of district and under any Regulations made under Acts	59
(b) Individual Unfit Houses	
(i) Repairable at reasonable costs	258
(ii) Not repairable at reasonable costs	798
(c) Houses let in lodgings	633
(d) Clearance and redevelopment areas	10,252
(e) Overcrowding provisions	72
(f) Certificates of Unfitness	45
(g) Improvement Grants	1
(h) Other visits.. .. .	4,649

2. Under Rent Acts :

(a) In connection with Certificates of Disrepair	17
(b) In connection with other certificates	2
(c) Other visits.. .. .	8

3. Under Public Health Act and Water Act :

(a) Water closets	910
(b) Common courts yards and passages	30
(c) Filthy and verminous premises	175
(d) Dustbins	723
(e) Statutory nuisances	9,030
(f) Water supplies	522
(g) Disinfestation	3,691
(h) Infectious Diseases (Other than Food Poisoning)	58
(i) Drains and Sewers	987
(j) Other visits.. .. .	3,177

Other Premises

1. Under Public Health Acts :

(a) Premises used for the keeping of animals	30
(b) Places of Public entertainment	109
(c) Public conveniences	246

(d) Offices	18
(e) Schools	6
(f) Shops	4
(g) Offensive trades	
(i) Blood boiler and blood drier	—
(ii) Bone boiler	1
(iii) Fat extractor and fat melter	1
(iv) Fell monger	—
(v) Glue maker and size maker	1
(vi) Gut scraper	1
(vii) Rag and bone dealer	2
(viii) Soap boiler and tallow melter	4
(ix) Tripe boiler	12
(h) Baths and washhouses	9
(i) Common lodging houses	16
(j) Watercourses, ditches, ponds, etc.	10
(k) Tents, vans, sheds	502
(l) Exhibition	48
(m) Hide and skin depot	—
(n) Other visits	172

2. Food and Drugs Act :

(a) Bakehouses—Mechanical	258
(b) Bakehouses—Non-Mechanical	64
(c) Butchers	840
(d) Premises used for the preparation of sausages or potted, pressed, pickled or preserved food	244
(e) Catering premises	1,537
(f) Confectioners (sweet shops and bakers shops)	607
(g) Dairies	58
(h) Fishmongers	162
(i) Food factories	85
(j) Fried fish shops	201
(k) General dealers and supermarkets	943
(l) Greengrocers	360
(m) Grocers	394
(n) Ice cream factories	45
(o) Ice cream retail premises	670
(p) Ice cream vehicles	64
(q) Licensed Premises	
(i) Public houses and Hotels	845
(ii) Clubs	153
(iii) Off Licences	161
(r) Milk retail premises	701

(s) Mobile shops	..	..	..	..	..	..	..	147
(t) Street traders	..	..	..	..	..	..	..	327
(u) Food poisoning	..	..	..	..	..	..	..	32
(v) Unsound food	..	..	..	..	..	..	..	279
(w) Other visits..	..	..	..	..	..	..	..	1,300
3. Under Clean Air Act and Regulations and Orders made thereunder :								
(a) Smoke observations (half-hour)	..	..	..	..	..	..	..	94
(b) Smoke observations (eight-hour)	..	..	..	..	..	..	..	3
(c) Visits to boiler and other plant (routine)	..	..	..	..	..	..	..	95
(d) Visits to boiler and other plant (smoke, grit and dust emissions)	..	..	..	..	..	..	..	15
(e) Smoke Control Areas	..	..	..	..	..	..	..	11,866
(f) Smoke nuisances	..	..	..	..	..	..	..	64
(g) Air pollution survey	..	..	..	..	..	..	..	412
(h) Other visits..	..	..	..	..	..	..	..	495
4. Offices, Shops and Railway Premises Act, 1963 :								
(a) General inspections								
(i) Offices	..	..	..	..	..	..	..	135
(ii) Shops (retail)	..	..	..	..	..	..	..	136
(iii) Wholesale departments or warehouses	..	..	..	..	..	..	..	27
(iv) Catering establishments open to the public	..	..	..	..	..	..	..	17
(v) Staff canteens	..	..	..	..	..	..	..	3
(vi) Fuel storage depots	..	..	..	..	..	..	..	—
(b) Other visits..	..	..	..	..	..	..	..	6,766
5. Factories Act, 1961 :								
(a) Factories without mechanical power	..	..	..	..	..	..	..	407
(b) Factories with mechanical power	..	..	..	..	..	..	..	1,912
(c) Other premises where Section 7 is enforced by Local Authority (excluding outworkers' premises)	..	..	..	..	..	..	..	73
(d) Outworkers' premises	..	..	..	..	..	..	..	67
6. Other Miscellaneous Acts, Orders and Regulations								
(a) Burial Act, 1857 (Exhumations)	..	..	..	..	..	..	..	13
(b) Merchandise Marks Act	..	..	..	..	..	..	..	4
(c) Hairdressers (Corporation Act, 1956)	..	..	..	..	..	..	..	376
(d) Tents, vans and sheds (Caravan Sites and Control of Development Act, 1960 and Corporation Act, 1926)	..	..	..	..	..	..	..	25
(e) Corporation Act, 1935 (drains, etc.)	..	..	..	..	..	..	..	644
(f) Pet Animals Act, 1951	..	..	..	..	..	..	..	38
(g) Riding Establishments Act	..	..	..	..	..	..	..	10

(h)	Animal Boarding Establishments Act, 1963	..	..	1
(i)	Prevention of Damage by Pests Act, 1949	..	..	13,423
(j)	Pharmacy and Poisons Act, 1933	..	..	50
(k)	Noise Abatement Act, 1960	..	..	105
(l)	Rag Flock and Other Filling Materials Act, 1951	..	..	43
				85,017

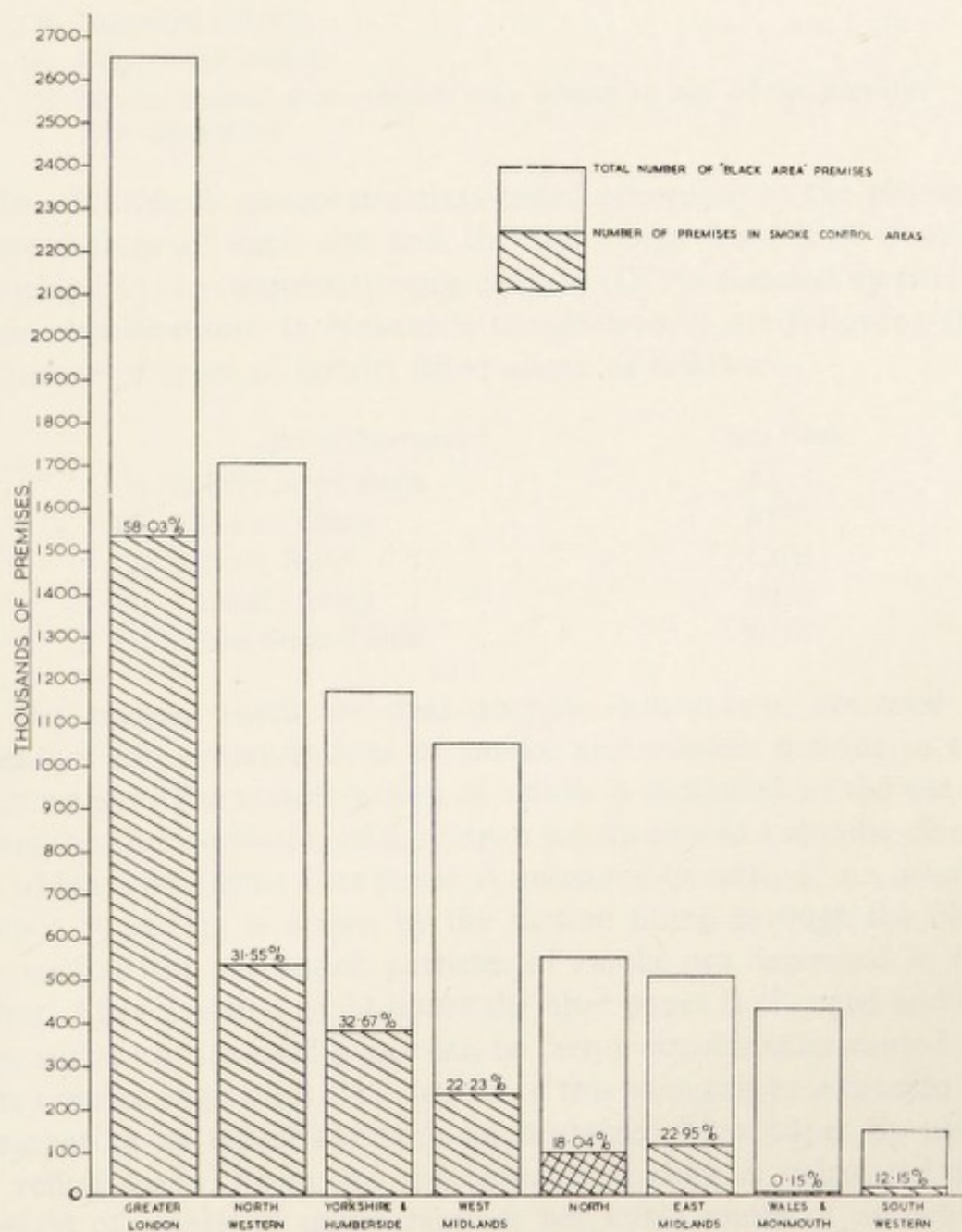
ATMOSPHERIC POLLUTION

Measurement

The department continued to operate throughout the year the five air pollution gauges used in connection with the National Air Pollution Survey. Outside of the department, knowledge of the purpose and operation of this survey is limited and it may be both interesting and profitable to include in this part of the report a brief note of explanation.

Prior to 1961 air pollution measurements were being carried out by various bodies, including a large number of local authorities, and although results were collated by the Warren Spring Laboratory of the D.S.I.R. (now of the Ministry of Technology) the actual numbers, siting, types and operation were matters for local decision. With the operation of the Clean Air Act 1956, particularly those provisions relating to domestic smoke control, it became clear that wider and more precise information on air pollution sources, concentrations and behaviour was necessary if the provisions of the Act were to be applied to full advantage and to this end a National Survey under known and controlled conditions began.

In order to obtain a true picture of pollution on a national basis approximately 150 towns were chosen as being a truly representative sample of all districts in the country (excluding rural districts) on a basis of both population and category. The category of a town was determined by the application of three factors, viz.: D, domestic coal consumption, I, industrial coal consumption, and A, natural ventilation. Each of these factors was qualified by the figure 1, 2 or 3 indicating a magnitude of low, medium or high. For example, Newcastle upon Tyne is in Category D₃ I₂ A₂ which indicates a town of high domestic coal consumption, medium industrial coal consumption and medium natural ventilation.



SMOKE CONTROL PROGRESS IN THE REGIONS

- (1)
- (2)
- (3)
- (4)
- (5)

ATMOSPHERIC POLLUTION

Atmospheric pollution is a serious problem in many parts of the world. It is caused by the release of pollutants into the air from various sources. These pollutants can be harmful to human health and the environment. The most common pollutants are carbon dioxide, sulfur dioxide, and nitrogen oxides. These pollutants are released from the burning of fossil fuels in power plants, factories, and vehicles. The pollutants can travel long distances in the air and can cause acid rain, global warming, and other environmental problems. It is important to take steps to reduce atmospheric pollution. This can be done by using cleaner energy sources, such as wind and solar power, and by reducing the use of fossil fuels. It is also important to encourage people to use public transportation and to carpool. By taking these steps, we can reduce the amount of pollutants in the air and protect our health and the environment.

The following table shows the amount of pollutants released from different sources in the United States in 1990. The table is divided into three columns: Source, Carbon Dioxide (million tons), and Sulfur Dioxide (thousand tons). The data is as follows:

Source	Carbon Dioxide (million tons)	Sulfur Dioxide (thousand tons)
Electricity and Heat	1,200	1,500
Manufacturing and Construction	800	1,200
Transportation	1,000	500
International Air and Sea	100	100
Land Use Change and Forestry	500	100
Total	3,500	3,300

The table shows that the largest source of carbon dioxide emissions is electricity and heat, followed by transportation and manufacturing and construction. Sulfur dioxide emissions are also highest from electricity and heat, followed by manufacturing and construction. International air and sea emissions are the smallest source of both pollutants.

It is important to note that these figures are for the year 1990. Emissions have increased since then, particularly from transportation and international air and sea sources. It is therefore important to continue to work on reducing emissions from all sources.

In each of the 150 survey towns there operates a volumetric smoke filter gauge in each of five types of district within that town as follows:—

- (1) Residential district with high density population;
- (2) Residential district with low density population;
- (3) Industrial district;
- (4) Commercial centre;
- (5) Smoke control area—(which may belong to any of the previous four categories)

In addition all gauges are class-coded according to the physical surroundings of each site and the full range from high density housing (A1) to completely open country (O2) is assessed by twelve code classifications. In Newcastle the class-codes are following the sequence of types of district listed above as follows:—

<i>Site of Instrument</i>				<i>Class Code</i>	
(1)	Shipley Street Baths	..	..	..	A1
(2)	Blakelaw Clinic	..	..	..	B3/E
(3)	Elswick Baths	..	..	..	C2/E
(4)	Central Library	..	..	..	D1/E
(5)	Diana Street Clinic	..	..	..	A1/E

The gauges, which are dual purpose instruments, are used to measure the concentrations of smoke and sulphur dioxide in the atmosphere. The concentration of smoke is measured by the use of a smoke filter consisting of a pump, a gas meter and a circular clamp in which is retained a filter paper. A measured quantity of air, usually about 50 cu. ft., is drawn by the suction pump through the filter paper and the suspended particles of smoke are deposited in the filter. After a period of 24 hours the filter paper is changed and on the surface of the used paper can be seen a circular stain caused by the arrested impurities. The deposit of this stain can be measured by comparing its reflectivity with an unstained filter paper by using a reflectometer. From this reflectometer reading is calculated the weight of smoke in microgrammes per cubic metre of air which passes through the filter paper.

This dual purpose gauge incorporates a Dreschel bottle containing a known quantity of hydrogen peroxide. The 50 cu. ft. or so of air after passing through the filter to remove the smoke is then bubbled through the hydrogen peroxide which absorbs the sulphur dioxide

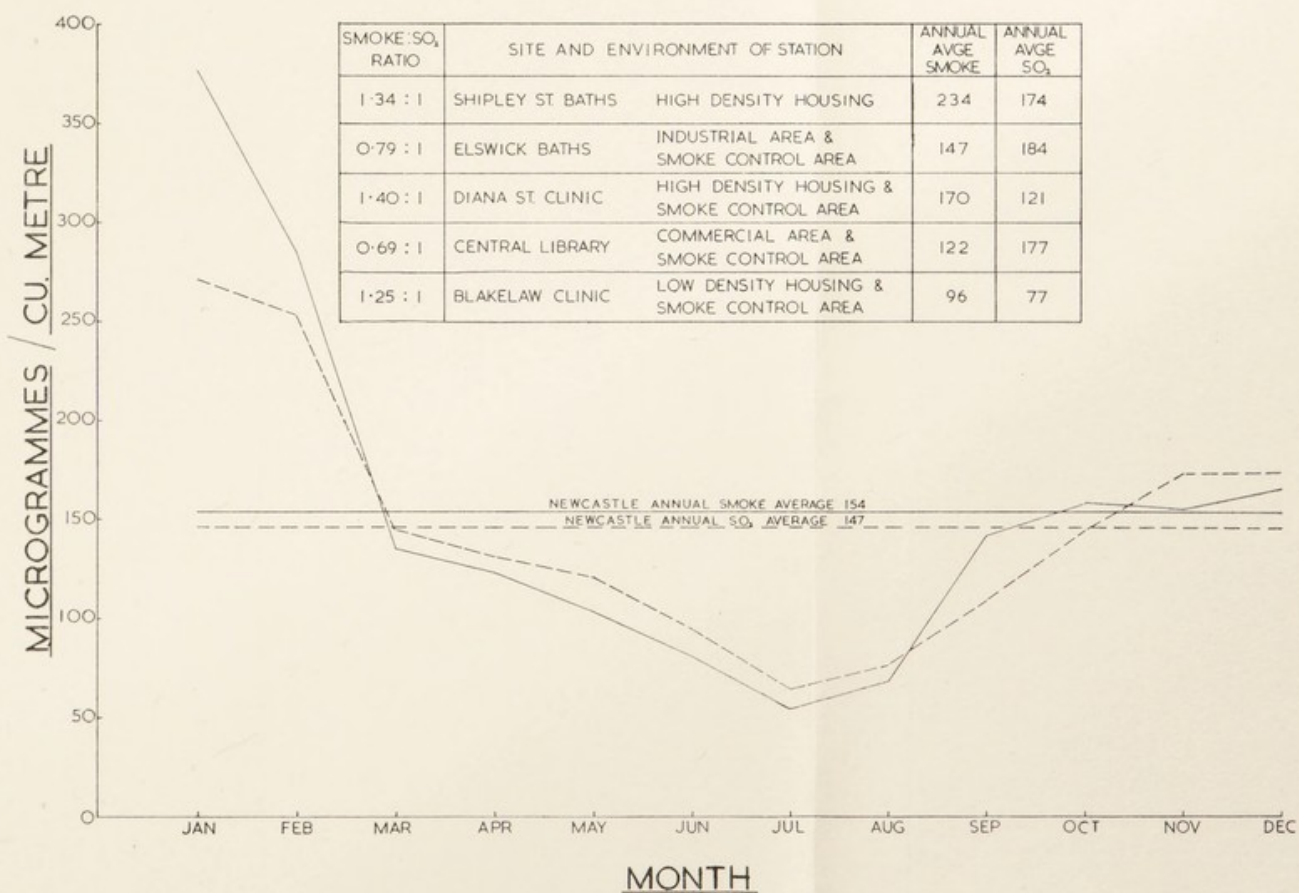
in the air forming sulphuric acid. After a period of 24 hours the bottle and its contents of hydrogen peroxide is changed and from this acidic solution the amount of sulphur dioxide in the measured quantity of air can be calculated, again in terms of microgrammes per cubic metre.

From the accompanying tables of air pollution results for 1966 it is gratifying to note that all the smoke pollution figures show a reduction over the previous year and the SO_2 figures show a similar reduction at four of the five stations mentioned. The reduction of smoke pollution in the neighbourhood of the Blakelaw Clinic and the Shipley Street Baths is most dramatic. At Blakelaw there has been a reduction of more than 50% of smoke pollution since 1964 when the average reading was 195 as compared with 96 microgrammes per cubic metre for 1966. This is undoubtedly due to the effectiveness of the smoke control area No. 9 which came into operation in July 1965. In the Shipley Street Baths the instrument has shown a reduction of more than 40% in the smoke pollution in this area as the average in 1964 was 383 as compared with the average in 1966 of 234 microgrammes per cubic metre. This too is a dramatic reduction and can be accounted for by the large scale demolition of dwellinghouses in the area, proving once again (if proof were needed) that the vast majority of smoke pollution is from domestic sources and that its effect is quite localised. These results, which demonstrate the purely local effects of domestic pollution, quite clearly dispose of any suggestion that smoke from Newcastle can ever reach the coastal area because of a prevailing west wind.

During the year two additional measuring instruments were brought into operation and are operated in conjunction with the Newcastle Bronchitis Centre to assist in showing the relationship between air pollution and bronchitis in the Heaton and Walker areas. These instruments are basically the same as the other five operated elsewhere in the city, but they are of the 8 port type and require only weekly attention. These gauges were installed in the High Heaton Library and the Scrogg Road Clinic in October 1966 and in view of the relatively short time that they have been operating no details of results are included in the accompanying graphs or tables.

CITY AND COUNTY OF NEWCASTLE UPON TYNE

SMOKE AND SULPHUR DIOXIDE CONCENTRATIONS FOR 1966 (AVERAGE OF ALL FIVE STATIONS)



In previous years the calculation of air pollution results, which involved the carrying out of titrations for the estimation of sulphur dioxide and reflectometer readings for the assessment of smoke pollution, was carried out by the Public Analyst at his laboratory, but since February of the year under review this work has been done within the department. This new arrangement has resulted in a very considerable financial saving to the Corporation and provides a most interesting and instructive activity for the pupil public health inspectors who are engaged in this work. The five volumetric gauges to which reference is made above have now been in operation for a period of five years and the accompanying histogram shows the trend in air pollution over that period.

Clean Air Act, 1956

Smoke Control Order No. 10, which had been confirmed by the Minister of Housing and Local Government in September, 1965, became operative on the 1st October, bringing the total area of the City covered by operative Smoke Control Orders to 4,061 acres and the number of premises to 21,417, this total including 14,971 dwellings.

A report on the Smoke Control Area No. 11 was presented to, and accepted by, the Council and an Order made in April. Some apprehension was felt about the possibility of the confirmation of this Order in view of the national economic situation, but these fears were dispelled when the Ministry of Housing and Local Government Circular 42/66 was published, in which the Minister stated that a similar test of urgency should be applied to the problem of cleaning the atmosphere as to other public health problems, such as water and sewage schemes. Accordingly, Smoke Control Order No. 11 was confirmed by the Minister on the 11th October, 1966, and will come into operation on the 1st October, 1967.

A survey of the proposed Smoke Control Area No. 12 was almost complete at the end of the year and will be presented to the Council early in 1967. It is important that steady progress in the declaration of smoke control areas be maintained if this authority is to keep pace with other authorities in the Northern Region. To declare one smoke control area every year costs no more than 1d. per year on the general rate and this is indeed a small price to pay for the benefits of clean air. Moreover, any delay in the implementation of the

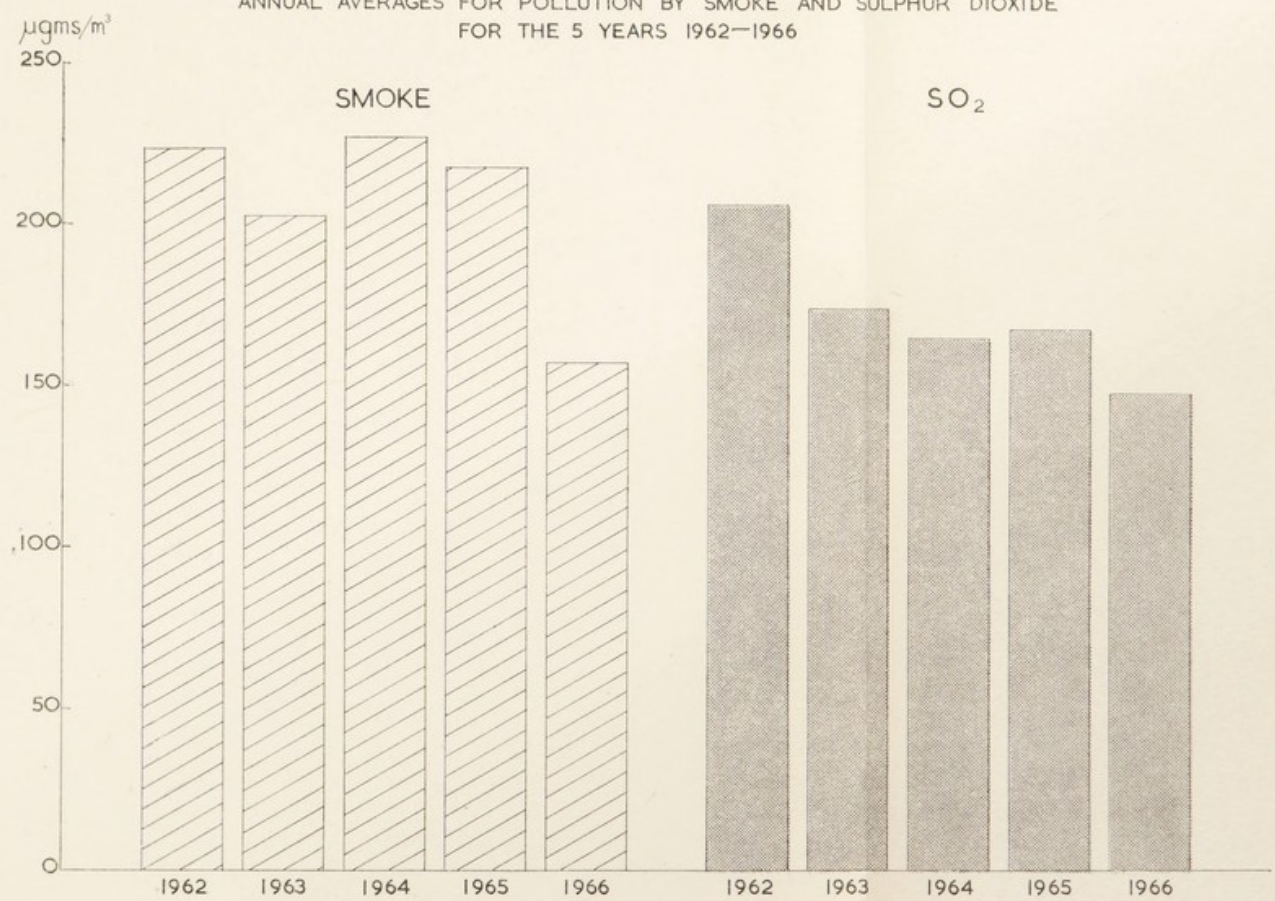
NATIONAL SURVEY OF AIR POLLUTION

The following table shows the average smoke and SO₂ concentrations, given in microgrammes per cubic metre, for the five sites during 1966.

Gauge Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average 1966	Average During 1965
<i>Blakelaw Clinic</i>														
SO ₂	248	172	59	112	61	39	22	30	31	43	54	54	77.0	97.0
Smoke	252	238	66	62	62	66	31	35	93	86	71	91	96.0	145.0
<i>Diana St. Clinic</i>														
SO ₂	198	246	118	84	112	75	45	66	98	120	137	150	120.7	155.0
Smoke	384	251	161	160	120	97	57	75	157	169	166	242	169.9	190.0
<i>Elswick Baths</i>														
SO ₂	320	273	216	184	142	127	96	97	130	214	201	209	184.0	212.0
Smoke	349	219	113	102	99	98	58	70	111	177	200	164	146.6	202.0
<i>Central Library</i>														
SO ₂	281	304	180	142	149	104	71	90	120	165	287	233	177.2	166.0
Smoke	266	214	95	109	79	74	44	70	135	124	126	132	122.3	154.0
<i>Shipley St. Baths</i>														
SO ₂	312	270	151	138	143	127	87	103	165	178	187	222	173.9	201.0
Smoke	632	501	241	182	157	71	80	88	214	233	213	199	234.2	376.0

NEWCASTLE UPON TYNE

ANNUAL AVERAGES FOR POLLUTION BY SMOKE AND SULPHUR DIOXIDE
FOR THE 5 YEARS 1962-1966



existing programme will result not only in increased economic losses attributable directly to the effects of atmospheric pollution, but equally important, it will result in increased expenditure, due to generally rising costs, when the programme is ultimately implemented.

Promises from premium open-fire smokeless fuel producers, of sufficient quantities of this type of fuel becoming available in the Northern Region, have not materialised. Therefore, it is still necessary to designate improved open grates as not eligible for grant in smoke control areas in this region, which involves this authority in a 300% increase in adaptation costs over and above the costs incurred by local authorities in the other regions where open-fire smokeless fuels are freely available. This disadvantageous situation exists in all of the north east black areas and contributes to the reason for the comparative lack of progress in domestic smoke control in the Northern Region.

In the accompanying histogram is shown the eight regions of England and Wales comprising the Northern Region, Yorkshire, East Midlands, Greater London, North Western, West Midlands, South Western and South Wales. Quite clearly Greater London has by far the biggest problem with more than 2½ million premises to make smokeless and yet this is the region where outstanding progress has been made. It is a chastening exercise to compare this vigorous approach to the problem of domestic smoke pollution, with the half-hearted efforts of the Northern Region which comes a mere sixth in a list of eight. Only the South West, which has hardly any "black area", and South Wales (which uses smokeless fuels anyway) have a worse record than the Northern Region. Even in the North West and in Yorkshire where the magnitude of the pollution problem is twice or thrice as great as in this region, twice the progress has been made.

It seems strange that a city regarded by many as the Metropolis of the North, a town in the forefront of replanning and redevelopment, can also be so backward as to allow the modernised city of the future to continue to be enveloped in the murk and grime produced by its inhabitants. This attitude of inactivity is all the more alarming when one realises that Newcastle is a more densely populated area than Greater London where such great progress in air pollution abatement is being made. In London there are some 19 persons to the

acre whereas in our city the figure is rather more than 22 and consequently, the greater number of households per acre, plus the fact that domestic fires burn for a much greater period during the year in Newcastle than in London, creates a much more urgent smoke problem in our area.

That air pollution is a national problem should have been recognised long since and it should therefore, as a national problem, be tackled with national resources and not left to those local authorities least equipped financially to carry the main financial burden of smoke control programmes.

A successful clean air exhibition, staged in conjunction with the council house modernisation scheme, was held in a house in Briarwood Crescent in May. A fan-assisted fire burning 'Sunbrite' was displayed, linked to a high-output boiler supplying domestic hot water and serving four radiators and a towel rail. The emergence of the fan-assisted fire in marketable quantities will, it is hoped, prevent any further immediate increase in overall costs but the misplaced reluctance of some housing authorities to utilise this type of appliance in local authority houses does nothing towards maintaining adaptation costs at an economic level. It is to be hoped that the installation of this type of appliance in all local authority houses within smoke control areas will be adopted, thereby avoiding unnecessary expense to the ratepayers.

A notable achievement during the latter part of the year was the preparation and publication of a Clean Air Handbook which will be distributed to industrial, commercial, academic and consumer organisations throughout Tyneside during the early part of 1967. It is only by making readily known the effects of, and remedies for, atmospheric pollution that public interest in public health programmes of this nature can be maintained.

The position in relation to the progress of the smoke control programme at the end of the year was as follows:—

(a) *Areas Reported to Health Committee*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 11	496	3,355	3,503	6.4.1966	11.10.1966

(b) *Orders made and confirmed :*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 11	496	3,355	3,503	6.4.1966	11.10.1966

(c) *Position at 31st December, 1966*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Operative Date</i>
Area No. 1	118	156	1,492	1.4.1959
Area No. 2	161	1,463	3,039	1.12.1960
Area No. 3	119	774	1,232	1.1.1962
Area No. 4	124	974	1,797	1.8.1962
Area No. 5	170	1,292	2,376	1.12.1962
Area No. 6	334	708	998	1.7.1963
Area No. 7	800	999	1,624	1.7.1963
Area No. 8	1,403	3,261	3,368	1.12.1963
Area No. 9	160	978	1,024	1.7.1965
Area No. 10	672	4,366	4,467	1.10.1966
Area No. 11	496	3,355	3,503	1.10.1967

(d) *Formal Action During 1966*

No. of Approvals of Proposed Works dealt with	..	..	862
No. of Claims for 70% grant approved	..	..	719
No. of Claims for 100% grant approved	..	..	47
No. of Section 12 Notices served	..	..	51
No. of Section 12 Notices complied with	..	..	17
No. of Section 12 Notices work still outstanding	..	..	34
Works carried out in default	..	..	Nil

Smoke Emissions

By and large, unlawful emissions of smoke from industrial premises during the year were very infrequent and the few that did occur were, in the main, of minor importance. However, in one case involving a theatre in the city centre, a continuous emission lasting 24 minutes, which included a continuous emission of black smoke for 7 minutes, was caused deliberately by the misuse of the boiler plant, contrary to specific instructions issued by the management. Moreover, the premises involved were subject to an operative smoke control order and these contraventions resulted in the imposition of a fine of £20 at the Magistrates' Court.

The widespread demolition work carried on throughout the year in the central areas of the city gave rise, on occasion, to smoke emissions from the disposal of scrap timber by burning on the site, but in every case the situation was remedied by the co-operative action of all concerned after informal approaches had been made to the contractors.

Less easy of solution is the sporadic emission of smoke from domestic chimneys in smoke control areas, particularly from the dwellings collectively known as Noble Street flats. In these cases,

little useful purpose is likely to be achieved by prosecution alone as it is known that many of the offending occupiers are confronted with difficulties which do not admit of an easy remedy. However, this particular problem was receiving attention at the close of the year.

Prior Approval of Furnaces

During the year only one application was received and approved for the prior approval of fuel burning equipment as provided for in Section 3 of the Act. This related to the installation of an oil fired boiler plant. In addition one notification was received relating to the installation of an oil fired furnace although prior approval was not sought. In both cases, the technical data submitted was satisfactory.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Section 60 (1) of the Act requires annual report on the administration of this enactment to be submitted to the Minister as soon as practicable after the 31st December each year and, in any event, not later than the end of the following March. The Act also requires a copy of this annual report to be kept at the offices of the local authority and to be open for inspection by any person free of charge at all reasonable hours. Furthermore, it is also a statutory requirement that a copy of the report be supplied to any person on payment of a reasonable charge therefor.

In addition to the prescribed statistical material included in this report the Minister suggests that narrative reports giving information about problems and difficulties encountered during the administration of the Act would prove most useful to him and consequently, special reference has been made in this report to certain relevant matters judged to be worthy of comment.

Administration

When the above Act came into operation in 1964, it was realised that the District Public Health Inspection staff could not hope to cope with the vast amount of work which would be required to

carry out the initial general inspections of all offices and shops within the city and it was decided to attempt to carry out this task with the employment of Technical Assistants.

As this enactment was new legislation and no previous experience existed in this particular field, it was not considered desirable to prescribe any specific qualification for the post of Technical Assistant. It was, however, decided that the best type of person for the project would be someone who had had a good general education, was reasonably personable and, in particular, possessed some experience in dealing with members of the general public. In due course four men were engaged, all of whom had previous experience in public service.

Working under the supervision of a Senior Inspector and in co-operation with the District Public Health Inspectors, these men achieved excellent work in the field of office and shops administration and, in addition, they are now helping in other fields, such as smoke control and factories inspection.

The initial survey of all premises in the city, to which the Act applies, was virtually completed by the end of 1965 and the work carried out under the Act during 1966 consisted mainly of enforcing the completion of outstanding work, particularly under regulations dealing with sanitary conveniences and washing facilities, which regulations did not become operative until the 1st January, 1966. In addition, a number of visits were paid to new premises or premises where there had been a change of occupier and generally the enforcement of the Act proceeded with smoothness and dispatch. A number of interesting points of administration arose during the year and these are mentioned later in the report. The statistical summary at the end of the report is based on the requirements of Form OSR 14 which is submitted to the Minister of Labour at the end of each year. It will be seen from table 'F' that the number of contraventions found during 1966 totalled 1,167, a very substantial reduction over the previous year when 5,348 such contraventions were detected. This great reduction indicates the thoroughness of the initial inspections and the great volume of remedial work which has been carried out.

Section 7 – Dangerous Machines. Survey of Escalators

During the year the department became aware of a serious accident which occurred in another part of the country, when a maintenance engineer suffered severe injuries whilst servicing an escalator. As a result of this a survey of all escalators in the city was carried out as they were being serviced to ascertain if any dangerous practices existed.

Generally speaking it was found that all major operations of maintenance were carried out whilst the escalators were stationary, but in one instance it was found that a maintenance engineer entered the reversing space at the top and bottom of the escalator and carried out lubrication whilst the escalator was in motion. There was a danger that the man's clothing could become entangled with the moving steps of the escalator, and when this was pointed out to the employers they affirmed that this practice was a contravention of their instructions and they thereupon issued a new directive to all maintenance staff. In addition they were asked to provide a fixed guard so that even if someone entered the reversing space against instructions there would be no danger from moving parts.

Section 8 – Lighting

More than twelve months have now elapsed since local authorities over the whole country carried out a special lighting survey and submitted the results to the Minister of Labour. It was assumed at that time that this would result in regulations prescribing lighting standards being made at an early date, but so far not even draft regulations have appeared.

Many occupiers and owners are anticipating that regulations will be made and are reluctant to carry out lighting improvements until they know precisely the standard which will be required. It would, therefore, be most helpful to all concerned if the Minister of Labour would either make regulations on lighting standards or state quite categorically that he does not intend to make such regulations, thus enabling enforcing authorities to formulate and enforce their own standards in this very important field of occupational welfare.

Section 9 – Accessibility of Sanitary Conveniences and Washing Facilities

At a very early stage in the administration of the Offices, Shops and Railway Premises Act, 1963, it became apparent that some yardstick had to be devised on which to base an interpretation of the phrase “conveniently accessible” as applied to sanitary conveniences and washing facilities, particularly in large buildings.

The standard adopted in Newcastle was that where employees had to ascend or descend more than one storey from their place of work to a sanitary convenience, the question of “convenient accessibility” needed further investigation. Many owners and occupiers accepted this standard, but some were less co-operative, and legal proceedings were instituted in respect of two buildings during the year.

One case involved a six storey office building wherein the basement and ground floor were separately occupied and the employees had their own sanitary conveniences, but facilities for all other employees were provided on the fourth floor. There was a lift in the building.

The case for the Corporation was that the sanitary conveniences were not regarded as being “conveniently accessible” to employees on the first floor in view of the fact that, in order to reach them, employees had to walk up three flights of stairs or use a lift, which was used by members of the public visiting the building, and was not always readily available. The defendants claimed that the lift was always available, had never been known to break down, and that no complaints had ever been received from the staff about the sanitary conveniences.

A second case concerned a five storey shop building without a lift, where some employees had to walk from the ground floor to a half landing between the second and third floors in order to reach the sanitary conveniences. The defendants called as witness an architect who stated that it was not uncommon even in new developments to install sanitary conveniences on the second floor, leaving the ground and first floors, which had the highest commercial value, for business purposes.

The Magistrate dismissed both cases and awarded ten guineas costs against the Corporation in respect of the second case.

It was, of course, disappointing that the court did not agree with the Corporation's interpretation of this phrase and the immediate consequence was that the owners of another large office building, who had previously agreed to provide sanitary conveniences on an intermediate floor, decided not to proceed with the work.

In view of the results of these two cases it is difficult to envisage any building in the city where sanitary conveniences would not satisfy the standards set by the Courts in respect of "convenient accessibility".

Section 48 – Notification and Investigation of Accidents

During the year 162 accidents were notified to the department, an increase of three over the previous year, and of these 35 were investigated. With one exception, which is discussed below, the accidents were of a relatively minor nature.

A van driver, who had been delivering goods at the loading bay at the rear of a supermarket, jumped out of the cab and fell into a small basement area some five feet below ground level; he sustained three fractured ribs with penetration of the lung. The basement area was about 12 feet long, 3 feet wide and 5 feet deep with iron railings across one end and about halfway along one side. The whole area had at one time been enclosed by iron railings, but a portion of these had fallen into the area and were there when the van driver sustained his injuries.

The possibility of instituting legal proceedings under Section 16 of the Act for failure to fence an opening in a floor was considered in this case, but in view of two High Court decisions under the Factories Act, 1937, it was concluded that the yard at the rear of the supermarket could not be regarded as a floor.

In one case, *Tait v. Swan Hunter* (1958), Lord Denning said "the ordinary natural meaning of a floor, is something within walls, indoors, on which people walk or stand". The other case was *Newberry v. Westwood* (1960) where the plaintiff was pushing a truck along rails into a shed on a wharf, when he tripped. Donovan J. held that as the plaintiff was walking on the earth, there was no "floor passage or gangway" within the relevant section.

Since the accident the occupiers of the supermarket have, in fact, filled in the basement area with concrete to the level of the adjoining yard.

(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 year
Offices	105	2,097	135
Retail Shops	99	2,154	136
Wholesale shops, warehouses	18	544	27
Catering establishments open to the public, canteens	8	373	20
Fuel storage depots ..	1	6	—
Totals	231	5,174	318

(b) *Number of visits of all kinds by Inspectors to Registered Premises* 7,084

(c) *Analysis of persons employed in registered premises by workplace.*

Class of workplace	Number of persons employed
Offices	26,356
Retail Shops	18,176
Wholesale, departments, warehouses	7,005
Catering establishments open to the public	4,106
Canteens	293
Fuel storage depots	65
Total	56,001
Total Males	24,692
Total Females	31,309

(d) <i>Exemptions :</i>	<i>Granted</i>	<i>Refused</i>
Space (Sec. 5 (2))	—	—
Temperature (Sec. 6)	—	—
Sanitary Conveniences (Sec. 9)	4	—
Washing Facilities (Sec. 10)	2	—
Sanitary Conveniences and Washing Facilities (Sections 9 and 10)	7	—
(e) <i>Accidents notified during the year</i>	—	162

(f) *Analysis of Contraventions*

Section	Number of Contra-ventions found		Section	Number of Contra-ventions found	
4	Cleanliness	16	13	Sitting Facilities	1
5	Overcrowding	3	14	Seats (Sedentary Workers)	—
6	Temperature	140	15	Eating Facilities	3
7	Ventilation	3	16	Floors, passage and stairs	148
8	Lighting	5	17	Fencing exposed parts machinery	71
9	Sanitary Conveniences	327	18	Protection of young persons from dangerous machinery	—
10	Washing Facilities	267	19	Training of young persons working at dangerous machinery	—
11	Supply of Drinking Water	7	23	Prohibition of heavy work	—
12	Clothing Accommodation	2	24	First Aid—General provisions	174
				Total	1,167

FACTORIES ACT, 1961

The supervision of sanitary conditions and circumstances in factories is a task which has not been carried out in an adequate fashion for many years due to the chronic shortage of inspectorial staff and the pressing needs of other functions adjudged to be of higher priority. Nevertheless, during the year a special effort was made to secure an inspection of all factories within the city and this task involved the carrying out of 2,392 separate inspections, a figure which has not been exceeded for many years. It was inevitable, of course, that numerous contraventions were found to exist but in the vast majority of cases, the matter was rectified forthwith as a result of verbal notice. However, it was found necessary to serve 97

written notices requiring the execution of work, mainly in respect of defective or unsuitable sanitary accommodation and by the end of the year most of this work had been carried out.

On only two occasions was it necessary to resort to legal proceedings to enforce compliance with the Act and both of these related to factory premises where there was an absence or inadequate maintenance of suitable and sufficient sanitary conveniences.

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		
		Inspec- tions (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by Local Authorities	135	407	16	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,344	1,912	79	2
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises)	126	73	2	—
Total	1,605	2,392	97	2

2.—CASES IN WHICH DEFECTS WERE FOUND. (IF DEFECTS ARE DISCOVERED AT THE PREMISES ON TWO, THREE OR MORE SEPARATE OCCASIONS THEY SHOULD BE RECKONED AS TWO, THREE OR MORE "CASES").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of Cleanliness (S1)	—	5	1	—	—
Overcrowding (S2) ..	—	—	—	—	—
Unreasonable temperature (S3) ..	—	—	—	—	—
Inadequate ventilation (S4)	1	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7)	—	—	—	—	—
(a) Insufficient ..	13	4	—	3	1
(b) Unsuitable or defective	110	74	—	—	2
(c) Not separate for sexes	5	6	—	—	—
Other offences against the Act (not including offences relating to Out-work)	5	—	9	—	—
Total	134	89	10	3	3

Outworkers

Outwork, or work carried on in the home for a contractor, is a form of employment which has its origins in the poverty-stricken conditions of poorer classes of the last century when all too frequently, a family in dire necessitous circumstances was forced to take in outwork and work for long hours in very unsatisfactory conditions to earn a few shillings each week to purchase the necessities of life. Since those days of the "sweated trades" the general economic situation has greatly changed and often nowadays the principal reason for taking in outwork is not to enable the family to buy adequate food, but rather as a means to the acquisition of the luxuries of life. Nevertheless, it remains as important as ever it was that contracted work carried out in the home should not be conducted under conditions less satisfactory than in factory premises

and the purpose of Sections 133 and 134 of the Act and the Homework Order 1911 is to enable a local authority to be kept informed of the location and extent of outwork being carried on in their district and to take steps to prevent the work being carried on in unwholesome premises.

The character of this work has greatly changed over the years and although such work carried on in our city at present is connected almost entirely with wearing apparel and cloth toys, it is interesting to note that the Homework Order covers such improbable activities as the manufacture of iron cables and chains as well as steel anchors and grapnels.

An unusual aspect of this form of work is carried on by a factory in the west end from which outwork is sent to mentally handicapped persons in hospitals and this occupational therapy has, it is claimed, been of proved benefit to those patients. The contracting company found the standard of the finished work so high that samples were exhibited at the Harrogate Toy Fair and won high praise from visitors.

<i>Year</i>	<i>Number of outworkers in city</i>
1966	22
1965	8
1964	7
1963	19
1962	44

PART VIII OF THE ACT
OUTWORK
(Sections 133 and 134)

Nature of work (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices Served (6)	Prosecutions (7)
Wearing apparel : Making, etc. ..	22	3	—	—	—	—
Total	22	3	—	—	—	—

FOOD AND DRUGS ACT 1955

Meat Inspection

During the year there was an increase of approximately 4,000 in the total number of animals slaughtered in the city giving a total for the year of 244,523 as compared with 240,590 in 1965. This increase is accounted for by the larger number of sheep slaughtered. Cattle slaughtered showed a further decline by 1,150 and pigs were short of the previous year's total by 3,656. Horses continued to be slaughtered in the city for export to Belgium and showed a sharp increase over the number slaughtered in 1965. The animals slaughtered comprised 28,981 cattle, 86,159 pigs, 128,525 sheep, 549 calves and 309 horses giving a total of 810,884 inspection units. (An inspection unit is used as a basis for statistical calculation and for this purpose a beast or horse is equal to 10 inspection units, a pig or calf 3 units and a sheep 2 units). Taking into account the widespread disposition and the congested conditions of the city slaughterhouses it is indeed gratifying again to report that 100% meat inspection was achieved during the year.

The district public health inspectors again continued throughout the year to accept weekend overtime duties on a rota basis in connection with meat inspection whilst the permanent meat inspection staff undertook the morning and evening weekday overtime. The overtime figures for the year amounted to 3,313 man-hours and showed a marked reduction compared with 1965 when a total of 3,777 hours overtime was worked. A significant feature in this reduction was the withdrawal of Saturday slaughtering by the Empire Bacon Company.

The maximum inspection charges permitted by the Meat Inspection Regulations 1963 were continued throughout the year and the total income from this source was £10,125. 18s. 6d. as compared with £10,176. 13s. 3d. for 1965. This reduced revenue is accounted for by the fact that, although there was an increase in 1966 in the overall total number of animals inspected, there were fewer cattle and pigs slaughtered, animals which, per head, provide a higher revenue.

The meat inspection service again supplied outside establishments with specimens of diseased animal organs. A selection of specimens were supplied to the Department of Agriculture, Newcastle University; The Ministry of Agriculture, Fisheries and Food, Veterinary Investigation Centre; The Royal Victoria Infirmary; and in the case of the College of Further Education sound organs were supplied for physiology demonstrations.

The first phase of a tumour survey was concluded on the 30th September, 1966, and four specimen samples from four animal carcasses affected with typical lesions of lymphosarcoma were sent to the Veterinary Hospital of the University of Glasgow where specimens from a country-wide survey are being investigated. The purpose of this investigation is to establish whether or not a relationship exists between a causative virus and the districts where this disease is predominant.

The Meat Inspection (Amendment) Regulations 1966 Slaughtering Hours

Many administrative difficulties in the past in relation to securing a 100% meat inspection service have been associated with the very irregular slaughtering hours in force in the city, a practice which has been followed for many years. In particular Sunday slaughtering and slaughtering carried out between midnight Sunday and early Monday morning have made satisfactory inspection very difficult and, therefore, the introduction of the Meat Inspection (Amendment) Regulations 1966 was especially welcome. These regulations, which came into operation on the 30th September, 1966, introduced certain minor changes in connection with slaughtering practices and meat inspection procedures, but the most welcome feature was the control placed in the hands of local authorities over slaughtering hours. It enabled a local authority, after consultation with the occupiers of private slaughterhouses, to fix slaughtering hours, although it should be emphasised that this control could only be exercised solely in the interests of securing full and effective meat inspection and not for any other purpose. It was obvious that in view of the impending operation of the new abattoir (probably in mid-1967) it was desirable that any change in slaughtering hours be kept to a minimum so as to cause the least possible disturbance to trade interests and, indeed, only one firm was involved in the subsequent change of slaughtering

times which change led to the abolition of overnight slaughtering. The negotiations with the firm involved were carried out in a cordial atmosphere and the slaughtering times in operation in the city at the end of the year were as follows:—

<i>Day</i>	<i>From</i>	<i>To</i>
Monday	6.0 a.m.	8.0 p.m.
Tuesday	6.0 a.m.	8.0 p.m.
Wednesday	6.0 a.m.	6.0 p.m.
Thursday	6.0 a.m.	5.0 p.m.
Friday	6.0 a.m.	5.0 p.m.
Saturday	6.0 a.m.	1.0 p.m.
Sunday	7.0 a.m.	1.0 p.m.

All occupiers of slaughterhouses were notified of these new slaughtering hours some two months before they came into operation to enable any objector to appeal to the Ministry of Agriculture, Fisheries and Food on the grounds that the days and hours determined by the local authority were unreasonable. No such appeal was, in fact, lodged and the new system was operating very satisfactorily at the end of the year. The introduction of these new restricted hours of slaughter does not, however, operate to prohibit the slaughter of an animal at any time where this is necessary because of accident, injury or illness.

TABLE 1
WHOLE CARCASSES CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease or Condition	Cattle	Sheep	Calves	Pigs	Horses	Total
Pyæmia	1	8	—	54	—	63
<i>Septic Conditions:</i>						
Septicæmia ..	2	—	—	1	—	3
S. Arthritis ..	—	1	—	19	—	20
S. Mastitis ..	—	1	—	—	—	1
S. Pleurisy ..	1	3	—	4	—	8
S. Peritonitis ..	3	—	—	1	—	4
S. Pneumonia ..	1	2	1	4	—	8
S. Enteritis ..	1	—	—	—	—	1
S. Pericarditis ..	—	—	—	—	—	—
Oedema and Emaciation ..	9	94	3	19	—	125
Gangrene	1	3	1	2	—	7
Neoplasms	1	—	—	—	—	1
Anaemia	—	9	—	1	—	10
Congestion ..	—	6	—	3	—	9
Traumatism ..	—	1	—	—	—	1
Muscular Fibrosis ..	—	1	—	1	—	2
Jaundice	—	1	—	—	—	1
Lymphosarcoma ..	—	1	—	1	—	2
Acute Peritonitis ..	—	1	—	—	—	1
Pyrexia	—	—	—	13	—	13
Immaturity ..	—	—	2	—	—	2

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
CHICAGO, ILL.

REPORT ON THE PROGRESS OF RESEARCH
DURING THE YEAR 1921



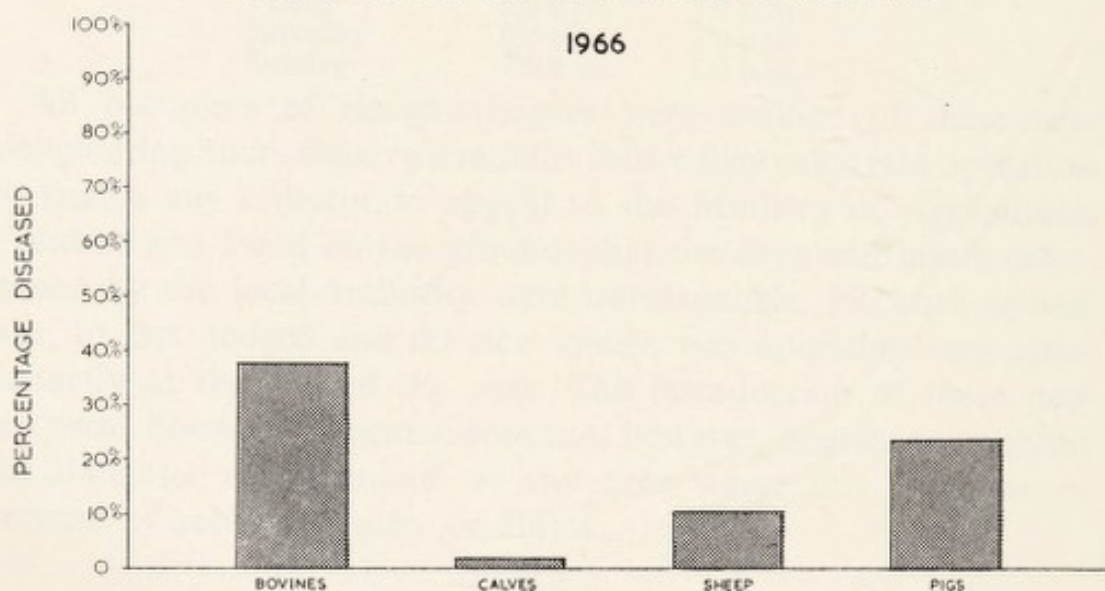
RESULTS OF THE EXPERIMENT
CONDUCTED BY DR. J. H. HARRIS



CONCLUSION
The results of the experiment conducted by Dr. J. H. Harris show that the temperature of the reaction increases with time, reaching a maximum of approximately 85 degrees at time 4, and then decreases to approximately 45 degrees at time 10.

INSPECTED ANIMALS FOUND TO BE AFFECTED WITH DISEASED OR ABNORMAL CONDITIONS

1966



DECLINE IN THE NUMBER OF CARCASSES CONDEMNED BECAUSE OF TUBERCULOSIS

1946 - 1966

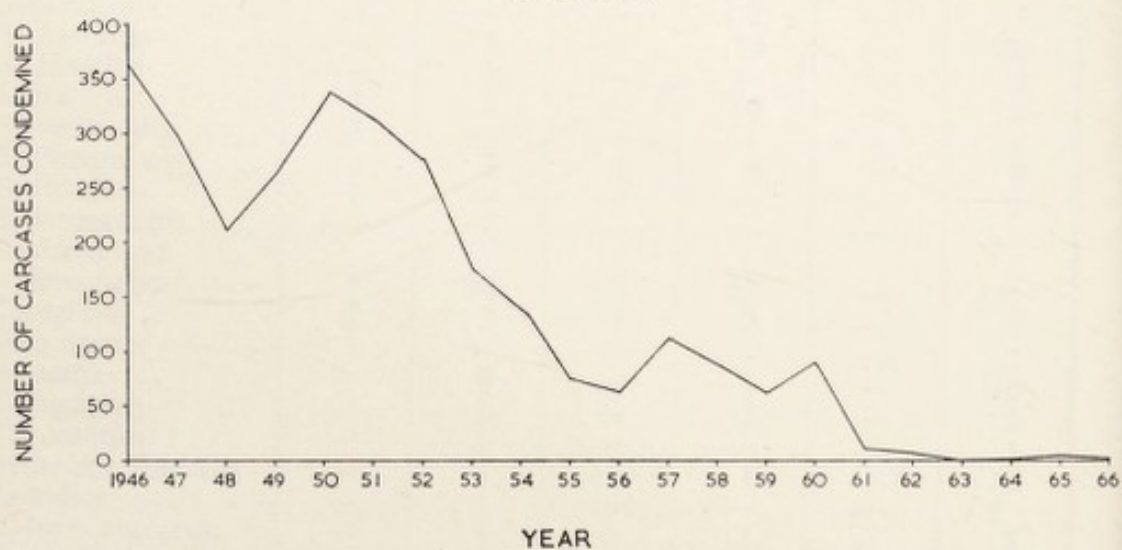


TABLE 2

PART CARCASSES OR ORGANS CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease or Condition	Cattle	Sheep	Pigs	Calves	Horses	Total
Fascioliasis ..	7,838	4,639	—	—	—	12,477
Pleurisy ..	706	1,084	2,418	—	—	4,208
Abscess ..	815	173	397	—	—	1,385
Cirrhosis ..	539	93	223	—	4	859
Actinobacillosis ..	100	4	—	—	—	104
Telangiectasis ..	155	—	—	—	—	155
Pericarditis ..	109	250	2,300	—	—	2,659
Peritonitis ..	133	101	819	—	—	1,053
Melanosis ..	21	—	—	—	—	21
Mastitis ..	92	—	11	—	—	103
Traumatism ..	53	46	350	2	—	451
Nephritis ..	32	17	14	—	—	63
Hydronephrosis ..	30	—	48	—	—	78
Pneumonia ..	83	1,156	6,469	1	2	7,711
Emphysema ..	25	—	—	—	—	25
Necrosis ..	14	6	7	—	—	27
Congestion ..	14	5	50	—	—	69
Arthritis ..	7	87	416	—	—	510
Johnes Disease ..	13	—	—	—	—	13
Enteritis ..	10	—	290	—	—	300
Decomposition ..	132	13	—	—	—	145
Actinomycosis ..	6	—	2	—	—	8
Haemotoma ..	6	—	—	—	—	6
Contamination ..	2	15	42	—	—	59
Parasitic ..	11	2,483	—	—	3	2,497
Parasitic Pneumonia	—	1,032	—	—	—	1,032
Pentastomes ..	—	1,494	—	—	—	1,494
Pl. & Pericarditis	—	16	7	—	—	23
Muellarius	—	—	—	—	—	—
Capillaris ..	—	163	—	—	—	163
Oedema ..	—	12	—	—	—	12
Pl. & Peritonitis	—	72	880	—	—	952
Ascariasis ..	—	20	3,838	—	—	3,858
Tenuicollis ..	—	19	—	—	—	19
Echinococcus ..	—	5	—	—	39	44
Pl. & Pneumonia	—	—	1,302	—	—	1,302
Hypostasis ..	—	—	200	—	—	200
Pl. & Ascariasis ..	—	—	223	—	—	223
Pneumonia and Peritonitis ..	—	—	130	—	—	130

Bovine Tuberculosis

One carcase of beef and the offal therefrom was condemned together with parts of carcasses and organs of another 28 bovines showing a condemnation rate of 0.10% of the total number of bovines slaughtered.

Since 1963 the incidence of bovine tuberculosis has been reduced to insignificant proportions. Nevertheless, although this incidence has been at a low level it has fluctuated to an extent sufficient to justify a careful watch being maintained to detect the presence of tuberculosis during meat inspection duties. When, in fact, tuberculosis is discovered, and if it is possible to trace the original destination of the affected animal, the Animal Health Division of the Ministry of Agriculture, Fisheries and Food are informed, which Division pursues further investigations at the farm. During 1966, 21 bovine animals, which had given a positive reaction to the test, were sent into the city for slaughtering under the Tuberculosis (Slaughter of Reactors) Regulations 1950, details of which are shown in Table 3.

TABLE 3

	Tuberculosis found		
	Advanced	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 ..	—	15	6

It will be seen from the table that no carcasses were condemned and in six cases no disease was visible on post mortem examination but specimens in each case were taken by Ministry Veterinary Inspectors for laboratory examination.

In four cases localised active caseous lesions were found and in the remaining 11 cases localised calcified lesions were present. In all cases only partial condemnation of the carcass or organs was necessary.

TUBERCULOSIS REACTORS ORDER, 1950

1 Cow	..	..	Localised
1 Steer	..	..	Localised
1 Steer	..	..	Localised
1 Cow	..	..	Localised
1 Calf ..	..	..	No disease found
1 Cow	..	..	Localised
1 Calf ..	..	..	No disease found
1 Cow	..	..	Localised
1 Steer	..	..	Localised
1 Steer	..	..	No disease found
1 Heifer	..	..	Localised
1 Cow	..	..	No disease found
1 Cow	..	..	No diseases found
1 Steer	..	..	Localised
1 Heifer	..	..	No disease found
1 Cow	..	..	Localised
1 Steer	..	..	Localised
1 Steer	..	..	Localised
1 Cow	..	..	Localised
1 Heifer	..	..	Localised
1 Cow	..	..	Localised

Avian Tuberculosis

Some 568 pigs were found to be affected with tuberculosis and in almost all cases the head alone was found to be diseased and was condemned. Lesions in the submaxillary gland could be attributed to the avian strain of tuberculosis.

TABLE 4

THE TOTAL CONDEMNATION OF CARCASSES OF ANIMALS BECAUSE OF TUBERCULOSIS SLAUGHTERED IN THE CITY BETWEEN THE YEARS 1961-1966

Year	Cattle	Calves	Sheep	Pigs	Horses	Total Animals
1966	1	—	—	—	—	1
1965	3	—	—	—	—	3
1964	1	—	—	—	—	1
1963	—	—	—	—	—	—
1962	5	—	—	—	—	5
1961	6	—	—	—	—	6

Cysticercus Bovis

During the year 68 cases were detected and six carcasses of beef 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 51 carcasses of beef affected with *Cysticercus bovis* and sent in by other local authorities to city cold stores was carried out. At the conclusion of the detention period the carcasses were inspected, stamped and released by the meat inspection staff. This necessary precaution of carrying out this freezing process renders innocuous any viable cyst thereby breaking the cycle of this form of parasitic life which, in certain circumstances, could cause tapeworms in human beings.

Cysticercus Ovis

In all, 432 carcasses of mutton were found to be affected with this parasite but in only two carcasses was the disease generalised and in both instances the parasitic cysts proved viable. In all other cases the cysts were localised, mainly in the heart muscle and diaphragm, and were, without exception, found to be in a calcified and degenerated condition.

TABLE 5
INSPECTION OF SLAUGHTERED ANIMALS 1966,
CARCASSES AND OFFALS INSPECTED AND CONDEMNED IN
WHOLE OR IN PART

	Bovine	Calves	Sheep and Lambs	Pigs	Horses
Animals killed	28,981	549	128,525	86,159	309
Animals inspected	28,981	549	128,525	86,159	309
<i>Tuberculosis</i> :					
Carcasses condemned	1	—	—	—	—
Part carcasses or organs condemned	28	—	—	568	—
% affected by Tuberculosis	0.1000	—	—	—	—
<i>Cysticercosis</i> :					
Carcasses affected	68	—	432	—	—
Carcasses condemned	—	—	2	—	—
Part carcasses or organs condemned	68	—	430	—	—
Carcasses treated by refrigeration	6	—	—	—	—
Diseases or Abnormal Conditions other than Tuberculosis or <i>Cysticercosis</i> :					
Carcasses condemned	20	7	133	123	—
Part carcasses or organs condemned	10,849	3	13,012	20,436	48

Imported Foodstuffs

During the year visits were made to the Quayside and a percentage of the following offals and other foodstuffs from 88 vessels arriving from Denmark and Holland were examined.

Offals (packages)	33,608	}	Total weight 35,702 tons
Bacon Sides	1,206,272		
Cases of Canned Foods	378,912		
Poultry Cartons	22,354		

For the second time since the war 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 1966 there was a continued trend for the so-called 'imported meat' wholesale shops to deal with an increasing amount of home killed rather than overseas meat. North American, South American and New Zealand firms are actively engaged in this home killed meat trade.

Meat and Other Foodstuffs Condemned

In the city wholesale meat depots and shops the following overseas imported meat was condemned, viz.:—

1,825 lbs. beef	14 lbs. pigs kidneys
127 lbs. ox kidneys	255 lbs. lamb
90 lbs. ox livers	20 lbs. lamb kidneys
13 lbs. pork	227 lbs. lambs livers

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	1 carcase, plus 2,135 lbs., 26 heads and tongues, 310 lungs.
MUTTON	8 carcasses, plus 573 lbs., 110 lungs.
VEAL	4 lbs.
PORK	2 carcasses, plus 891 lbs., 7 sets of heads.

The total weight of meat and other foodstuffs condemned during 1966 was 156 tons 8 cwts. 1 qr. 6 lbs. as compared with 184 tons 2 cwt. 3 qrs. 14 lbs. during the previous year and comprised the following:—

		Tons	Cwts.	Qrs.	Lbs.
Beef, Veal, Mutton and Pork	..	22	13	3	10
Offals	.. .. .	66	9	1	11
Provisions	.. .. .	27	17	3	7
Fruit and Vegetables	.. .. .	39	7	1	6
		<u>156</u>	<u>8</u>	<u>1</u>	<u>6</u>

These condemnations involved the issue of 1,937 certificates.

TABLE 6

POULTRY AND GAME, FRUIT AND VEGETABLES, PROVISIONS, ETC.,
DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION DURING
THE YEAR, 1966

[illegible]

Bacteriological Examination

The facilities provided by the Public Health Laboratory at the General Hospital were again used with advantage during the year. Specimens were submitted from 13 carcasses slaughtered within the city and the assistance from the bacteriologist proved invaluable in enabling a decision to be made whether or not to reject or pass such carcasses.

In all cases the carcasses were passed as fit for food.

TABLE 7
BACTERIOLOGICAL EXAMINATIONS

Carcase			Type of Animal	Disease Suspected	Bacteriological Findings
Beef	Pork	Mutton			
1	—	—	Cow	Septicaemia	No
1	—	—	Cow	Septicaemia	
1	—	—	Steer	Septicaemia	
—	1	—	Pig	Septicaemia	Pathogens isolated
1	—	—	Steer	Septicaemia	
—	1	—	Pig	Septicaemia	
—	1	—	Pig	Septicaemia	in any
—	1	—	Pig	Septicaemia	
—	1	—	Pig	Septicaemia	
1	—	—	Cow	Septicaemia	Case
—	1	—	Pig	Septicaemia	
—	1	—	Pig	Septicaemia	
—	1	—	Pig	Acute Nephritis	

Detained Corned Beef

At the beginning of 1966 the stocks of detained corned beef in the city totalled 30,733 x 6 lb. tins which had been stored since July 1964 in two warehouses. The code marks on the tins were Argentine 1819 and formed consignments which had been detained on instructions from the Ministry of Health, because of it being associated with a tin of the same code mark which, on submission by the Edinburgh Health Department for bacteriological examination, was found to be infected with *Salmonella typhimurium*.

As time passed the embarrassment to the stockholders became more acute from both the financial point of view and the immobilising of valuable warehouse space. Towards the end of 1966 agreement

was reached between the trade and the Ministry of Agriculture, Fisheries and Food regarding the ultimate disposal of these stocks and by the end of 1966 a considerable reduction had been made in the stockpile. The movement in all cases was to premises in the London area and the local authority involved was informed beforehand of the movement. In each case suitable acknowledgment of the arrival was subsequently made. There is no information of the final destination of this corned beef but it is understood that consignments are all for export.

Export Meat

A total of 38 certificates were granted for the export of meat to Belgium certifying it as fit for human consumption. These certificates covered the export of 309 carcasses of horseflesh.

Slaughterhouse Act 1958

The number of separately licensed premises within the city remains the same as during the preceding year 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).

Of the four slaughterhouses in the Cattle Market Group which became vacant during the year, two have since been let for purposes other than slaughtering.

Slaughter of Animals (Prevention of Cruelty) Regulations, 1958, Slaughterhouses (Hygiene) Regulations, 1958

No major works of repair or maintenance were carried out during the year at any slaughterhouse in the city as it was felt that it would not be reasonable to require the execution of work of a costly nature when the new "appointed day" was only a matter of months away. This "appointed day" had originally been fixed for the 1st July, 1963, when it was hoped that the new abattoir would come into operation, but owing to changes in design and for other reasons it had been found necessary to postpone the appointed day to April 1967. It was evident in the meantime that difficulties would increase in securing adequate supervision of the slaughterhouses and main-

taining a reasonable standard of hygiene therein. However, towards the end of the year there was little doubt that although the abattoir may not be ready for operation in April 1967, it seemed clear that it would be completed and in full operation before the end of that year.

Ritual Slaughter

During the early part of the year efforts were still being made to convince the Moslem slaughtermen that the prestunning of an animal before slaughter did not transgress the Moslem law relating to slaughter.

Arrangements were made to demonstrate to representatives of the Moslem community, the method of electrical prestunning to prove that this form of humane slaughter did not, in fact, kill the animal and was no more than very temporary anaesthetisation. This was convincingly demonstrated when the pig got up and walked away within ten minutes of the application of the electrothaler, obviously quite unharmed. In due course after further discussions it was eventually agreed and accepted by all concerned that after June 1966 all Mohammedan ritual slaughter carried on in the city would be preceded by stunning.

FOOD INSPECTION AND CONTROL

Analysis of Food and Drugs

The following statistical table shows that out of 600 samples submitted, the public analyst reported adversely upon 36 or 6% of the total. This compares with 494 samples submitted in 1965 of which number 3.44% showed some irregularity.

Comment upon the samples shown to be adulterated or otherwise giving rise to irregularity and the action taken by the Health and Social Services Committee is herewith appended together with tabulated statements and comment, where appropriate, as to compositional quality of the products.

SAMPLES SUBMITTED TO THE PUBLIC ANALYST FOR ANALYSIS OR OTHER EXAMINATIONS						
Article	Number examined			Number adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
(a) Milk— (Chemical Analysis) ..	59	76	135	3	—	3
(b) Milk— (Presence of Antibiotics)	—	100	100	—	—	—
(c) Ice Cream ..	14	—	14	—	—	—
(d) Other Foods— (Chemical Analysis) ..	107	226	333	16	17	33
(Pesticide residues) ..	—	8	8	—	—	—
(e) Drugs— (Chemical Analysis) ..	—	10	10	—	—	—
Total ..	180	420	600	19	17	36

(a) Milk

One sample of milk was shown to be deficient in fat and two were adulterated with water. The sample deficient in fat was sold as "Channel Islands" Untreated farm bottled milk and should have contained 4% fat. It contained 3.77% fat and, as a check sample showed no deficiency, it was decided that a warning letter be sent to the producer.

The samples adulterated with water were obtained from cafes where steam injection had been used as a means of heating. This is in direct contravention of Section 32 of the Food and Drugs Act 1955 which prohibits the addition of any water to milk. The Committee was of the opinion that there was no intention to defraud in these cases and resolved that a letter be sent to the Association of Municipal Corporations with a view to that body considering

whether some amendment in the law was desirable so as to permit this method of heating milk in catering establishments.

The presumptive standard for genuine milk as declared by statute is that it should contain not less than 3% fat and not less than 8.5% solids not fat. Milk sold as Channel Islands and South Devon milk must contain not less than 4% fat. From the table following it will be seen that the average fat and solids not fat (SNF) content of the samples of milk taken locally was well maintained.

Designation	Number of samples taken	Average Composition	
		Fat %	S.N.F. %
Untreated Milk (samples from churns)	73	3.839	8.722
Untreated (Farm Bottled) Milk ..	1	3.650	8.760
Untreated (Farm Bottled) (Channel Islands) Milk	31	4.910	9.232
Pasteurised Milk	17	3.586	8.527
Sterilised Milk	13	3.688	8.635
Total	135	—	—

(b) Antibiotics in Milk

A total of 100 samples of milk were submitted to the Public Analyst for examination for antibiotic residues. Antibiotics are used for many animal ailments but in particular they are used in the treatment of the disease of cows known as mastitis or inflammation of the udder. Farmers are required by the Milk Marketing Board to refrain from passing into the public supply the milk of any animal which has been treated with antibiotics until 48 hours has elapsed after the last treatment, but unfortunately this condition, which has no statutory foundation, is not always observed and in consequence these substances do find their way into milk and thereby become a hazard to human beings.

Fortunately, in this area, only one sample showed a reaction and this was very small amounting to no more than 0.02 international units of penicillin per millilitre whereas the permissible maximum amount is 0.05 international units. The Area Milk Officer was advised of this occurrence.

(c) Ice Cream

The Food Standards (Ice Cream) Regulations 1959 require that this commodity shall contain not less than 5% fat. It will be seen from the accompanying table that in this respect the ice cream sold in the City was of a good compositional quality.

ICE CREAM — COMPOSITIONAL QUALITY			
Fat Content	Manufactured in City	Manufactured outside City	Total
Less than 5%	Nil	Nil	Nil
5 — 6%	Nil	Nil	Nil
6 — 7%	2	Nil	2
7 — 8%	5	Nil	5
8 — 9%	3	1	4
9 — 10%	2	1	3
Total	12	2	14

(d) Other Foods

(1) Meat and Meat Products

(a) **Sausages.** Six samples were adversely reported upon, two because of the low percentage of meat content and four because of the presence of preservative.

There is no statutory standard of meat content for sausages and the public analyst has taken the war-time price control standard as the basis for his observations that pork sausage should contain at least 65% meat and beef sausage at least 50% meat. One sample of pork sausage contained only 56% meat and one sample of beef sausage only 44.6% meat. In the former case the vendor was prosecuted and fined £10; in the latter case the vendor was cautioned and a subsequent sample proved satisfactory.

The law permits sulphur dioxide to be used as a preservative in sausage provided that this is not used in excess of 450 p.p.m. and is declared at the time of sale. In three instances the presence of this chemical was not disclosed and in another it was used in excess of the permitted amount, having 725 p.p.m. In each case the vendor was cautioned.

(b) **Meat Pies.** Of 12 meat pies with a minimum weight of $5\frac{1}{2}$ ozs. submitted for analysis only 3 were found to contain less than the 25% minimum meat content recommended by the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food. In each case the manufacturers were notified and subsequent samples have proved to be satisfactory.

(c) **Meat Rissoles.** Samples of meat rissoles taken during the year were found to contain only 19.3% and 19.9 %of meat. A rissole has been defined as "an entree of meat or fish, chopped up and mixed with breadcrumbs, egg, etc. and rolled into a ball or small cake". Nobody has yet dared to say how much meat such concoctions should contain, but in these cases the rissoles were considered to be of poor quality and the manufacturers were informed accordingly.

(d) **Potted Meat.** A sample of potted meat contained only 52.9% of meat. The public analyst recalled that the Recorder of Newcastle in 1961 said that the minimum content of meat in a product of this kind should be at least 55%. Following notification of this decision the manufacturer has ceased to manufacture potted meat.

(e) **Chopped Pork.** This sample contained 85% of meat with cereal filler and the public analyst considered that a more appropriate name for it would have been "Chopped Pork Luncheon Meat". There is, however, no standard for these products and as the Food Standards Committee are considering a meat content in such products at somewhat less than 85%, it was resolved that no further action be taken at the moment.

(f) **Chicken Dinner and Chicken with Vegetable and Gravy.** These products are invariably placed in the same category as "canned meat with vegetables" and should contain not less than 35% meat. The samples taken by the Sampling Officer contained only 33.5% and 23.5% of meat respectively and in consequence letters were addressed to the manufacturers since when some improvement has taken place.

(g) **Bacon.** This informal sample and its wrapper was found to be impregnated with a compound of copper. After removal of the wrapper and the rind, the bacon itself was found to be quite wholesome.

(2) Fish Products

The statutory requirement for the amount of fish in fish cakes has been fixed at not less than 35%. Two samples taken during the year contained less than this amount. One vendor, when he became aware of the legal requirement, increased the proportion of fish. The other vendor was successfully prosecuted.

(3) Other Miscellaneous Products

(a) **Scones and Teacakes.** A number of samples described on menus as "buttered" scones or "buttered" teacakes were taken during the year. Analysis has shown in each case that the substance spread on these articles was not butter. The vendors were cautioned.

(b) **Apple Pie.** The apple pulp used contained 300 parts per million of benzoic acid in contravention of the Preservatives in Food Regulations 1962 which permit only sulphur dioxide as a preservative in this commodity. The manufacturers were cautioned.

(c) **Butter Confectionery.** A "Code of Practice" agreed between the responsible Ministerial Department and the Chocolate and Sugar Confectionery Trade sets the butterfat content of sweets to which the appellation "butter" is applied at 4%. Butter candy and buttered mints purchased in the city during the year have shown that these commodities contained only 1.8% and "a trace" of butterfat respectively. The vendors were cautioned in each case.

(d) **Mustard and Cress.** This proved to be, perhaps, the most extraordinary sample during the whole of the year as the public analyst reported that the substance purchased was neither "mustard" nor "cress". As a result of this observation a formal sample was taken and a portion of the same sample was examined by a botany expert at Newcastle University. After some weeks of cultivation he was able to say that his part of the sample contained some black mustard but less than 1% of cress. A letter of caution was sent to the grower.

(e) **Fruit Cocktail.** In compound pre-packed foods, the law requires each of the ingredients to be mentioned on the label. In this case the presence of colouring matter had not been declared and in consequence the manufacturer was notified of this omission.

(f) **Spring Health Drink.** The irregularity in this instance occurred in the name applied to the product which was not a drink but a powder from which a drink was made. It would be more correctly labelled "health drink powder" or "health drink crystals". The matter was taken up with the manufacturer but, in the absence of any statutory guidance, no final decision has been made.

(g) **Non-Brewed Condiment.** A satisfactory acid content for this commodity would be 4% acetic acid. The sample in question had only 0.02% and this was found to be due to the carelessness of staff at the manufactory who had omitted to add one of the essential ingredients. A letter of warning was sent to the manufacturer.

Pesticidal Residues

Residues of pesticides used on foodstuffs have been causing concern to food and drugs authorities for some time and in the early part of the year samples of imported lettuce were taken and subjected by the public analyst to the appropriate tests. These revealed that in three samples small amounts of benzene hexachloride were present. As, in this country, there is no specified limit for this sort of chemical contamination, the American standard was taken as a guide and this fixes the limit of safety at not more than 5 parts per million. As none of the samples taken exceeded this amount they were taken to be satisfactory.

The process used to determine the presence of pesticidal residues is a complicated and expensive one and the Association of Public Analysts have prepared a scheme in collaboration with the Association of Municipal Corporations, the County Councils Association and the Urban District Councils Association, whereby interested food and drugs authorities, without undue expense or duplication of effort, could undertake a country-wide systematic survey. Newcastle upon Tyne, in conjunction with some 160 other food and drugs authorities, is participating in this scheme and during the year the first samples were submitted, happily with very satisfactory results.

For the purpose of the survey the country has been divided into seven regions or zones, each zone being responsible for the sampling of certain articles of diet pre-determined by the co-ordinating officers of each zone. All samples are to be submitted to an examination

for residues of organo-chlorine pesticides using Gas Liquid Chromatography and confirmatory tests applied where residues are indicated. Samples will also be examined by the biological test and where positive response is obtained which is not explained by any organo-chlorine pesticide found, further examination will be made for organo-phosphorous compounds. Appropriate samples will also be examined for the presence of lead, arsenic and mercury residues.

The scheme is to continue, in the first instance, for a period of two years from 1st August, 1966, and thereafter on a yearly basis depending upon results. Samples will be spread throughout the year so that seasonal variations can be taken into account, *e.g.*, apples, potatoes, lettuce and fruit, etc., consumed in the early part of the year are largely imported while home grown produce is consumed following the harvests in this country later in the year. By the end of the year this authority's share in the very extensive sampling programme for the zone had consisted in the collection of lard, potatoes, brassica and liver.

The Health and Social Services Committee are to be congratulated in agreeing that the City should participate in this most important and scientific approach to food and drugs sampling. It is an approach which might well be extended to other aspects of food inspection and control for, as time goes on and it becomes more and more apparent that, with the great strides made in factory sophistication of foodstuffs and milk processing, much duplication and unnecessary sampling takes place while little is achieved in the way of a more constructive policy towards improved standards. Indeed, there seems to be little agreement between food and drugs authorities as to the way in which results should be recorded and before any lasting benefit can accrue to the country as a whole from the work performed by the food and drugs authorities this incongruity must be removed.

The Ministry of Agriculture, Fisheries and Food would do well to have a standard form of return for recording samples taken with clear differentiations shown between the various sorts of irregularities found, *e.g.*, adulteration, labelling, compositional deficiency, and so on. They would thereby be following the precedent set by the Ministry of Housing and Local Government in asking for housing returns to be made on their now familiar P.13 (Hsg.).

Drugs

During the year ten samples of household drugs, or medicines, were examined by the public analyst and these were found to be satisfactory.

Bacteriological and Other Examination of Food

(a) Milk

The bacteriological quality of Untreated (Farm Bottled) Milk was not so good as in 1965. The number of samples which failed the Methylene Blue Test was 13.59% as compared with 8.46% in 1965. The percentage of pasteurised milk which failed the test was 5.29 as compared with 3.09 in 1965.

A total of 190 samples were taken from milk dispensers in stores and snack bars and submitted for bacteriological examination. Sixty-five of these failed the Methylene Blue Test. As a result of this unsatisfactory state of affairs samples were taken from the churns prior to filling the dispensers and it was revealed that some churns were not being thoroughly sterilised by the distributor before being refilled. Investigation was made also into storage arrangements at the premises and methods of sterilising the dispensers. In most cases check samples taken later from the dispensers proved to be satisfactory.

Three samples of pasteurised milk failed the phosphatase test indicating unsatisfactory pasteurisation methods. In all cases check samples proved satisfactory. Sixty samples of sterilised milk were submitted to the turbidity test and all proved to be satisfactorily sterilised.

BACTERIOLOGICAL EXAMINATION OF MILK				
Designation of Milk	Samples taken	Satisfactory	Unsatisfactory	% Unsatisfactory
Untreated (Farm Bottled)	103	89	14	13.59
Untreated (from Dispensers) ..	34	15	19	55.88
Pasteurised	189	179	10	5.29
Pasteurised (from Dispensers) ..	156	110	46	29.42
	482	393	89	18.46%

Tubercle Bacilli

Forty-six samples of untreated milk and six samples of Untreated (Farm Bottled) milk were examined for the presence of tubercle bacilli and all were found free from infection.

Brucella Abortus

Sixty-two samples of untreated milk from churns and six samples of Untreated (Farm Bottled) milk were examined for Brucella Abortus. Five of the 62 samples of untreated milk indicated a ring test positive and three a weak positive. On biological examination brucella abortus was isolated in three samples, one of which was of farm bottled milk. Notification of the results of these examinations was, in each case, sent to the producer, to the local authority concerned and to the appropriate officers of the Ministry of Agriculture, Fisheries and Food.

Milk Churn and Bottle Rinses

Rinses were taken from 81 milk churns, nine of which were classified as unsatisfactory according to the suggested classification of the Public Health Laboratory Service. Similarly, 102 milk bottles were taken immediately upon leaving the washing machines for bacteriological examination and seven of these were found to be unsatisfactory.

After notification to the dairyman concerned and inspection by the District Inspector, subsequent samples of rinses were satisfactory.

Ice Cream

The bacteriological quality of ice cream showed a marked improvement. Of the 85 samples taken during the year 83.53% were satisfactory as compared with 57.04% the previous year. It will be seen from the table below that of 63 samples of ice cream manufactured in the city 82.54% were satisfactory.

BACTERIOLOGICAL EXAMINATION OF ICE CREAM						
Provi- sional Grade	Manufactured in City		Manufactured outside City		Total	
	No. of samples	Per- centage	No. of samples	Per- centage	No. of samples	Per- centage
1	43	68.25	11	50.00	54	63.53
2	9	14.29	8	36.36	17	20.00
3	6	9.52	3	13.64	9	10.59
4	5	7.94	—	—	5	5.88
	63	100.00	22	100.00	85	100.00

Other Foods

(i) **Meat.** Due to the redirection of some imported Australian raw beef from the Port of Glasgow to Newcastle it became necessary to take samples for bacteriological examination. Ten of the fifty samples taken were found to contain certain types of coagulase positive staphylococci, but as these organisms are killed at about 180°F, which is well within the cooking range of meat products, the meat was released for sale.

(ii) **Fish.** Ten samples of smoked saithe were submitted for bacteriological examination. Staphylococci was isolated in four samples and enterococci was isolated in one sample. As this product is classified as a "half-serve" the goods were released for sale on the condition that the stockists and the consumers were made aware that the product should be kept in a cool place or under refrigeration until consumed.

(iii) **Colouring Matter.** A sample of carmine, the colour derived from cochineal, was submitted for bacteriological examination. *Salmonella cubana* was isolated in this sample and the remaining stocks were withdrawn. Three check samples taken later proved satisfactory. Carmine is used as a colouring matter in food and in various pharmaceutical products.

(iv) **Cream.** Three samples of cream submitted for bacteriological examination were found to be satisfactory.

Other Substances

(i) **Pasteurised Liquid Egg.** During the year nine samples of pasteurised liquid egg were taken from a processing firm in the city and all complied with the alpha-amylase tests prescribed in the Liquid Egg (Pasteurisation) Regulations, 1963.

Conclusion

In the foregoing resume an attempt has been made to summarise the work carried out in safeguarding and ensuring the purity and fitness for human consumption of food sold in the City. Space does not permit any more detailed exposition of the problems and difficulties with which the staff become involved in implementing the many and varied statutes relating to food. Suffice to say that the work entails constant vigilance, a keen sense of duty towards the public and an extensive knowledge of the food trade. These attributes are rarely found except in those with a wide basic training in environmental health.

Milk and Dairies (General) Regulations 1959

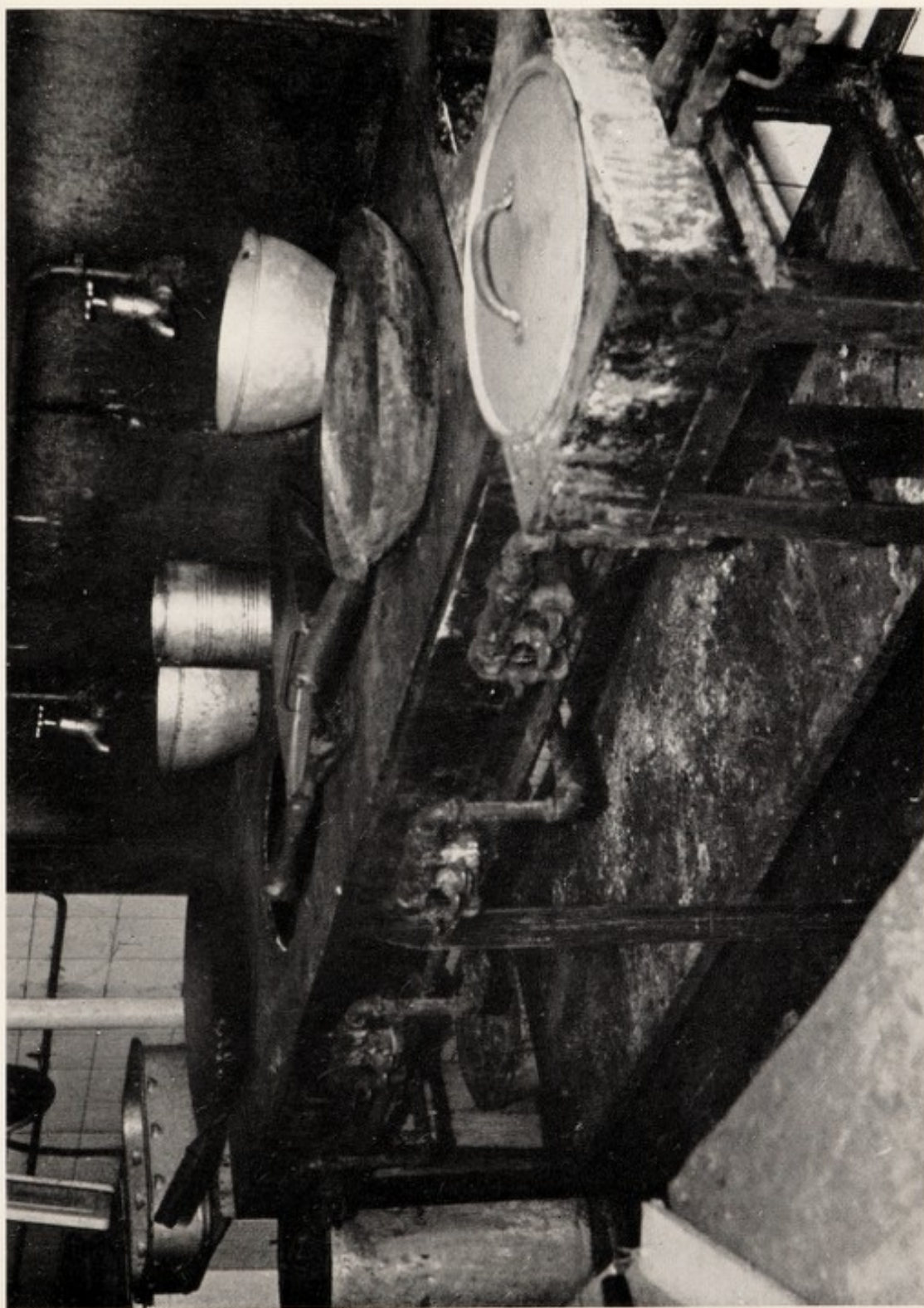
Applications have been received from 617 persons for registration or re-registration as distributors of milk. The new registration period commences on 1st January, 1967.

Milk (Special Designation) Regulations 1963

All licences issued under the above Regulations are required to be renewed on 1st January, 1967. Two licences have been issued in connection with milk processing establishments and 617 licences have been issued in respect of the sale of designated milk.

Food Hygiene

Although a considerable amount of routine inspection work in food premises is carried out throughout the city from day to day, it is not yet possible to attain adequate supervision in this field, mainly because of unsettled conditions among the district staff. Apart from numerical deficiencies a grave disadvantage arises from the relatively short experience of a district inspector on a particular district. Moreover, the frequent changes of staff on districts caused by the overall shortage of inspectors increases the difficulty in maintaining continuity of inspection of those premises over which a careful watch is most needed.



An extreme (but happily rare) example of unhygienic conditions in the kitchen of a City restaurant.



During the past decade almost all premises in the city have been brought up to the minimum statutory standards of hygiene, particularly in respect of water supplies and equipment, but it has been found that unless regular routine inspection is maintained conditions steadily deteriorate, particularly in respect of cleanliness and accumulations of refuse and disused equipment. These conditions frequently lead to insect infestations and it is of interest to refer to the case of three bakeries which were, during the year, found to be infested with insects to a greater or less degree. The insects involved were the Australian Spider Beetle (*Ptinus Tectus*), the Common Larder Beetle (*Dermestes Lardarius*), and the Broadhorn Flour Beetle (*Gnathocerus Cornutus*) in addition to moths, cockroaches and maggots. The surprising feature common to all cases was that the management was quite unaware of the existence of these infestations which were brought to light only by the thorough inspection carried out by the district public health inspector. In addition, several other unsatisfactory circumstances were found to exist at the time of inspection and in due course it was found necessary to take legal proceedings in respect of several contraventions of the Food Hygiene (General) Regulations 1960. In one case proceedings were pending at the end of the year and convictions were recorded in the other two with one of the bakehouses in question being closed down.

In most cases of insect infestation in food premises, including those mentioned above, proprietors blame the suppliers of flour, implying that the flour is infested before delivery to the food premises. No evidence was found to support this suggestion and in any event, any infestation arising in this way could never progress to the extent that was found if thorough attention had been given to the maintenance of satisfactory standards of cleanliness of the premises.

An unusual case occurred during the year in connection with restaurant premises which had been closed some weeks. When entry was finally obtained it was found that there had been left on the premises a considerable quantity of foodstuffs which were in a decomposed condition, giving rise to offensive odours and providing harbourage and a feeding ground for mice. The appearance of the interior of the restaurant kitchen, as shown in the accompanying photograph, suggested that business had ceased abruptly and all

food and equipment abandoned. A firm of industrial cleaners was promptly called in and the premises restored forthwith to a sanitary condition.

The enforcement of satisfactory food hygiene standards in catering and similar premises must from time to time be reinforced by legal proceedings but much prosecution work would be avoided if the staffing situation permitted a thorough and regular two-monthly system of routine inspection to be maintained. There is no effective substitute for this form of supervision.

The Open Air Food Trade

A major event in the field of food hygiene administration was the introduction of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations in mid-1966. There is little doubt that during the last decade there has been a marked improvement in food hygiene practices in the food trade generally, particularly with respect to shops, catering premises and stores, but it is equally evident that efforts to secure similar improvement in the outdoor food trades have not been attended with much success. Whatever progress has been achieved is confined almost exclusively to the modern mobile shop whereas at the other end of the trading scale most of the itinerant food vendors selling from barrows and stalls are as incapable as ever they were of appreciating the need for any form of hygiene in the handling of their wares. The Regulations of 1955 and 1960 did not provide satisfactory means of securing an adequate control of open air food trading. To secure satisfactory standards by law enforcement is a difficult and not entirely successful policy and the complex nature of this most recent legislature does not indicate that the task will be made any easier. That control by licence of the use of vehicles, stalls and barrows for food vending is not the complete solution is freely acknowledged, but it would, nevertheless, greatly ease the task of enforcement and make enforcement more effective.

The new Regulations place new responsibilities on local authorities in respect of the use of land on which stalls are erected for the purpose of carrying on a food business and some attention should be paid to the extension of the control which the Council already exercises over the use of the Grainger Market, the Bigg Market and

the Quayside. Hitherto, it has been difficult to control the types, construction and situation of stalls and barrows in these markets and it may well be that the new regulations provide an opportunity to secure the abolition of old dilapidated collapsible stalls, improvised perambulators and fruit boxes now in common use. In markets under the control of the Corporation only stalls complying with Corporation standards and design should be permitted, furnished with proper washing facilities, water supplies, refuse storage receptacles and covers and side screens. Such stalls could be acquired and hired out by the Corporation for use in street markets thus ensuring that the storage places for stalls, when not in use, would be satisfactorily maintained in a clean and sanitary condition.

If it is accepted that it is desirable to control the number and letting of stalls in this way in the Bigg Market, and Quayside Market, it is logical that consideration should also be given to the situation of street traders elsewhere in the City. In the city centre open air trading should be restricted to a limited number of specified sites to be selected by the appropriate authority having regard to traffic conditions and trading requirements. Such a policy would eliminate the undesirable itinerant barrow vendors in the principal shopping thoroughfares and make easier the task of food hygiene enforcement.

Registered Premises – Food and Drugs Act 1955 and Newcastle upon Tyne Corporation (General Powers) Act 1935

During the year 37 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	..	..	..	1,193
Preparation of sausages or potted, pressed, pickled or preserved food	..	..	..	315
Total	..	..	..	<u>1,508</u>

The total number of premises registered at the end of the year showed an increase of 37 over that of 1965.

**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 ..	13	11	11	11
Bakehouses ..	67	56	56	56
Butchers ..	232	213	214	214
Food Manufacturers	38	38	38	38
Food Packing ..	30	30	30	29
Food Storing ..	152	129	32	32
Catering	267	264	264	264
Grocery & Provisions	214	206	194	194
Fishmongers ..	56	54	54	54
Fish Fryers ..	66	66	66	66
Greengrocers ..	186	184	154	154
General Dealers	471	468	434	432
Confectioners ..	410	405	354	353
Licensed Premises	423	423	382	382
Cinemas & Theatres	21	18	6	6
Miscellaneous Premises ..	110	81	6	9
	2,756	2,646	2,295	2,294

* 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

An outbreak of foot and mouth disease was confirmed on the 21st July, 1966, on a farm known as Flotterton Hall in Coquetdale in Northumberland and in rapid succession more outbreaks were confirmed on a further 31 farms in that area. Owing to the wide-spread nature of the outbreak an Infected Areas Restriction Order was made in respect of an area having a 25 miles radius from the affected district including virtually the whole of Northumberland, Newcastle upon Tyne and part of Roxburghshire. On the 29th August, 1966, an Infected Areas Restriction Order was issued contracting the original area, leaving Newcastle upon Tyne free from restrictions.

During the period from 22nd July to the 29th August, 1966, the department issued 1,163 licences in respect of the movement of 51,914 animals. Much work was also involved in the continuous telephone enquiries, the control and supervision of lairages, slaughterhouses, and all stock waggons. The withdrawal of the Infected Areas Restriction Order took place on the 27th September and the final tally of stock slaughtered was 5,748 cattle, 38,430 sheep and 714 pigs.

Tuberculosis

No animal was dealt with under the Tuberculosis Orders 1938 and 1964.

Anthrax

No case of anthrax occurred in the city during 1966. Figures for the country showed the deaths of 236 animals from 222 outbreaks.

Swine Fever

No outbreaks of swine fever occurred in the city during 1966. The number of outbreaks in Great Britain totalled 25 involving the slaughter of 8,098 pigs as compared with 113 outbreaks and 42,079 slaughtered in 1965.

In 1963, when the "slaughter-out" policy was introduced by the Ministry, there were 1,243 outbreaks involving the loss of 254,786 pigs and the steady and dramatic reduction during the past four years has amply justified the adoption of these drastic measures of slaughtering-out.

Rabies

No outbreaks occurred.

Parasitic Mange

No outbreaks occurred.

Fowl Pest

No outbreaks occurred in the city and the total number of outbreaks confirmed in the country was 194. The sharp decline in the incidence of this disease is undoubtedly due to the vaccination of chicks.

Livestock Market and Transit of Animals

No livestock was landed at the Forth Cattle Docks during the year and these docks are now closed. Undoubtedly these closures are due to the increasingly effective competition from road transport and the position has now been reached in the north east when railways no longer transport livestock. Under the Transport of Animals Order the cleansing and disinfection of stock waggons were regularly carried out on the washing bay at the Cattle Market, when required, by the staff of the Cattle Market foreman. Regular inspection of transport vehicles was maintained to ensure that the requirements of the Order were complied with, and particular attention was given to the provision of side rails, battened floors and tail boards acting as ramps.

Lame or emaciated and apparently sick animals were removed from time to time from the Cattle Market for immediate slaughter as provided for by the Newcastle upon Tyne Improvement Act, 1882. During the year 10 pigs and 8 sheep were found dead in lairs or hungerhouses and 15 pigs and sheep were dead in stock waggons on arrival in the city. In only one case was scheduled disease suspected and this occurred when a dead pig was found in a Cattle Market slaughterhouse. A smear was taken and examined by the Corporation Veterinary Consultants and subsequently proved to be negative as far as anthrax was concerned.

All dead animals were removed to a processing firm for manufacture into inedible products.

PEST CONTROL

Rodent Control

Early in the year the Health and Social Services Committee decided that rodent control should be a free service to all householders with effect from the 1st April, 1966, but a charge is still made for treatments carried out at business premises.

There was a marked increase in the number of dwelling houses found to be infested with rats and this may be due, in some measure, to the fact that householders are reporting suspected infestations much more readily now that the service is free. The numbers of

infestations of mice in dwelling houses and rats and mice in business premises are slightly down on last year but the number of 'Block Control' schemes carried out during the year showed an increase from 72 to 107.

RAT AND MICE INFESTATIONS DURING 1966

	Dwelling Houses	Other Premises	Local Authority	Agricultural	Total
Number of properties inspected	2,820	2,102	74	1	4,997
Number of visits (including revisits)	6,750	6,285	298	16	13,349
Number of properties found to be infested:					
Rats ..	407	192	25	1	625
Mice ..	548	200	38	—	786
Number of infested properties treated by Local Authority:					
(a) On complaint	955	201	63	—	1,219
(b) Under contract	—	191	—	1	192
"Block Control" schemes	107	—	—	—	107

Feral Pigeons

At the beginning of the year particular attention was paid to the problem of bird control. After exhaustive consideration of all the circumstances relating to nuisance from wild birds in the city it was decided that there was insufficient knowledge available to establish any effective technique in respect of starlings and that efforts should be directed to reducing the pigeon population, particularly in the city centre. Special attention was paid to the pigeon infestation in the neighbourhood of Eldon Square and an attempt was made, more by way of an experiment, to trap pigeons in that area very early on a Sunday morning in April. The principle involved on that occasion was a propelled net, but the results were not encouraging and it was ultimately resolved to tackle the problem by means of pigeon traps fitted with "bob wires". Three such traps were eventually constructed, two being brought into operation in August and one in November. The first two were erected at the Central Library

and in a large warehouse in Trafalgar Street and after an encouraging start in these vicinities, the weekly catch dwindled mainly because of extensive building operations being carried out very nearby. The third trap was placed in the Old Gaiety Theatre in Nelson Street and it is hoped that early in 1967 it will become effective. Nevertheless, during the last four months of 1966 a total of 255 pigeons had been caught and disposed of in a humane manner.

It is interesting to speculate whether the feeding of wild pigeons in the city centre by kind-hearted persons will have a greater influence than will the trapping operations now in force. There is a Gilbertian aspect to the picture of pigeons being cherished and fed in Eldon Square while every attempt at the Central Library and the Gaiety Theatre is being made to destroy them. It would, nevertheless, be difficult to sustain a successful campaign for the abolition of the feeding of wild birds which, to many citizens, are still regarded as our "feathered friends" despite the serious nuisance and damage they cause to public buildings and the potential health hazard presented by infected droppings.

Disinfestation (Slum Clearance)

There was a substantial increase in the disinfestation of household effects prior to removal into council houses from unfit houses when 1,172 such cases were dealt with as compared with 857 such cases in 1965. The work involved the spraying of 2,416 rooms and the disinfestation of bedding on 173 occasions. Most of the houses from which rehousing took place and in respect of which disinfestation was carried out were in the Parker Street, Mill Lane, Violet Street and Summerhill Terrace clearance areas.

Disinfestation (General)

A total of 426 premises were dealt with during the year comprising 408 houses and 18 other premises. Most of the infestations were by cockroaches, bugs and fleas; in dealing with which there was used $3\frac{1}{2}$ lbs insect powder, 503 gammexane smoke generators and 201 gallons of liquid insecticide. The work of disinfection after infectious disease is carried out by the same staff as is disinfestation and in connection with this additional work $10\frac{1}{2}$ gallons of white fluid were

used. The following table shows the different kinds of insects in respect of which disinfestation measures had to be taken during the year.

PREMISES DISINFECTED

Premises infested with cockroaches	..	..	229
Premises infested with bugs	..	..	44
Premises infested with fleas	..	..	52
Premises infested with lice ..	..	..	1
Premises infested with red mite	..	..	10
Premises infested with spiders	..	..	26
Premises infested with wasps	..	..	14
Premises infested with flies ..	..	..	9
Premises infested with other insects	..	..	3
Total	..	..	388

MISCELLANEOUS MATTERS

New Legislation

During the year the following legislation affecting the work of the department was passed or brought into operation.

The Meat Inspection (Amendment) Regulations 1966

These Regulations enable local authorities to restrict the hours during which animals can be slaughtered in private slaughterhouses. They also make certain changes in the routine method of inspection of slaughtered animals, the flesh of which is intended for human consumption. The use by the Inspector of green colouring matter for marking a carcass after inspection is prohibited.

Slaughterhouses (Hygiene) (Amendment) Regulations 1966

These Regulations amend the 1958 Regulations. The period during which any animal intended for slaughter may be kept in a slaughterhouse is limited to 72 hours. The obligation to keep lairages clean is imposed upon the occupier of the slaughterhouse, and after the 1st November, 1968, the use of wiping cloths in the dressing of carcasses is prohibited. Until that date, wiping cloths must be sterilised before use and used on only one carcass before re-sterilisation.

The Butter Regulations 1966

The Butter Regulations 1966 supersede the Food Standards (Butter and Margarine) Regulations 1955 insofar as those Regulations applied to butter. Compositional requirements are set out and provision is made for the manner in which butter should be labelled and advertised.

The Mineral Hydrocarbons in Food Regulations 1966

The Regulations of 1964 are replaced and amended by these new Regulations in relation to the use in food of mineral hydrocarbons. These substances, suitably refined, are permitted in specified amounts in a very small range of foodstuffs.

The Salad Cream Regulations 1966

These Regulations supersede the Food Standards (Salad Cream and Mayonnaise) Order of 1945, which was made under wartime legislation. The term 'salad cream' is defined and a compositional standard is laid down. The term 'salad dressing' for any product of a composition similar to salad cream is also prohibited.

The Colouring Matter in Food Regulations 1966

These Regulations re-enact with amendments the Colouring Matter in Food Regulations 1957. They delete from the list of permitted colouring matters six colouring matters derived from coal tar, and add one not formerly permitted. The addition of colouring matter to certain foods is restricted.

The Skimmed Milk with Non-Milk Fat (Amendment) Regulations 1966

The 1960 Regulations are amended by extending Schedule 2 so as to exempt the food SMA in liquid as well as powder form from the requirement to bear on the label the declaration "Unfit for Babies".

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966

These Regulations lay down requirements as to food hygiene in respect of the sale of food in markets, from stalls and also the sale or delivery of food from vehicles. In particular, they impose a duty

upon any person or authority who permits land to be used for a market, or for the erection of stalls, to ensure that there is no risk of contamination of the food and that facilities exist for the observance of cleanly practices while the food is being handled.

The Food Hygiene (Markets, Stalls and Delivery Vehicles) (Amendment) Regulations 1966

The main provision of these amending Regulations is to exempt from the requirement to have washing and other facilities, certain classes of food vehicle which operate from premises where similar facilities are provided under other Food Hygiene Regulations.

Smoke Control (Exempted Fireplaces) Order 1966

The type of fireplace known as "The Hounsell Sawdust Burning Stove" is exempted from the provisions of Section 11 of the Clean Air Act 1956 relating to smoke control areas on condition that such appliances are installed, maintained and operated in such a way as to minimise the emissions of smoke, and so long as clean wood waste only is burned upon them.

SUMMARY OF LEGAL PROCEEDINGS

Case No.	Contravention of	No. of offences proved	Fines Imposed and Orders Made	Costs Ordered to be paid
1	Housing Act 1961, Section 15 Public Health Act 1936, Section 94	1	£5 Nuisance Order (6 weeks)	£2 2 0
2	Housing Act 1961, Section 15 ..	1	£10	—
3	Public Health Act 1936, Section 94	1	Nuisance Order (28 days)	—
4	Public Health Act, 1936, Sections 45 and 94	2	£2 Nuisance Order (28 days)	—
5	Public Health Act 1936, Section 94	1	Nuisance Order (28 days)	—
6	Public Health Act 1936, Section 94	1	£2 Nuisance Order (28 days)	—
7	Housing Act 1961, Section 15 ..	1	—	£4 8 0
8	Public Health Act 1936, Section 95	1	£2	£3 3 0

SUMMARY OF LEGAL PROCEEDINGS—Continued

Case No.	Contravention of	No. of offences proved	Fines Imposed and Orders Made	Costs Ordered to be paid
9	Food and Drugs Act 1955, Sec. 2 ..	1	£50	—
10	Public Health Act 1936, Sections 45 and 94	2	£2 Nuisance Order (21 days)	—
11	Public Health Act 1936, Section 45	1	£2	—
12	Newcastle upon Tyne Corporation (General Powers) Act, 1935, Section 10	1	Order (6 months)	—
13	Public Health Act, 1936 Section 95	3	£30	—
14	Newcastle upon Tyne Corporation (General Powers) Act 1935, Section 10	1	Order Made (6 months)	£0 4 0
15	Newcastle upon Tyne Corporation (General Powers) Act 1935, Section 10	1	Order Made (3 months)	£0 4 0
16	Housing Act 1961, Section 15 ..	1	£10	£4 4 0
17	Offices, Shops and Railway Premises Act 1963, Section 10	1	£15	£4 4 0
18	Public Health Act 1936, Sections 39 and 75	2	£2	—
19	Public Health Act 1936, Sections 45 and 94	3	£6 2 Nuisance Orders (21 days)	£3 3 0
20	Public Health Act 1936, Sections 45, 75 and 94	3	£3 Nuisance Order (28 days)	—
21	Food and Drugs Act 1955, Section 2	1	£25	£5 5 0
22	Food Hygiene (General) Regulations 1960 (21 Informations) ..	19	£190	—
23	Food and Drugs Act 1955, Sect. 2	1	£10	—
24	Clean Air Act 1956, Sect. 1 & 11	2	£20	£0 4 0
25	Food and Drugs Act 1955, Sect. 2	1	£30	£4 18 0
26	Food and Drugs Act 1955, Sect. 2	1	£20	£4 4 0
27	Food and Drugs Act 1955, Sect. 2	1	£15	£4 4 0
28	Food and Drugs Act 1955, Sect. 2	1	£10	£4 4 0
29	Public Health Act 1936, Section 39	1	£2	—
30	Public Health Act 1936, Section 45	1	£5	—
31	Factories Act 1961, Section 7 ..	1	£10 Order Made under Sect. 157 (2 months to do work)	—
32	Housing Act 1961, Section 15 ..	1	£10	—
33	Housing Act 1961, Section 19 ..	1	£5	£2 4 8
34	Food and Drugs Act 1955, Section 2	1	£10	£4 4 0
33	Housing Act 1961, Section 19 ..	1	£5	£3 4 8
35	Food and Drugs Act 1955, Section 2	1	£15	£5 5 0

SUMMARY OF LEGAL PROCEEDINGS—Continued

Case No.	Contravention of	No. of offences proved	Fines Imposed and Orders Made	Costs Ordered to be paid
36	Offices, Shops and Railway Premises Act 1963, Section 9	—	Case dismissed	—
37	Food Hygiene (General) Regulations 1960 (12 informations)	12	£120	£4 4 0
38	Food and Drugs Act 1955, Food Standards (Fish Cakes) Order 1950	1	£2	£7 1 0
39	Protection of Animals Act 1911, Section 1	1	£5	£16 2 6
40	Public Health Act 1936, Section 94	1	Nuisance Order (28 days)	£0 4 0
41	Offices, Shops and Railway Premises Act 1963, Section 9	—	—	£10 awarded to defendant
42	Public Health Act 1936, Sections 39 and 94	2	£2 Nuisance Order (14 days)	£0 4 0
43	Public Health Act 1936, Section 39	1	£2	—
44	Public Health Act 1936, Section 94	1	Nuisance Order (14 days)	£0 4 0
45	Public Health Act 1936, Section 45	1	£5	£0 4 0
46	Public Health Act 1936, Sections 45, 93 and 94	2	£2 Nuisance Order (56 days)	—
47	Food Hygiene (General) Regulations 1960 (7 Informations)	6	£40	—
48	Food and Drugs Act 1955, Section 2	1	£25	—
49	Food and Drugs Act 1955, Section 2	1	£10	—
50	Milk and Dairies (General) Regulations 1959 Regulations 27(1)	1	£25	—
51	Food and Drugs Act 1955, Section 2	1	£10	£4 4 0
52	Public Health Act 1936, Sections 93 and 94	1	Nuisance Order (14 days)	£0 4 0
53	Food Hygiene (General) Regulations 1960 (6 Informations)	4	£40	£4 4 0
54	Food and Drugs Act 1955, Section 2	1	£25	£4 4 0
55	Food and Drugs Act 1955, Section 2	1	£25	£4 4 0
56	Food and Drugs Act 1955, Section 2	2	£35	£4 4 0
57	Factories Act 1961, Section 7	2	£4	£4 4 0
58	Public Health Act 1936, Sections 93 and 94	1	Nuisance Order (28 days)	£0 4 0

Hairdressing Establishments

An additional 15 applications for the registration of hairdressers' premises were approved during the year bringing the total number of registered premises to 352. There was also a further increase from 305 to 376 in the number of premises inspected, but this figure is still far short of the number required to ensure satisfactory supervision. Thorough and detailed inspection of these premises would reveal more contraventions of the byelaws relating to the hygienic condition of premises, persons and equipment than are discovered during the limited supervision possible because of pressure of other more urgent work.

Rag Flock and Other Filling Materials Act 1951

There was no change at the end of the year in the number of licensed and registered premises in the city as indicated below:—

Registered premises at the end of the year	..	19
Premises licensed at end of the year	.. ..	2
Number of Inspections	.. .. .	43
Samples taken	.. .. .	17

The samples taken comprised the following and all were found to satisfy the standards of cleanliness prescribed by the Rag Flock and Other Filling Regulations 1961.

SAMPLES TAKEN

Coir Fibre	.. .. .	2
Kapok..	.. .. .	1
Washed Flock	.. .. .	2
Woollen Flock	.. .. .	1
Layered Flock	.. .. .	1
Layered Felt	.. .. .	3
Rag Flock	.. .. .	1
Wool Felt	.. .. .	2
Fibre Hair Mixture	.. .. .	2
Cotton Felt	.. .. .	2
		17

An unusual situation arose at the beginning of the year in connection with samples of feathers taken near the end of 1965 and which had failed to comply with the statutory standards of cleanliness.

Successive samples of feathers had been found to contain amounts of extracted impurities in excess of the statutory limit of 2.0 per cent and it was resolved that legal proceedings be instituted in respect of offences under Section 3 of the Act. However, before the requisite informations were laid it was learned that special difficulties were being found in producing broiler feathers of a satisfactory standard and the Ministry of Housing and Local Government, which Ministry is responsible for the enforcement of the Act, was consulted. It seems that a large section of the upholstery industry is dependent on wet plucked broiler feathers as their basic material and such feathers release more protein than other types invariably indicating on test a level of impurity in excess of 2 per cent. The Minister advised that whilst any test result above 3 per cent should be regarded as serious, any result falling between 2 per cent and 3 per cent should be looked upon leniently by the enforcing authority until such time as the laboratory problems associated with broiler feathers are overcome.

Pharmacy and Poisons

During the year no new registrations were approved, but in ten instances the seller ceased to sell Part II poisons. At the close of the year Part II of the Poisons list comprised the following sellers:—

General Dealers	..	..	..	..	113
Hairdressers	..	..	..	..	10
Druggists	..	..	..	..	8
Hardwaremen	..	..	..	..	11
Seedsman etc.	..	..	..	..	10
Chemical and disinfectant manufacturers	..	..	..	..	2
Ironmongers	..	..	..	..	3
Motor Factors	..	..	..	..	1
Total	..	..	..	..	158
New registrations	..	..	..	..	Nil
Ceased to sell Part II poisons	..	..	..	..	10

Fertilisers and Feeding Stuffs Act, 1926

During the year eight samples of fertilisers and eight feeding stuffs were submitted to the Agricultural Analyst. In all samples the statutory statements were correct within the limits of variation.

Agricultural Produce (Grading and Marking) Act 1928

At the end of the year the number of premises registered under this Act for the cold and chemical storage of eggs remained at four. No eggs were held in store during the year.

Burial Act 1857—Exhumations

The Home Secretary granted a Licence under Section 25 of the Act authorising the removal of the remains of ten members of the German Armed Forces which had been interred in the West Road Cemetery between June 1944 and December 1947. The exhumations were carried out on the 23rd May, 1966, and the district public health inspector was in attendance during the whole of the seven hour period it took the working party of five members of the German War Graves Commission to complete the operation. The exhumations were carried out with great efficiency and the conditions of the licence were strictly enforced. The remains were forthwith transported to Staffordshire for reinternment in the German Military Burial Ground.

Lectures and Training

The staff of the department continued throughout the year to provide training facilities of various kinds, but mainly, of course, in connection with the training of pupil public health inspectors. The range of subjects dealt with in lectures and addresses is increasing as is the type of audiences. During the year talks on clean air, clean food, food and drugs administration, the work of the health inspector, etc., were delivered to all kinds of organisations varying from the Spring Conference of Bee Keepers to the Co-operative Round Table, although most organisations were of a social or religious background. Organised training was made available to hospital staff, district nurses, medical students, D.P.H. students, health visitors and others and overseas visitors included public health workers from Malaysia, Ohio, U.S.A., India, Hong Kong, West Indies, Norway and several from Nigeria. An event which provided an interesting refresher course was the ever popular weekend school held at Lambton Castle by the Northern Centre of the Association of Public Health Inspectors and five of the public health inspection staff attended.

Staff Appointments

The appointment of Mr. R. G. Puffitt from Smethwick to the post of Divisional Public Health Inspector in the Housing and Smoke Control Division was a very welcome addition to the staff and since he commenced duties in February he has given meritorious service, particularly in slum clearance administration and the work involved in public inquiries. Mr. I. Joice, a successful pupil in the Diploma Examination of the Public Health Inspectors' Education Board was appointed as district inspector and Mr. J. Liddle, a pupil from Consett U.D., who was also successful at the same examination, was also appointed as a district inspector later in the year. Messrs. G. A. Curran and J. Bell were appointed as pupils bringing the number in service to the full permitted establishment.

The increasing fluctuation of staff engaged on slum clearance survey work resulted in the appointment of Messrs. I. Dunbar, M. J. O'Donnell and S. Lee as Technical Assistants and Mr. W. Scott was recruited as a General Assistant. Mr. W. L. Cockburn, who had given excellent service as a Smoke Control Investigator in recent years, was transferred to the District Inspection Division as a Technical Assistant (General) and Mr. W. N. Bell took up duties as a Rodent Operator in the Pest Control Section. Changes in the clerical staff resulted in Mr. J. Secombe being appointed to the post of Divisional Clerk (Food Inspection and Control), Miss E. Golightly took up duties as shorthand typist and Miss S. Dees was recruited as a junior clerk.

Staff Resignations

Undoubtedly the most serious single loss to the department was the departure of Mr. M. G. Wintringham, a Senior Public Health Inspector, who had given service of an exceptionally high order for some ten years and who left to take up a similar post with the City of Leicester. Equally unfortunate were the resignations of four Technical Assistants (Housing), one Technical Assistant (General) and one Smoke Control Investigator, most of whom took up similar posts in other departments of the Corporation. During the year the clerical section also was affected with its share of staffing difficulties with the loss of a Divisional Clerk, a shorthand typist and a clerk typist.

Retirements

Mr. F. J. Dawson who had served in the department as a General Assistant since 1937 retired from the service and the good wishes of the Committee and the department were conveyed to him in suitable fashion.

Obituary

A very sad and serious loss to the department occurred in the early months of the year with the untimely deaths of Messrs. J. R. Shipley and W. G. Williamson who both died from the same painful illness within weeks of each other.

Mr. Shipley, who was aged 57 when he died, had been with the Corporation for 30 years and had given outstanding service as a public health inspector in every section of the department and could justly be described as an unforgettable character. An officer of forthright candour with an unequalled tenacity when faced with a problem, he will be gratefully remembered by many past students who now serve in many parts of the country, for the patience and thoroughness with which he conducted much of the practical training down the years.

Mr. W. G. Williamson was also aged 57 at the time of his death and had given 25 years of excellent service, mainly in the field of food and drugs administration. A man with a meticulous and pains-taking manner, he was esteemed by all for his unassuming but engaging temperament. Rarely has so modest a person been so unaware of his modesty and his knowledge of his subject, which was considerable, was freely imparted to all who sought it, and all students in fact did not hesitate to do so.

Conclusion

It has truly been said that no matter what progress is made in improving the health environment of the citizen a good public health inspector is never satisfied. Nevertheless, although much remains to be done to improve housing conditions, to abate air pollution and to secure satisfactory standards in shops, offices, places of entertainment, licensed premises and in many other fields, the year 1966 brought achievement as well as frustration. Much of the

frustration arose from staff deficiencies, a long standing problem which must, as soon as possible, be faced and tackled with realism and purpose. However, the achievements are a source of some satisfaction and they could not have been accomplished without the assistance of a loyal staff. This essential ingredient of successful administration was very evident throughout the year in the assistance always at hand from the Divisional and Senior Inspectors and the Senior Administrative Assistant continued to maintain his high standard of valuable co-operation which is now, all too often, taken for granted.

To officers of other departments of the Corporation I offer sincere appreciation for assistance in many forms, whether it be the preparation of plans for smoke control and slum clearance, advice and guidance in legal proceedings or help in dealing with technical problems of fuel burning plants.

Perhaps, most of all, I am conscious of the debt I owe to members of the Health and Social Services Committee for their unfailing interest and to the Medical Officer of Health for his friendly and helpful support. Without such an encouraging background the daily task would indeed be irksome.

L. MAIR,

Chief Public Health Inspector.

APPENDIX I

WORK OF THE NEWCASTLE EXECUTIVE COUNCIL

It is the statutory duty of the Executive Council under Part IV of the National Health Service Act, 1946 (as amended) to:

- (a) make arrangements with medical practitioners for the provision of personal medical services (including maternity medical services) for all persons in Newcastle who wish to take advantage of the arrangements—these services are known as “general medical services”;
- (b) make arrangements for the supply of sufficient drugs and medicines and prescribed appliances necessary for the treatment of all persons who are receiving general medical services and for the supply of prescribed drugs and medicines necessary for the treatment of persons who are receiving general dental services—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, 1967, there were 200 doctors (113 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors' lists was 261,002, a figure which is in excess of the population of Newcastle based on the Registrar General's estimate. This apparent inflation of doctors' lists is probably due, at least in part, to the rehousing programme—persons on removing outside the boundaries not having selected a new doctor or secured acceptance on their doctors' Northumberland lists.

1,685,494 prescriptions were dispensed during the year by city chemists and appliance contractors of which at 31st March, 1967, there were 99. The total cost of these prescriptions to the National Health Service was £1,042,231.

During the year, 3,165 claims were submitted by doctors for maternity services rendered to their patients. The gross fees paid for these services amounted to £30,570. The Medical Officer of Health is a member of the Local Obstetric Committee.

At the 31st March 1967, there were 72 principal practitioners providing general dental services in the City. 90,277 courses of treatment were given during the year 1st April 1966 to 31st March 1967, as compared with 88,239 the previous year. Of this it is estimated that some 37.3% of the patients resided outside the city boundaries.

Under the supplementary ophthalmic service, 54,511 sight tests were given during the year, 977 to children under arrangements made with the Local Authority. 41,973 persons were supplied with glasses during this period. Approximately 46% of the applicants for sight tests and glasses resided outside the City boundaries.

The total expenditure on the various services administered by the Council during the year ended 31st March 1967 was as follows:—

	£
General Medical Services	535,609
Pharmaceutical Services	1,031,008
General Dental Services	283,272
Supplementary Ophthalmic Services ..	103,299
Administration	29,589
	£1,982,777

Based on the Registrar General's estimate of population at 30th June 1966, this represents an expenditure of £7 16s. 3d. 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 1966 to 31st March 1967, viz., Coun. B. Abrahams, Coun. R. C. Brown, M.P., Mrs. E. G. Chalk, Coun. Mrs. C. M. Lewcock, O.B.E., Coun. Mrs. M. S. Murray, Dr. R. C. M. Pearson, Ald. Dr. H. Russell, Ald. Dame Catherine C. Scott, D.B.E., J.P., Coun. H. J. White.

APPENDIX II

VOLUNTARY ORGANISATIONS

As in previous years I am including brief 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 Marriage Guidance Council, and the Newcastle Diocesan Council for Moral and Social Welfare, and I am most grateful to Mrs. Burdon Taylor and Mrs. M. Tharp, the Secretaries of these organisations for the following reports.

THE MARRIAGE GUIDANCE COUNCIL

The well being of the family is largely dependent on happiness at home; children do not thrive physically or mentally, employees do not give their best with a background of marital disharmony. The Marriage Guidance Council offers help in all aspects of marriage to those who seek it; marriage counsellors, men and women volunteers carefully selected and trained for the task, give private and confidential interviews to anyone with a personal difficulty. These interviews normally take place at the premises of the Marriage Guidance Council, 17 Ellison Place, Newcastle upon Tyne, 1. During the year 912 such interviews were given, involving 928 hours of work on the part of 17 counsellors. In the cases with which they dealt the children of these families numbered 517, 84 being over the age of 16, 226 between five and 16, and 207 under five. Counsellors give their services; clients are asked for donations toward the running of the Council.

Counsellors also run courses for engaged couples on all aspects of marriage and parenthood, and take part in discussions with groups of young people in schools, youth clubs and colleges on personal relationships and education for family life; during 1966 155 such sessions took place in which 10 education counsellors met over 800 young people; they also met over 500 parents in Wives' and Mothers' groups attached to churches, schools and welfare clinics.

Many more workers are needed for this time-taking but rewarding voluntary work; anyone between the ages of 30 and 50 who is interested in becoming a counsellor should apply to the secretary for further information. The cost of the work is barely met by grants from Local Authorities, by subscriptions and donations and by special efforts.

NEWCASTLE DIOCESAN COUNCIL FOR MORAL AND SOCIAL WELFARE

192 new cases were referred to this agency during 1966 from the Newcastle area. These were almost invariably family problems arising from illegitimate pregnancies. In these are involved not only the expectant mother, in her preparation for the birth and her choice for her child's future, but also her parents, whose attitude of support or disapproval may greatly influence her choice. The father of the child is increasingly in the picture, and so are the husbands and wives and children of clients who are already married when they come to us.

For the mother who keeps her child, there is often a need for long-term continuing support. For the one who decides to part with him, there will be complex arrangements for adoption, or for admission to an institution. In all such situations, the baby is a helpless participant whose whole future may depend on the way in which his family are helped at the time of his birth.

In addition to the above actual cases, the officer is visited by a succession of people with varying enquiries, personal or legal problems, which can be dealt with in perhaps one or two interviews but in which the agency meets a definite need.

About 75% of regular cases are referred by some branch or other of the medical profession, including medical social workers at the Civic Centre and by hospitals, doctors and health visitors. The rest come from a wide variety of sources, including voluntary agencies such as the Citizens Advice Bureau, and the Council for the Unmarried Mother and her Child, and from other social workers. The Diocesan Mother and Baby Home was used by 35 Newcastle residents for whom the City accepted financial responsibility, while some others were helped to go to Homes further afield when for various reasons this seemed preferable.

APPENDIX III

OCCUPATIONAL HEALTH SERVICE

During 1966 the Occupational Health Service became responsible for the following:

- (a) Corporation Transport drivers and conductors;
- (b) Hackney Carriage licencees examined on application and yearly from the age of 60 years.

Routine medicals are required in both these categories and 596 transport staff and 94 hackney carriage drivers were examined. These additional examinations accounted for most of the increase in the work of the service during the year. A part-time nurse has been employed in addition to the full time Civic Centre nurse. The number of staff attending for treatment in the Medical Centre increases steadily. While most of these conditions are relatively minor the treatment available at the Medical Centre frequently saves short absences from work.

TABLE 1
PRE-EMPLOYMENT MEDICALS

				Sick Pay	Super-annuation	Total
Questionnaires received	..	..	..	2,416	815	3,231
Accepted without examination	..	..	..	1,311	637	1,948
Medical examinations:						
(a) Routine	..	..	..	697	25	722
(b) Selected	..	..	..	408	153	561
Percentage selected	..	..	..	24	19	22
Fit for employment but unfit for superannuation and sick pay schemes	..	..	..	84	5	89
Unfit for employment	..	..	..	22	1	23
Percentage unfit	..	..	..	0.95	0.12	0.71

TABLE II

Special examinations:

Number referred	..	..	..	230
Medical examinations (includes 65 home visits)	..	..	..	527
Fit	..	..	..	178
Fit for light work	..	..	..	7
Retired on medical grounds	..	..	..	24
Resigned	..	..	..	14
Died	..	..	..	7

TABLE III

WORK OF MEDICAL CENTRE
(1965 figures in brackets)

Medical examinations:

Sick pay and superannuation schemes	1,810	(794)
For other authorities	24	(46)
Childrens Department	14	(14)
	1,848	(854)

Vaccinations and Immunisations:

Poliomyelitis boosters	162	(782)
Smallpox	104	(73)
T.A.B.	21	(12)
	287	(867)

Treatments:

Staff: Industrial conditions (injuries)	149	(93)
Non-industrial condition	1,048	(760)
General Public	40	(32)
	1,237	(885)

APPENDIX IV

REPORTS TO COMMITTEE

Each month during the year reports on various subjects have been submitted to the Health and Social Services Committee. Some of these reports are given in full on the following pages. Other reports which are not included here were on:—

Administrative Services
Statistics
Domiciliary Midwifery
Housing and Slum Clearance
Residential Care of the Elderly
and Physically Handicapped
Health Visiting
Medical Social Work
Smoke Control

March

HEALTH EDUCATION (1965)

1. Introduction

Preventive medicine depends on health education to gain support for its policies, to publicise its activities, to encourage good use of its services, to promote an enlightened attitude to disease or handicap whether physical or mental and to change habits of living which are detrimental to health. Health education is therefore a basic function of a health department and one in which many people must play a part. Talks to groups and organisations are included as well as public exhibitions, displays in clinics and the use of posters, pamphlets and audiovisual aids. Doctors and health visitors, school nurses, public health inspectors and other staff who advise various members of the community on their health and welfare are constantly engaged in health education both by practice and precept.

2. Quarterly Campaigns

When so many subjects for health education exist some of which are more easily presented than others the highlighting of specific topics is useful. A programme of quarterly subjects is planned with a senior officer taking charge of each and working out with those concerned how best it should be presented. The subjects for 1965 and 1966 are detailed below:—

1965	January to March	Personal hygiene
	April to June	Office, Shops and Railway Premises Act, 1963
	July to September	Smoking and health
	October to December	The effects of alcohol upon health
1966	January to March	Prams, cots, etc.
	April to June	Dental health
	July to September	Hearing
	October to December	Heating and ventilation

3. Tyneside Summer Exhibition, 1965

The departmental exhibit entitled "Smoking and You" was staged as part of the quarterly campaign on Smoking and Health.

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. Two packets containing cigarettes which had been discarded were discovered.

4. Other Exhibitions

During May and June the Chief Public Health Inspector staged an exhibition featuring the provisions and effects of the Offices, Shops and Railway Premises Act, 1963. After a month in the Central Library it was transferred to the Rates Hall at the Civic Centre.

A solid fuel exhibition house belonging to the Corporation was used for a clean air exhibit during two weeks in May.

5. Liaison with Teachers

School children are perhaps the section of the community most susceptible to Health Education; they are moreover the adults of the future and the parent-of tomorrow. Regular meetings with head teachers are held to discuss the furthering of health education in schools. In November, after a full discussion on the Cohen Report on Health Education it was agreed that teachers would appreciate further information on health topics. This need has been filled to some extent in recent years by a Bulletin on Health Education issued at intervals to all schools. It is now intended to produce this one a term.

6. Sex Education

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.

7. Comprehensive Schools

At Kenton Comprehensive School a health visitor teaches hygiene, ante-natal care and parentcraft to senior girls who take the examination of the Maternal and Child Welfare Association. Such teaching has also been started recently in Slatyford Comprehensive School. In both these schools and in Blakelaw Comprehensive School lecture discussions on menstruation and hygiene are held with 11 year old girl entrants. Benwell Senior Comprehensive School will shortly have similar talks on hygiene, etc., by health visitors.

8. Dental Health

The School Dental Officers precede their inspection of the teeth of children in infant schools with talks to the parents who have been invited to attend. Up to 50% of parents come to these inspections.

The dental auxiliary spends half of her time on dental health education in schools. Her training equips her for this and she uses various teaching aids and models. It has not yet been possible to include the use of films.

9. Child Welfare and Ante-natal Clinics

The staff of each Clinic arrange their own displays. They are not limited to the quarterly special subjects but cover many other aspects of Health Education. Mothers' Clubs have a series of health talks.

Seven midwives attended a seminar on Psychoprophylaxis held by the National Childbirth Trust. Almost all midwives have had instruction in some of the methods of preparing women for childbirth. Classes are now held in six ante-natal clinics and in two doctors surgeries. Each class has about six expectant mothers attending an average of about eight times and in some areas there is a waiting list for these classes.

Health Visitors and midwives work together in this Ante-natal Health Education.

10. Mental Health

While no specific project has been undertaken to educate the public in this sphere it is expected that some publicity will be given to it in association with the National Association for Mental Health during 1966. Dr. Morgan, the Consultant Psychiatrist, has taken part in seminars for Disabled Resettlement Officers, National Assistance Board Staff and Telephone Samaritans. He has also talked to general practitioners, nursing staff and the Friends of St. Nicholas Hospital on the community care of psychiatric patients.

11. Cancer Education

Despite the wide interest in cervical cytology among women's organisations in recent years the two clinics opened in 1965 have had a relatively poor response. The increased demand created by a recent television programme on cancer indicates that a wide-spread national campaign of health education might result in fuller use of this recent advance in cancer prevention.

Cancer prevention and other benefits of health would also be achieved by a substantial reduction in cigarette smoking. While few confirmed smokers may be expected to renounce the habit—and these who do are unlikely to regret it—children must be discouraged from starting to smoke. This could only be achieved by ensuring that from an early age all children know about the effects of the cigarette smoking habit. Recently head teachers representatives saw the Ministry of Health film "The Smoking Machine" which is suitable for 10 to 11 year olds and which will be obtained for the Education Department's Library. The head teachers have agreed to present the subject of "Smoking and Health" once a year in each secondary school.

Other means of reducing smoking might be a ban on gift vouchers, increased taxation, elimination of cigarette machines, an obligatory printed warning on cigarette packets and an increasing acceptance of the "No Smoking" rule in public places. In addition, parents, teachers, doctors, youth leaders, etc., should be mindful that they may exert more influence on the young by their example than by their teaching.

Every opportunity is taken to inform audiences about those types of cancer which produce early symptoms at a time when treatment can be effective, advising them to consult their doctors early.

12. The Health of Immigrants

In September 1965 Mrs. S. R. Ahmad commenced her duties as Pakistani Liaison Officer attached to the health visiting staff. She assisted all health services and other corporation staff in their dealings with the Indian and Pakistani community by interpreting at surgeries, clinics and hospitals by visiting homes. She planned a programme of health education among these families with special emphasis on hygiene and nutrition.

With this in view she has investigated feeding and standards of cleanliness in these homes. Cleanliness and general hygiene was good, adult diet reasonable

but infant feeding unsatisfactory. Communication difficulties have been overcome by issuing leaflets in Urdu. Mrs. Ahmad intends to produce more suitable leaflets in Urdu and possibly Hindi. At one of the clinics a Pakistani Women's Group is meeting regularly and talks on health subjects are being given.

13. Other Meetings

Frequent requests for speakers on various aspects of the work 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.

14. Staff

Health Education is the responsibility of the Senior Medical Officer (Administration) and an Administrative Assistant deals with the preparation of exhibits, the control of equipment and other administration. Until recognised training courses and qualifications exist it is not intended to appoint a Health Education Officer. During 1965 two Group Advisors were appointed whose duties included the co-ordination of health education.

15. Equipment and materials

The department has two 16 mm. sound projectors, two film strip projectors and a tape recorder. There is a library of 80 film strips and 5 sound films. Other films are frequently borrowed mainly for staff training. Specimen copies of leaflets, pamphlets and posters are kept with stocks of those in regular use.

From the Central Council of Health Education, to whom an annual subscription of £150 is made, information, bulletins and samples of all new posters and leaflets are received. 1,000 copies of "Better Health" are distributed each month to clinics, etc.

The Senior Medical Officer (Administration) recently attended the annual seminar for medical officers organised by the Central Council for Health Education.

16. Finance

In the 1965/66 estimates, £1,750 was allowed for health education of which £410 was provided for Home Safety, £250 for the Tyneside Summer Exhibition, £220 for the purchase of "Better Health" and the remainder provided for posters, leaflets, display materials, film hire, etc., and the regular servicing of outside notice boards.

17. Recommendations

(1) As the Ministry of Health have now accepted the recommendation of the Cohen Report to "establish a strong Central Board in England and Wales which would promote a climate of opinion generally favourable to health education" it can be assumed that the training of health educators will be one of its first tasks and that in the meantime local authority programmes should be maintained and every opportunity taken to develop health education locally.

(2) At present the brunt of this will fall upon the health visiting section.

(3) Support, guidance and speakers will be required for schools to augment the activities of the teaching staff.

(4) As opportunities arise, talks, discussions, etc., should be arranged to enlighten people about all the aspects of cancer.

(5) The grants paid to voluntary organisations who are prepared to educate engaged couples and young parents should be maintained and even increased.

(6) Support should be given to youth leaders wherever appropriate.

(7) A national campaign should be launched to persuade women in the appropriate age group to support the facilities for early diagnosis of cervical cancer.

March

SERVICES FOR THE DEAF AND HARD OF HEARING

1. History

The Welfare of the Deaf in Newcastle upon Tyne began in the year 1876 when the Northumberland and Durham Mission to the Deaf and Dumb was founded with the Aims of providing:

- (1) Special Churches for the Deaf and Dumb, and Deaf Blind.
- (2) Assistance in securing employment.
- (3) Individual welfare and advice.
- (4) Social Centres and recreational facilities.
- (5) Visiting at home, in hospital and at place of employment.
- (6) Interpretation for the Deaf and Dumb, and Deaf Blind.

April 1935 was the first date on which official sources acknowledged their work in Newcastle, the then Public Assistance Committee making a grant of £90 to assist the Mission to find gainful employment for deaf and dumb youths.

In 1952 Newcastle upon Tyne County Borough Council in exercise of their powers under the National Assistance Act, 1948, approved a Scheme for the provision of Welfare Services for Persons who are Deaf and Dumb and appointed as their Agents the Northumberland and Durham Mission to the Deaf and Dumb, the Aims and Objects of the Scheme being identical to the ones already in operation at the Mission. The Welfare Committee paid 75% of the estimated cost of the salary of a Welfare Officer for the Deaf, a Lady Worker, and four-fifths of the Chaplain's salary, this amounting in 1960 to £2,300 of which the Welfare Committee's proportion was £1,725.

In 1960 the Welfare Committee decided to assume direct responsibility for the general welfare services, casework and placement in employment for the deaf and hard of hearing in the City. A Welfare Officer for the Deaf, Mr. B. M. Morgan was then appointed. Spiritual care, special church services, social and recreational facilities remained with the Mission. A yearly grant of £600 was made by the Health and Social Services Committee for this purpose.

The major purpose of the welfare services for the deaf and hard of hearing is to assist them to fit into society, to lead as normal lives as possible and to exercise their abilities and talents to the highest degree. In many situations the deaf can only play their full part with the assistance of persons who act as liaison officers between the deaf and hearing worlds. This responsibility frequently devolves upon the welfare officer of the deaf who is skilled in the use of the deaf manual language and has experience and understanding of the deaf and their particular problems.

Persons with a hearing loss, commonly described as the hard of hearing, also require special welfare services. Lack of background noise and the psycho-

logical effect of wearing a hearing aid combine to produce a question and answer form of talk falling short of real conversation or social intercourse. This can and does lead to loneliness, depression and a general withdrawal from society unless they are introduced to the necessary services and organisations for the hard of hearing.

2. REGISTRATION OF THE DEAF

Number of Deaf Persons Registered at 31st December 1965 was 341 an increase of 43 over last year's total of 298.

Assistance given to registered Groups of:—

- (1) Deaf Without Speech.
- (2) Deaf with Speech.
- (3) Hard of Hearing.

Aged under 16 years:

- | | | | |
|-----|----|---|---|
| (1) | 6 | } | contacted chiefly at school, scout troop, occasional problems presented by parents, equipment supplied by Health and Social Committee to assist in overcoming their handicap. |
| (2) | 5 | | |
| (3) | 24 | | |

Aged 16—64:

- | | | |
|-----|-----|---|
| (1) | 157 | } |
| (2) | 39 | |
| (3) | 36 | |

Group (1) and (2) all general welfare services, plus help in obtaining and retaining employment, liaison on their behalf with Youth Employment Officer and Disablement Resettlement Officer, housing applications and house purchase, hire purchase agreements, marriage and divorce, interpretation for any need, equipment, hearing aids, etc., to assist in overcoming their handicap. Main demand for service in connection with employment and dealing with official communications.

Group (3) assistance in obtaining and retaining employment, liaison with Disablement Resettlement Officer, equipment, hearing aids and general welfare services. Main demand in connection with hearing aids and employment problems.

Aged 65 and over:

- | | | | |
|-----|----|---|---|
| (1) | 22 | } | general care, constant visiting, liaison on their behalf with Ministry of Pensions, National Assistance Board, special survey of hearing aid users. |
| (2) | 10 | | |
| (3) | 42 | | |
- Group (1) and (2) interpretation for any need.

On average aged 65 and over Groups are not being visited by Health Visitors or Social Welfare Officers and rely solely on the Welfare Officer for the Deaf for their social services.

3. EMPLOYMENT

Craft trades are the chief sources of employment open to the deaf. The restricted variety of employment being governed by their lack of educational attainments and communication. Training is usually by way of apprenticeship with day release and evening classes for those who are skilled lip readers.

Guidance in suitable employment for school leavers is a team effort, an initial interview being arranged by the Youth Employment Officer and attended by Headmaster, Welfare Officer for the Deaf and parents. Older persons seeking or wishing to change their employment consult the Welfare Officer for the Deaf who liaises on their behalf with the Disablement Officer of the Ministry of Labour and prospective employers. Sixty visits were made for this purpose in 1965.

There are 138 registered deaf persons in employment and their various occupations are set out as 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
Carpenters, Cabinet Makers, Joiners-apprentices	4
Dressmaking, etc.	4
Engineers	1
Electrician's 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

4. EDUCATION, CLUB FACILITIES AND SPIRITUAL CARE

(a) Newcastle is fortunate in having within its boundaries the Northern Counties School for the Deaf, a voluntary foundation with its own Board of Governors. Deaf children can attend the school from 4—16 years of age.

Princess Street Social and Occupation Centre is open to all deaf and hard of hearing persons. The Education Department sponsor a Tuesday evening Dancing Class for Deaf/Dumb Teenagers. The Welfare Officer for the Deaf and a Home Teacher share the responsibility for interpretation.

The Northumberland and Durham Mission to the Deaf and Dumb provide spiritual care, special Church services, social functions for the young and old and 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 Club, regular monthly programme of film shows, dances and social events, also a monthly inter-denominational religious service. Both Our Lady of Lourdes Deaf Club and the Hard of Hearing Association are grant aided by the Health and Social Services Committee. The National Deaf Childrens Society have a local group in the Newcastle area.

(b) During 1965, Mr. B. M. Morgan, the Welfare Officer for the Deaf, made 1,847 visits to, or on behalf of, the deaf, dumb and hard of hearing. For statistical purposes the total number of visits are broken down as follows:—

To Employers (prospective and existing)	51
To Hospitals (for interpretation and social reasons) ..	125
To Ministry of Labour (re-employment)	29
To National Assistance Board (re-financial help)	20
To Insurance Companies (chiefly regarding car insurance and accident claims)	7
To Deaf School (social reasons and prospective employment)	32
To Residential Homes (interpretation, social and domestic reasons)	24
To Homes of Deaf, Dumb, Hard of Hearing (full range of Welfare Services)	1,292
Made in connection with issue of Hearing Aids	267
(Survey in co-operation with Reg. Hospital Board)	
	1,847

5. HEARING AIDS

The Welfare Officer is frequently asked for advice by persons issued with hearing aids and for some considerable time had been concerned with the lack of a follow-up service by the Regional Hospital Board Hearing Unit. In 1964 it was agreed between the Health and Social Services Department, Mr. Frew, Consulting Surgeon and the Rye Hill Hospital Secretary that follow-up visits should be made to persons over the age of sixty-five who had been prescribed and issued with a National Health Medresco hearing aid, and, as from the 1st April, 1965, the service was extended to include Walkergate Hospital.

The total number of persons visited in 1965 was 267 consisting of 121 men and 146 women.

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

Visiting Observations (Hearing Aids)

The follow-up visiting 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 as to how much use has been made of the aid. All patients fully co-operate in answering the questions on the survey questionnaire. It was discovered that many patients had not bothered to read the instructions contained in the booklet issued with the aid. It was noticed that among the age group 70—90 that there was a remarkable absence of the feeling of shame, depression and frustration, usually present in cases of deafness. There was also no evidence of anti-social tendencies which are usually prevalent amongst cases of deafness in younger persons. The older deaf person regarding their defective hearing as just another burden of advancing years, which had to be borne, and in almost every case they contrived to make the best of it. There was no marked evidence of deliberate withdrawal from social contacts amongst the age groups 70—90, but a small number of withdrawal cases were discovered, all of them being patients living alone. Withdrawal from social life was, however, fairly prevalent amongst the age group 65—70, and in particular most marked amongst the men. It was obvious that unless the hearing aid user persevered with the instrument and maintained social contacts life would

become most unhappy for the patient and he or she would become completely isolated. Social withdrawal and isolation could be averted if regular visits were made to difficult cases. At present one visit only is made to hearing aid users.

The majority of cases visited have expressed a desire for regular calls to be made to them, and it is under consideration that difficult cases of deafness should be visited at least once a month during the first six months use of the hearing aid. It should be fully acknowledged that the number of patients visited represent but a small percentage of those who have been issued with a hearing aid, and were patients who had expressed a desire to be visited when receiving their hearing aid.

Other Equipment

The following equipment was provided for Deaf Persons by the Health and Social Services Committee in 1965:

4 Visible Indicators instead of door bells.

1 Hearing Aid Loop Pick-up System to enable a boy to use his special school hearing aid at home.

6. ESTABLISHMENT

The section of the Community Care Department dealing with deaf welfare consists of one Welfare Officer, Mr. B. M. Morgan and is supervised by the Deputy Chief Welfare Officer. On many occasions when the need has arisen for an interpreter for a female patient in hospital it has been necessary to use the services of a Home Teacher for the Blind or Welfare Assistant depending upon the degree of deafness and amount of interpretation required.

7. CO-ORDINATION OF SERVICES

The Welfare Officer is used in a consultative capacity on deaf matters, hearing aids, etc., by many members of the Health and Social Services Department, Ministry of Labour and the Police Department. He teaches lip reading and organises a Yough Club at the Hard of Hearing Association and is a member of the Deaf Childrens Society. Mr. Burns, a Home Teacher for the Blind, teaches handicrafts at the Hard of Hearing Youth Club. The Deputy Chief Welfare Officer takes an active interest in the local, regional and national Hard of Hearing Associations, the Deaf Childrens Society and attends the North Regional Association for the Deaf meetings as one of the Committee's representatives. The staff of the deaf welfare section are often called upon to give talks on the welfare of the deaf to various organisations in the City.

8. EXPANSION OF THE SERVICES

- (i) A comprehensive register of the Hard of Hearing and Hearing Aid Users of all age groups should be built up.
- (ii) Lip reading classes should be introduced by the staff.
- (iii) Health Visitors, Social Welfare Officers, Home Nurses, etc., should be taught the needs of the deaf, the use of manual language and how to speak to a lip reader.

9. RECOMMENDATIONS

- (i) In the next Annual Review an additional Social Worker for the Deaf (female) should be included to enable this section to expand its services and to work with the female deaf. This would avoid the introduction of a stranger in an emergency such as a medical examination, childbirth, court proceedings and many forms of employment.
- (ii) Before the Annual Review consideration will be given to training a Welfare Assistant to continue advice on hearing aids shortly after issue by the hospital service. It may be necessary to seek additional staff.

May

DISTRICT NURSING

Introduction

Responsibility is placed on the Local Health Authority to secure the attendance of nurses to persons who require nursing in their own homes, under Section 25 of the National Health Service Act 1946. The service must be free of charge.

In 1883 the Cathedral Nursing Society was formed. They employed five nurses and ran an invalid kitchen. By 1948 a Superintendent and Deputy and 12 nurses were employed. During the ensuing years other voluntary organisations within the City employed their own nurses, for example, Benwell, Scotswood, Byker. On the 1st April 1950 the City Council accepted responsibility for District Nursing Service in the City with the exception of the Catholic Women's League.

In 1965 the Catholic Women's League, which had operated a district nursing service in the City since 1912 regretfully had to terminate this service. Their patients were transferred to the appropriate areas within the City. One nurse elected to be transferred. Consequently the Local Health Authority is now fully responsible for all district nursing within the City.

The district nurses are employed to nurse people in their own homes. Most of their patients are nursed at the request of the family doctor or the hospital staff. A great number of patients fall into the category of "elderly". Approximately 3,000 visits are paid each week, the time varying per patient from 10 minutes to 2 hours according to need. They may be visited once or twice daily, once or twice weekly, monthly, but always according to need.

Organisation

The City is divided into five areas for each of which a group of nurses, including a senior nurse, is responsible. Each district within an area is allocated to a state registered nurse, who is responsible for the care of the patients on her district.

District nurses are also attached to four group practices. There is a very good working relationship between district nurses and general practitioners, both working closely together for the benefit of the patient.

In 1965 at the request of the Ministry of Health a survey of district nursing was carried out to indicate the benefits, etc., of associating a district nurse with a group practice. The national results are not yet available.

All nurses are encouraged to take the initiative in bringing statutory and voluntary help to assist their patients.

A robophone service was introduced in 1965 to take messages for district nurses and has proved invaluable on Saturdays and on bank holidays. The machine is located in the Ambulance Control, who also have a list of nurses on call on Sundays.

Staffing

At the end of 1965 there were 3 administrators, 30 female S.R.Ns., 9 male S.R.Ns., 7 S.E.Ns., 2 part-time S.R.Ns., and 1 part-time S.E.N. on the staff.

Staff Training

Newcastle upon Tyne has been approved as a training school for state registered nurses wishing to obtain their certificate in district nursing. Two schools are held each year of approximately 3—4 months duration. Students are seconded from local authorities in the North of England. Success is marked by the receipt of "The Certificate in Home Nursing" from the Ministry of Health and an increase of £25 per year in salary.

Four members of the staff obtained the Certificate in 1965.

Post-certificate training of the district nurse continues. Six to eight nurses attend statutory refresher courses each year. In addition, monthly in-service meetings are held in the department.

Many social worker, medical and nursing students are introduced to district nursing care by the staff in the course of their routine duties.

Staff Awards

It is also of great interest and gratification that two nurses received long term service awards from the Queen's Institute of District Nursing at the hand of Her Royal Highness, Princess Alexandra, in Fishmonger's Hall in London in November 1965.

The Work of the District Nurse

		<i>Over 65s</i>			
		1964	1965	1964	1965
Total No. of Patients	..	4,493	4,549	2,654	2,643
Total No. of Visits	..	153,996	141,473	100,616	89,515
Total No. of Injections	..	52,521	50,559		

These are an example of some of the types of patients visited by the district nurses:—

		<i>Over 65s</i>			
		1964	1965	1964	1965
Cardiac	.. ..	295	305	220	240
Respiratory	.. ..	221	213	104	121
Hemiplegia	.. ..	287	249	250	217
Diabetes	.. ..	49	53	36	39
Carcinoma	.. ..	303	293	144	155
Accidents	.. ..	205	226	115	139
Tuberculosis	.. ..	94	118	6	7
Anaemia	.. ..	185	220	103	136
Stomach and Intestinal Complaints	.. ..	566	569	213	238

Transport

Car allowances on a casual user basis are available for District Nurses, 32 Nurses provide their own cars for transport purposes. The price of new cars is high compared with the nurses' salaries in the early years of employment (especially State Enrolled Nurses) making it impossible to buy, maintain and run a car without extreme hardship.

Driving lessons and cars provided from a pool would enable all district nurses, who so desire, to be mobile.

Equipment

The district nurse today is helped considerably by the use of disposable equipment and incontinence pads. In addition, the laundry service delivers clean linen and collects soiled linen from households where an incontinent patient resides and facilities for washing and drying linen are inadequate.

Ancillary Services

District nurses are assisted in their work by staff without nursing training:—

- (1) *Dressing Attendants.* Four of them dress and undress handicapped people who have no relatives to help them. In this way such people are able to get up and lead as normal a life as their handicap will permit. Neither patient nor relative pay for this service.

- (2) *Night Sitter Service.* A small panel of staff with nursing experience is available to sit with ill patients for approximately two nights per week, thus enabling families to have two nights complete rest. This is not a free service, a small charge on a sliding scale being made.
- (3) *Marie Curie Foundation Day and Night Service.* Funds are provided by the Marie Curie Foundation and administered locally through the district nursing service. Three grades of nurses—state registered, state enrolled and staff with nursing experience, are employed when required. The Foundation limits its service to patients with cancer who are being nursed at home.

Future Trends in District Nursing

- (1) Whenever possible the elderly should remain in their own homes and be nursed there as long as possible (adequately supported by home helps, etc.). Accordingly as the number of elderly persons increases so must the district nursing service unless improvement in medical treatment and nursing techniques can keep pace.
- (2) Association of district nurses with group practice has many advantages but does increase travelling time. This arrangement is likely to increase until finally it is complete throughout the City.
- (3) A late night service already operates, but an all night service to meet emergencies is required to care for very ill and old patients still being nursed at home. Nurses with suitable transport could be employed part-time on a rota basis and be given portable two-way radios linked with the ambulance control.

LOAN EQUIPMENT

This service has increased steadily and it is a very necessary aid to nursing in all types of households. For instance—bedding, hydraulic lifts, feeding cups, commodes, etc., are available and no charge is made for their use, delivery or collection. From time to time there is some difficulty in collecting equipment which is no longer required. Occasionally in winter it is difficult to meet the demand for commodes, in summer for wheelchairs—due to the rising cost of replacements and storage space.

During 1965 a washing machine and a urinal steriliser were installed in the Loan Equipment Section at 7 Saville Place. This new equipment has proved of great value.

Further items required:—

- Personal aids, for example pick-up sticks.
- Alternating pressure beds.
- Hydraulic lifts or electrically operated multiple purpose chairs.

Recommendations

It is recommended that:—

- (1) A report should be submitted as part of the Staffing Review in September this year setting out the need for a night service with a 2-way radio connection to ambulance control.
- (2) In the same report consideration should be given to a scheme for the employment of part-time nurses with definite duties and suitable conditions of service, such as telephones, etc.
- (3) Again in the Staffing Review, a report should be submitted giving details of a car pool for those unable to purchase their own cars and who require tuition for driving purposes.
- (4) In next year's estimates there should be included a further sum for large equipment for the medical loan depot in order to aid the nursing services in the patient's home.

September

THE COMMUNITY CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

Community Care of the elderly and physically handicapped together with the blind and deaf was recognised as an important section of the Social Services when they were replanned in 1962. A senior social worker was placed in charge of this subsection under the guidance of the Principal Social Worker. Since July 1965 following the appointment of a deputy senior social worker it has been possible to reorganise this part of the service and to give it greater but still inadequate support.

Staff

- 1 deputy senior social worker responsible for supervision of the field staff, helping with in-service training and supervision of students.
- 1 social welfare officer responsible for all cases in the West End of the City (uncertificated but experienced).
- 1 social welfare officer responsible for all cases in the East End of the City (a medical social worker but part-time).
- 1 social welfare officer seconded for a two-year training course (one year now completed).
- 4 welfare assistants, 3 of whom joined the service at the beginning of 1966.

The staffing has never yet been up to strength. This is largely because of the serious national shortage of trained workers and the difficulty of attracting trained staff to a field with unmanageably large caseloads.

Referrals

These come by letters, application forms, telephone calls and personal calls from general practitioners, hospital staff, health visitors, district nurses, home helps, public health inspectors, housing visitors, the police, the Ministry of Social Security staff, councillors, ministers of religion, relatives and neighbours.

The Elderly

The population over 65 in Newcastle upon Tyne in 1965 was 32,600 and is expected to increase over the next ten years by about 6,000. At present there are some 2,500 case files in the section. This does not represent an active caseload because it is possible to operate only an emergency service with the staff available and the number of new referrals is such that follow up visits have to be reduced to a minimum.

A register of elderly persons who at one time or another have been known to the department or a voluntary organisation is attempted but again staff changes and the inability to visit regularly have nullified its effectiveness. These records are maintained by a clerical officer who also acts as "information clerk" and receives most of the messages mentioned under "referrals" above.

Assessment for Residential Care

It is very important that medical assessment by the Senior Medical Officer (Geriatrics) should be effective and to make this so, a social assessment is required for each person referred for residential care. Where a health visitor or home teacher of the blind is visiting, they make the assessment, but for other cases in the community social welfare officers and welfare assistants investigate. It has not been possible to make a social assessment of hospital patients before admission

to residential homes and this can give rise to difficulties, e.g. in financial arrangements. Social welfare officers and welfare assistants carry out all actual procedures both for health visitors' cases as well as their own. In many cases they also assist an elderly person to dispose of property when they have settled in a residential home.

Community Care

As might be expected, many people are referred to the section for the various domiciliary services—home help, meals on wheels, bath and dressing attendants, etc., (most of them are immediately passed to the appropriate service), as well as for admission to residential care, holidays and convalescence.

The next largest group of problems concern housing. As people grow older and perhaps become disabled they cannot cope with large houses, stairs, outdoor toilets, their families on whom they depend are rehoused to another area and their parents wish to be near them; slum clearance and redevelopment often mean an old person has to be moved to an unfamiliar area with a new form of heating and cooking appliances, aids to enable elderly people to get in and out of the bath and handrails at steps may have to be provided.

Another frequently recurring problem is the old person discovered living in very dirty and neglected conditions.

A considerable number of elderly people have financial problems—arrears of rent, non-payment of gas and electricity accounts, inability to budget their small pensions.

There is a small group who have marital problems—and many cases where the care of an elderly relative is damaging the marriage of the younger generation. They are particularly difficult to help, as are the elderly vagrants and alcoholics who drift to and through the City.

In other words, most of the problems that beset the rest of the community also trouble the elderly but they are aggravated by failing physical and mental powers and a lack of resilience and ability to adapt to change. Because of the general slowing down of pace of the aged, more time is required even to diagnose the problem before they can be helped. Only urgent and immediate problems can be assisted until more staff are trained.

The Physically Handicapped

There are some 750 people registered as physically handicapped but this figure may or may not be an accurate assessment of total need. The greater part of this number have had no contact with the service for at least two years and in some cases not for four or five years. The only regular contact is with those who attend the Social and Occupation Centre. Otherwise only those who apply for adaptations or medical rehousing are seen. The other services frequently used are disabled driver's car badges, disabled persons travel concessions and holidays at St. Abbs. There must be many who are in need of skilled help and support—those who are newly handicapped, families where either mother or father is totally incapacitated, handicapped school-leavers, newly bereaved handicapped people.

It would be unwise to establish a close link up with hospital staff and general practitioners to meet all the needs of patients as they arise, again until trained staff become available. Thus only emergencies and particular requests can be covered.

Conclusions

1.—Social workers, health visitors, home teachers, deaf welfare officers, mental welfare officers and medical social workers, all have some elderly clients. Thus dual visiting depends on how the reference is made and can even in the best of circumstances, still occur. When health visitors are closely associated with general practices they maintain contact and only refer for specific purposes—so do the district nurses and likewise the home helps.

Although the general impression given may be one of a service just maintaining an emergency cover and little more, this, taken as a department, would be a false impression, as community care of the elderly is the responsibility of many workers. As long as one worker is in touch and aware of how to alert the more specialised services that is all the local authority and voluntary services working together can hope to achieve at present.

How can anyone be certain this situation exists?—only by breaking down the overall cover for the elderly and establishing small area teams composed of general and specialist staff.

A careful study has been made and from experience gained in the last four years a plan is ready for gradual implementation as staff return from training courses. It forms a separate report.

2.—When the Council for the Care of the Elderly have organised their Voluntary Visiting Service, it may be possible to help many elderly people before they and their families have reached the point of breakdown.

Again far more regular visiting exists both by relatives, friends, neighbours and voluntary workers than ever comes to light. Further encouragement is going on—local authority staff cannot possibly meet this need—i.e., social visiting.

3.—A review of the needs of physically handicapped persons on the register is urgently required to establish a clearer picture of the services required.

4.—To be really effective in emergencies and to avoid frustration to the staff and disappointment (sometimes akin to despair to patients and their relatives), social workers must have readily and quickly available such services as home helps, bath orderlies, meals on wheels, day care in residential homes and at hospital, etc. Only to be able to place a person on a waiting list who has summoned up courage to ask for help is not the answer.

This is the approximate waiting time at present for the ancillary services:—

<i>Home Helps</i>	<i>Very urgent forthwith</i>	<i>Urgent</i>	<i>Not so urgent</i>
New cases 23	—	2	21
Requiring 115 hours	—	10	105

Although it may be possible to meet immediate needs with a few hours this is not really sufficient for an old person living entirely alone, etc.

<i>Meals on Wheels</i>	<i>Very urgent</i>	<i>Urgent</i>	<i>Not so urgent</i>
New cases waiting 64 ..	—	6	58

<i>Social and Occupation Centre</i>			
Waiting for admission 20 ..	6	—	14

<i>Chiropody</i>			
New cases on the Waiting List 62	urgency unknown		

<i>Residential Care</i>			
Total on Waiting List 93 ..	—	23	70

Also competing with new cases are those who for one reason or another have "lost" their service (due to sickness, holidays, reorganisations, etc.).

5.—If the scene still appears to be one of utter gloom, then it would be wise:—

- (1) to look at the recent past history of rather similar social services—mental health, health visiting, etc., in the health and social services department and other departments elsewhere during the planning,

training and build-up period—they have had their periods of despondency too.

- (2) to recollect that the demand for associated services has been clearly forecast in recent years but
- (a) the Committee has had to decide its priorities and has built up particularly the mental health services from very little at all in the past ten years.
 - (b) the ratio of staff available to meet the needs of the elderly in Newcastle upon Tyne are all now above the national average per 1,000 population with the exception of the provision of residential beds. The following table shows the comparisons as at the 31st December 1965.

	<i>Newcastle upon Tyne per 1,000 population</i>	<i>National average</i>
Social workers	0.06	0.05
Health visitors	0.19	0.12
Home Helps	1.13	0.63
Mental Welfare Officers ..	0.02	0.03
District Nurses	0.19	0.18
Residential beds (per 1,000 population aged 65 and over)	12.8	15.6

- (c) the Committee has had to accept a growth rate in line with other Corporation services.

RECOMMENDATIONS

Of all the Committee's responsibilities the Community Care of the Elderly and to a lesser extent the Physically Handicapped require priority attention over the next few years. The Committee is, therefore, RECOMMENDED to:—

1.—Press on as rapidly as possible with the provision of additional purpose built residential homes including Psycho-Geriatric—land is available—Ministry approval to build four homes has been given with capital allocation before March 1969—sites for a further six homes to be ready for building before March 1970 if money becomes available, have been surveyed and approved.

2.—Continue social worker staff training, care being taken to select welfare assistants who are suitable for training courses.

3.—Supplement the health visiting service with part-time health visitors and state registered nurses to maintain full establishment.

4.—Appoint two more home help supervisory staff, although this will mean less home help hours. A report is attached.

5.—Pursue as rapidly as possible the link up with general practices.

6.—Develop area social worker—nursing—family doctor all purpose teams. A report is attached.

7.—Exercise a tighter clinical control of those using the chiropody service.

8.—Institute a regular review of all those who have meals on wheels.

9.—Extend day care facilities with transport in residential homes.

10.—Press the Regional Hospital Board to provide a day hospital at the Newcastle General Hospital as soon as possible.

DAY NURSERIES

HISTORY

Local Authority Day Nurseries in this City were non-existent before World War II. They were introduced during the war years to enable mothers and young children to take up work of national importance. The nurseries were fully maintained financially by the Central Government but the local authorities were responsible for their organisation and administration. In Newcastle thirteen war time day nurseries were set up.

In 1946 the Central Government no longer had need of the day nurseries and the financial responsibility was passed to local authorities. In this City it was decided to retain eight of the existing day nurseries in order to care for children from families where satisfactory care could not otherwise be given such as the children of unmarried mothers, widows, mothers separated and divorced from their husbands, mothers ill or having another baby, fathers who were ill which necessitated the mother going out to work and in some cases where the father was getting a very low income and it was necessary for the mother to work to supplement the income. Besides these cases there are usually a few mentally and/or physically handicapped children attending day nurseries, to relieve the mother, and to benefit the child by giving it companionship with normal children. A period in a day nursery often helps in assessing the capabilities of a handicapped child before making a final decision about its education.

Over the years succeeding 1946 it was found that eight nurseries were more than enough for these priority cases and by 1956 this had been reduced to the present five nurseries providing places for 225 children.

STAFFING

Until August 1959, the Newcastle Nurseries were training nurseries—training girls for the Nursery Nurses Diploma. In 1959 the Committee decided, on the grounds of economy, to give up the training. Unfortunately many other local authorities did the same, no doubt thinking that the need for nursery places would gradually diminish and there would be very little future for trained nursery nurses. In fact, this has not been the case and consequently it is becoming very difficult indeed to keep the nurseries fully staffed with suitably trained people. Trained nursery nurses are hard to come by, and other women with hospital training or experience which should equip them for this work do not seem to settle in the nurseries.

DEMAND

There is an increasing demand for nursery places. This is not necessarily because there are more of the type of social problems which are helped by day nurseries but because the way of life is changing and whereas at one time a mother might leave her children with their grandmother if she went out to work or stay at home to look after her children and live on National Assistance, grandmothers now are not available because they are working and the mother prefers to get out to work rather than remain at home on Supplementary Allowances. There is no doubt that the present trend is towards mothers going out to work.

Another appreciable demand for nursery places, particularly over the last year, has come from college and university students. Quite a number of women marry and start a family while still at college. In some cases only the father is studying and his grant is not large enough to support a wife and family so the wife wants to go out to work; in others both parents are studying. In either case a day nursery place is offered if available, but these cases are not top priority. Probably most of these requests come from coloured students who may or may not stay in this country after qualifying. It seems a pity for the students not to

finish a training once started, but on the other hand this is a problem which might be catered for by nurseries attached to universities and training colleges and hospitals where mothers are undertaking nursing training.

PRESENT POSITION

There are five local health authority day nurseries providing places for 225 children. These are as follows:—

Willow Avenue	50 places
Renwick Street	50 places
West Parade	50 places
Gosforth Street	50 places
Woodland Crescent ..	25 places

At the moment there are actually only 175 places, as West Parade was damaged by fire in the middle of March of this year and will not be restored and ready for use until the end of October. However, when this happened priority cases were offered places in other nurseries as far as was possible and the number at Woodland Crescent increased to around 40. West Parade staff were seconded to other nurseries according to their needs.

All these nursery buildings are old, West Parade and Woodland Crescent being houses converted for the purpose and the other three being rep-fabricated hut-type buildings erected during the war years with a potential life of 5/10 years.

Standards of equipment and accommodation do not entirely measure up to the recommendations suggested by the Ministry of Health in 1965 but the standard of care is good and it would not seem economical or desirable at the present time to spend a great deal of money on the existing buildings, the fabric of which is poor. Free standing equipment, however, such as cooking and laundry equipment should be improved where necessary.

STAFF ESTABLISHMENT AND PRESENT POSITION

	Establishment	Position at 30.9.66	Resignations 1.1.66/30.9.66	New Appts. 1.1.66/30.9.66
Matrons	4	4	—	—
Deputy Matrons or Nurse in Charge ..	5	4	1	—
Staff Nursery Nurses or Nursery Assistants ..	23	19	7	4
Junior Assistants ..	9	8	5	5
Mobile Junior Assts.	2	2	—	1

This is a much more rapid changeover of staff than was experienced in the years when the Newcastle nurseries were training nurseries. When the juniors were on contract while training and there was no difficulty at all in filling the more senior posts with fully trained nursery nurses.

TAKE-UP OF PLACES

During the nine month period to the 30th September 1966, 543 applications for nursery places were made. 285 places were offered, of which 195 were actually taken up. 34 of the applications were from students, 20 of whom were offered places.

Tables showing attendances and reasons for admission are set out below:—

	Willow Ave.	Renwick Street	Gosforth Street	West Parade	Woodland Cres.	Total
Total Capacity ..	50	50	50	50	25 (to 11.3.66) 40 (From 11.3.66)	225
Children on Register 30.9.66	47	45	46	51 (11.3.66)	37	175
Children on Register 1.1.66/30.9.66..	96	108	86	64 (to 11.3.66)	50	404
Total Attendances 1.1.66/30.9.66..	6,588	6,246	7,306	1,722	4,504	26,766
Average Daily Attendances (without casuals) ..	35	33	38	35	26	167
Casual Users Daily Average Attendances ..	3½	2¾	2½	6	2	16¾

REASONS FOR ADMISSION FROM 1.1.66 TO 30.9.66

Father in Prison ..	..	..	..	..	..	5
Unmarried mothers ..	..	..	..	..	..	63
Widows ..	..	..	..	..	..	16
Separated or divorced ..	..	..	..	..	..	98
Mother ill ..	..	..	..	..	..	36
Father ill ..	..	..	..	..	..	8
Father unemployed ..	..	..	..	..	..	1
Financial ..	..	..	..	..	..	30
Confinement ..	..	..	..	..	..	27
Special Recommendations:						
Health Visitors, Doctors, Almoners, etc. ..	..	..	..	..	..	87
<i>(e.g. unable to cope, problem families, children with behaviour problems or other defects)</i>						
Teachers ..	..	..	..	..	..	5
Teachers' Training Course ..	..	..	..	..	..	5
Students ..	..	..	..	..	..	23
TOTAL ..	..	..	..	..	..	404

Waiting list at 30th September 1966:

West Parade	..	..	..	18
Woodland Crescent	..	..	..	3
Gosforth Street	..	..	..	5

FEES

Some applicants think, at first, that the charges are high but in general they consider them fair and worthwhile. There are always some hardship cases on specially reduced fees but very rarely any paying nothing at all. At the end of September there were 16 children attending the nurseries at reduced fees.

THE FUTURE

The plans are already with the Ministry of Health for a new nursery for 30 children in Armstrong Road to take place of Woodland Crescent and this should be ready in 1968. A new nursery to replace Gosforth Street is incorporated in the Shieldfield building scheme which is scheduled for 1968. A new nursery is planned for the Kenton area in 1974-5 and Renwick Street and Willow Avenue are to be replaced in 1972-3 and 1974-5 respectively.

RECOMMENDATIONS

1.—A further report on nursery nurse training should be submitted after discussion with the Director of Education.

2.—To bring the day nurseries up to Ministry of Health standard the following items of equipment should be provided for in next year's estimates:—

5 x 7 lb. bench model electric potato peelers at £45	=	£225
5 x electric mixers at £30	=	£150
5 x tumbler driers at £52	=	£260
1 x domestic type cooker (for Renwick Street)	=	£47
		£682

This equipment can be transferred to new premises as they are built.

3.—Discussions should be opened with the University and other training colleges about the provision of nurseries for the children of students in training.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Since 1948 anyone proposing to look after more than two children from more than one family for reward, for not more than six days in the week must be registered with the Local Health Authority. The registrations come under two groups:—

1. Persons—people who take children into their own homes to be looked after.
2. Premises—which are registered for this purpose with a particular person in charge. In general, these are larger groups with more highly qualified people in charge.

Although the Act was principally designed to ensure that irresponsible people could not accept children into their homes to be looked after, these groups have built up not only for minding children to relieve their mothers, but also to provide nursery care for children of parents who feel that their children will benefit from the companionship of others of their own age and from the type of experience which they would gain in a nursery school. There are very few nursery school places for children provided by the Local Education Authority in this City and these children would not be eligible for day nursery places. In many cases these private groups have started as a result of requests from mothers in the area.

All the homes or premises are visited before registration and are inspected about twice a year subsequently by medical and nursing officers. They are also

visited monthly by the health visitors in their area. The care given is quite satisfactory and the children enjoy organised play of an informal nature in the company of other children of their own age.

At the 30th September 1966 there was a total of thirteen registered child minders caring for 144 children and eleven registered premises providing places for 277 children. All except St. Mary's College, Fenham, cater for children of nursery school age but the latter is approved to take babies of students in training at the College and a State Registered Nurse is in charge.

APPENDIX V

RESEARCH

LATENT RICKETS AND ANAEMIA SURVEY

This survey was instigated by the Panel on Child Nutrition to try to assess the significance of recent reports that rickets was beginning to emerge again as a disease of childhood. Rickets is caused by deficiency of Vitamin D but as sunshine causes the formation of Vitamin D in the skin this survey was designed to take place in the early spring months before the hours of sunshine could make an appreciable effect on the results in different parts of the country. As blood was required for analysis it was decided to test for anaemia at the same time.

Newcastle upon Tyne was chosen as one of three areas (the others being Glasgow and Wolverhampton) to carry out this investigation. Children aged 14—27 months were selected from the birth register using a random sample method taking one in twenty. The health visitors visited the homes of those selected, explained the reason for the survey and ascertained those parents who were willing to co-operate. Appointments were then sent out and the mothers and children were brought to the clinics by ambulance. A sample of blood from a thumb prick was collected from each child and this was subjected to laboratory testing, i.e., haemoglobin values for anaemia and alkaline phosphatase levels as a guide to diagnosing subclinical rickets.

Two hundred and ninety-nine children were selected for testing but 62 refused to co-operate and 40 did not keep the appointments leaving 197 who had blood samples taken between April 6th and May 10th, 1966. The World Health Organisation defined anaemia in children 0.6—4 years of age as those whose haemoglobins are *less*

than 10.8 gms./100 ml. (74%). Into this group came 10.2% of the children and this is the figure which would be used for comparison with the other surveys; but as there was a substantial group with 74% haemoglobin, i.e., another 4.4% it was decided to include these as anaemic for the purpose of treatment in this city. 14.6% of the children were therefore referred to their family doctors for treatment for anaemia. The mean haemoglobin level was 12 gms./100 mls. (81%). The table below shows the percentage of children at the different haemoglobin levels.

Haemoglobin in Gms/100 ml.	% of children in survey
8.2—10.9	14.6
11 —11.9	32.6
12 —12.9	34.7
13 —13.9	15.2
14 —14.5	2.9

Two children (one boy and one girl) were found to have very high alkaline phosphatase levels and they were immediately referred to Dr. T. C. Noble, Consultant Paediatrician who carried out a full investigation including X-Rays. The girl who was also anaemic was clearly a case of malnutrition coming from a poor family in Social Class V. The boy who was in Social Class IV had been breast fed for 10 months without any Vitamin supplement. Both children were treated with Vitamin "D" and X-Rayed again five months later. The diagnosis was *mild* rickets.

The practical work of the survey was carried out by Dr. K. MacWilliam (Ministry of Health). Dr. W. M. Waggott (Assistant Medical Officer, Newcastle upon Tyne) and Mrs. Williams (Laboratory Technician).

The excellent co-operation of the office staff of the Maternity and Child Welfare Department, the health visitors and the Ambulance Department made a difficult operation into an efficiently run survey.

Thanks are due to Dr. J. P. Lawson (Consultant Radiologist) and to Dr. T. C. Noble whose willing co-operation and advice have been greatly appreciated.