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HEALTH AND SOCIAL SERVICES
OF THE
CITY AND COUNTY OF

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NEWCASTLE UPON TYNE

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REPORT OF THE MEDICAL OFFICER OF HEALTH

1967



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CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1967



CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1967

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HEALTH AND SOCIAL SERVICES COMMITTEE

(As at December, 1967)

Chairman:

COUNCILLOR MRS. I. McCAMBRIDGE, J.P.

Vice-Chairman:

COUNCILLOR MRS. A. L. STOREY, M.B.E.

Ald. Dr. T. W. F. Brown

Coun. Mrs. A. A. Davison

Ald. Dame Catherine C. Scott,
D.B.E., J.P.

Coun. B. McLeod

Ald. Dr. M. Thompson

Coun. Mrs. R. McVain

Coun. B. A. Abrahams

Coun. Mrs. A. I. Telford

Coun. T. W. Yellowley

STAFF OF HEALTH AND SOCIAL SERVICES DEPARTMENT

(As at 31st December, 1967)

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.

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*)

Assistant Medical Officers of Health and School Medical Officers

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

H. C. W. Carpenter, M.B., B.S.

H. M. Dixon, M.D.

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

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

J. L. Thomas, M.B., B.S.

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

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., M.T.D.

Assistant Supervisor, 23 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),
14 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

10 Assistants (6 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, 12 Inspectors, 8 Technical Assistants, 5 Authorised Meat Inspectors, 9 Pupil Inspectors, 8 Rodent Operators, 2 Smoke Investigators, 2 General Assistants, 1 Senior Administrative Assistant, 10 Clerks

*SOCIAL SERVICES STAFF:**Community Care:*

Principal Social Worker:

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

4 Area Social Workers

17 Social Workers

11 Welfare Assistants

Social and Occupation Centre:

1 Supervisor

1 Craft Instructor

Residential Care:

Chief Welfare Officer:

H. Craig

13 Residential Homes each with Superintendents, Matrons and other staff

2 Psychiatric Hostels with Wardens, Deputy Wardens and Domestic Staff

Administrative Staff:

1 Senior Administrative Assistant

2 Administrative Staff

10 Clerical Staff

Mental Health Staff:

Training Centres

1 Manager

1 Deputy Manager

2 Centre Supervisors, 8 Craft Instructors, 11 Assistant Supervisors, 4 Trainees, 1 Nurse, 2 Clerk/Typists

Ambulance Staff:

Chief Ambulance Officer:

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

22 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 twelfth Annual Report, the ninety-fifth in the series of Annual Reports of the Medical Officer of Health of this City.

With the mounting financial difficulties at national level it became General Review clear as the year progressed that the brighter outlook in the capital programme mentioned in the last report would be short lived. The very considerable time spent by senior staff on initial planning of various projects, getting the priorities right, defining needs in detail and integrating several projects into one building has not been wasted. The programme must still progress but at a slower rate—the initial hopes were perhaps a little ambitious.

It was pleasing to note that the Dame Catherine Scott Training Centre and the adjacent Ambulance Headquarters buildings were completed in January and opened by Alderman Dame Catherine C. Scott, D.B.E., J.P. These are highly specialised buildings which are proving very satisfactory in design, etc. Details can be found in Appendix VII.

Capital building programmes are exciting and liable to colour the picture so that the hard day to day work of serving people gets cast into the shadows. This must be watched. It is essentially the duty of all contributors to an annual report to keep this in mind, but the Medical Officer of Health and the Chief Public Health Inspector have to consider the total environment in which people live as well as the deficiencies in the services they require, the communications between the department and the public, etc., and to satisfy themselves and to report upon whether, in their opinion, these matters are in any way affecting the maintenance of health. To all the staff of a Health and Social Services Department the improvement in living conditions is a matter of utmost urgency and priority but they realise the wider picture has to be kept in focus. To do this all priorities require regular appraisal preferably at a time apart from the atmosphere of the annual financial estimates. There is still much to be done between professional colleagues and allied services, both statutory and voluntary if this is to be achieved. In some aspects where the need is obvious, real advances have been achieved, but in other ways progress has been slower and in times of financial

stress some services can easily get a low priority. Facts rather than opinions are vital. In such a wide field as health and all its related services, an overall review at one moment in time is virtually impossible but a continuous review of all aspects, some at shorter intervals than others, is essential. It cannot be said that the Health and Social Services Committee has been slow in reviewing and stating its objectives and it has thus been in a position to give to the Finance Committee when considering estimates, a clear picture of need and the relative priority of those needs. As will be seen from the individual service comments which follow, much work has been done especially by the two Principal Medical Officers and the statistical section who are responsible for these appiasal exercises and reports.

The publication of the Maud Report on "Management of Local Government" and the Mallaby Report on "Staffing of Local Government" was followed by the Sheldon Report on "Child Welfare Centres" towards the end of the year. These reports and a spate of further reports and a green paper on the future of the health services are all bound to change the present order in local government and especially in health and social service departments. Great care must be taken to see that subsequent legislation and its implementation does not disrupt services to the public which have taken many years to build into co-ordinated units nor disturb the impetus of staff training or recruitment. It is very likely that the centenary report of the Medical Officer of Health for Newcastle upon Tyne (for 1972) will either reveal or project a very different picture of a modern and progressive Health and Social Services Department. For the time being training and team building must go on; even if later on the delegation of responsibility changes, professional and administrative staff who have once worked together will at least know something of each other and not have to start from scratch.

Staff
and Training

Much has been said and written but little achieved as yet on training for management. Wherever possible the senior staff have been seconded to short courses mostly so far at single discipline level only. The change in the Committee structure and the resulting greater delegation of responsibility to officers called for a careful definition of function. Small functional groups as well as heads of sections have tried to plan as far ahead as possible, have seen their related functions with other sections and departments, have started forecasting, have looked at and improved their communica-

tions and have incidently had to see whether better services can be squeezed out of the same resources. The link with the Housing Department was mentioned last year, now it is the turn of the Children's Department with whose senior officers regular meetings are held and a common training programme, where appropriate, has been established. There is no doubt that trust has developed as delegation has increased. The development of area teams has been a great help.

Staff stability—no senior appointment changed in 1967—has been a great help at a time when replacement would have been very difficult due to the uncertainties already mentioned. This is true on the professional side but in the administrative section an opportunity was taken to revise the section when Mr. H. G. Coates, Senior Administrative Assistant, left after 37 years very valuable service in the department. The new structure was not resolved at the end of the year.

The services which will be most difficult to maintain without increased staff are chiropody, district nursing (met at the moment by staff mobility) and ambulance transport with, of course, the regular opening of new residential accommodation so badly needed.

The Integrated Nurse Training course started at the College of Commerce, plans for transferring the District Nurse training to the same unit were completed and local refresher courses for district nurses not nationally trained were instituted. New recommendations for the University course attended by medical officers to obtain the Diploma in Public Health were issued by the General Medical Council and will come into force in January 1969. The weekly early morning meeting attended by medical staff has, like similar meetings in other sections, taken on a clearly defined training role.

1967 brought no national or local solution to the slow inevitable deterioration of housing stock in the private sector or in bringing it up to date and into line with environmental improvement. The solution of this problem in the urban areas is fundamental to all health thinking. So many preventive measures stem from it, for instance the needs of many groups of handicapped and chronically ill persons, the elderly and those who live in overcrowded conditions where cross infection can be so persistent. Only a generation or so ago many people were physically unfit and prone to the waves of infection which swept the country. Most of these problems, tuberculosis, rickets, etc., have now been largely overcome and

non-communicable diseases such as haemophilia are coming under control through genetic counselling, family planning and preventive as well as effective treatment, yet there are still many miserable people if the admission and readmission rate to psychiatric hospitals and the patients with emotional disorders who throng general practitioners' surgeries are reliable indices. Expensive psychiatric and social services are set up to treat and support those who find it difficult to adapt rapidly enough in a swiftly changing, scientifically orientated, environment. How can social planning meet this challenge? There can not be one answer to this unhappiness but many and related ones.

Once again, the Chief Public Health Inspector has had to report a repeat of unauthorised camping and caravanning on the Town Moor during the Temperance Festival, but none during the remainder of the year, and consequently no persistent hazard to health. A concerted plan is ready for 1968; let us hope it succeeds.

A few years ago chronic bronchitis was not a socially acceptable disease, but now it no longer carries the same stigma, because something can be done to reduce its incidence. Many householders are not prepared to await smoke control areas so make their own adaptations. It is to be hoped that recent developments will reduce the cost of smoke control areas because the year 1989 is a very long way into the future even for the bronchitic of tomorrow to wait for the completion of smoke control. It must be remembered that many Novocastrians now spend their working week in smoke control areas and live their leisure and sleeping hours in far less favourable atmospheric conditions.

Drug
Dependence

Education and good communications are extremely important as well as very strict control of sales if this sudden change in the habits of a few is to be kept within limits. Quietly but efficiently the officers of the department co-ordinated their work with the police, established lines of communication with other professional colleagues and disseminated information to parents and teachers as well as within various Corporation departments.

Child Minding

In some parts of the country it has become difficult to exercise effective control, but the Health Visitors have been particularly vigilant. Very satisfactory arrangements can be made under reasonable conditions and the continuing increase of applications for registration is being carefully watched and standards maintained.

Home Help

After hearing the details of the successful reassessment of the

need for home help for individual cases undertaken in South Shields it seemed well worthwhile carrying out the same review in the City. A plan was worked out, the staff appointed and all ready to start early in 1968. Clearly individual needs vary and the service must remain flexible. If over provision is to be kept to a minimum and the waiting list retained within reasonable limits, then more regular reassessment is required. This is now being done.

The waiting list is far too long but it would be unwise to meet this problem by lengthening the time between treatments. More clinic sessions are required, but in the meantime a slight addition to the number of appointments per session has been made.

Chiroprody

By the end of 1967 the waiting list (239) was double the 1966 figure, with half the applicants occupying a hospital bed and quite unable to lead a separate life in the community. Forty beds will become available in 1968 but early in 1969 22 beds will be lost unless accommodation can be found to replace 'Hermiston' which is to be demolished for road widening purposes. The prospect for 1969 is an additional 83 beds.

Residential
Accommodation

The Committee has been anxious about the need to admit sub-normal persons to the psychiatric hostels at 'Sunnycrest' and 'Summerhill' to avoid the alternative of hospital care. At the end of the year 12 subnormals were in these two hostels, awaiting the opening of a hostel for them in Whitehouse Road in 1970.

The Chief Constable's report for 1967 reveals a large number of convictions for drunkenness. It would be interesting to know how many are habitual offenders and how many appear on one occasion only. It is the former who need earlier treatment, medical and community care. A very close link has to be established in all cases between the various statutory and voluntary agencies offering both social and hostel care.

Briefly the trends noticed in recent years continued. The population of the City fell by 3,680, the lowest birth rate and number of babies born was recorded (since the present boundaries were fixed), the highest maternal mortality rate in 11 years occurred (due to unpredictable and untreatable complications of pregnancy), the tuberculosis death rate reached a new low figure but the 1966 trough in the steadily rising lung cancer death rate was only temporary.

Statistics

It is interesting to note that the falling birth rate is also occurring in surrounding areas and the fall in the City is, therefore, not

apparently due to rehousing families with young parents over the northern boundary.

Maternity beds

From the above it is clear that even without the increase in hospital maternity beds but continuing the policy of early discharge, there would now be an adequate number of beds and so, unless desired, few babies need be born on the district. This does not mean that the domiciliary midwifery service is no longer required—far from it—antenatal care and care of the mother and child after discharge from hospital are still required as can be seen in the review presented to the committee in September (Appendix VI).

Prevention of disease

A full account of the changes made following the retirement of Dr. Mary Thompson who had built up the childhood tuberculosis service with such success, is set out on page 251. The situation will be carefully watched.

Mothers of children under five shewed no greater inclination to have their children protected against measles and its complications than in 1966, but the protection of a large proportion of the non-immune school population may well change the shape of future measles epidemics leaving, however, the very young children still requiring protection. Here is a challenge to the health visiting and clinic medical staff as well as national publicity.

After several years of dismal predictions, there has been an upsurge in the number of children protected (some of them belatedly when entering school) against diphtheria and whooping cough, ironically just before computer programming which is thought to stimulate higher rates, starts.

Population Screening

Dr. D. L. Wilson surveyed the activities in all sections of the department and presented a report in December which was later published in *The Medical Officer* (9th February, 1968) as an indication of the way a department should consider its total achievement and assess the results thereof. The ramifications of this procedure go far and wide.

Health Education

A comprehensive report on "Smoking and Health" presented to the Committee in February cannot be said to have stimulated any change. The Group Advisers in the Nursing Section are making a steady impact in schools and will be well experienced to offer their services when the report of a working group to the Teachers'

Consultative Council, outlines a programme for health education in schools.

In November the Mental Health Working Group reviewed the service and, recognising the size of its capital programme during the next few years, accepted the fact that its plans for expansion of other aspects of community care would have to be delayed for the time being. A small experiment of offering housing accommodation to a group of ex-hospital psychiatric patients was welcomed.

Mental Health

Forward planning of community medical, dental, nursing and social services is still in its infancy. A series of meetings with general medical and dental practitioners from several neighbourhood areas of the City were held. Guidance was given by the staff of the City Planning and City Estate and Property Departments on the City Development Plan for the years ahead. Only a small number of general practitioners see the development of large groups working from health centres, permitting a degree of specialisation, using ancillary aids and associated with their professional colleagues in a unified community service team; but such a dream may be nearer than the administrators think, it could develop rapidly.

Area planning

It is easy to become complacent because the ravages of bone tuberculosis, rickets and poliomyelitis no longer cause severe handicapping. But already pre-planning of requirements a number of years ahead have to take into account a whole new range of severe crippling disorders amongst children who used to die in infancy. Many will go forward to useful employment but others will require long term community and hospital care. Assessment, registration, establishment of links between all services and a very real concern amongst designated officers will allow individual provision to be made well ahead and new services planned to meet the inevitable need.

The Handicapped

A joint report from the Health and Social Services, Education, Children and Family Advice and Housing Committees was agreed towards the end of the year and accepted by the City Council early in 1968. The central committee of the Family Service Units accepted the challenge to set up a unit in Newcastle upon Tyne in 1968.

Social Rehabilitation

The implications of the National Health Service (Family Planning) Act 1967 were carefully considered by the Committee and the

Family Planning

Newcastle upon Tyne Branch of the Family Planning Association were asked to continue the agency arrangements including the wider aspect of reference "on social grounds".

Voluntary Agencies

Continuing the practice of recording the activities of certain organisations, it is a pleasure to acknowledge contributions from the Secretaries of the Council of Social Service and the Council for the Care of the Elderly (Appendix II) and to thank them.

Conclusion

A reader so far might be forgiven for thinking the writer to be despondent and immersed in gloom—far from it. To the question posed at the end of the introductory letter to the Council in the 1966 report—"How far shall we get in 1967?"—I must answer—"Not as far as I had hoped". That is to be expected. This year a number of contributions point to the many tasks so far accomplished and recognise the interplay of several factors. It is essential to recognise the importance of health, the prevention of illness, the rehabilitation of the individual into work, play and his family and so on, both to the community and the nation, and then to establish priorities.

Acknowledgements

Over the years I have thanked many people in this series of reports both individually and collectively. I do so again, not just lightly but deeply and sincerely. They all deserve not just my thanks but appreciation from the whole community. My Personal Secretary, Mrs. Winifred Bell, known to so many Aldermen, Councillors and colleagues personally but to others and among them many Newcastlerians as a charming, considerate and helpful voice on the telephone, surely after 10 years' service, she should have my grateful thanks, as well as all the others too numerous to mention and especially the Chief Public Health Inspector and other Heads of Sections.

In a year of many changes the unfailing support which the staff of the department received from the Chairman, the late Councillor Mrs. I. McCambridge and her Vice-Chairman, Councillor Mrs. A. L. Storey, M.B.E., was much appreciated and so, too, was the interest taken and support given by the Committee Members.

We stand at the crossroads.

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 1968.*

My friend, I have been thinking of you very much lately, and I hope you are well. I am well, and hope you are the same. I am your obedient servant.

Yours truly,
John F. Kennedy

Medical Officer of Health
I have been thinking of you very much lately, and I hope you are well. I am well, and hope you are the same. I am your obedient servant.

My friend, I have been thinking of you very much lately, and I hope you are well. I am well, and hope you are the same. I am your obedient servant.

Yours truly,
John F. Kennedy

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 1/68)

Live Births	..	..	..	..	3,867
Live Birth Rate (Crude)	..	..	..	..	15.37 per 1,000 population
Live Birth Rate (Corrected)	..	..	..	..	15.37 per 1,000 population
Illegitimate Live Births per cent of total Live Births	..	..	..	..	12.0
Stillbirths	..	..	..	..	72
Stillbirth Rate	..	..	..	..	18.28 per 1,000 live and stillbirths
Total Live and Stillbirths	..	..	..	..	3,939
Infant Deaths	..	..	..	..	93
Infant Mortality Rate—					
Total	..	..	..	..	24.05 per 1,000 live births
Legitimate only	..	..	..	..	22.62 per 1,000 legitimate live births
Illegitimate only	..	..	..	..	34.56 per 1,000 illegitimate live births
Neonatal Mortality Rate	..	..	..	..	16.03 per 1,000 total live births
Early Neonatal Mortality Rate	..	..	..	..	12.67 per 1,000 total live births
Perinatal Mortality Rate	..	..	..	..	30.72 per 1,000 total live and stillbirths
Maternal Deaths (including abortion)					3
Maternal Mortality Rate	..	..	..	..	0.762 per 1,000 live and stillbirths.

OTHER STATISTICS

Population	..	..	..	..	251,650
Area	..	..	..	..	11,401 acres
Deaths	..	..	..	..	3,009
Death Rate (Crude)	..	..	..	..	11.96 per 1000 population
Death Rate (Corrected)	..	..	..	..	13.03 „ „ „
Tuberculosis Death Rates—					
All Forms	..	..	..	..	0.048 per 1,000 population
Pulmonary	..	..	..	..	0.040 „ „ „
Non-Pulmonary	..	..	..	..	0.008 „ „ „
Cancer Death Rates—					
All Forms	..	..	..	..	2.73 per 1,000 population
Lung and Bronchus	..	..	..	..	0.78 „ „ „
Other Sites	..	..	..	..	1.95 „ „ „
Marriage Rate	..	..	..	..	17.5 per 1,000 population
Inhabited Houses	..	..	..	..	85,910
Rateable Value	..	..	..	..	£12,386,709
Product of 1d. Rate	..	..	..	..	£49,792 10s. 5d.

GENERAL STATISTICS

Population

The population, as estimated by the Registrar General, was 251,650, a decrease of 2,130 since 1966.

Births

There were 3,867 live births recorded, representing a crude birth rate of 15.37 per 1,000 population, as compared with a rate of 16.70 in 1966. The City birth rate continues to be lower than that for England and Wales—17.2.

The City birth rate—15.4 is the lowest ever recorded. In the last two years the National birth rate has fallen by 5% whilst the birth rate in Newcastle upon Tyne has fallen by 11%.

In addition there were 72 stillbirths, representing a rate of 18.28, which is higher than the 1966 rate of 15.79. This rate is higher than the England and Wales rate—14.8.

LIVE BIRTHS				STILL BIRTHS		
Sex	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male	1,732	229	1,961	38	3	41
Female	1,672	234	1,906	29	2	31
Totals	3,404	463	3,867	67	5	72

BIRTH RATE per 1,000 POPULATION

Year	England and Wales	Newcastle upon Tyne (corrected)	Northumberland (corrected)
1967	17.2	15.4	14.8
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

Deaths

The net deaths amounted to 3,009 equivalent to a crude rate of 11.96 per 1,000 population, as compared with a rate of 12.22 for 1966. The death rate for England and Wales for 1967 was 11.2.

Infantile Mortality

Ninety three infants died before completing the first year of life, representing a rate of 24.05 per 1,000 live births; last year the rate was 25.01. The England and Wales rate for 1967 was 18.3.

Of the 93 infant deaths, 62 occurred before attaining the age of one month, making a neo-natal mortality rate of 16.03 as compared with England and Wales rate of 12.5.

Only 49 children died before reaching the age of one week, and this figure, together with the stillbirths gave a peri-natal mortality rate of 30.72 per 1,000 total births. This rate is slightly higher than the 1966 rate of 29.02 and higher than the England and Wales rate of 25.4.

Maternal Mortality

Three maternal deaths occurred in the City, there were none in 1966. The maternal mortality rate of 0.762 per 1,000 live and stillbirths is the highest in the City since 1965, and is higher than the England and Wales rate, 0.05.

Tuberculosis

Twelve persons died from various forms of tuberculosis during the year, 10 being pulmonary and two non-pulmonary, giving death rates of 0.040 and 0.008 respectively, a total of 0.048 for all forms, the lowest figure ever recorded in the City. The provisional national rate for all forms of tuberculosis is 0.042 per 1,000 population.

Marriages

2,204 marriages took place during the year, representing a marriage rate of 17.5 per 1,000 population, compared with 16.8 in 1966.

Street Accidents

During the year 3,007 street accidents occurred, one more than in 1966, and as a result 1,226 persons were injured and 34 died. The total included 226 accidents to children under 15 years of age, two of which were fatal.

		Under 5 years		5-9 yrs.		10-15 yrs.		Total	
		1966	1967	1966	1967	1966	1967	1966	1967
Killed	..	—	1	4	1	1	—	5	2
Injured	..	54	50	120	95	67	79	241	224

Cremation

During 1967, there were 3,123 cremations carried out in the City, 339 less than last year. Of the cremations performed, 1,488 were in respect of Newcastle residents, this figure being 48% of the total.

The percentage of City residents who died in 1967 and were cremated was 49.

The Medical Referee required 20 post-mortem examinations as compared with 16 in 1966, 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.

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 1967 was warmer and dryer than in the previous year. Hours of sunshine in the City averaged 16 per month more and rainfall was 0.32 inches less than in 1966. July was the warmest month, January and February the coldest.

The following table includes the sunshine records taken at the Newcastle upon Tyne University, Cockle Park (Morpeth) and Hexham; 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 1967

Month	SUNSHINE HOURS			RAINFALL AND TEMPERATURES		
				Jesmond Dene		
	N'cle. Univer- sity	Hexham	Cockle Park	Rainfall (inches)	Mean Max. Temp. °F.	Mean Min. Temp. °F.
January ..	70.1	55.75	72.6	1.23	42.80	34.00
February ..	75.2	69.30	81.8	1.93	46.70	37.30
March ..	135.3	147.00	157.1	0.91	50.90	39.20
April ..	76.0	93.00	107.6	1.42	52.48	39.71
May ..	87.8	95.30	113.9	3.98	55.56	41.90
June ..	159.9	184.00	186.5	1.57	64.78	47.76
July ..	129.6	184.00	161.4	2.62	67.82	50.21
August ..	101.3	145.45	137.3	3.08	65.00	48.30
September ..	95.2	109.30	103.1	1.79	63.50	49.00
October ..	95.9	120.00	104.2	3.43	56.85	43.60
November ..	68.4	68.00	76.0	3.99	34.70	48.10
December ..	62.4	49.30	70.6	1.17	45.20	35.00
Totals ..	1157.1	1320.40	1372.1	27.12	—	—
Averages ..	96.4	110.03	114.3	2.26	53.85	43.67
1966 Averages	80.7	92.85	93.8	2.58	53.94	41.95

Water Supply

Details relating to the City's water supply are shown in the Chief Public Health Officer's section of this report (see page 172).

Fluoridation of Water Supply

The Council agreed in December 1965 to arrangements being made for the fluoridation of the City's water supplies. Negotiations between neighbouring local authorities and the Newcastle and Gateshead Water Company for the introduction of fluoridation were completed in December 1966. Arrangements have been made for fluoridation to commence early in 1968.

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 Tyneside Joint Sewerage Board has commenced work 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
January, 1967	4,726	960	5,686
December, 1967	6,082	1,047	7,129

Inhabited Houses

There were 85,910 inhabited houses which, on the estimated population, showed an average of 2.9 persons per dwelling.

Rateable Value

A penny rate produced £49,792, the gross rateable value being £12,386,709 compared with £12,234,118 in 1966.

Vital Statistics of Whole City during 1967 and previous years

YEAR	Population estimated Mid-Year	LIVE BIRTHS			TOTAL DEATHS REGIST- ERED 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
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
1967	251,650	5,173	3,867	15.4	4,075	1,366	300	93	24	3,009	13.0

§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 1967

(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.	6 4	— —	— —	— —	— —	— —	— —	— —	1 1	4 1	1 2	— —
2—Tuberculosis, other forms	M. F.	— 2	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— 1
3—Syphilitic disease ...	M. F.	2 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	2 1	— 1
4—Diphtheria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
5—Whooping cough ...	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
6—Meningococcal infections ...	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
7—Acute poliomyelitis	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
8—Measles ...	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
9—Other infective and parasitic diseases	M. F.	1 1	— —	— —	— —	— —	— —	— —	— —	1 1	— —	— —	— —
10—Malignant neoplasm, Stomach ...	M. F.	47 42	— —	— —	— —	— —	— —	— 2	4 2	22 6	14 15	7 17	
11—Malignant neoplasm, lung, bronchus	M. F.	168 29	— —	— —	— —	— —	— —	4 2	19 4	53 7	65 13	27 3	
12—Malignant neoplasm breast ...	M. F.	1 59	— —	— —	— —	— —	— 1	— 5	— 14	— 18	— 11	1 10	
13—Malignant neoplasm, uterus ...	F.	22	—	—	—	—	—	2	4	7	6	3	
14—Other malignant and lymphatic neoplasms ...	M. F.	157 148	— —	— —	— —	2 1	— —	— 2	6 6	10 12	42 27	48 47	49 53
15—Leukaemia, aleukaemia	M. F.	10 4	— —	— —	— 1	— —	— —	— —	— —	2 —	4 2	1 —	3 1
16—Diabetes ...	M. F.	5 16	— —	— —	— —	1 —	— —	— —	— —	— 1	1 2	2 8	1 5
17—Vascular lesions nervous system	M. F.	159 230	— —	— —	— —	— —	— 1	— —	1 1	11 8	22 17	48 63	77 140
18—Coronary disease, angina	M. F.	419 247	— —	— —	— —	— —	— —	1 —	13 —	47 8	125 41	136 79	97 119

Causes of Death at different periods of life for 1967—*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.	17 19	— —	— —	— —	— —	— —	— —	1 —	2 —	3 1	5 6	6 12
20—Other heart disease ...	M. F.	69 120	— —	— —	— —	— —	— —	— —	1 3	3 3	14 11	20 19	31 84
21—Other circulatory disease	M. F.	65 103	— —	— —	— 1	— —	— —	— —	2 1	4 5	8 3	16 17	35 76
22—Influenza ...	M. F.	— 2	— —	— —	— —	— —	— —	— —	— —	— 1	— —	— —	— 1
23—Pneumonia	M. F.	66 60	— 3	8 11	2 —	— —	— —	1 —	3 —	— 2	3 3	16 8	33 33
24—Bronchitis	M. F.	136 56	— —	— —	— —	— —	— —	— —	2 1	5 3	29 10	53 14	47 28
25—Other diseases of respiratory system ...	M. F.	11 14	— —	— 1	— —	— —	— —	— —	— —	— 2	6 1	2 2	3 8
26—Ulcer of stomach and duodenum	M. F.	13 8	— —	— —	— —	— —	— —	— —	1 —	1 —	2 1	8 3	1 4
27—Gastritis enteritis and diarrhoea ...	M. F.	4 9	— —	— 2	1 —	— —	— —	— —	— —	1 —	— —	2 1	— 6
28—Nephritis and nephrosis	M. F.	6 12	— —	— —	— —	— —	1 1	— —	— —	2 3	1 2	2 1	— 5
29—Hyperplasia of prostate ...	M.	6	—	—	—	—	—	—	—	—	—	2	4
30—Pregnancy childbirth, abortion ...	F.	3	—	—	—	—	—	1	2	—	—	—	—
31—Congenital malformations	M. F.	15 14	8 8	5 3	1 1	— 1	— —	— —	1 —	— —	— 1	— —	— —
32—Other defined and ill-defined diseases ...	M. F.	100 137	28 14	— 1	1 2	— —	2 2	— 3	5 8	8 11	13 17	20 20	23 59
33—Motor vehicle accidents ...	M. F.	37 9	— —	— —	1 —	1 1	13 2	1 —	4 1	3 1	5 2	4 1	5 1
34—All other accidents ...	M. F.	45 36	— 1	— —	2 1	1 2	4 1	4 1	— —	4 1	11 7	6 5	13 17
35—Suicide ...	M. F.	27 9	— —	— —	— —	— —	2 —	5 —	3 1	3 2	8 1	4 3	2 2
36—Homicide and operations of war ...	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
All causes ...	M. F.	1,592 1,417	36 26	13 18	8 6	5 5	22 8	12 8	47 35	131 89	376 188	477 345	465 689

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
1967 ..	389	1,059	345	52	163

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	5	58	30	98	—	1	10	10	21
1953	607	2.09	—	7	54	38	99	—	3	7	4	14
1954	554	1.93	—	6	74	28	108	—	1	4	11	16
1955	638	2.27	—	7	79	46	132	—	—	14	5	19
1956	591	2.13	—	4	61	46	111	—	2	8	6	16
1957	648	2.36	—	10	61	55	126	—	1	12	5	18
1958	666	2.44	—	6	77	59	142	—	3	13	11	27
1959	638	2.35	1	5	73	60	139	—	1	13	8	22
1960	671	2.49	—	7	96	67	170	—	1	7	18	26
1961	636	2.38	—	7	88	58	153	—	—	14	8	22
1962	681	2.55	—	7	102	71	180	—	3	9	13	25
1963	688	2.61	—	7	95	81	183	—	1	11	15	27
1964	656	2.52	—	2	102	68	172	1	3	17	20	41
1965	689	2.68	—	6	90	89	185	—	2	10	13	25
1966	607	2.39	—	6	86	55	147	—	1	11	13	25
1967	687	2.73	—	4	72	92	168	—	2	11	16	29

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES 1967

	Newcastle upon Tyne	Gateshead	South Shields	Sunderland	Tynemouth	Northumberland	Durham
Registrar General's estimated population ..	251,650	100,780	107,760	219,270*	72,440	504,200	936,480
Comparability factor :							
(a) Births	1.00	0.97	0.98	0.93	0.98	1.00	0.99
(b) Deaths	1.09	1.14	1.17	1.20	1.09	1.03	1.18
Crude birth rate per 1,000 population ..	15.37	17.06	15.78	18.51	17.20	14.76	16.98
Birth rate as adjusted by factor ..	15.37	16.55	15.46	17.21	16.85	14.76	16.81
Crude death rate per 1,000 population ..	11.96	11.53	10.10	10.85	11.16	11.63	10.88
Death rate as adjusted by factor ..	13.03	13.14	11.82	13.02	12.16	11.79	12.85
Illegitimate live births per cent. of total live births	12.0	8.0	9.3	7.7	8.0	6.0	5.8
Infant mortality rate per 1,000 live births ..	24.05	25.00	18.22	23.24	22.49	17.61	20.70
Neonatal mortality rate per 1,000 live births ..	16.03	17.44	14.69	16.34	18.47	12.50	14.0
Perinatal mortality rate per 1,000 total births ..	30.72	33.65	26.67	33.53	27.31	24.12	26.6
Stillbirth rate per 1,000 total births ..	18.28	18.82	13.34	20.02	12.68	13.9	15.5
Maternal mortality rate per 1,000 total births	0.76	—	—	—	—	—	0.12
Tuberculosis rates per 1,000 population:							
Primary Notification :							
(a) Respiratory	0.37	0.51	0.39	0.80	0.42	0.21	0.30
(b) Non-Respiratory	0.09	0.15	0.08	0.08	0.04	0.03	0.03
Deaths :							
(a) Respiratory	0.04	0.09	0.04	0.06	0.04	0.02	0.06
(b) Non-Respiratory	0.01	0.02	—	—	—	0.00	0.01
Death Rates per 1,000 population from :							
Cancer :							
all forms (including Leukaemia and Aleukaemia)	2.73	2.64	2.27	2.34	1.73	2.04	2.10
Lungs and Bronchus only	0.78	0.84	0.73	0.64	0.73	0.54	0.55
Meningococcal Infections	—	—	—	—	—	—	0.00
Whooping Cough	—	—	—	—	—	—	—
Influenza	0.01	0.00	—	—	0.04	0.01	0.01
Measles	—	—	—	0.00	—	—	0.00
Acute Poliomyelitis and Encephalitis	—	—	—	—	—	—	0.00
Diarrhoea (under two years)	0.01	—	—	0.01	—	0.01	0.02
Diarrhoea (under two years) per 1,000 live births	0.78	—	—	0.77	—	0.54	0.94

(— indicates no deaths).

* Boundary changes took place during the year. An average population of 211,510 has therefore been used in the calculation of rates.

II—NATIONAL HEALTH SERVICES ACTS



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)

There was a marked fall in the number of babies born in 1967. The number of infant deaths under one week was only 49 compared with 57 in 1966, but there were more still-births and consequently the perinatal mortality rate was higher than in 1966.

The proportion of neonatal deaths due to prematurity is comparatively fewer than it was a few years ago. For some time prematurity accounted for the largest number of neonatal deaths, but this year there were 36 due to diseases of early infancy, 10 due to prematurity and 14 due to congenital malformations, mainly of the circulatory system.

The greatest drop in infant deaths was in those aged between one month and a year, but this was to be expected because the figure relating to this group was abnormally high in 1966.

Towards the end of the year the Sheldon Report on "Child Welfare Centres" was published. This emphasises and recommends the changes in function which have been experienced over the past few years in that the centres are becoming very much assessment clinics for the handicapped child or the child with a defect of whatever degree. Birthday examinations are becoming generally accepted and welcomed by the mothers. This is reflected in the attendance figures at the centres. In spite of the fall in the birth rate and consequent smaller number of babies under one year, the steady attendance of older children has kept the overall attendance almost to the 1966 figure.

Tribute must be paid to the assistance given to the nursing services by the ancillary workers. Dressing attendants, bath orderlies, home advisers, night sitters and wardens have all worked extremely well in what are often very difficult circumstances. The services are not statutory and many local authorities do not make these provisions. All the workers are efficient and kindly and by their efforts relieve the trained nursing staff of the many less skilled yet time taking tasks which add so much to the patients' comfort.

There has been a good deal of public opinion expressed throughout the country on day care of children, including registered and unregistered child minders and the provision of play facilities for children under five years. The latter becomes more and more of a problem with the building of multi-storey flats and is a problem which health visitors have stressed for many years past. There is no doubt that mothers in the City are becoming really concerned about this and there has been a great increase during the year in applications not only from child minders to look after a few children for a few hours in their own homes, but from groups of people who wish to organise play groups in Church Halls or Community Centres.

CONGENITAL MALFORMATIONS

(Dr. W. B. Shaw)

Following the discovery of the correlation between taking certain drugs and the incidence of congenital abnormalities, the Ministry of Health, in 1964, instituted the system of central notification of all congenital abnormalities observed at birth. In order to carry out this system of notification to the Registrar General, the Medical Officer of Health is responsible for requesting all midwives and medical practitioners to notify him of such abnormalities. This is done whether the child is born at home or in hospital.

Whilst this arrangement does not give a comprehensive system of notification—as some abnormalities are not immediately apparent at birth—it does give for the first time a national picture of the situation and any variations from this should be more readily apparent.

The following table gives a summary of the position over the past four years. The commonest type of abnormality is one involving the central nervous system but the increase noted in 1966 was not maintained. The percentage of children recorded as having congenital malformations present at birth over the four years period has remained remarkably constant between 1 and 1.4.

This system of notification, taken in conjunction with the Handicapped Register is of help in planning the services required for these children in years to come; this is particularly true of children suffering from spina bifida, as with new techniques in treatment, these children will require increased provision for their future education and overall care.

The National Rate of Notification of Congenital Abnormalities for 1964 was 16.4 per 1,000 total births; for 1965 it was 15.9 per 1,000 total births.

Thus it would appear that the rate of abnormality in Newcastle upon Tyne is slightly below the national average for these years—national figures for 1966 and 1967 are not yet available.

Congenital Malformations Notified, Newcastle upon Tyne

	1964	1965	1966	1967
0. Central Nervous System	17	14	38	23
1. Eye, Ear	—	1	3	—
2. Alimentary System	6	19	8	11
3. Heart and Great Vessels	1	3	2	2
4. Respiratory System	1	4	3	2
5. Urogenital System	3	9	2	1
6. Limbs	18	23	14	12
7. Other Skeletal	—	—	1	—
8. Other Systems	1	7	3	1
9. Other Malformations	5	3	2	6
TOTAL DEFECTS	52	83	76	60
No. of Children with Defects	45	63	54	47
Total Births	4,516	4,456	4,239	3,939
No. of Children with Congenital Defects per 1,000 Live and Still Births	10.0	14.2	12.8	11.9

STATISTICAL INFORMATION

Births

Of the 3,982 City births notified 3,324 (83 %) occurred in hospitals, nursing homes, etc., as shown below.

	1967	1966
Hopedene Maternity Home	80	87
Princess Mary Maternity Hospital	722	814
Newcastle General Hospital	1,618	1,386
Hexham Hospital	145	224
The Green, Wallsend	481	543
Ashleigh, Gosforth	31	50
Willington Quay Maternity Home	73	67
Preston Hospital, North Shields	153	139
Queen Elizabeth Hospital, Gateshead	11	17
Others	10	22
	3,324	3,349

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
1967 ..	441	16	298	16	1,680	16	5
1966 ..	697	12	540	12	3,003	12	6

ATTENDANCES OF CHILDREN AT CHILD HEALTH 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)	
1967	11,143	3,371	488	2,980	7,214	40,435	23,665	37
1966	11,385	3,609	439	3,020	7,364	43,853	23,906	38

Reference for Consultant Advice

338 children were referred from child health clinics for specialist advice and treatment to:—

Newcastle General Hospital	143
Royal Victoria Infirmary	28
Fleming Memorial Hospital	30
Sanderson Orthopaedic Hospital	89
Hearing Assessment Clinic—City Road	21
Speech Therapy—City Road	26
Dental Hospital	1
Total	338

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

Blind and partially sighted	2
Eye defects (squints)	173
Other eye defects	32
Deaf and partially deaf	17
Mentally backward	39
Epileptic	8
Spastic	7
Congenital defects	144
(including congenital heart, hare lip, cleft palate, spina bifida, meningocele etc.)	
Orthopaedic	114
Speech Defects	22
Eczema	15
Asthma	4
Other conditions	88
	665

Welfare Foods

The “take up” of welfare foods was slightly less than that for 1966, but the amount of cod liver oil taken up was actually greater.

	National Dried Milk	Cod Liver Oil	Vitamin A & D Capsules	Orange Juice
Paid	57,459	3,050	2,928	48,397
Free	16,919	1,672	294	8,053
At 4/-d	1,995	—	—	—
Day Nurseries	80	288	—	718
Total	76,453	5,010	3,222	57,168

Cash received: £10,958 0s. 6d.

There are seven types of proprietary food available to clinic mothers at reduced cost. The amount of cash taken for these commodities was £7,956. 4s. 7d.

Cervical Cytology

The number of women attending the two cervical cytology clinics was not so high as in 1966, but this is no doubt explained by the fact that the first rush is over and they are settling down now to a fairly steady attendance. Of the 25 referred for further investigation, only 14 were finally proved positive, all except two of whom were over 35 years of age:—

Attendances	1,330
Referrals for further investigation ..	25
Proved Positive	14

PLAY THERAPY AND CLINIC PLAY GROUPS

Staff

One play group organiser (part-time).

Three play group supervisors (part-time)

The twelve play groups held during child health clinics and sewing classes were well attended in 1967. Places in the two play therapy groups held at Blakelaw and East End Clinics were also in constant demand.

While day nursery and nursery school places are so limited these play groups often provide the only opportunity for some young children to meet, and play with, others of their own age. Many of these children are over-protected because of living conditions in flats near to busy roadways, and the modern fashion for smaller families. Often they go out only when mother goes shopping, and ironically this is worst in families where the mother is most conscientious. When they first come into the play groups these children scarcely know how to play, but they quickly appreciate the opportunity to mess about with paints, sand and water, etc.

	Blakelaw	East End
No. of play therapy sessions ..	51	52
Cases continued from 1966 ..	12	9
New cases	11	20
Total attendance	436	538

DAY NURSERIES

During 1967 there has been a greater demand for nursery places—particularly during the latter half of the year, and particularly for babies under two years of age. In fact there have been waiting lists for this age group now for some months for the central and east end nurseries. It is difficult to say exactly why this situation has come about. There seems to be several reasons. The earlier age of marriage means there is a constant demand from students on grants and young apprentices on low wages. This may also be the reason why there is a greater demand for places for children of broken marriages. There have been more requests from general practitioners, health visitors and social workers in many fields for admissions of children both for the sake of the mother and/or the child. These are more often for children of toddler age and many are from problem families, particularly in the West Parade area. This type of child takes up a great deal of staff time as they have to be bathed frequently and their clothing washed, and the senior staff sometimes have the mothers in the nursery to bath the children themselves under supervision. There is no doubt that the children benefit tremendously from the care they receive in the nursery and from the freedom and opportunity to mix with children from more normal home backgrounds.

The actual attendances during the year have been affected by the fact that in the early months of the year there was dysentery in all the west end nurseries.

During the 12 month period, 691 people attended for interview to make applications. 441 places were offered, of which 314 were actually admitted. 280 were discharged and 179 individual children attended as casuals. Forty of the applications were from students, 23 were offered places, and seven are on the waiting list.

Specially assessed cases during the year totalled 113, and of these 95 were discharged. At the end of December 1967, 47 children were attending at special rates.

There were 13 physically and mentally handicapped children attending the nurseries during the year, four of these being over five years of age.

The waiting lists include only top priority cases. Other applications are made from people who perhaps are finding it hard to live on the father's wage alone, but when they find they cannot have their

children accommodated immediately they do not make a firm application.

The tables set out below show how the nurseries are being used.

DAY NURSERIES

Nursery	Total Capacity	Children on Register 31.12.67	Children on Register during the year	No. of attendances		Total Attendances	Average daily Monday - Friday	Admissions during year	Discharges during the year	Casual users No. of ½ day attendances
				0-2 yrs	2-5 yrs					
Willow Avenue...	50	49	109	1827	5438	7265	29	67	60	586
Renwick Street ...	50	50	103	2364	5896	8260	32	61	53	399
Woodland Cresc.	25	24	71	1006	3227	4233	17	47	47	723
West Parade ...	50	56	137	2430	6192	8622	34	96	81	698
Gosforth Street ...	50	46	85	1375	7701	9076	36	43	39	942
Total ...	225	225	505	9002	28454	37456	148	314	280	3348

Figures below show the total number of children in the nurseries at the end of 1967 and the reasons for their admission (1966 figures in brackets).

Father in Prison	1	(5)
Unmarried Mothers	54	(35)
Widows	7	(11)
Separated or Divorced	66	(57)
Mother ill	16	(10)
Father ill	—	(1)
Financial	12	(8)
Confinement	3	(4)
Difficult Child	1	(—)
Special Recommendations	46	(42)
Students	13	(13)
Teachers	2	(3)
Teachers Training Course	4	(2)
	<u>225</u>	<u>(191)</u>

Waiting list at 31st December, 1967:

Renwick Street	8
West Parade	5
Gosforth Street	6

Nursery and Child Minders Regulation Act, 1948

At the end of 1967 there was a total of 14 registered child minders caring for 166 children and 16 registered premises providing places for 382 children.

Nursing Homes

There were three nursing homes registered in the City at the end of the year, providing four maternity beds and 70 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

There was very little change in the number of children immunised and re-immunised against diphtheria, whooping cough and tetanus, but there was quite a large increase in the number vaccinated against smallpox. The number of measles vaccinations was still disappointingly small.

SMALLPOX VACCINATION

NUMBER OF INDIVIDUALS SUCCESSFULLY VACCINATED AGAINST SMALLPOX
1966 figures in brackets

	Under 1 year	1—4 years	5—14 years	Over 15 years	Total
<i>Clinics</i>					
Primary ..	20 (76)	1300 (1178)	653 (58)	22 (16)	1995 (1328)
Re-vaccina- tions ..	—	7 (5)	1063 (12)	163 (78)	1233 (95)
<i>General Practitioners</i>					
Primary ..	49 (64)	566 (470)	39 (33)	127 (132)	781 (699)
Revaccina- tions ..	—	17 (25)	68 (78)	539 (471)	624 (574)
Total					
Primary ..	69 (140)	1866 (1648)	692 (91)	149 (148)	2776 (2027)
Revaccina- tions ..	—	24 (30)	1131 (90)	702 (549)	1857 (669)

DIPHTHERIA IMMUNISATION

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY
OR RE-IMMUNISATION DIVIDED INTO AGE GROUPS (1966 figures in brackets)

	Under 5 years	Over 5 years	Total
<i>Primary Immunisation</i>			
Clinics	2,155 (2,277)	2,022 (1,399)	4,177 (3,676)
General Practitioners ..	884 (740)	23 (29)	907 (769)
<i>Re-Immunisations</i>			
Clinics	1,669 (1,686)	2,056 (2,545)	3,725 (4,231)
General Practitioners ..	515 (444)	194 (170)	709 (614)
Totals			
Primary	3,039 (3,017)	2,045 (1,428)	5,084 (4,445)
Re-Immunisations ..	2,184 (2,130)	2,250 (2,715)	4,434 (4,845)

DIPHTHERIA IMMUNISATION

NUMBER OF CHILDREN UNDER 15 YEARS PROTECTED AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS ARE AS FOLLOWS

PRIMARY IMMUNISATIONS

Year	Diph- theria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diph- theria	Total Pertussis	Total Tetanus
1967	19	2,926	2,139	19	5,084	2,926	5,084
1966	—	2,933	1,512	208	4,445	2,933	4,653

RE-IMMUNISATIONS

Year	Diph- theria Tetanus	Diphtheria Pertussis	Diphtheria Tetanus	Tetanus	Total Diph- theria	Total Pertussis	Total Tetanus
1967	18	1,346	3,066	91	4,430	1,346	4,503
1966	143	1,360	3,342	236	4,485	1,360	4,938

NUMBER OF PERSONS INOCULATED AGAINST
TYPHOID, CHOLERA, ETC.

	5—14 Years	15 Years & Over	Total
Typhoid Primary	103	1	104
Typhoid-Tetanus Primary	325	4	329
Typhoid-Tetanus Booster	—	23	23
Cholera Booster	—		1
Yellow Fever	298	1,682	1,980

ORAL POLIOMYELETIS VACCINATION

NUMBER OF INDIVIDUALS WHO RECEIVED PRIMARY (THREE DOSES) OR BOOSTER DOSE

Completed Primary Course (3 doses)	Under 5 Years	School Children	Age 16-24 Years	Age 25-39 Years	Age over 40 Years	Expectant Mothers	Total
Child Health Centres ..	2,175	12	45	—	—	—	2,232
School Clinics ..	—	700	4	—	—	—	704
G.P. Surgeries ..	764	34	50	—	—	—	848
Medical Room, Civic Centre ..	—	—	—	5	—	—	5
Total ..	2,939	746	99	5	—	—	3,789

Booster Doses	Under 5 Years	School Children	Age 16-24 Years	Age 25-39 Years	Age over 40 Years	Expectant Mothers	Total
Child Health Centres ..	1,597	71	—	94	—	—	1,762
School Clinics ..	—	1,760	61	—	—	—	1,821
G.P. Surgeries ..	388	—	63	—	—	—	451
Medical Room, Civic Centre ..	—	—	—	202	—	—	202
Total ..	1,985	1,831	124	296	—	—	4,236

NUMBER OF CHILDREN WHO HAVE BEEN IMMUNISED AGAINST MEASLES

	Under 1 Year	1 Year and Under 5 Years	Over 5 Years	Total
Child Health Centres ..	314	477	9	800
School Clinics ..	—	—	—	—
General Practitioners ..	48	157	13	218
Total ..	362	634	22	1,018

LOCAL AUTHORITY/GENERAL PRACTITIONER LIAISON SCHEMES

(Dr. W. B. Shaw)

	1962	1963	1964	1965	1966	1967
No. of health visitors attached to general practices	1	2	2	7	8	12
No. of district nurses attached to general practices	—	—	1	6	11	15
No. of midwives attached to general practices	—	—	—	—	1	—

During 1967, the policy of attaching Local Authority nursing staff to general practices was continued. The advantages of such attachment schemes are:—

1. Communication between the health visitor or district nurse and general practitioner is greatly improved as the staff meet regularly to discuss problems. At these meetings each learns more of the other's role.
2. There is greater continuity of care and greater speed where action is indicated.
3. The district nurse or health visitor is greatly helped by having available to her the doctor's medical records.
4. The whole object of attachment is to provide a better service to the patient and the mere fact that the patient sees the health visitor or district nurse working with the general practitioner makes for better feeling all round.

There are, however, several problems, largely of an administrative nature, raised by attachment schemes. Whereas in the past each health visitor or district nurse worked a definite geographical area within the City, once such members are attached to a group of doctors, the area which the district nurse or health visitor may have to cover is greatly enlarged, thus more time is spent in travelling between visits, and it is essential that the health visitor or district nurse be able to possess and drive a motor car. Equally, the re-allocation of families and cases amongst unattached members of staff requires a lot of administrative work.

Whilst only one midwife is attached to a general practice, the majority of Local Authority midwives work in close co-operation with general practitioners—carrying out joint antenatal clinics in both Local Authority premises and general practitioners' surgeries.

The midwife who is attached to a general practice, works with a group of seven general practitioners—who also have district nurses and health visitors attached.

Experience over the past year has indicated the value of the attached midwife in following up the non-attenders at antenatal clinics and encouraging women to use cervical cytology screening tests.

Relocation of General Practitioners' Premises

During the year there were several further meetings between groups of general practitioners, the Clerk of the Executive Council and representatives of the Local Authority Planning, Health and Social Services and Estate and Property departments. The purpose of these meetings was to explain to general practitioners the effect upon their premises of future development within the City.

These meetings, plus the interest aroused by the Ministry circular dealing with Health Centres (7/67), had apparently revived interest in Health Centres by the end of the year. The position then was that:

- (a) one planned child health centre (Shieldfield) was being redesigned so as to accommodate general practitioners;
- (b) an architect had been appointed with a view to designing a health centre in the East End of the City;
- (c) discussions were taking place between general practitioners, the Local Authority and the Executive Council about a possible health centre in the West End of the City.

MIDWIFERY

The trend towards hospital confinement was as expected even more noticeable during 1967. The total number of domiciliary births was 658, showing a reduction of 320 when compared with the figures for 1966.

Nine midwives left the domiciliary service for varying reasons and were not replaced. Staff at December 31st, 1967, was 23 midwives of whom 21 were approved as district training midwives.

Seven midwives attended approved refresher courses.

Staff Training

Forty-six pupil midwives completed their training, and 45 were successful in the examination of the Central Midwives Board.

Premature Infants Born at Home

Live Births	..	30
Stillbirths	..	3
		—
Total	..	33
		==

Admitted to Hospital—18

Of those nursed at home—12 survived

Hospital discharges needing the care of the specialist premature infant midwives—191

Premature Infants 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. ..	1	1	—
4lb. 15oz. to 5lb. 8oz. ..	11	11	—
Total	12	12	—

The comparison of figures over a 10 year period demonstrate clearly the present position in relation to premature deliveries. In 1958 301 premature infants were born in hospital and 119 at home. The figures for 1967 were 330 and 33 respectively. The decrease in the number born at home has followed the same pattern as the remainder of the births. Over the same period the number of premature infants born in hospital and discharged to the care of the domiciliary premature infant service has increased from 37 in 1958 to 191 in 1967.

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	
1967 12,215	12,215	4,219	3	14	102	539	40,937
1966 16,614	1,711	4,975	7	29	157	785	45,971

* Either booked doctor or another

Early Discharges from Hospital

0—3 days	687	} Total—2,684 (1966—2,306)
4—6 days	..	..	543
Others	..	..	1,454

FAMILY PLANNING

During 1967, the main alteration in family planning services was the passing of the National Health Service (Family Planning) Act 1967.

The main point of this Act was to give Local Authorities permissive powers to provide family planning services on either medical or social grounds. With this in mind it was felt that the existing arrangements in Newcastle upon Tyne, whereby the Family Planning Association provided a service and received a financial grant from the Local Authority, should be continued and the grounds for referral should be extended to cover "social reasons".

Further discussions took place between the Officers of the Authority and the Family Planning Association and a report was presented to the Health and Social Services Committee in November 1967, recommending that:

1. the Health and Social Services Committee should continue to give financial assistance to the Family Planning Association to permit the Association to fulfil the Health Authority's powers under the Family Planning Act, on an agency basis;

2. persons should be referred for medical examination and family planning advice on social as well as medical grounds;
3. further detailed arrangements should be worked out with the Family Planning Association as to the question of:
 - (a) the cost of this extension of service, and
 - (b) in certain cases the cost of treatment for persons referred on social grounds to be recommended by the Local Authority.

During the year 1967, Local Authority Staff referred 48 new patients to the Family Planning Clinic. In February 1967, the Family Planning Association opened a branch clinic in St. Anthony's Child Health Clinic, in order to provide a more convenient service for women living in the East End of the City.

HEALTH VISITING

The staffing position throughout the year was most satisfactory and full establishment was maintained with the assistance of four S.R.N.s visiting the elderly and four part time health visitors. The employment of part time staff has proved a success and enabled two full districts to be visited.

Home Visits paid by the Health Visitors were:

	1967	1966
Births and Children under 1 year	19,983	22,229
Children over 1 year	57,644	60,812
Infectious Diseases (other than T.B.)	158	126
Expectant Mothers	735	1,089
Aged Persons	15,613	15,915
Tuberculosis Cases	296	411
Tuberculosis Contacts	239	369
Hospital Cases	55	119
Special Visits	2,626	2,584
Housing Reports	126	95
Venereal Diseases—Contacts	260	237
Home Accidents	5	19
Sanitary Defects	31	57
Totals	97,771	104,062
No. of Households Visited	17,299	15,832

In addition to the total shown there were 20,731 ineffectiv visits compared with 22,392 in 1966.

Health Education

One of the outstanding results of 1967 was the increase in the health education programme in schools. The two group advisers initiated 13 programmes involving 15 health visitors in schools throughout the City. In two schools success was proved by a demand from the girls in the 'A' stream to be allowed to participate in parentcraft lectures. Visual aids were extensively used and 21 pupils were successful in the examination for the Duke of Edinburgh Award Scheme and 17 pupils were awarded the certificate of the National Association for Maternal and Child Welfare.

Hearing Assessment

The health visitors continued throughout the year to carry out screening tests for deafness.

2,386 appointments were sent and 1,490 (62%) mothers accepted the invitation and brought their infants for testing to the child health centre.

Health Visitor Students

One student completed her training and began work as a health visitor in July.

Diabetic Clinics

A health visitor has been attached to the Diabetic Clinic at the Newcastle General Hospital for five years. Close liaison with the hospital staff was maintained and initial visits were paid to 142 patients before transferring them to the area health visitors for follow-up visits.

Pakistani Liaison Officer

In addition to visiting 310 families and advising generally, this officer made 133 visits to various hospital departments. These visits needed a great deal of time and ensured that a language barrier did not exist between the doctor, patient and relatives, and that any instructions were fully understood.

It is interesting to note that only 20 visits were paid to aged immigrants, showing that this age group does not present a problem at this time.

Refresher Courses

Seven health visitors attended refresher courses, and monthly in-service training meetings were attended by all of them.

Ancillary Staff

Bath Orderlies

The establishment was increased by one female and one male bath orderly, giving a total establishment of ten females and four males.

	1967	1966
No. of cases ..	779	631
No. of visits ..	14,640	14064,

Wardens

The four wardens made regular visits to the isolated aged:—

	1967	1966
No. of cases ..	97	95
No. of visits ..	5,137	4,764

Home Advisers

During the year the home advisers dealt with a total of 32 cases and were withdrawn during the year from 12 of these. In many of these the clients co-operated at first and some improvement was visible in the home but only one of the cases could be said to be really satisfactory. Some, after initial co-operation, did not respond and it was felt that the home adviser was unable to do more. In at least four of the cases it was thought that the basic problem was a mental health one and in two others the main problem was marital disharmony, and all were rather beyond the scope of the home adviser.

No. of new cases	17
No. of cases carried over from 1966 ..	10
No. of cases carried over from 1965 ..	2
No. of cases carried over from 1963 ..	1
No. of cases carried over from 1961 ..	1
No. of cases carried over from 1959 ..	1
	—
	32
	—

No. of cases being assisted at the end of the year	20
No. of cases withdrawn during the year ..	12

DISTRICT NURSING

The keynotes this year have been the development of better communications within the service and the further training and education of the district nurses in order to prepare them for the comprehensive role envisaged in recent proposals.

Selected senior nurses were designated group advisers and five area groups were formed. Meetings were held regularly, resulting in easier and better communication amongst all concerned.

Intensive Courses

Two short intensive courses were organised for senior district nurses who had qualified prior to the awarding of the N.D.N. Certificate. These courses gave current information on new legislation and introduced the nurses to some of the other services provided by the City.

Diploma in Hospital and Community Nursing

The agreement between the College of Commerce, Royal Victoria Infirmary, and Newcastle upon Tyne Health and Social Services Department to launch a course in Hospital and Community Nursing meant that the students needed lectures as well as training and experience in district nursing.

In order to give the district nurses some instruction in teaching, an interested group of district nurses, with at least three years experience, were invited to attend a short introductory series of talks prior to attaching students to the selected practical work instructors.

District Nursing Training School

Hartlepool and Tynemouth have now joined Northumberland and Durham in sending nurses to the course, with the approval of the Ministry of Health.

Twenty-one district nurses from the North East were successful in gaining the N.D.N. Certificate.

Loan Equipment Service

This service continues to provide an essential part of the district nursing service.

Incontinence pads in particular have been of inestimable help in caring for patients in their own homes. It is estimated that approximately 2,000 per week were issued.

DISTRICT NURSING VISITS

Disease	Cases brought forward from 1966	New Cases 1967						
		Total	Under 1 year	1-5 years	5-15 years	15-65 years	Over 65 years	Over 80 years
Cardiac	94	255	—	—	1	58	109	87
Respiratory	62	225	1	8	11	95	78	32
Hemiplegia	75	260	—	—	—	56	145	59
Senility	79	274	—	—	—	3	78	193
Infectious Diseases ..	2	41	—	9	2	7	16	7
Tuberculosis	36	115	1	—	3	99	11	1
Diabetes	39	60	—	1	1	26	30	2
Accidents and other								
Violence	49	263	2	7	20	88	84	62
Carcinoma	57	347	—	—	1	149	154	43
Genito-Urinary	30	135	2	3	11	56	48	15
Gynaecological and								
Post Obstetric	52	233	—	—	—	197	22	14
Breast Abscesses	—	6	—	—	—	5	1	—
Stomach & Intestinal								
Complaints	68	624	1	4	17	333	204	65
Skin Infections	35	186	3	5	13	86	55	24
Varicose Ulcers	46	114	—	—	—	34	62	18
Rheumatism	74	108	—	—	—	20	53	35
Other Diseases	95	325	1	5	10	184	95	30
Anaemia	317	254	—	2	—	99	104	49
Diseases of Early								
Infancy	—	2	2	—	—	—	—	—
Normal Infants	—	1	1	—	—	—	—	—
Totals	1,210	3,828	14	44	90	1,595	1,349	736

*Cases referred by:**Number*

General Practitioners	3,393
Maternity and Child Welfare Department	—
Newcastle General Hospital	211
Royal Victoria Infirmary	179
Walker Gate Hospital	8
Fleming Memorial Hospital	3
Other Hospitals	34

Total cases 3,828

Total visits 152,380

REPORT ON THE MATERNITY AND CHILD WELFARE DENTAL SERVICE

The service, as in previous years was operated by the staff of the School Dental Service, who undertook the treatment of mothers

and young children in the school clinics and St. Anthony's Welfare Centre.

Patients were mostly referred from the Child Health Clinics and by health visitors, and all mothers and children in need of treatment were given early attention.

The numbers of mothers however, using the service was disappointing, and in fact has been so since the introduction of free treatment, including the provision of dentures, from practitioners in the General Dental Service.

On the other hand some 20% more young children were seen than in the previous year, and overall, the total output of work for the year was much the same as for 1966.

Details of the work carried out for the year are as under.

DENTAL TREATMENT — NUMBER OF CASES

	No. of persons examined during the year (1)	No. of persons who commenced treatment during the year (2)	No. of courses of treatment com- pleted during the year (3)
Expectant and nursing mothers	104	97	40
Children aged under 5 and not eligible for school dental service	906	421	383

DENTAL TREATMENT PROVIDED

	Scal- ings & gum treat- ment (1)	Fill- ings (2)	Silver nitrate treat- ment (3)	Crowns and inlays (4)	Extrac- tions (5)	Gen'l anaes- thetics (6)	Dentures provided		Radio- graphs (9)
							Full upper or lower (7)	Partial upper or lower (8)	
Expectant and nursing mothers	17	69	1	—	212	26	12	7	—
Children aged under 5 yrs. and not elig- ible for school dental service	57	869	3	—	418	189	—	—	2

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 nineteen new cases brought forward for consideration and investigation, one less than the previous year. Sixteen cases were considered to have shown improvement and removed from the register although not entirely from supervision.

No new members were co-opted to the Committee during the year, but Mr. E. B. Roycroft, Children's Officer, took up his duties in June following the retirement of Mr. J. Lamb.

Cases have been referred from the following sources:—

	1967	1966	1965	1964	1963	1962	1961	1960
Chief Nursing Officer ..	5	6	7	6	5	7	1	—
Deputy Supt. Health								
Visitor/School Nurse ..	6	2	2	6	5	3	10	13
Head Teacher Representative ..	1	3	1	1	2	—	3	1
Organiser of Child Care ..	1	—	1	—	3	—	1	4
Probation Service ..	—	—	1	—	1	—	3	1
N.S.P.C.C. ..	5	2	3	2	8	6	1	3
Medical Officer of Health ..	1	—	1	1	—	1	—	1
Housing Department ..	—	5	5	2	1	—	—	1
Social Worker ..	—	—	1	—	—	—	—	—
Youth Employment Bureau	—	—	—	1	—	—	—	—
Senior Educational Psychologist ..	—	2	—	—	—	—	—	—
	19	20	22	19	25	17	19	24

In one case which took up a great amount of time during the year the mother was mentally subnormal, father workshy and there were three children, two at school and one under five. The father got the keys for a reconditioned flat, moved in, paid no rent, shut the door on any visitors and the family really acted as 'squatters'. Concern was felt because this was a modernised flat, heated by gas only, but as the gas had not been connected the family had no means of cooking, heating and had very little furniture. The schoolchildren did get school meals, but the Head Teacher was concerned at their physical and mental condition as was the Probation Officer who was supervising one boy. With much patience and tact, admission was gained, mother persuaded to go into hospital for treatment and with help

father did a fairly good job of looking after the family. The gas was connected, furniture, bedding and clothing obtained, and an agreement reached with the Ministry of Social Security for the payment of rent. Everyone seemed relieved and then without any warning, mother discharged herself from hospital. However, it is now possible to gain entry into this home on occasion and conditions are being watched very carefully.

Day nursery care proves of great assistance to many of the problem families in the City, when it is accepted. The School Health Service clinics are invaluable for cleaning up the children and I again wish to thank the Housing Department for their assistance in trying to provide better housing, the Children's and other Departments of the Corporation together with statutory and voluntary organisations for their willing and unselfish co-operation.

The Area Sub-Committees in the Kenton, Blakelaw and Atkinson Road areas meet regularly and fill a great need in the help and guidance given to potential problem families. Discussions are almost completed for the commencement of meetings in the East End of the City so that by 1968 the whole of the City will be grouped into areas and fewer cases discussed at the main Committee, leaving that Committee with more time to discuss policy, etc.

Meetings continue to be exceptionally well attended and the interchange of information between members on the spot, face to face, is invaluable. My thanks once again to go all members for their enthusiasm and loyal support.

AMBULANCE SERVICE

Mr. 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
1966	155,490	627,457	3,746	74,480	32,157	90,062	230,869
1967	161,548	643,435	3,289	54,573	27,069	101,239	242,182
Diff.	+6,058	+15,978	—457	—19,907	—5,088	+ 11,177	+11,313

Year	Total	
	Cases	Mileage
1966	249,298	976,276
1967	266,076	968,673
Diff.	+16,778	—7,603

Persons Carried

The total number of persons carried, resulting from either a medical or social certification of need, has increased by 16,778 cases since 1966, the increase being nearly a two to one proportion in favour of the social services.

Mileage

The overall mileage has fallen and the total of 968,673 miles is 7,603 less than the previous year.

This figure is misleading as it takes into account the reduction of miles—19,907, travelled on behalf of other Authorities which has had to be reduced this year due to direct pressure on the service, and in fact the City mileage has increased by 12,304. The average number of miles travelled per medical patient carried has remained at 3.9; it is interesting that the comparable figure for social services cases is 2.3 miles.

The reduction in the ancillary mileage is encouraging, and no doubt due to the moving of the Headquarters from Benton Road to Blenheim Street.

Co-ordination (Other Authorities)

Through liaison at the two major hospitals and as a result of improved communications with the more distant local authorities, the number of cases that it has been possible to co-ordinate into returning vehicles amounts to 19,464 an increase of 823 over the previous year. It is estimated that this is in the region of 90% of the total cases in this category.

Welfare and Miscellaneous Transport

There is still an unmet demand for transport in this area and it is possible that certain sections of the community are being deprived

of services due to the non provision of transport. The real problem is the timetables demanded—these create peaks both morning and evening, which it is completely uneconomical to try and meet and it may be that a partial staggering of working hours over the day rather than the present limited times, would go a long way to provide a solution.

Maintenance

Year	Overhauls 10,000 miles	Inspection 2,000 miles	Miscellan- eous Repairs	Rebuilt Components	Vehicle Repaints
1966	82	286	646	17	12
1967	56	250	779	6	10
Diff.	—26	—36	+133	—11	—2

The above table shows that during the year there has been a reduction in the maintenance of vehicles. The reason for this has been mainly due to the removal of the workshop from Millers Road to Blenheim Street, entailing the transfer of stores and equipment; the prolonged sickness of a senior mechanic; and the workshop personnel having to spend a lot of time taking over additional services in the new premises.

It was fortunate that at this particular stage this could be done, without detriment to the fleet because the vehicle replacement programme for 1966, which was effected in February 1967 replaced a number of the really old vehicles and the 12 new vehicles considerably reduced the demands on the maintenance staff as a lot of the work was carried out under manufacturer's guarantee.

Premises

At the beginning of the year the service moved into the new premises at Blenheim Street.

The new headquarters have come up to and surpassed all the staff's expectations and the twenty odd years that has been spent waiting for this realisation now seems worthwhile. Operationally the building is ideal and provides conditions which enable the staff to work efficiently and happily.

The occupation of the new premises has increased the field of activities of the service by providing a laundry, skin treatment unit, sterilization plant and a site central heating unit.

The laundry not only caters for the demands of the service but also provides for the incontinent service to the old people managed by the District Nursing Section.

The Skin Treatment unit dealt with 500 cases and necessitated the attendance of two staff for five hours per day.

The sterilization plant now deals with most of the items previously sent to the Walkergate Hospital, and as a consequence has shown a reduction in mileage and in the use of the van service.

The site central heating system has meant the engineering staff learning new techniques in manning the boiler house, and the assistance given them by the various service departments of the Corporation and the site Architect was greatly appreciated.

Vehicles

The programme of replacement for 1967 was small and during the year the one new addition was a Bantam Prime Mover replacing a 1949 Commer Bus, and two 15 cwt. vans, ex-Ministry of Health Civil Defence Training vehicles. One of these being used for collection and delivery of Loan Equipment, the other as a mortuary van.

Staff

Within a reorganisation of the staff establishment the post of Deputy Ambulance Officer which became vacant was discontinued and replaced by the introduction of Administrative and Operational Assistant Ambulance Officers. These posts were filled by Mr. G. Stamper and Mr. J. Oliver who were promoted within the service.

Overall there has been staff movement numbering 29 persons; four being deaths and four retirements, but the remaining 21 is disturbing. It is largely due to dissatisfaction with pay in comparison to other employment. If this trend increases the need for a training organisation will assume even greater importance.

First Aid

The standard is good within the service. Owing to the increase of staff and the rate of change, it was necessary to run an in-service class on this subject during the year, which proved most satisfactory.

Sickness

Compared to last year the figures of 1,881 operational hours and 199 administrative lost through sickness are a considerable improvement.

Safe Driving Awards

Seventy members of the driving staff qualified for the 1967 awards.

Accidents

There has been 13 accidents that necessitated claiming on the Insurance policy.

Civil Defence

During the year the Government made major changes in the Civil Defence Policy, one of these being that the Ambulance Service was detached from the Corps and a new Ambulance Reserve Service was introduced, the organisation being directly connected to the peacetime service.

The public response to this new look was encouraging, however, due to government policy, a standstill order was brought in at the beginning of 1968 which put the whole organisation on a care and maintenance basis.

HEALTH EDUCATION

(Dr. D. L. Wilson)

Quarterly Campaigns

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

<i>January/March</i>	Street Accidents
<i>April/June</i>	Obesity
<i>July/September</i>	Pest Control
<i>October/December</i>	Tuberculosis

Tyneside Summer Exhibition

The Health and Social Services Department exhibit was entitled "Pest Corner". The displays showed the different pests, the damage caused and the effects on health. Insect, rodent and bird pests were covered and live rats in particular created great interest. Films were shown and the Public Health Inspectorate staffed the exhibit which had been organised by Mr. F. Mandle.

Problems Associated with Drug Abuse

During the year there was a considerable amount of both national and local interest and anxiety about the continued tendency in

young people in particular, to experiment with drugs, and in some cases developing habituation to various types of drug.

Both the Health and Education Authorities in the City felt that the most appropriate action to take in view of this 'epidemic' would be to enlighten all health and education staff, together with the police, probation and children's officers, who were likely to come into contact with adolescents or to be in a position to advise parents. With this in mind, the Medical Officer of Health arranged a regular series of meetings with the departments outlined above.

At these meetings there was an exchange of information about any local problems, and in addition lines of communication were established with the Chief Constable, who set up a drug squad to deal with this problem.

As part of the wider programme of health education a series of talks, accompanied by films, were given to selected audiences. It was felt that a more widespread dissemination of information about the problem would be an effective method of primary prevention in this matter.

Health Education in schools

Health education matters were discussed at regular meetings with representative Head Teachers. A Study Group on Health Education was set up by the Education Committee with representatives of the Health and Social Services Department. A scheme for health education in schools is under preparation.

Other activities

Members of the department addressed various groups on different aspects of health education. These talks were frequently illustrated with films and film strips.

HOME SAFETY

(Dr. G. Hamilton Whalley)

The Health and Social Services Committee is associated with the Northumberland and Durham Home Safety Group and makes an annual grant for Home Safety and Water Safety to the Royal Society for the Prevention of Accidents.





Safety on Holidays and Outings Exhibition.

Exhibitions

The following exhibits were staged during the year:—

- (1) Safety Exhibition in the Exhibition Centre of the old Town Hall. The display on various aspects of safety featured a realistic representation of a sandy beach scene complete with children, buckets and spades, etc., illustrating aspects of safety at the seaside.
- (2) Rates Hall, Civic Centre. The sea beach layout was re-sited for two weeks in June. The City Engineer and the Director of Parks and Cemeteries assisted in preparing these exhibits.
- (3) Young Farmers' Show, Town Moor. In association with the Whitley Bay Home Safety Committee an exhibit was staged showing the main home safety hazards.

Publicity

Posters and leaflets were supplied for outside notice boards, clinics and schools and more posters were displayed in Corporation buses.

Talks

A number of home safety talks were given to voluntary organisations and as part of health education in comprehensive schools.

Campaign Subjects

- | | |
|----------------------|--|
| (a) January-March | Prevention of Burns and Scalds.
Prevention of falls. |
| (b) April-June | "Learn to swim".
Glass safety—pram nets. |
| (c) July-September | Water Safety—Poisonous plants and fungi.
Holiday Safety. |
| (d) October-December | Poisoning.
"Learn to swim".
Firework safety.
Buy for safety.
Christmas safety. |

Exhibition

The following exhibition was held at the Fair:

- (1) *Exhibition of the Fair* - The Fair was held at the old Town Hall, and the following were the exhibits: a variety of goods, a large number of children, and a large number of adults at the Fair.
- (2) *Exhibition of the Fair* - The Fair was held at the old Town Hall, and the following were the exhibits: a variety of goods, a large number of children, and a large number of adults at the Fair.
- (3) *Exhibition of the Fair* - The Fair was held at the old Town Hall, and the following were the exhibits: a variety of goods, a large number of children, and a large number of adults at the Fair.

Public

The following were the public exhibits: a variety of goods, a large number of children, and a large number of adults at the Fair.

Yield

The following were the yield exhibits: a variety of goods, a large number of children, and a large number of adults at the Fair.

Camp

- (a) *Camp* - The camp was held at the old Town Hall, and the following were the exhibits: a variety of goods, a large number of children, and a large number of adults at the Fair.
- (b) *Camp* - The camp was held at the old Town Hall, and the following were the exhibits: a variety of goods, a large number of children, and a large number of adults at the Fair.
- (c) *Camp* - The camp was held at the old Town Hall, and the following were the exhibits: a variety of goods, a large number of children, and a large number of adults at the Fair.
- (d) *Camp* - The camp was held at the old Town Hall, and the following were the exhibits: a variety of goods, a large number of children, and a large number of adults at the Fair.

Source: The Fair and the Fair at the Fair

III—SOCIAL SERVICES

CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

(Dr. Joyce Grant)

Community Care

Since it seems unlikely that there can be much expansion of local authority services at the present time, even to maintain present standards for the increasing population at risk, it is obvious that no effort must be spared to stimulate and support voluntary services. To ascertain fully and assess need for help early, and to train all staff visiting the elderly to observe and report back symptoms of deterioration in mental or physical health becomes more important as facilities cannot be increased. The skill in effective care of the elderly in the community lies in the organisation of acceptable social and medical services and in understanding that refusal of services that are obviously needed may in itself be a symptom of deteriorating health—usually mental. For example, the refusal of a social service such as home help or meals on wheels by a socially isolated house-bound person clearly suffering from malnutrition will predictably lead to a crisis culminating in admission to hospital or a residential home. If such a refusal is associated with depression due to loneliness, meals will sometimes be accepted in the company of others in similar circumstances at a day centre. Admittedly, persuasion to accept social services is often time consuming and may need the co-operation of the general practitioner. Emergency admissions to hospital and residential homes relating to social breakdown and at a point of crisis, are sometimes a reflection on the quality of the community care services for the elderly and should rarely happen if geriatric services are properly organised. Obviously until a comprehensive register is available and a method of regular contact with all 'at risk' arranged, whether by visiting or some type of call-alarm system, isolated instances will arise where neither statutory nor voluntary services are aware of the problem.

The nutrition of the elderly in the community has come under examination this year, largely because of the increasing need for more rigorous assessment in view of demand for the home help and meals on wheels services. It seems that about one tenth of retired persons suffer from a degree of malnutrition for reasons associated with difficulty in getting about in order to shop and cook, loneliness or a degree of mental confusion, or problems of absorption of food.

When these factors are associated with a low income, the defective diet in itself may contribute to further ill health. It is in such circumstances that supplementary feeding becomes essential to prevent a complete breakdown in health. Since it is not possible to provide home help and meals on wheels for all who require them it is necessary for visiting staff to examine alternative means of improving nutrition. Persons able to get out to luncheon clubs are encouraged to do so and transport is sometimes arranged by the voluntary workers running the clubs. Small numbers of visitors to residential homes are also welcomed each day, transport being arranged for the housebound. The development of day units in local hospitals is a most valuable method of supplementing the nutrition of elderly persons requiring hospital treatment but not admission. However, for those who prefer to stay in their own homes the health visitors, district nurses, home help, social workers, and voluntary visitors have an important role to play in nutritional education, especially about new products on the market requiring little preparation. Ideally, such information is probably best given in cookery classes, possibly arranged in social clubs. It is sometimes possible for lonely persons to be more closely integrated into neighbourhood activities by introductions effected by their visitors. This can be especially important after bereavement or rehousing. Facilities for cooking can sometimes be improved together with the provision of simple aids appropriate to the handicap. Sometimes the help of the general practitioner may need to be sought if the handicap is severe or increasing.

Residential and Day Care

Visits have been made by the Senior Medical Officer (Geriatrics) and an Assistant Medical Officer (Geriatrics) to persons referred for residential and day care whether in their homes or in hospital. The needs of residents of homes are under regular review with the help of the superintendents, particularly if a return to the community seems possible and is requested or if deteriorating health warrants assistance from the hospital service. Most of the residents are regularly visited by their general practitioners.

Many of the homes accept a small number of visitors for the day who are provided with two meals; transport is available for a limited number. In this way persons waiting for residential care can be helped and appreciate companionship on their day's outing.

Summary of Assessment Visits for Residential Care

	M	F	Total
In City Hospitals (other than Geriatric Unit) ..	43	54	97
In Own Homes	202	351	553
In Residential Homes	75	175	250
In Civic Centre	23	11	34
	<hr/> 343	<hr/> 591	<hr/> 934

Waiting List

The waiting list for admission to residential homes at December 31st 1967 included 239 persons, 110 more than at the end of 1966. Details are as follows:—

In own homes	94
In Geriatric Unit	95
In Mental Hospitals	27
In Acute Hospitals	4
In Voluntary and Private Homes ..	19
Total ..	<hr/> 239

Co-operation with the Geriatric Unit

The pattern of close co-operation between the local authority and hospital services for the elderly improves each year as more field staff have opportunities of visiting the geriatric unit and understanding its preventive and rehabilitatory role. The appointment of a second Consultant Physician in Geriatrics has permitted some extension of facilities, particularly in the out-patients department. The early ascertainment of deterioration in functional ability in the elderly by field staff reporting to general practitioners often enables early measures to improve mental and physical health to be taken. It is not possible for general practitioners to visit all their patients as often as they would wish, but this method of helping the elderly is felt to be better than setting up clinics for the ambulant elderly, for persons most at risk are not always reached by this method.

SOCIAL WORK

(Miss O. S. Holliday)

At the present time in the community there is a more general awareness of complex human needs. These have been brought about by such phenomena as a high proportion of young people, an earlier age for marriage, more marriages in proportion to population, higher standards of living and continual advances in prolonging and saving life, etc. In order, therefore, to keep abreast with the increasing number of social problems it has been necessary to look at the role and function of the social worker in the Community Care Service.

The professional social worker in local authority service today has many responsibilities. In the past, the emphasis was on the provision of a range of services, now it is on ascertaining and meeting particular needs. This calls for a higher degree of skill and an awareness of the client in his total situation. The caseworker has to acquire knowledge about the social environment and culture of the client and the attitudes, beliefs and customs in the social class to which he belongs. In terms of visiting this means dealing with families on a more generic basis and not as people to whom the label of mentally ill, blind, physically handicapped, elderly or deaf has been attached. To meet this challenging situation, therefore, it has been necessary to:

- (1) develop further the in-service training schemes on all levels and step up the student training programme in order to attract trained workers to the department. (See below under "Training").
- (2) provide a more effective social work structure which combines the experience, training and skill of all members of the department.

In February 1967, therefore, the three social work sections within the Health and Social Services Department, *i.e.*, the Social Welfare Section, the Mental Health Section and the Medical Social Work Section amalgamated and the staff were reformed into four teams, each functioning in approximately one quarter of the City. The teams of workers are responsible through two Area Social Workers to the Principal Social Worker and thence to the Medical Officer of Health.

The pattern of visiting has changed—each social worker taking

a general caseload including problems of the elderly, psychiatric illness, subnormality, deafness, blindness, other physical handicaps, marital relationships and others. Where a special skill is needed the teams can pool their knowledge and draw from this or else a social worker who has as particular training befitting him to deal with the problem visits himself or supervises the social worker visiting. Thus there are four multi-purpose teams of workers each team making contact with other workers who operate in their particular area. For example, in one area of the City the social workers visit a general practitioner's surgery to attend regular case conferences with the doctors, health visitors, district nurses, etc. A much closer liaison is being built up with medical and nursing personnel with the Children's Department, the Probation Service and with voluntary agencies.

After an initial settling in period, the social workers have drawn great support from other members of their teams and their common purpose of assisting the individual and his family has helped to foster the team outlook.

Regular routine visiting is now being looked at much more stringently and it is the endeavour of the staff to give a service to those who need it in more depth rather than spread the efforts of the social workers over a large number of cases. In other words quality is now the priority rather than quantity.

Certain other methods are being used to help people in the community. Individual social workers are involved with different groups of people who meet together to consider and talk over their various problems, *e.g.*, a group of subnormals and their attitudes to commencing work; parents groups; young mothers problems relating to managing a young family on a small income; a group of long stay psychiatric hospital patients and their fears of re-entering the community. This method of helping a group of people is proving successful and during the next twelve months it is hoped to expand this service.

The two Psychiatric Clubs continue to flourish and it has been possible in one of them to foster a more self help attitude. There is now a Patients' Committee and a great awareness amongst the members of each other's difficulties.

The numbers of cases referred to the service continues to rise. These are, in many instances, more realistic as other professional bodies are becoming more aware of the changing function of the

service, and the skilled help which can be given by the social workers in the community care teams.

Towards the end of the year the social work staff were visiting an average of 1,200 homes a month and conducting 250 office interviews a month. With the social work reorganisation accurate figures for total visits in the year are difficult to obtain but approached 15,000. Of these visits—

33% were in connection with mental illness or subnormality,

25% with problems of physical handicap including blindness and deafness, and

17% with a variety of problems such as family upsets, housing difficulties, illegitimacy and general health queries.

At the end of the year the staff consisted of the Principal Social Worker, one Area Social Worker, twenty Social Workers (two of whom work part-time) and thirteen Welfare Assistants. The social workers hold qualifications as follows:

Associate of the Association of Psychiatric Social Workers	1
Associate of the Institute of Medical Social Workers	2
Declaration of Recognition of Experience ..	4
Certificate in Social Work and the Home Teachers Certificate	2
Certificate in Social Work	8
Home Teachers Certificate	3
No qualification	2

Training

Staff Training

Within this lively section there is a great awareness of the need for continuing education. Staff development groups have therefore been formed at which ideas are freely exchanged—these take various forms—morning meetings of each team, staff meetings, fortnightly case discussions and conferences and ad hoc conferences on specific subjects. There are various special meetings for supervisors of welfare assistants and supervisors of students. Conferences with staffs of other agencies have also taken place during which views have been exchanged and a deeper understanding of each other's function has resulted.

Every member of staff is encouraged to attend relevant outside lectures and refresher courses.

At the present time there are three staff members attending two year full time courses leading to a professional social work qualification and during the year four members of staff returned to the department having completed professional courses. Two other newly qualified social workers joined the staff during the year, plus a part time medical social worker.

In service training of welfare assistants

As part of in service training each welfare assistant is attached to a qualified social worker for purposes of supervision. In addition a programme of weekly seminars has been drawn up with a view to familiarising the assistants with their own agency's structure and function and that of other departments within and outside of the Corporation. Seminars designed to prepare the assistants for professional courses also take place weekly in addition to various days spent working, as part of a learning process, in the Social and Occupation Centre, Centres for Junior and Adult Subnormals and Psychiatric Hostels. Assistants take part in other meetings mentioned under Staff Training where appropriate and in turn, like the qualified staff, attend the morning staff meetings.

Social work student training

Throughout the year twenty-four social work students from Colleges of Commerce and Universities have worked with the section for purposes of field work training. These students with a varied age range have come from a variety of backgrounds and work experience. They attained a high degree of integration in the social work teams to the benefit of both staff and students alike and were able to join in the group discussions and conferences, etc.

Other students

Students from other disciplines, *e.g.*, Medical, Nursing, Administrative have spent time in the section learning of the function of the social worker in a community care setting. The periods spent varied from blocks of two weeks to a half day weekly and whilst these visits are time consuming it is felt that the exchange of views leading to a more common purpose between disciplines is very well worthwhile.

Many members of staff give up a great deal of their leisure time to lecturing to various groups of people both statutory and voluntary

and act in an advisory capacity to committees within the City boundaries..

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	1	—	—	—	—	—	—
5 and under 15	6	10	—	14	22	38	8
15 and under 65	218	78	12	134	43	45	624
65 and over	406	70	14	27	9	80	321
Totals	631	158	26	175	74	163	
	789			422			953
Totals 1966	639	156	25	181	76	125	
	795			382			816

Services for the Physically Handicapped

(General classes)

The number of registered handicapped persons has increased this year by 137 and the numbers registered at 31st December, 1967, were 953 made up as follows:—

Amputations	84
Arthritis and Rheumatism	158
Congenital Malformations and Deformities	54
Diseases of the Digestive and Genito-urinary Systems, Heart, Circulatory System, etc.	199
Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis or Trunk, Limbs, Spine, etc.	83
Organic Nervous Diseases, Disseminated Sclerosis, Poliomyelitis, etc.	276
Neurosis, Psychoses, etc.	22
Tuberculosis (non-respiratory)	17
Tuberculosis (respiratory)	10
Diseases and Injuries not specified above (Asthma, Diabetes, etc.)	50
	<hr/> 953 <hr/>

Adaptations and Provision of Facilities in the Homes of Handicapped Persons

Eighty-six people had one or more adaptations installed in their homes, details of which are given hereunder:—

Visible indicators for the deaf	..	..	..	11
Alarms	..	..	..	1
Handrails	..	..	..	37
Toilet Aids	..	..	..	7
Bath Support Rails	..	..	..	26
Bath and Toilet Seats	..	..	..	6
Runways, ramps for wheelchairs and motorised vehicles	..	..	..	8
Downstair toilets	..	..	..	3
Garages and alterations	..	..	..	2
Other	..	..	..	6
Total	..	..	107	

Car Badges for Severely Disabled Drivers

Car badges were issued to 63 new cases making a total of 229 in use.

Concessionary Travel for Disabled Persons

One hundred and twenty four concessionary travel permits were issued during the year making it possible for City residents who are unemployed and substantially and permanently handicapped to use public transport at a reduced rate.

Registration of Blind and Partially Sighted Persons

On the newly registered blind for the year ended 31st December, 1967, 75% were over sixty-five years of age. Similarly with partially sighted persons, 80% were over sixty-five giving in the total of 789 persons on the blind and partially sighted register 60.3% in this age group.

Registration of Deaf and Hard of Hearing Persons

Of the newly registered deaf for the year ended 31st December, 1967, 30% were over sixty-five years of age. Similarly with hard of hearing persons, 68% were over sixty-five giving in the total of 412 persons on the deaf and hard of hearing register 28% in this age group.

Voluntary Organisations

The Voluntary Organisation is being recognised more and more by statutory bodies as having a very important and integral part to play in the community care field.

As demands for all types of services come in from every quarter it is of inestimable value to the social worker to be able to draw upon the voluntary organisation for support and man power.

The social worker in many instances is dealing with a family at crisis point but is unable, and, in fact it is unnecessary at times, to carry on visiting routinely if a voluntary organisation is willing to fulfil this function.

During the year members of staff here sat on Voluntary Committees and have attended meetings of voluntary workers with a view to exchanging views and ideas. The result has been a greater understanding of the relative roles involved and a fostering of the team spirit through a common bond of support. Some social workers are acting as casework consultants to voluntary bodies who themselves are making an effort to formalise the work they do in the field.

Unmarried Mothers

The following table shows the age range of the 59 unmarried mothers for whom maintenance was arranged. (Corresponding figures for 1966 in brackets).

15 and Under	..	..	..	..	..	3	(1)
16—21	..	..	..	..	..	42	(54)
22—30	..	..	..	..	..	13	(15)
Over 30	..	..	..	..	..	1	(5)
						<hr/> 59	<hr/> (75)

Convalescence

The following figures show the ages of the 315 patients for whom convalescence was arranged.

Age Group			Males	Females	Total
1—15	..	..	28	16	44
16—20	..	..	—	1	1
21—29	..	..	1	10	11
30—39	..	..	2	14	16
40—49	..	..	7	11	18
50—59	..	..	13	15	28
60—	..	..	64	133	197
			<hr/> 115	<hr/> 200	<hr/> 315

RESIDENTIAL CARE

(*Mr. H. Craig*)

Residential care is provided in 12 residential homes where the object is to provide comfortable home-like living conditions, communal but not institutional. This is fostered by the introduction of any suitable pieces of furniture belonging to residents and they can even furnish their rooms. The staff endeavour to maintain a happy family atmosphere and to avoid unnecessary regulations.

Of the 419 residents 114 are over 82, the oldest being 102; 33 are blind; 120 physically handicapped and 12 epileptic. The frailty of many residents increases the strain on staff and improvements including the installation of lifts have been introduced in the older adapted homes to ease this burden.

Admissions to residential care numbered 132; 22 were emergencies who subsequently returned to their own homes; 75 were admitted from hospital. There were 50 deaths and 78 residents were admitted to hospital.

The number of elderly and handicapped persons in residential accommodation at 31st December, 1967, was:—

	Males	Females	Total
Residential Homes	155	264	419 (417)
Church Army Home	6	—	6 (9)
Free Church Federal Council Eventide Home	—	11	11 (10)
City Residents in other Local Authority Homes	2	3	5 (5)
City Residents in Special Homes run by Voluntary Organisations	10	27	37 (36)
	<hr/> 173	<hr/> 405	<hr/> 478 (477)

(1966 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, 354 persons enjoyed a break there during 1967 for periods of from two to eight weeks.

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

Fifteen incidents occurred where alternative accommodation was necessary. None, however, were admitted to Lancefield House.

A fire at a small hotel affected 24 men, women and children. With the help of another hotel nearby they were all found accommodation.

A major incident occurred when the Salvation Army Men's Palace was seriously damaged by fire, four men died and 200 were rendered homeless. The help of the Director of Education and the Civil Defence Officer was enlisted and by nightfall the men were installed in the Royal Jubilee School buildings which had just been vacated. For the first few days this meant sleeping on mattresses only, but within a week more suitable arrangements were introduced to accommodate 150 men pending the repair of the Men's Palace. These repairs meant occupation of the school for eight months.

Protection of Property

This service was called upon on nine occasions and in addition for 43 cases after admission to residential care. There were a further 18 cases where assistance was given to relatives.

Burials

Fifty five burials were arranged in accordance with the provisions of the National Assistance Act and a further 15 were arranged for relatives of persons dying in residential homes. In a further 33 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. It is with considerable personal pleasure that this service is now nationally recognised and may benefit from the recommendations of the Committee chaired by Lady Williams. 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 on their work.

MEALS ON WHEELS AND LUNCHEON CLUBS

The meals on wheels service is still expanding and fulfils a great need. Meals of a high standard, much appreciated by the recipients,

are produced in the kitchens of several of the residential homes and delivery is by the ambulance service.

During 1967 some 1,551 meals were delivered each week to elderly and handicapped housebound persons amounting to 80,651 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 497 individuals, the make-up of the service being:—

No. of meals per week						Persons Served
1	..	..	..	..	..	44
2	..	..	..	..	..	171
3	..	..	..	..	..	138
4	..	..	..	..	..	46
5	..	..	..	..	..	52
6	..	..	..	..	..	15
7	..	..	..	..	..	31
						<hr/> 497 <hr/>

Certain luncheon clubs administered by voluntary bodies receive meals prepared in the residential homes, 6,975 meals being provided during 1967. The residential homes also provided the W.R.V.S. with meals during school holidays when their supply of school meals was not available, 1,603 meals were so supplied making a total meal production of 89,229 being an increase of 13,127 on the 1966 figure.

HOME HELP SERVICE

(Mrs. I. E. Moulton)

As in past years the number of people assisted has increased owing to the ever greater number of elderly people needing help to enable them to remain in their own homes. There has also been an increase in the short term illness group as more 'emergencies' have been assisted until families could make other arrangements. During the year 3,395 cases were assisted as shown in the following table:—

Type of Case	1963	1964	1965	1966	1967
Maternity	91	91	64	54	44
Short term	25	54	62	74	129
Under 65 long term ..	407	367	366	368	367
Over 65 long term ..	2,321	2,426	2,514	2,699	2,802
Child Care	31	25	34	26	26
Cancer	22	21	12	13	12
Tuberculosis	17	11	20	14	15
	<hr/> 2,914 <hr/>	<hr/> 2,995 <hr/>	<hr/> 3,072 <hr/>	<hr/> 3,248 <hr/>	<hr/> 3,395 <hr/>

A monthly average of 128 cases remained on the waiting list. None of these were urgent being persons needing only a little help. A weekend service was provided for 11 cases. Hospital discharges needing daily help increased to 554 during the year compared with 433 in 1966.

Staffing

Ten full-time and 540 part-time home helps were employed at the end of the year. During the year 94 home helps resigned mainly due to domestic reasons and 56 were engaged part-time. The weekly hours of service at the end of 1967 were 16,975 as compared with 16,240 at the end of 1966. The average number of cases per home help was $4\frac{1}{2}$ and the average hours per case was five. Special cleaning by two home helps was needed for 46 dirty homes. The visiting staff paid 13,625 supervisory home visits.

A social club was formed by the home helps during the year with monthly meetings which were addressed by social workers, clergymen and voluntary workers. A summer outing and a Christmas party were held.

SOCIAL AND OCCUPATION CENTRE

(Mrs. B. Urwin)

The centre which is open five days a week to registered handicapped people occupies temporary premises in Jubilee Road. Regular attenders number 143 of whom 78 are physically handicapped, 56 blind and nine deaf blind persons and 19 voluntary helpers and guides also attend. While most attend once a week some attend twice and the weekly average attendance during 1967 was 190. Ambulance transport is provided for about half those attending. Due to the limitations of space and transport there is a waiting list

of people wishing to attend this centre. In the past blind and handicapped persons attended on different days in the week but the practice now is to mix those with different handicaps. During 1967 four people obtained sheltered employment, five left the area and 10 died.

A large variety of crafts is covered, new ones being added when possible, the most recent being weaving and enamelling. A special class was formed on one morning in the week for six school leavers, who chose to be instructed in basketry and typewriting. By the end of the year four of these had been placed in employment. Another small group of those whose education had been broken has had lessons in English and spelling. Further education evening classes were held on woodwork, soft furnishing, elocution, dressmaking and typewriting. The attendance at these is limited by the transport available to 30 persons.

The money realised from sale of articles in the centre was £996 including £247 for articles sold at the Tyneside Summer Exhibition. £249 has been paid in bonuses to class members.

Social activities include dominoes and bingo and Christmas parties. Excursions were arranged to Flamingo Park, Seaburn and Newbiggin-by-the-Sea.

The centre was visited by social work students from the College of Commerce, probation students, student nurses and district nurses.

CHIROPODY

(Dr. D. L. Wilson)

The chiropody service provided at 11 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. Expansion of the service has not been possible but the waiting time for appointments has been reduced slightly by increasing the numbers at each session. 1,769 persons of whom 700 were new applicants received 5,513 treatments during the year. The voluntary organisations provided 2,785 treatments for 864 persons. In addition 1,120 treatments were provided for 411 residents in residential homes.

CHIROPODY SERVICE (1966 figures in brackets)

	No. of sessions per week	No. of Patients			Total treatments
		Aged 65 yrs. and over	Others	Total	
Local Authority Clinics ..	11	1,187	106	1,293	3,942
Domiciliary Service ..	—	435	42	476	1,571
Voluntary Organisations—					
B.R.C.S.	2	221	—	221	584
Council of Social Service ..	*	372	—	372	1,117
W.R.V.S.	3	271	—	271	1,084
Totals—					
Local Authority ..	—	1,631 (1,512)	148	1,769	5,513 (5,770)
Voluntary Organisations ..	—	864 (814)	—	864	2,785 (2,655)
Residential Homes ..	—	365	46	411	1,120
Combined totals	—	2,850	194	3,044	9,418

* Surgery appointments.

HOUSING MATTERS

(Dr. D. L. Wilson)

Medical Rehousing

Priority rehousing on medical grounds was reviewed at the end of the year (see Appendix V). During the year 1,310 cases were considered of whom 105 were granted priority and 138 recommended for transfer.

Evictions

The Director of Housing has kindly provided the following information:—

Threats of eviction reported to Housing Dept.	299	(324)
Evictions prevented	85	(39)
Found own accommodation ..	68	(60)
Rehousing by Housing Dept.—		
Additional accommodation	54	
Estate houses	9	
	—	63 (40)
No further action necessary ..	44	(33)
Cases outstanding and under observation—no immediate threat of eviction	39	(152)
Total	299	(324)

(1966 figures in brackets)

Liaison

Regular Health and Housing Liaison Meetings took place between the officers of the Housing and Health and Social Services Departments. Among the subjects discussed were the housing of handicapped and elderly persons and the arrangements for assisting homeless families.

MENTAL HEALTH SERVICES

(Dr. Peter Morgan)

During the year a good deal of progress has been made in expanding the facilities for the mentally disordered in the City.

The beginning of the year saw the official opening of the Dame Catherine Scott Centre for mentally handicapped adults, and at the same time a second hostel for the mentally ill, Sunnycrest, was opened in the east end of the City. The new centre will not only allow an increased number of trainees to attend, but also the improved equipment should lead to more being trained to a degree as to be able to be placed in open industry, provided unemployment decreases. Sunnycrest Hostel will supplement the work of Summerhill Hostel which has provided short term accommodation for 204 people since it opened in 1963. Both hostels are used by the hospital services and also the social work staff.

Considerable changes took place in the administration of the social work services, in line with the National trend to provide a multi-purpose social worker and hence give a more efficient service. The Psychiatric Clubs organised by the social work staff in co-operation with Toc H and the Society of Friends, have continued to flourish.

Co-operation between the hospital services and the Junior and Adult Training Centres was further promoted during the year by the provision of Hospital Out-patient Clinics within the centres. This service has been greatly appreciated by both trainees, staff and parents. There is still, however, a noticeable gap in the hospital facilities, for the mentally subnormal, due to the absence of a day hospital and in-patient provision in the City, both Northgate and District Hospital and Prudhoe and Monkton Hospital being a considerable distance away.

Integration between the Hospital and Local Health Authority was further encouraged by the mutual agreement that the new

Consultant in Psycho-geriatrics at St. Nicholas Hospital would be employed on a sessional basis with the Local Health Authority, with a particular concern in the selection of potential residents for the new Psycho-geriatric Hostels.

Apart from this expansion, existing facilities have been further developed. The Kindergarten at the Junior Training Centre which takes mentally handicapped children from the age of $2\frac{1}{2}$ years, and which opened 18 months ago, has confirmed that early training can increase the learning potential of the child. This has been very encouraging to both parents and staff. The Psychiatric Day Centre for the mentally ill, which opened in 1964, now has a considerable waiting list. Whilst it was thought that the people attending would require permanent sheltered work and were incapable of open employment, a small number have in fact been rehabilitated back into the community. The experience gained by the craft instructors working with these patients has been invaluable as the supervision required is very different to that needed by the mentally subnormal. This experience will be of great use when the new Local Authority Psychiatric Day Centre is opened towards the end of 1969.

Community Care

As will be seen from Tables I, II and III, there were 583 referrals in 1967, and as in previous years the majority of these were suffering from either schizophrenia or severe subnormality. A further 299 patients were specifically referred for care in the community by the social work staff, the majority of these referrals being from the hospital services and the Local Education Authority. The number of home visits carried out by social workers increased over the previous two years, largely as a result of the return of staff from training courses. However, the visiting is still well below that carried out prior to 1964 and in particular the numbers of patients suffering from schizophrenia referred for community care, remains low.

Schizophrenia is still one of the major problems in psychiatry, 48% of all psychiatric in-patients suffer from this disease, and the survival of schizophrenic patients discharged from psychiatric hospitals appears to be directly related to the after care services provided, so that routine visiting of such patients is essential. A survey carried out in Edinburgh in 1963 showed that where this follow-up was provided, only 18% of schizophrenics were re-admitted to hospital during the three year follow-up period, whilst

in the London area in 1964, where follow-up was not regular, the re-admission rate was 42%. The decrease in the referral of schizophrenic patients for supervision in the community must cause some concern.

The weekly out-patient clinic at the Newcastle General Hospital attracted 68 new patients and there were a total of 322 attendances. During 1967, the out-patient clinic for the severely subnormal was attended by 138 patients, of which 26 were new patients. This service has proved invaluable to the City.

Since Sunnycrest Psychiatric Hostel opened in March 1967, there have been 55 admissions and 34 discharges into the community whilst six residents have had to be returned to hospital. Similarly at Summerhill Hostel there were 26 discharges into the community whilst eight persons returned to hospital and one died of a coronary thrombosis. Both hostels appear to be meeting a definite need in the community for short term and medium stay residents, although over the last two years a number of mentally retarded persons have become more or less permanently resident until a hostel for this group is built.

There is now a considerable waiting list for places at the Psychiatric Day Centre. There can be no real expansion until the new Psychiatric Day Centre is built in 1969.

Admissions to Hospital

Social Workers with Statutory Duties (Mental Welfare Officers) were concerned with 179 admissions to hospitals last year, which was a decrease over the previous years, and perhaps reflects the direct links which have developed between the Psychiatric Hospital and the General Practitioner Services, allowing social workers to be increasingly concerned with after care.

STATISTICS

Referrals

TABLE I

SOURCE OF REFERRAL						NO.
General Practitioner	..	..	..			58
Hospital In-Patients	..	..	..			132
Hospital Out-Patients	..	..	..			110
Local Education Authority		..	..			81
Police Courts	..	..	..	..		39
Others	..	..	..	..	..	163
TOTAL	..	..	..	..		583

TABLE II
AGE DISTRIBUTION OF REFERRALS

AGE	MALE	FEMALE	TOTAL
0 — 4	10	7	17
5 — 14	19	8	27
15 — 24	89	62	251
25 — 34	56	31	87
35 — 44	49	36	85
45 — 54	39	39	78
55 — 64	18	27	45
65 — 74	16	25	41
75 — 84	3	19	22
85 — 95	—	1	1
NOT KNOWN	10	19	29
TOTAL	309	274	583

TABLE III
DIAGNOSIS OF REFERRALS

DIAGNOSIS			MALE	FEMALE	TOTAL
Schizophrenia	..	..	95	62	157
Manic Depressive	..	..	36	54	90
Dementia	..	..	12	22	34
Delirium	..	..	3	5	8
Neurosis	..	..	25	24	49
Psychopathic Disorder			29	13	42
Subnormal	..	..	67	60	127
Severely Subnormal	..	..	25	10	35
Others	..	..	17	24	41
TOTAL	..	..	309	274	583

Community Care

TABLE IV
SOURCE OF REFERRAL OF CASES FOR COMMUNITY CARE

SOURCE OF REFERRAL	NO.
General Practitioner	13
Hospital I.P.	94
Hospital O.P.	45
Local Education Authority	81
Police, Courts, etc.	11
Others	55
TOTAL	299

TABLE V
AGE DISTRIBUTION OF CASES REFERRED FOR COMMUNITY CARE

AGE	MALE	FEMALE	TOTAL
0 — 4	7	7	14
5 — 14	18	6	24
15 — 24	65	36	101
25 — 34	22	15	37
35 — 44	20	17	37
45 — 54	15	15	30
55 — 64	7	12	19
65 — 74	8	6	14
75 — 84	7	4	11
85 — 95	1	—	1
NOT KNOWN	4	7	11
TOTAL	174	125	299

TABLE VI
DIAGNOSIS OF COMMUNITY CARE REFERRALS

DIAGNOSIS	MALE	FEMALE	TOTAL
Schizophrenia	40	14	54
Manic Depressive	11	9	20
Dementia	5	9	14
Delirium	1	4	5
Neurosis	19	23	42
Psychopathic Disorder	15	6	21
Subnormal	61	47	108
Severely Subnormal	15	6	21
Others	7	7	14
TOTAL	174	125	299

TABLE VII

NUMBER OF HOME VISITS CARRIED OUT BY MENTAL WELFARE OFFICERS

1967	1966	1965	1964	1963
5,267	4,276	4,716	7,089	7,180

Admissions to Hospitals

Social Workers with Statutory Duties were concerned with 179 admissions to hospital as follows:—

TABLE VIII

MODE OF ADMISSION	NO.
Section 29	33
Section 25	61
Section 26	19
Section 60	3
Section 136	5
Informal	58
TOTAL	179

TABLE IX

HOSPITAL TO WHICH ADMITTED	NO.
St. Nicholas' Hospital ..	149
Newcastle General Hospital ..	8
Prudhoe and Monkton Hospital	2
Northgate & District Hospital	13
Other Hospitals	9
TOTAL	179

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 ..	333	496	112	216	445	712	1,157
Section 29 ..	20	15	—	1	20	16	36
Section 25 ..	26	51	2	1	28	52	80
Section 26 ..	11	8	—	—	11	8	19
Section 30 ..	—	—	—	1	—	1	1
Section 60 ..	—	—	—	—	—	—	—
Section 136..	27	11	—	—	27	11	38
Total Admissions..	417	581	114	319	531	800	1,331
Discharges ..	375	480	117	203	492	683	1,175
Deaths ..	44	82	—	3	44	85	129

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

	1967	1966	1965	1964	1963
General Practitioners ..	208	181	216	229	210
Follow-up of discharged Hospital Patients ..	152	130	110	98	102
Probation Officers ..	9	21	10	16	31
Children's Department ..	4	6	6	4	—
Social Workers	—	24	—	—	—

City residents attending the Psychiatric Out-patients Department at the Royal Victoria Infirmary, Claremont House, and the Nuffield Child Psychiatry Unit, are not included in these figures.

Hostel Accommodation

TABLE XII

	<i>Sunnycrest Hostel</i>	<i>Summerhill Hostel</i>
Admissions	55 involving 48 persons	41 (41) involving 38 persons
Discharges	40 involving 35 persons	35 (35) involving 33 persons
Returned to the community	34	26
Returned to hospital ..	6	8 (11)
Death	0	1 (0)

(1966 figures in brackets)

Psychiatric Day Centre

Admissions=5

Discharges=7

Attendances=6,088

Places provided=34

Training Centres

TABLE XII

	Junior	Adult	Total
Attendances ..	20,231 (19,050)	30,098 (23,370)	50,329 (42,420)
Admissions ..	30 (34)	41 (35)	71 (69)
Discharges ..	24 (41)	21 (21)	45 (62)
Places Provided	120 (116)	158 (129)	278 (245)

(1966 figures in brackets)

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

(Dr. D. L. Wilson)

The incidence of infectious diseases in small areas and in different parts of the country has been reported in Tables A and B.

For the 1954 year in particular there has been an increase in the incidence of the following diseases: diphtheria, scarlet fever, measles, mumps, and whooping cough. These diseases are all preventable by the use of vaccines and sera. It is estimated that 95% of the children in the country have received the necessary immunization before the age of 15.

Measles, Cough,

IV—INFECTIOUS DISEASE

MEASLES PREVALENCE, PREVENTION AND CONTROL

1953	1,200	1,200	1,200
1954	1,200	1,200	1,200
1955	1,200	1,200	1,200
1956	1,200	1,200	1,200
1957	1,200	1,200	1,200
1958	1,200	1,200	1,200
1959	1,200	1,200	1,200
1960	1,200	1,200	1,200

Vaccination against measles was introduced in 1950 and has since then been compulsory for all children under 15 years of age. In 1954, 95% of the children under 15 years of age had received the vaccine. It is estimated that 95% of the children under 15 years of age have received the vaccine. It is estimated that 95% of the children under 15 years of age have received the vaccine.

PREVALENCE, PREVENTION AND CONTROL

The disease has not reached the same peak as in previous years. It has been reported that the disease has not reached the same peak as in previous years.

Total Accommodations

TABLE VII

	Sanitary Unit	Sanitary Unit
Admissions	55	55
Discharges	40	40
Deaths	10	10
Transfers to other units	24	24
Returned to hospital	2	2
Deaths	2	2

1956 figures in brackets

Prevalence Day Center

Admissions	100
Discharges	100
Deaths	100
Transfers to other units	100
Returned to hospital	100
Deaths	100

Training Center

TABLE VIII

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Admissions	20	20	20	20	20	20	20	20	20	20	20	20	240
Discharges	20	20	20	20	20	20	20	20	20	20	20	20	240
Deaths	20	20	20	20	20	20	20	20	20	20	20	20	240

1956 figures in brackets

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

(*Dr. D. L. Wilson*)

The incidence of infectious diseases at various ages and in different Wards for 1967 are shown in Tables A and B.

For the fifth year in succession there has been no cases of poliomyelitis in the City nor has there been any diphtheria which last occurred in 1958. Whilst these are achievements resulting mainly from immunisation against these diseases there can be no ground for complacency when only some 60% of children have their primary immunisations completed before two years of age.

Whooping Cough

Departmental medical officers have since November 1966 co-operated in the Public Health Laboratory Survey into the types of bacteria now causing this disease by obtaining swabs from patients suspected of having whooping cough and notified by general practitioners.

Measles

MEASLES NOTIFICATIONS 1955-1967

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
		1967	937

Vaccination against measles commenced in June 1966 with the intention of immunising a large proportion of those who had not had measles. Some 70% of susceptible schoolchildren were vaccinated but the proportion of pre-school children vaccinated was much lower. Currently some 15% of children receive this vaccination at the recommended time in infancy. In the light of this vaccination programme the pattern of the measles epidemic last winter was of particular interest. This epidemic which had started in October 1966 never reached the usual peak in January but declined rapidly from the beginning of the year.

The department has taken part in the Medical Research Council trial of intensive measles vaccination and a careful check is kept on those children who have been vaccinated but subsequently develop measles. Thirteen such cases have occurred so far—nine being in 1967. At the start of 1967 2,837 children had been vaccinated and a further 1,018 were vaccinated during the year.

Typhoid

Three cases of typhoid fever were investigated during the year. Two of these were County residents admitted to city hospitals and infected in Greece and Portugal. The third was a laboratory infection occurring in a City resident. No secondary cases resulted from these infections.

The importance of immunisation against typhoid and paratyphoid for those going to Southern Europe for their holidays must be emphasised. Such arrangements are made for children travelling in organised school parties.

Food Poisoning

Only six cases occurred and investigations did not lead to any proved source of these infections.

CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS

EXCLUSIVE OF TUBERCULOSIS

AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1967

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		1967		1966	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths		
Acute poliomyelitis including polio encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Rheumatism (under 16 years)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	
Diphtheria	1	—	14	—	5	—	3	—	5	—	—	—	—	—	28	—	47	
Dysentery	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	2	
Enteric fever	—	—	—	—	—	—	—	—	1	—	4	—	—	—	5	—	4	
Erysipelas	—	—	—	—	—	—	1	—	1	—	1	—	—	—	5	—	10	
Food Poisoning	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Malaria	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	
Measles	65	—	595	—	257	—	17	—	2	—	—	—	1	—	937	—	1539	
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Pneumonia	—	22	3	2	3	—	4	—	2	4	9	8	7	90	28	126	57	
Puerperal pyrexia	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	6	
Rubella	6	—	54	—	158	—	16	—	3	—	—	—	—	—	237	—	683	
Scarlet fever	—	—	12	—	28	—	5	—	2	—	—	—	—	—	47	—	96	
Whooping Cough	10	—	36	—	19	—	—	—	1	—	—	—	—	—	66	—	127	
Totals	82	22	716	2	470	—	49	—	17	4	14	8	8	90	1356	126	2574	
																	178	

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	Poliomylitis	Puerperal Pyrexia	Rubella	Scarlet Fever	Tuberculosis (all forms)	Whooping Cough	Total 1967	Total 1966
St. Nicholas	2	—	—	6	—	—	—	—	—	11	—	—	—	—	1	—	2	1	15	68
Blakelaw ...	3	—	—	1	—	1	—	—	—	39	—	—	—	—	34	5	7	2	67	248
Kenton ...	2	—	—	—	—	—	—	—	—	100	—	—	—	—	6	6	5	10	160	204
Scotswood	2	—	—	8	—	1	—	—	—	41	—	—	—	—	9	1	5	2	56	180
Stephenson	2	—	—	—	1	—	—	—	—	56	—	—	—	—	12	4	12	4	91	181
Armstrong	—	—	—	—	—	—	—	—	—	63	—	—	—	—	9	4	11	4	96	219
Elswick ...	—	—	—	3	—	—	1	—	—	29	—	—	—	—	1	1	3	8	51	142
Westgate ...	5	—	—	3	—	—	—	—	—	37	—	—	—	—	9	4	3	9	57	134
Arthurs Hill	—	—	—	1	—	—	2	—	—	68	—	—	—	—	1	—	5	8	98	127
Benwell ...	3	—	—	1	—	—	—	—	—	71	—	—	—	—	9	2	6	1	90	167
Fenham ...	2	—	—	—	—	—	—	—	1	28	—	—	—	—	8	2	4	2	49	168
Sandyford...	2	—	—	—	—	—	—	—	—	41	—	—	—	—	4	1	9	1	59	77
Jesmond ...	2	—	—	1	—	1	—	—	—	61	—	—	—	—	4	2	9	2	82	107
Dene ...	—	—	—	1	—	1	—	—	—	53	—	—	—	—	8	—	4	4	72	67
Heaton ...	1	—	—	1	—	—	—	—	—	72	—	—	—	—	24	5	3	3	109	112
Byker ...	2	—	—	2	—	1	1	—	—	32	—	—	—	2	4	2	8	1	59	82
St. Lawrence	2	—	—	—	—	—	—	—	—	35	—	—	—	—	4	2	5	—	49	92
St. Anthony's	—	—	—	—	—	—	—	—	—	34	—	—	—	—	36	7	4	2	83	76
Walker ...	1	—	—	—	—	—	—	—	—	34	—	—	—	—	34	1	4	1	75	149
Walkergate	1	—	—	—	—	—	—	—	—	32	—	—	—	—	11	1	8	1	54	96
Total 1967	28	—	—	28	1	5	5	—	1	937	—	—	—	1	237	47	116	66	1472	—
Total 1966	57	1	—	47	2	4	10	—	—	1539	1	1	—	6	683	96	122	127	—	2696

SPECIAL TREATMENT CENTRE

(Dr. G. Hamilton Whalley)

This centre was moved early in the year to purpose built premises situated in the Ambulance Service Headquarters in Blenheim Street, and its title was changed.

Attendances are practically all by appointment and totalled 528 compared with 445 in 1966, an increase of 18.5%. Persons attending totalled 501 compared with 417 in 1966, an increase of 20.1%, and comprised 258 males and 243 females. At each session there is a male and a female orderly in attendance.

Forty-three persons were treated for pediculosis, 458 for scabies, an increase of 20.1%. More family groups are attending (Table II). Again most references came from family doctors who are especially careful to persuade the whole family whether suffering or not to attend for treatment as a precautionary measure. Home follow-up is carried out later especially when families referred have to attend.

One sixth of the total cases treated were referred from surrounding local authorities either directly or via one of the hospitals in the City.

The new arrangements are satisfactory and the attendant staff are to be commended on their work.

TABLE I

Age Groups	1962	1963	1964	1965	1966	1967				
						Total	Scabies	Pediculosis		
								Head	Body	Pubis
0- 1	6	16	3	14	23	7	6	1	—	—
1- 4	18	45	16	54	79	95	90	5	—	—
5-14	17	50	34	84	110	157	149	8	—	—
15+	99	180	185	151	205	242	213	—	25	4
Totals	140	291	238	303	417	501	458	14	25	4

TABLE II

Sources of Cases Treated	SCABIES			PEDICULOSIS		
	Single Attenders	Family Mem- bers	Total	Single Attenders	Family Mem- bers	Total
Family Doctors	38	162	200	2	—	2
City Hospitals	32	110	142	6	—	6
Health and Social Services Departmental Staff	11	59	70	6	8	14
Other Local Authorities	1	36	37	1	13	14
Others	9	—	9	7	—	7
Totals	91 (107)	367 (269)	458 (376)	22 (27)	21 (18)	43 (41)

(1966 figures in brackets)

In addition 32 cases of scabies living outside the City were referred by hospitals or general practitioners in the City when their homes were outside.

TABLE III

Year	Total Persons Treated				Total No. of Treatments Given
	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
1967	458	43	—	501	528

VENEREAL DISEASE

(Dr. W. V. MacFarlane)

	Grand Total	Male	Female
New Registrations Total ..	1,339	869	470
Gonorrhoea	258 (19%)	150 (17%)	108 (23%)
Syphilis	18 (1%)	11 (3%)	7 (1%)
Non-gonococcal Urethritis ..	230 (17%)	230 (26%)	—
Trichomonas Vaginalis infestation	84 (6%)	—	84 (18%)
Non-venereal treated	317 (24%)	178 (20%)	139 (30%)
Non-venereal and not requiring treatment	356 (27%)	228 (26%)	128 (27%)
Desired reassurance and no infection found	76 (6%)	72 (8%)	4 (1%)

During 1967 the total number of new registrations showed a 3% increase on the 1966 figures. Male registrations increased by 6%, but female registrations showed a slight decrease of 2%. The incidence of all new cases of gonorrhoea showed a rise of 13% (male 4%, female 29%), this is to be compared with a rise last year of 21%.

Syphilis remained a small problem accounting for only 1% of all new registrations.

The overall incidence of male urethritis is steadily increasing and men reporting with non-gonococcal urethritis showed an increase of 28%. This indicates the problem of the continuing increase of non-gonococcal urethritis. Despite the statement last year that the ratio of gonorrhoea to non-gonococcal urethritis varies inversely, it can be seen that this year the rule is broken and both gonorrhoea and non-gonococcal urethritis have shown an increased incidence.

Despite the blame for much of the increase in venereal disease in this country being attributed to homosexuals and to immigrants the figures in Newcastle show that of all new registrations immigrants account for 11% and homosexuals 3%. We can say that neither play an important part in contributing to the venereal disease problem in Newcastle.

Non-venereal cases, *i.e.*, cases having clinical entities in no way related to venereal disease or those who sought reassurance that they were free from infection, accounted for 56% of new registrations. This shows that the Department of Venereology is still

playing an important part in helping to reassure people, of all social levels, that they are free from venereal infection.

Contact Tracing

One hundred and twenty men, who alleged that they acquired their gonorrhoea in Newcastle were interrogated. Of those 120 men, 42 were unable to supply information about the alleged source of their disease and seven others refused to do so. The remaining 71 men gave sufficient information about their contacts for the health visitors, who are seconded to this department for contact tracing purposes within the City, to correlate those 71 infections with 60 women. In the course of correlation it was noted that 12 women accounted for 29 infected males.

Fifty-five of those 60 women were examined in this department, of whom 20 were persuaded to attend by their consorts and 35 were persuaded to attend by the Contact Tracers. Forty-eight were found to have gonorrhoea and it is assumed that the remaining seven had either received sufficient antibiotic treatment prior to coming to the department or they were not the cause of the patients' infection. In 1966 there were 12 (21%) teenagers out of a total of 57 promiscuous women who attended this Clinic, but during 1967, 17 (31%) of 55 promiscuous females were known to be teenagers, one being under the age of 16 years. Five of those teenagers were known or suspected prostitutes.

There were five promiscuous women who did not attend this department, three refused to do so and two apparently received treatment elsewhere.

Of the 120 promiscuous men, 31, after acquiring gonorrhoea, had subsequently infected their regular consorts, the majority of whom were their wives.

CHEST CLINICS
MASS RADIOGRAPHY

V—TUBERCULOSIS

CONTACT CLINICS

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1929

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
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
1967	94	9	0.04	0.37	22	2	0.008	0.09	116	11	0.04	0.46

TUBERCULOSIS

There was a slight decrease in the number of new cases of pulmonary tuberculosis, 94 cases, four less than last year, were notified, giving an attack rate of 0.37 per 1,000 population, the lowest ever recorded in the City. New cases of non-pulmonary tuberculosis numbered 22 as compared with 24 in 1966, the attack rate falling from 0.094 to 0.087.

The number of deaths from the disease fell to 11, ten less than in 1966, all but two being due to pulmonary tuberculosis; giving a death rate of 0.04 per 1,000 population (0.036 pulmonary and 0.008 non-pulmonary).

Notifications

During the year, primary notifications were received as follows:

<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Total</i>
94	22	116

Sources of notification were:—

General Practitioners	..	..	..	..	25
Chest Physicians	..	..	..	..	81
Hospital Medical Staff	..	..	..	..	10
					<hr/> 116 <hr/>

In addition, 20 notifications (18 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											
	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Persons not notified before death ...	9	4	4	5	7	8	5	1	4	7	7	4
Persons notified under 1 month ...	3	1	4	4	2	1	3	—	—	—	2	—
Persons notified between:—												
1 and 3 months ...	2	—	2	2	3	—	1	—	—	1	—	—
3 and 6 months ...	—	—	—	—	—	—	1	—	—	—	—	—
6 and 12 months ...	1	—	1	3	1	—	1	—	—	—	2	—
12 and 18 months ...	—	4	—	—	—	—	—	—	—	2	—	—
18 and 24 months ...	2	1	1	—	—	—	—	—	2	—	—	—
2 and 3 years ...	2	3	1	2	4	2	3	1	—	1	—	—
Over 3 years ...	22	20	16	12	7	10	8	7	8	8	9	5
Totals ...	41	35	29	28	24	21	22	9	14	19	20	11

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

	1961		1962		1963		1964		1965		1966		1967*	
	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	0.09	0.77	0.09	0.69	0.05	0.56	0.06	0.64	0.06	0.66	0.08	0.48	0.04	0.46
England and Wales...	0.07	0.47	0.06	0.44	0.06	0.40	0.05	0.38	0.05	0.48	0.05	0.32	0.04	0.29
Glasgow ...	0.19	1.10	0.19	1.00	0.21	0.95	0.15	0.93	0.15	0.82	0.11	0.75	0.11	0.68
Scotland ...	0.09	0.70	0.09	0.61	0.09	0.55	0.07	0.50	0.07	0.46	0.06	0.46	N.A.	0.43

*Provisional figures

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING
1965, 1966 and 1967.

		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—	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
	1967	—	—	1	2	—	—	5	8	5	20	10	8	4	63
Females—	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
	1967	—	—	—	2	—	2	2	9	6	4	5	1	—	31
Non-Respiratory—															
Males—	1965	—	—	—	—	1	1	—	5	1	1	2	—	—	11
	1966	—	—	—	1	—	1	3	3	1	1	1	—	—	11
	1967	—	—	—	—	1	1	—	1	3	1	—	—	—	7
Females—	1965	—	—	—	—	1	2	2	6	1	5	2	2	—	21
	1966	—	—	1	—	—	1	2	3	1	2	1	1	1	13
	1967	1	—	—	—	1	—	—	2	4	1	1	3	2	15
Totals	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
	1967	1	—	1	4	2	3	7	20	18	26	16	12	6	116

AGE DISTRIBUTION OF DEATHS DURING 1967

		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	—	—	—	—	—	—	—	—	1	3	1	—	—	5
Females	—	—	—	—	—	—	—	—	1	1	2	—	—	4
Non-Respiratory—															
Males	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females	—	—	—	—	—	1	—	—	—	—	—	—	1	2
Totals	—	—	—	—	—	1	—	—	2	4	3	1	—	11

TUBERCULOSIS IN CHILDHOOD

(*Dr. S. M. Livingston*)

In April 1967 Dr. Mary Thompson gave up her post of Childhood Tuberculosis Medical Officer. She had carried on the work, which was started at the beginning of World War II by Dr. F. J. W. Miller, of tracing the child contacts of notified cases of tuberculosis. She built up the department which undertook the investigation of contacts, vaccinations with B.C.G. where advisable of pre-school and school children, care and treatment of infected children and follow-up of those vaccinated. Because of the excellent organisation which she has built up it is possible for most of the work to be undertaken by Local Authority medical officers, the treatment of infected children being undertaken in the Child Health Department of the Royal Victoria Infirmary by Dr. Sheila Miller.

There were fewer notified cases of tuberculosis in children under 15 than in previous years, and no deaths in this age group. Of the five children under five who were found positive all were contacts of new cases of tuberculosis. One of these was a Pakistani child who was found within a month of settling in the City and the father was found to be the infecting case.

All the tuberculin positive children not known to have had B.C.G. are referred to the Royal Victoria Infirmary Clinic from the child contact clinics and from routine heaf testing in schools at five years, eight years and 11-12 years. They are fully investigated and infected children put on chemotherapy.

Of the children heaf tested at school entry, and eight years and at 11-12 years, the percentages who were tuberculin positive were 0.3%, 0.45% and 0.8%, respectively.

The importance of B.C.G. for school leavers was highlighted in a family with twin girls aged 15. The opportunity for vaccination at school was given when the children were 13, but the mother, although she had had them protected against everything else, absolutely refused to allow them to have B.C.G. A year later the father developed pulmonary tuberculosis and both girls were infected.

TABLE 1

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 1950-1967

Notifications	1950	1955	1957	1959	1961	1963	1964	1965	1966	1967
All Forms ..	91	49	40	17	17	9	13	20	11	8
Meningitis ..	13	7	4	—	—	—	—	—	1	1
<i>Deaths</i>										
All Forms ..	13	—	—	1	—	—	—	—	1	—

TABLE 1A

NUMBER OF CHILDREN TREATED WITH CHEMOTHERAPY 1963-1967

	1963	1964	1965	1966	1967
Under 5 years	8	21	29	16	5
5-9 years	17	13	16	13	9
10-14 years	7	8	9	3	5
TOTAL	32	42	54	32	19

TABLE 2

THE RESULTS OF ROUTINE TUBERCULOSIS TESTING IN SCHOOLS 1954-1967

	1954	1957	1961	1963	1965	1966	1967
<i>Leavers—Age 12-14 yrs.</i>							
% Tested	88	71	96	86	73	86	80
Number Tested ..	3034	2,339	2,872	2,901	2,355	6,982	2,497
% Positive	45	26	18	15	16	0.6	0.8
<i>Juniors—Age 9-10 yrs.</i>							
% Tested	—	48	81	78	74	78	86
Number Tested ..	—	2,314	2,973	2,909	2,693	3,268	2,641
% Positive	—	10	5	2.4	1.7	0.7	0.5
<i>Infants—Age 5-6 yrs.</i>							
% Tested	—	66	85	76	66	79	88
Number Tested ..	—	3,111	3,280	3,473	2,949	3,045	3,580
% Positive	—	2.0	1.3	0.7	0.3	0.3	0.3

TABLE 3

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AND THE NUMBER FOUND TO BE TUBERCULIN POSITIVE 1941-1967

	1941	1945	1949	1953	1963	1964	1965	1966	1967
Number Seen ..	63	139	277	577	1,179	1,395	1,314	1,281	1,175
Number Tuberculin Positive ..	26	46	62	79	12	21	29	14	5
% Positive ..	41.3	33.1	22.4	13.7	1.0	1.5	2.2	1.0	0.4

TABLE 4

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF NEWLY DIAGNOSED PATIENTS 1952-1967

	1952	1955	1963	1964	1965	1966	1967
Number Seen ..	103	217	176	195	168	167	97
Number Tuberculin Positive ..	41	27	6	18	18	4	5
% Positive ..	40	12.4	3.4	9.2	10.8	2.4	4.9

TABLE 5

THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1952-1967

	1952	1953	1955	1963	1964	1965	1966	1967
Chest & Contact Clinics ..	114	312	745	1,023	875	1,089	875	769
Newcastle General Hospital	170	114	142	184	224	225	178	169
Maternity Dept. Princess Mary	—	37	133	294	326	240	342	202
Maternity Hosp. Hexham Maternity	—	—	—	—	—	—	—	5
	284	463	1,022	1,501	1,425	1,554	1,395	1,145
School Children	—	—	713	2,429	2,369	1,488	5,771	3,082
Further Education Students ..	—	—	—	32	—	—	—	—
TOTAL ..	284	473	1,735	3,962	3,794	3,042	7,166	4,227

PULMONARY TUBERCULOSIS

(Dr. J. R. Lauckner)

In 1967 there was again a reduction in the number of new notifications of respiratory tuberculosis in the City, but this time only a very small reduction.

Until the last few years the figures for Newcastle upon Tyne County Borough have followed a fairly regular curve and have in fact been reasonably representative of the Tyneside Conurbation as a whole. Now the numbers seem to have decreased to the point where random fluctuations are liable to confuse interpretation. It would be desirable to present uniformly collected data for the whole conurbation, but unfortunately this is not yet possible, nor is there any immediate prospect of being able to do so.

Data for 1967

The cases of respiratory tuberculosis reported in the City during the year can be divided up as follows:—

	<i>Inward Transfer</i>	<i>New</i>	<i>Relapse</i>	<i>After Death Notification</i>	<i>Total</i>
Primary Intrathoracic ..	—	7	—	—	7
Tuberculosis of Pleura ..	—	1	—	—	1
Adult Pulmonary ..	17	86	8	5	116
	17	94	8	5	124

“Primary intrathoracic” includes five typical cases of primary disease in children and two cases of tuberculosis involving the mediastinal glands in young adult Asian immigrants.

The number of cases notified after death is fewer than in 1966 but still substantial.

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>After Death Notification</i>	<i>Total</i>
Smear positive	3	25	4	1	33
Culture positive	—	30	2	2	34
Culture negative	14	31	2	—	47
No information	—	—	—	2	2
	17	86	8	5	116

The active cases arising in the City during the year (new cases plus relapsed cases) were thus 94, compared with 90 in the previous year. Of these, 61 (65%) were potentially infectious. Three cases transferred into the City were infectious and three others notified after death were potentially infectious, so the total of new foci of infection in the City during the year was 67, which does not represent any significant reduction over the previous year.

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 ..	3	5	1	9	—	20	3	23
Culture positive ..	—	18	—	18	—	12	2	14
Culture negative ..	10	21	—	31	4	10	2	16
No information ..	—	—	—	—	—	—	—	—
	13	44	1	58	4	42	7	53

This year the two clinics show an opposing tendency. In the West the number of new cases is down with a larger proportion bacteriologically confirmed. In the East the number of new cases is up, due to reappearance of the culture negative cases, which diminished sharply in 1965 and 1966. The reason for this discrepancy is obscure, but it is unlikely to be a chance fluctuation.

Four Year Comparison

It is now possible to present reasonably comparable data for a period of four years:—

	1964	1965	1966	1967
Primary intrathoracic	12	30	13	7
Pleura	5	5	8	1
Adult pulmonary:				
Inward Transfer	31	14	12	17
New	128	108	80	86
Relapse	14	10	10	8
	142		90	
New foci of infection (excluding people not notified before death)	93	90	68	64

Comment

There is thus no special development to report in 1967. The anticipated slow decline in pulmonary tuberculosis continues.

We are keeping a special watch on the situation in Asian immi-

grants, in whom the incidence is at least ten times that in the local population. But the total number of such immigrants is not large, probably less than 2,000, so that numerically the problem is small. It has been noted in Bradford that tuberculosis in this group often presents in an unusual manner, with apparently isolated involvement of the glands in the mediastinum. We are now recognising this form of the disease more frequently, but in view of our small numbers it will take some years to accumulate experience.

MASS RADIOGRAPHY

(Dr. J. R. Lauckner)

The arrangements for Mass Radiography were again essentially unchanged in 1967, with the Static Unit operating at Newcastle General Hospital and a share of the time of one Mobile Unit and of the Regional Caravan Unit available for the City.

Extensive improvements to and redecoration of the old corrugated iron hut, which was erected as a temporary building about 50 years ago and which has served as headquarters of the Mass Radiography Service in Newcastle since its inception in 1944, were started in October and work continued until February 1968. Subsequently the exterior is being upgraded and redecorated. When all this is completed the Unit will at last be attractively housed. During the period when work was in progress inside, the Mobile Unit stood outside and maintained the service to the general public and doctors' patients, but no bookings were made for industrial and commercial establishments. The office staff were accommodated at Rye Hill Hospital. This resulted in some reduction in the number of people x-rayed at the Static Unit.

The total number of persons x-rayed in the City during the year by all three units was 37,115, compared with 45,225 in 1966. These were contributed as follows:—

Static Unit	..	26,737
Mobile Unit	..	7,698
Caravan Unit	..	2,680
		<hr/>
		37,115
		<hr/>

Compared with last year, the City received a smaller allocation of the time of the Mobile Unit in 1967, because it was decided to send this unit to several places which had not been visited for some years. Visits were paid to 22 industrial and commercial establishments by either the Mobile Unit or the Caravan Unit, some being to establishments in which a case of tuberculosis had occurred (so-called work contacts). It is once again apparent from Table I that the return from such examinations is very poor. There is a continuing demand for this service from many firms, but it is inevitable that we must run down this aspect of the work and concentrate on general public volunteers and doctors' patients. General public sessions were held at seven locations, including a successful week at several sites in the centre of the City and a visit to the "Flower Show".

The two tables set out the work done in the City during the year.

Comparison with last year shows a striking drop in cases of tuberculosis detected from 82 to 49, accompanied by an increase in cases of bronchial carcinoma from 93 to 102. The lower rate of detection of tuberculosis occurred in all classes of examinee, but the preceding report shows no reduction in the total number of cases of adult pulmonary tuberculosis notified in the City, so the Mass Radiography Service was responsible for a smaller proportion. This is contrary to the trend for the Newcastle Regional Hospital Board area as a whole in which the various static and mobile units detected between them slightly more cases of tuberculosis in 1967 than in 1966, and were responsible for a somewhat larger proportion of a diminishing number of notified cases.

TABLE I
WORK CARRIED OUT IN NEWCASTLE DURING 1966

Examinee Group	Number X-rayed	Referred to Chest Clinic	Active Tuberculosis	Bronchial Carcinoma
Doctors' Patients ..	7,636	813	31	82
General Public ..	7,916	241	8	13
Industrial Groups ..	16,841	218	6	6
Contacts	833	21	1	—
School Children (Tuberculin Positive)	337	17	—	—
Hospital Outpatients and Inpatients ..	1,044	77	2	1
Others	2,508	53	1	—
Totals	37,115	1,440	49	102

TABLE II
TUBERCULOSIS AMONG PERSONS REFERRED BY GENERAL PRACTITIONERS

Year	Number Referred	Active Tuberculosis	Rate per 1,000
1964	7,776	43	5.4
1965	8,040	52	6.5
1966	8,099	47	5.9
1967	7,036	31	4.8

TABLE I
WORK CARRIED OUT IN THE LABORATORY DURING 1907

Year	Number of Experiments	Number of Observations	Number of Conclusions
1907	20	100	10
1908	25	125	12
1909	30	150	15
1910	35	175	18
1911	40	200	20
1912	45	225	22
1913	50	250	25
1914	55	275	28
1915	60	300	30
1916	65	325	32
1917	70	350	35
1918	75	375	38
1919	80	400	40
1920	85	425	42
1921	90	450	45
1922	95	475	48
1923	100	500	50
1924	105	525	52
1925	110	550	55
1926	115	575	58
1927	120	600	60
1928	125	625	62
1929	130	650	65
1930	135	675	68
1931	140	700	70
1932	145	725	72
1933	150	750	75
1934	155	775	78
1935	160	800	80
1936	165	825	82
1937	170	850	85
1938	175	875	88
1939	180	900	90
1940	185	925	92
1941	190	950	95
1942	195	975	98
1943	200	1000	100

TUBERCULOSIS AMONG PERSONS ENTERED BY CERTAIN
PRACTITIONERS

Year	Number Entered	Number Recovered	Ratio per 1,000
1907	20	10	50
1908	25	12	48
1909	30	15	50
1910	35	18	51
1911	40	20	50
1912	45	22	49
1913	50	25	50
1914	55	28	51
1915	60	30	50
1916	65	32	49
1917	70	35	50
1918	75	38	51
1919	80	40	50
1920	85	42	49
1921	90	45	50
1922	95	48	51
1923	100	50	50
1924	105	52	49
1925	110	55	50
1926	115	58	51
1927	120	60	50
1928	125	62	49
1929	130	65	50
1930	135	68	51
1931	140	70	50
1932	145	72	49
1933	150	75	50
1934	155	78	51
1935	160	80	50
1936	165	82	49
1937	170	85	50
1938	175	88	51
1939	180	90	50
1940	185	92	49
1941	190	95	50
1942	195	98	51
1943	200	100	50

REPORT OF THE SCHOOL MEDICAL OFFICER

General

There have been no changes of importance in the work of the School Health Service during the past year.

The shortage of medical officers, which was beginning to be felt towards the end of 1936, continued over 1937 and through a full establishment has now been secured. The directors have been in possession of a more than usual amount of material. There has also been a growing shortage of dental staff, and it has been difficult to maintain the full establishment in the school clinics and the central office. Special difficulties have been difficult to obtain for some years past, but within the year dealt with a vacancy for an orthodontist, the situation during the year was not on the whole worse than in previous years. A full complement of all other staff has been maintained.

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

There have been no changes of importance in the administration of the School Health Service during the past year.

The shortage of medical officers, which was beginning to be felt towards the end of 1966, continued into 1967 and although a full establishment has now been achieved the situation became worse on account of a more than usual amount of sickness. There has also been a growing shortage of clerical staff, and it has been difficult to maintain the full establishment in the school clinics and the central office. Speech therapists have been difficult to obtain for some years past, but whilst the year closed with a vacancy for one therapist, the situation during the year was not on the whole worse than in previous years. A full complement of all other staff has been maintained.

The distribution of school clinics is exactly as it was reported in my report of 1966. 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, Hillsview 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.

In September 1967, Comprehensive Education was organised in the east of the City, and in order to complete the programme Benfield School was opened. This change has entailed the closure of a number of senior departments in the east of the City and has made available much needed space for use by primary schools. From this, the School Health Service has benefited since medical officers are

more comfortably accommodated when they visit these schools to carry out periodic inspections.

School Population: There has been a general decline in the school population from 39,991 in 1964 to 38,483 in 1967. The decline has been less marked in the senior schools by reason of pupils staying at school beyond the statutory school leaving age. This is particularly so in the comprehensive schools.

The number of immigrant pupils in Newcastle schools has hitherto been small, compared with other cities, but there has been a recent significant increase in the North of England, which has been attributed to their being the dependants of men who have previously settled in the City. The numbers of immigrant children in recent years have been:—

	Primary	Secondary	Total
January, 1964	259	89	348
„ 1965	292	81	373
„ 1966	326	158	484
„ 1967	315	166	481
Dec., 1967	350	235	585

These children are found in greater numbers in Westgate Hill, Elswick Road, the Wingrove and St. Paul's Schools. They are more evenly distributed in the secondary schools. The medical arrangements for pupils newly arrived in this country has remained the same as last year.

MEDICAL INSPECTIONS

Selective and pre-school inspections have been extended to the East of the City, and have been tried in the Bentinck area by Dr. Thomas, who found that in addition to a large concentration of physical defects among pupils aged 9-10, which renders selection difficult, there were involved with pre-school children, several health visitors who might wish to attend the school inspection.

The number of children examined at periodic and other inspections were, with the exception of school leavers, generally lower than those of previous years. The extension of selective inspections no doubt accounts for the fall in the number of intermediate inspections.

A. Periodic Inspections in Maintained Schools

Entrants	2,858
Intermediates	1,145
Leavers	3,022
Other Age Groups	283
Total	<u>7,308</u>

Periodic Inspections in Independent Schools

Church High School— (5, 8, 12 years)	116
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B. Re-inspection in Schools

No. of Pupils Inspected	654
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C. Special Inspections

(a) Inspections in Schools	930
(b) Inspections for Freedom from Infection	602
(c) Examination of pupils for fitness for employment out of school hours	342
(d) Examination of children and young persons proceeding to Remand Homes	95
(e) Examination of children being taken into Care of the Local Authority	620
(f) Annual Inspection of children in Care of the Local Authority	608

D. Examination of Adults

(a) Teaching Staff on appointment	275
(b) Entrants to Teachers Training College	277
(c) Final examinations at Teachers Training Colleges	175

E. Infestation with Vermin

(a) Number of Inspections conducted in schools	92,282
(b) Number of Individual pupils found to be infested	5,155
(c) Number of pupils in respect of whom Notices were issued under Section 54(2) Education Act, 1944	19
(d) Number of pupils in respect of whom Notices were issued under section 54(3) Education Act, 1944	—

The infestation rate for the year has now reached a level of 13.4 as against 8.2 and reflects a lack of interest and care of children by their parents, which has been observed in other directions. In a permissive society children frequently suffer in spite of the efforts

of the public services. It should be noted that children were inspected as frequently as last year (slightly more so), and if fewer notices were issued it was because they were being observed to have less effect.

PHYSICAL CONDITION OF PUPILS INSPECTED

Nursery and Pre-School	..	..	..	99.19%	satisfactory
Primary—5— 6 years	..	..	..	99.54%	„
7— 8 years	..	..	..	99.22%	„
9—10 years	..	..	..	99.23%	„
Secondary—15 years	..	..	..	99.75%	„
Over 15 years..	..	..	..	99.84%	„

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 Individ'l Pupils
1963 and later	617	2	55	48
1962	1,954	50	334	226
1961	304	9	37	38
1950	64	2	13	12
1959	64	3	11	12
1958	148	6	31	26
1957	1,145	150	193	277
1956	30	4	4	5
1955	6	—	—	—
1954	58	4	3	5
1953	1,103	117	86	179
1952 and earlier	1,931	166	150	288
Total ..	7,424	513	917	1,116

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	84	67	27	178	141	58	49	248
Eyes—								
Vision	66	298	166	530	64	106	134	304
Squint	106	38	51	195	82	17	41	140
Other	19	4	7	30	26	18	13	57
Ears—								
Hearing	11	4	9	24	32	23	35	90
Otitis Media ..	17	9	9	35	60	21	36	117
Other	33	24	12	69	11	6	8	25
Nose and Throat ..	39	12	19	70	311	54	98	463
Speech	30	3	7	40	127	9	21	157
Lymphatic Glands	5	—	2	7	73	18	14	105
Hearts	6	4	3	13	57	24	23	104
Lungs	19	4	10	33	118	22	46	186
Developmental—								
Hernia	6	3	6	15	27	1	6	34
Other	14	13	18	45	142	17	85	244
Orthopaedic—								
Posture	3	8	2	13	12	24	7	43
Feet	48	18	18	84	98	42	47	187
Other	17	7	10	34	63	40	43	146
Nervous System—								
Epilepsy	5	2	4	11	14	7	6	27
Other	7	3	3	13	19	5	16	40
Psychological—								
Development ..	1	—	12	13	31	8	27	66
Stability	10	2	14	26	127	12	40	179
Abdomen	8	2	5	15	18	9	18	45
Other	5	3	2	10	15	5	10	30

NUMBERS AND TYPES OF DEFECTS FOUND
AT SEPCIAL INSPECTION

<i>Defect</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
Skin	246	60
Eyes—		
Vision	118	22
Squint	21	5
Other	26	5
Other	26	5
Ears—		
Hearing	52	17
Otitis Media	27	3
Other	20	12
Nose and Throat	48	28
Speech	60	14
Lymphatic Glands	2	1
Heart	11	6
Lungs	14	24
Developmental—		
Hernia	—	—
Other	23	32
Orthopaedic—		
Posture	6	—
Feet	19	4
Other	122	34
Nervous System—		
Epilepsy	5	1
Other	10	11
Psychological—		
Development	10	11
Stability	34	15
Abdomen	3	2
Other	320	378

TREATMENT — MEDICAL

The arrangements for providing medical treatment for pupils have been steadily changing during the last several years. The majority of children are being treated by general practitioners at the surgery, or in their own homes. A closer association is being fostered between the Local Health Services and general practitioners by the attachment of health visitors, and help given by district nurses. The numbers of patients aged 5-14 treated in their own homes is rapidly increasing. Large numbers of children who previously would have been referred to the school clinic from school inspections, are now referred to their general practitioners.

Provision for hospital treatment, both in-patient and out-patient, remains relatively unchanged. Hospitals receive casualties requiring emergency treatment from the usual sources, which include schools, in the case of more serious accidents which occur during school session, or from the school clinic, otherwise, children are referred by the school medical officer after the general practitioner has been informed.

The part which school clinics are playing is becoming less. Their work is confined to simple treatments, which could well be given by the mother, but which is unlikely to be forthcoming, and which if neglected will result in absence from school. In addition medical officers see children for examination and advice on one session per week. The number of special clinics is now reduced to refractions and the hearing assessment clinics. Owing to the sickness of Dr. Dixon, the work in the Skin Clinic was seriously reduced. Speech Therapists also give treatment in a number of school child health clinics.

The facilities offered in individual school clinics are as follows:—

Clinic				Facilities Offered						
Atkinson Road	..	a	b	c	d				g	
Bentinck	..	..	a	b	c	d				
Blakelaw	..	..	a	b						
Central	..	..	a	b	c	d	e	f	g	h
East End	..	..	a	b	c			f	g	
Kenton	..	..	a	b		d			g	
Middle Street	..	..	a	b	c	d				
Ravenswood	..	..	a	b					g	

Key		
a—Daily Dressings	b—Consultations	c—Dental
d—Speech Therapy	e—Refractions	f—Skin Clinics
g—Examinations under Section 34		h—Hearing Assessment

The numbers of pupils seen by the medical officer or nurse in individual clinics during the year was as follows:—

1. School Clinics

Atkinson Road	..	..	..	..	4,800
Bentinck	..	..	..	..	987
Blakelaw	..	..	..	..	795
Central	..	..	..	..	336
East End	..	..	..	..	788
Kenton	..	..	..	..	914
Middle Street	..	..	..	..	885
Ravenswood	..	..	..	..	1,295
Total	..	..	..	..	10,800 (8,260 in 1966)

2. Accessory Clinics

Ashfield House	77
Brinkburn Street	161
Cowgate	272
Total	510 (2,129 in 1966)

3. Return of Work in School Clinics by School Nurses

Defect or Service	Number of Children	Total Treatments
Skin—Septic	2,502	6,269
Scabies	88	128
Ringworm	10	12
Other	1,664	3,702
Ear Conditions—		
Wax in Ears	61	113
Discharging Ears	48	486
Eye Conditions—		
Conjunctivitis	58	102
Other External Eye Conditions	285	362
Spectacles	468	319
Vision Tests	660	442
Tonsillitis	63	32
Acute Infectious Fevers	23	10
Injuries	1,640	2,164
Malaise	197	153
Follow-up Inspections	307	201
Head Inspections	313	363
Cleansing	267	707
F.F.I.'s and Manual Workers	1,465	1,293
Miscellaneous	2,758	2,715
Total	12,877	19,573

4. Inspections Performed by Nurses

Hygiene Inspections	67,950
Head Inspections	26,038
Follow-up Inspections	3,399

5. The Work in Clinics on School Premises

Since the war there has been a continuous increase in the use of these clinics which now number 27. Their advantage is that they enable the child to obtain treatment without leaving the school premises, and so eliminate the hazards of traffic between school and school clinic, and also conserve time whilst the school is in session. The creation of large secondary schools has rendered some of these clinics profitable and a nurse will devote several sessions a

week in one school. The facilities available in a large medical room in a large school approach those of the school clinic itself. The work done in those clinics was as follows:—

Defect or Service	Number of Children	Total Treatments
Skin—Septic	4,107	6,886
Scabies	93	70
Ringworm	13	3
Other	3,850	6,438
Ear Conditions—		
Wax in Ears	101	170
Discharging Ears	89	137
Eye Conditions—		
Conjunctivitis	123	137
Other External Eye Conditions	264	319
Spectacles	97	76
Vision Tests	298	295
Tonsillitis	68	34
Acute Infectious Fevers	17	4
Injuries	2,405	2,975
Malaise	812	829
Follow-up Inspections	1,014	455
Head Inspections	3,634	682
Cleansing	295	647
F.F.I.'s and Manual Workers	96	95
Miscellaneous	2,380	2,313
Total	19,756	22,565

6. The Work in School Clinics

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:—

Consultations by Medical Officers

Ashfield House	—
Atkinson Road	203
Bentinck	208
Blakelaw	242
Central	249
East End	245
Kenton	270
Middle Street	228
Ravenswood	37
Total	1,682

(2,151 in 1966)

7. Duties Performed by School Nurses outside Clinics

Home Visits

For Hospital	22
For Inspection of Home	46
For Other Reasons— (Failed Appointments and follow up visits etc.)	1,425
Children escorted to Clinics or Hospitals	101
Children escorted to and from Residential Schools	104
Total	1,689

SPECIAL CLINICS

These have been organised on the same lines as in previous years.

OPHTHALMIC

Difficulty in coping with children referred for refraction continues to give rise to anxiety. At the end of the year 191 new cases and 287 old cases were awaiting refraction. This is an increase of 191 over last year and represents a ten week waiting period for the new cases. The cause of the trouble emerges in the information given below:—

Refractionist	Number of sessions employed	Number of Children Refracted		Appointm'ts not kept
		New Cases	Old Cases	
Dr. Milne	65	232	234	249
Dr. O'Leary	98	361	414	401
School Medical Officers	21	85	37	46
Mr. Davies	73	180	170	161
Total	257	858	855	857
1,713*				(33.3% of total sent for)

*This figure compares with 1,455 of last year.

Investigation of the reasons why appointments are not kept shows a lethargy and indifference on the part of the parents and children. Pupils with myopia are better attenders than others.

The overall picture of ophthalmic treatment so far as is known to this department:—

Number of children who received a full Ophthalmic Examination

Hospital Services	178
Supplementary Ophthalmic Services	270
School Health Service	1,349

It is time that the roles which each of these three services play in catering for children were more clearly defined. A possible solution might be that all children found to have defective vision in school would receive an initial examination at the school clinic by an Ophthalmic Medical Practitioner to exclude squint and ophthalmic defects other than refractive errors. Cases of squint might be referred direct to the hospital. Retests would be undertaken by the Supplementary Ophthalmic Services.

Arising out of the examinations performed at the Central Clinic, 56 children were referred to hospital and 937 had spectacles prescribed for them.

One of the difficulties of following up children for whom spectacles have been prescribed is that there is no really effective means of knowing whether the parent has been to an ophthalmic optician either to present the child for examination, or to get a prescription dispensed, or to collect glasses after they have been dispensed. Only 270 forms were received from opticians to show that glasses had been ordered.

The regularity with which spectacles are worn and the condition in which they are maintained is a matter of first importance since it is upon such considerations as these that effective treatment depends. Much perseverance and painstaking work is demanded of the staff of the School Health Service and of teaching staff in schools to promote the regular wearing of spectacles, which have been prescribed, and the situation leaves much to be desired. It was decided recently to obtain more precise information on this point by asking nurses methodically to report their observations and the information collected was as follows:—

The Wearing of Spectacles in School

a.	Number of pupils observed and reported upon	2,616
b.	Number for whom spectacles had been prescribed	261 (10% of a.)
c.	Number wearing glasses when observed	176 (76% of b.)
d.	Number who remembered the instructions they had been given as to how the spectacles should be worn	79 (30% of b.)
e.	Number not wearing glasses	85 (33% of b.)

The Condition of the Spectacles when Observed

a.	Satisfactory repair and fit	..	..	116 (66% of b. in table above)
b.	Unsatisfactory fitting	..	..	10 (16.6% of g. in this table)
c.	Bent frames	..	..	23 (38% of g. in this table)
d.	Lens chipped	..	..	3 (5% of g. in this table)
e.	Lens abraided	..	..	6 (10% of g. in this table)
f.	Lens very dirty	..	..	18 (30% of g. in this table)
g.	Total unsatisfactory	..	..	60

The Reasons why Children were not Wearing Glasses

a.	Number not wearing glasses	..	85
b.	Glasses lost	..	8 (9.4% of a.)
c.	Glasses broken	..	26 (30% of a.)
d.	Glasses left at home	..	20 (25.3% of a.)
e.	Glasses left elsewhere	..	16 (18.8% of a.)
f.	Does not like wearing them	..	1
g.	Not needed now	..	1
h.	Other reasons	..	13

Under the Ophthalmic Service regulations children who select standard frames are eligible to have them replaced or repaired free of charge. It should be emphasised here that the standard frames supplied by the Supplementary Ophthalmic Services Committee are both serviceable and attractive. The number of spectacles serviced under this scheme was as follows:—

Number of glasses replaced in entirety	..	..	142
Number of frames replaced	..	..	209
Number of repairs	..	..	713

Where the need for repair or replacement appears to the Committee to arise out of neglect the Education Committee becomes responsible for the cost. In this respect a sum of £353. 14s. 6d. was charged to the Education Committee.

In addition to the prescription of glasses at the Central School Clinic a number of children were referred to the General Hospital as follows:—

Referred to Hospital on account of squint	..	100
Referred to Hospital on account of other conditions		15

Dr. Milne in addition to his refraction work acts as certifying officer to partially sighted pupils at Pendower Hall and to blind pupils at the Royal Victoria School for the blind.

HEARING ASSESSMENT

(*Dr. B. Buckley*)

During the year under review, the work of the Hearing Assessment Clinic continued on the lines of previous years. The larger part of the normal load now centres on children of school entrance age and below. In addition to the ordinary referral of cases, the headteachers, in response to a circular letter from the Director of Education, dated 24th February, 1967, supplied the names of 271 children who were suspected of being deaf. These were all dealt with during the year.

The following summary of the past three years is interesting.

				1965	1966	1967
A.	New cases attending Clinic	..	..	252	276	311
B.	Cases reviewed	..	..	101	82	51
C.	Total cases attended	..	..	353	358	362
D.	Cases discharged	..	..	188	229	330
E.	Number of Audiometer tests	..	..	271	289	338
F.	Number of cases referred to:—					
	(a) Hospital or G.P.	..	..	154	173	159
	(b) Speech Therapy	..	..	1	5	6
G.	Handicapped Pupils ascertained	..	..	8	11	7
H.	Number of Pupils on register with:—					
	(a) Hearing Aids	..	..	59	40	43
	(b) Number of Hearing Aids	..	..	11	4	8

During the year there were no staff changes. Committee approval has been given for the appointment of a peripatetic teacher of the deaf in April 1968, who will also relieve in the event of absence of the unit teachers.

Liaison was maintained with the Speech Therapy Department and with the trainee health visitors. Visits were made to Northern Counties School for the Deaf, to the Partial Hearing Units at Slatyford and Cowgate and to the Audiology Unit at the Fleming Memorial Hospital.

Gratitude is expressed to the Education Committee for approving of the purchase of a portable free field audiometer. This instrument is particularly useful when testing very young children or older children who are overawed by headphones. Gratitude is likewise expressed to the Newcastle Branch of the Northern Deaf Children's Society for supplying an electric organ and an audiometer to the Cowgate Unit.

Owing to the extra amount of work involved this year by the number of cases referred by the headteachers, it was not possible to do a large amount of screen testing. This omission could well be remedied in the forthcoming year by its gradual extension over a period, to all infant and special schools at a pre-determined age level. Details of this, having regard to the availability of premises, staff and opportunity are being discussed at present.

The occasion should not pass without thanking the Consultant E.N.T. Surgeons for their unfailing help, and advice, and also Mr. L. Evans, Headmaster at Northern Counties School for the Deaf, for the courtesy and kindness shown to me on the occasion of my visit to the school.

AUDIOMETRY

(Nurse T. Chesterton)

In 1967 extra hearing assessment clinics were held to deal with children reported by headteachers to have hearing defects.

In addition to these extra sessions, screening tests were carried out on children in the following schools:—

Kenton Comprehensive

St. Albans R.C.

Broadwood C.P.

Todds Nook

Bolam Street

In all 66 children were screened.

35 failed the test and were offered further tests in the Central Clinic and examined by Dr. Buckley.

Headteachers were most helpful during the screen testing in schools. They will be informed of the results of these tests in due course.

Nurse Pattison has been trained in Pure Tone Testing and has since assisted at audiometry sessions.

Student health visitors have attended audiometry clinics and have been instructed in the care and management of the deaf child.

As in previous years, all children issued with hearing aids attending ordinary schools have been followed up and reports have been sent to Mr. Black.

THE ORTHOPAEDIC CLINIC AT PENDOWER HALL

During the year, Mrs. Carron and Mrs. Ryan resigned. Mrs. Jones and Mrs. Gascoigne now work the clinic as full time therapists. Arrangements have been made for the equipment to be regularly inspected and overhauled as found necessary. The work which is under the direction of Dr. Walker was as follows:—

Total number of attendances for treatment	..	..	5,794
Remedial Exercises	..	..	3,558
Manipulations	..	..	3,602

TREATMENT — DENTAL

Dr. J. C. Brown, Principal Dental Officer

General

Although three resignations were received during the year the service was operated at its full establishment of seven dental officers for all but a short time during the summer term, following Mr. Crombie's retirement in May.

Mr. Crombie had been a School Dental Officer with Newcastle Corporation for some 43 years, most of which were spent in the East end of the City, and in many instances he had treated three generations of patients. Several years ago he undertook a four-year survey on the effects of topical application of fluorine to the teeth, and for the last few years he was in charge of the Orthodontic Department in the Central Clinic at City Road.

This Department is now run by Mr. Ferguson who was appointed Orthodontist in succession to Mr. Crombie, while the two part-time dentists were replaced in September by Mr. Boden as full-time officer.

The new Mobile Dental Unit was delivered in March and was operational the following month in the Kenton area of the City. Its installation has been an unqualified success and it has been welcomed by patients, parents and teaching staff at all the schools it has visited. As it brings dentistry to the school a great amount of educational and parents' time has been saved, and as there are many fewer broken appointments the output of work has been half as much again as for a static clinic. The delivery of a second unit is expected at an early date, when two further clinics at Pendower

School and Atkinson Road can be closed. It is perhaps not too soon to say that this method of bringing dentistry to the patients' door, as it were, may restore the position of the School Service to what it used to be before the inception of the General Dental Service some 20 years ago.

Dental Inspections

For the second consecutive year all the schools in the Authority's care were visited by the dental officers and over 40,000 children were examined, while in the Kenton area it was possible to inspect several schools for a second time towards the end of the year. In addition some 8,000 children were examined in the school clinics.

Treatment

The peripheral clinics were open for treatment on alternate days while a full-time service was operated from the Central Clinic, Middle Street Clinic and the Mobile Unit. Work was concentrated mainly on conservation of the teeth and over 16,000 fillings were inserted largely in permanent teeth. It is noticeable that patients are definitely becoming more tooth-conscious than they were, even a few years ago. Attendances at the clinics have risen from 17,000 last year to nearly 22,000 for the present year.

These figures are reflected in the numbers of teeth saved—some 4,000 more, this year than last.

They are also, however, unfortunately reflected in the numbers of teeth lost—some 2,000 permanent teeth having been extracted during the year, giving a ratio of one tooth lost to four saved, which could be better.

Extractions were undertaken mostly under general anaesthesia, the method of choice usually for young children, and while anaesthetic sessions were held at regular intervals in the clinics throughout the City, a daily emergency session was held at the Central Clinic to which any child suffering from toothache could be sent. These daily emergency sessions were well attended, numbers of anything up to sixteen children being not uncommon. In this instance it is necessary to draw attention to the increasing unsuitability of the site of the present Central Clinic, particularly for work of this nature. The approach to the clinic has become extremely hazardous and difficult for young children as building development in the area takes shape, and as there is no provision for cars picking

up children after a gas session the care of these cases is causing real concern; and an immediate move to a more suitable location must not be delayed if satisfactory service is to continue.

Orthodontics

Most of the work on the regulation of teeth was carried out at the Central Clinic where laboratory facilities are at hand. This work, however, usually necessitates several visits for each patient. These visits, although necessary, may take no more than a few minutes of the patients' time and in an effort to minimise them, the Orthodontist visited each outlying clinic at regular intervals and saw as many patients as possible at the clinic nearest to their homes.

This innovation was welcomed by many parents who were reluctant to undertake the repeated journey to the Central Clinic.

Dental Health Education

Illustrated talks and lectures on oral health and hygiene were given in the schools by the Dental Auxiliary. These were popular particularly with the younger children to whom the visit to the dentist was presented as an adventure, and to whom interesting stories and illustrations were wrapped around the "do's and don't's" of dental care.

Hospital Liaison

Arrangements for patients to be referred to the Dental Hospital and General Hospital where necessary worked smoothly, and consultant advice and treatment for out-patients was available in the former, while transport from the Ambulance Service for cases of bad recovery from general anaesthesia was readily available.

Details of the work carried out in the service over the year are as following:—

	Age in Years			
	5—9	10—14	15 and over	Total
First Visit	4,215	3,441	371	8,027
Subsequent Visits	5,318	6,241	713	12,272
Additional Courses of Treatment commenced	386	557	47	990
Fillings in Permanent Teeth	3,091	6,494	1,033	10,618
Fillings in Deciduous Teeth	4,867	898	—	5,765
Permanent Teeth Filled	2,452	5,346	781	8,519
Deciduous Teeth Filled	3,921	715	—	4,636
Permanent Teeth Extracted	392	1,351	196	1,939
Deciduous Teeth Extracted	3,330	920	—	4,250
General Anaesthetics	1,422	745	67	2,234
Emergencies	886	498	74	1,458

Number of Pupils X-Rayed	280
Prophylaxis	4,376
Teeth Otherwise Conserved	678
Number of Teeth Root Filled	29
Inlays	5
Crowns	22
Courses of Treatment Completed	6,200

PROSTHETICS

	Age in Years			
	5—9	10—14	15 and over	Total
Pupils supplied with Full Upper or Full Lower (first time)	—	—	1	1
Pupils supplied with other dentures (first time)	—	23	9	32
Number of dentures supplied	1	25	11	37

ANAESTHETICS

GENERAL ANAESTHETICS ADMINISTERED BY DENTAL OFFICERS

INSPECTIONS

(a) First Inspection at School: Number of Pupils	40,253
(b) First Inspection at Clinic: Number of Pupils	8,685
Number of <i>a</i> and <i>b</i> found to require treatment	21,362
Number of <i>a</i> and <i>b</i> offered treatment	21,362
(c) Pupils re-inspected at School Clinic	1,737
Number of <i>c</i> found to require treatment	1,189

SESSIONS

Sessions devoted to treatment	3,064
Sessions devoted to inspection	193
Sessions devoted to Dental Health Education	138

HANDICAPPED PUPILS

During the year the existing facilities for the special educational treatment of handicapped pupils have received careful review and a number of new developments are in process.

1. There has been a continually increasing demand for places in E.S.N. Schools and Silverhill has been unable to take in any fresh pupils for some time. The result has been an accumulation of primary children awaiting admission to a special school. To relieve the pressure, an attempt was made to open a Roman Catholic Special School, but permission to do so could not be obtained from the Department of Education and Science. Arrangements are now in hand to open a second primary school after Easter 1968, in the premises vacated by St. Peter's School in the East of the City. It is intended that Headlam and this additional school will each draw boys and girls from their respective sides of the City. Silverhill will take senior girls only. In this way the distance travelled by younger children will be reduced, additional accommodation will be obtained and the balance of boys and girls will be restored.

2. In September Lower Condercum House School moved into newly built premises situated in the grounds of the former school. The old building will be demolished.

3. In April, discussions took place in the department concerning the replacement of Pendower Hall, which has been approved by the Department of Education and Science and included in the 1968-69 building programme. The present suggestion is that the present school be replaced by one with 200 places for physically handicapped pupils. The new school will cater especially for severely handicapped pupils resident in Newcastle upon Tyne and the surrounding districts. It will contain a nursery class with 20 places and a boarding unit for 40 children. The present building will be used temporarily as a separate school for 50-60 delicate pupils. The attitude of the department remains firm on partially sighted pupils. Those without other physical defects should be educated in units attached to ordinary schools.

4. Consideration has been given to an extension of the present provision for partially hearing pupils, particularly in the pre-school years. It has been agreed to appoint a peripetatic teacher for the deaf as from September 1968, to undertake auditory training at

home. It is estimated that there are 10 pre-school children in the City who will benefit from this. In addition the teacher will visit children with impaired hearing in ordinary and special schools.

5. Further progress has been made with the formation of a unit for children with more severe forms of speech defect, which was referred to in my report of last year. Some 15 children of primary school age are known to need this form of special education. After consultation with the Hospital Authorities, definite arrangements have been made for the establishment of this unit. It is visualised that two classrooms and a speech therapy room will be provided in an ordinary primary school. The staff will consist of two remedial teachers and a speech therapist and provision has been made in the current financial estimates for this purpose.

6. A proposal to set up a Central Assessment Unit to co-ordinate the present specialist facilities provided by the hospital services for handicapped pupils, particularly those with multiple handicaps was made by the Board of Governors. Sanction was obtained from the Ministry of Health and a grant has been secured from the Nuffield Provincial Hospital Trust. The Newcastle Education Authority agreed to give financial support to the project, which will not, however, operate exclusively for Newcastle children.

The statistics which follow take the form in which they have been presented in previous years not for comparison with previous figures, but because they give a convenient summary of the educational problems encountered during the period under review in the school population and the manner in which they have been handled. As usual cases have been allocated to the primary handicap.

1. Ascertainment

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

Category	Number of Pupils	
	Examined	Classified
Blind	—	—
Partially Sighted	4	3
Deaf	9	8
Partial Hearing	2	2
Educationally Subnormal	227	199
Maladjusted	10	7
Physically Handicapped	28	26
Epileptic	7	4
Delicate	16	12

The number of pupils found to be Unsuitable for Education in School in these examinations was nine.

2. Special Educational Treatment Recommended— Education Act, Section 33

Special School—Day	209
Residential	24
Ordinary School	*8
Home Teaching	4
Nursery School—Ordinary	1
Special	6

*Children recommended admission to a remedial class in an ordinary school are not shown, this is arranged informally by the Educational Psychologists.

3. Treatment Provided

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

Category	No. of Children Placed	
	Day	Residential
Partially Sighted	—	1
Deaf	—	3
Partial Hearing	2	—
E.S.N.	93	8
Epileptic	—	2
Maladjusted	—	8
Physically Handicapped	22	1
Delicate	12	—

Children Provided for under Section 81 Education Act

Parents of handicapped pupils assisted under Section 81 of the Education Act.

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

	Girls	Boys
Day Special Schools	121	35
Residential Special Schools	1	6

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

Category	Nursery	Day	Residential	Grammar
Blind	—	1	5	2
Partially Sighted	—	13	1	—
Deaf	4	19	20	2
Partial Hearing	—	23	—	—
Educationally Subnormal	—	415	120	—
Epileptic	—	9	3	—
Maladjusted	—	49	29	—
Physically Handicapped ..	—	115	5	—
Delicate	—	44	9	—

Number of children who received education at
Stannington Hospital School 82

Number of children who received education at
Sanderson Orthopaedic Hospital 23

Total number of children who received educa-
tion in other hospitals 321

4. Periodic Review of Handicapped Pupils

Category	Number of pupils reviewed prior to final examination*
Blind	8
Partially Sighted	13
Deaf	2
Partial Hearing	4
E.S.N.	159
Maladjusted	9
Physically Handicapped ..	20
Delicate	15

*In addition Dr. Walker visits Pendower Hall each week to review pupils.

De-classified and return to ordinary school 29

Recommended for Notification to L.H.A. as unsuitable for
Education in School 10

Transfer from Day to Residential Special School 11

De-notified and recommended admission to Day Special
School 2

Discontinue Home Teaching 1

5. Final Examinations

Category	No. of Pupils Examined
Deaf	1
Partial Hearing	1
Blind	2
Partially Sighted	2
E.S.N.	65
Epileptic	3
Maladjusted	7
Physically Handicapped	7
Delicate	15

Arising out of these examinations, leavers were recommended for supervision training and help by the Local Authority Social Services after leaving school.

Blind	2
Deaf	1
Maladjusted	1
Epileptic	1
E.S.N.	33

The numbers of examinations per year during the past five years performed by medical officers have been as follows:

Year	Initial Exams.	Reviews	Final Exams.	Total
1963	335	673	68	1,144
1964	274	472	75	821
1965	217	181	116	514
1966	242	112	75	329
1967	303	224	103	630

In 1963 four medical officers devoted a portion of their time to this work and it would seem that their output was creditable. Of 335 initial examinations in 1963, 270 were reported to the department as educationally retarded and of these 102 were recommended for admission to a Special E.S.N. School. In 1967, 199 were recommended out of a total of 227 referred. The larger proportion of pupils found to require education in a special school in 1967 has been achieved by the preliminary screening carried out by educational psychologists. Children are now seen informally at school as soon as their progress begins to cause anxiety. In some cases the psychologist

is able to advise the school on more suitable teaching methods: in others he will undertake remedial teaching himself and in others he will recommend transfer to a remedial class. The figures for 1967 do not take account of the large amount of background work that is done preventing serious educational retardation in some and providing more efficient assessment in those who are recommended for transfer to a special school. Review examinations have tended to diminish in number in recent years, but a number of E.S.N. children are being reviewed by psychologists which are not shown in these figures. All children leaving school have been examined in each year and fluctuations in the numbers examined are the direct result of variation in the numbers of children leaving school each year.

The ascertainment rates of the different classes of handicapped pupils in Newcastle are compared with those of similar authorities and the country as a whole are shown in the table below:

ASCERTAINMENT RATES OF HANDICAPPED CHILDREN
PER 10,000 CHILDREN

Handicapped Pupils	National Rate	Newcastle Rate	Leicester Rate	Kingston upon Hull	Wolverhampton	Stoke on Trent	Bradford	Leeds	Portsmouth	Plymouth
Blind	1.9	2.25	2.58	1.8	3.0	1.1	1.4	2	0.75	1.27
Partially Sighted ..	1.9	4.75	7.74	6.9	3.6	1.7	9.0	2.6	1.51	2.54
Deaf	4.7	7.25	10.97	6.8	5.2	6.1	8.0	3	1.88	10.81
Partial Hearing ..	4.2	5.25	13.11	4.0	5.0	1.9	6.2	6.1	13.96	11.13
E.S.N.	74.6	1.40	83.23	44.0	63.2	71.9	81.2	134.4	127.10	111.62
Epileptic	1.2	2.5	32.69	0.5	0.7	1.5	0.8	1.2	0.37	0.64
Maladjusted	11	11.5	No. figs. available	3.3	4.0	9.3	20.2	10.9	29.40	14.31
Physical Handicap ..	16.4	34.25	59.35	17.1	8.0	11.0	30.2	20.4	19.60	17.17
Delicate	15.1	13	9.25	28.7	22.0	12.8	17.6	4.3	9.05	9.22
Speech Defect ..	0.3	—	—	—	—	—	—	0.5	2.64	—
Total all Handicaps ..	132.6	220.75	218.92	113.1	114.7	117.3	174.6	187.5	206.26	178.71

SPEECH THERAPY

(Mrs. M. Ainley, Senior Speech Therapist)

This past year has seen many changes in the staff of the Speech Therapy Department. Mrs. Montgomery left Newcastle in March 1967 after one and a half years service. In the same month Mr. Clarke joined the staff from Australia, and left in August to go to Canada. In October Miss Huskisson, one of the first graduates of the Newcastle University Speech Department joined the staff. The same month saw the retirement of Mrs. Jolliffe who had been giving three sessions a week to the Authority. The fact that Miss Huskisson has joined the staff demonstrates the value of offering clinical experience to the University students.

Clinical time was divided as follows:—

Central	9 Sessions
Atkinson Road ..	2 „
Bentinck ..	1 „
Kenton ..	1 „
Middle Street ..	2 „
Pendower ..	4 „

During the summer term it was possible for a therapist to attend the three E.S.N. Day Schools for one session each, but that has had to be discontinued due to the necessity to replace Mrs. Jolliffe's sessions at Kenton Clinic.

Numbers of children treated are as follows:—

Number of New Patients	114
Number of Units Given ..	3,038
Number of Discharges ..	45

The work of the department has been handicapped by the many changes of staff during the year, and it has been difficult to carry out any projects. Further investigation has been done into the problems of children with severe speech defects, and it is gratifying to note that approval for a special unit has been given. It is hoped that an investigation into the needs of the speech handicapped child in Newcastle can take place in the near future.

During the year the Senior Speech Therapist attended a lecture in Leeds on Speech Therapy—Future Developments, as well as several case demonstrations and discussions in Newcastle. Although

arrangements were made for her to attend a three day course in October, she was unable to attend due to illness.

INFECTIOUS DISEASE AND IMMUNISATION

1. General Review

Weather conditions in 1967 were not exceptional and there were no major outbreaks of sickness. Infective hepatitis was not in evidence during the year.

2. Infectious Disease

(i) Notifiable Disease

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

NOTIFIABLE DISEASES 1967

Disease	5—14 years
Measles	257
Rubella	158
Scarlet Fever	28
Whooping Cough	19
Tuberculosis (1) Respiratory	4
(2) Others	2
Pneumonia	3
Dysentery	5
Meningococcal Infection	1
Poliomyelitis—Paralytic	1
Food Poisoning	6
Typhoid Fever	2
Paratyphoid	1
Erysipelas	3
Acute Rheumatism	1
Malaria—Contracted Abroad	2

(ii) Contagious Skin Disease

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

Impetigo	260
Scabies	59
Ringworm—Scalp	—
Body	2

(iii) Self Induced Disease

The problem of drug-taking among young people has attracted less attention during the year, and we have reason to hope that the

vigilance of the City police in preventing the trafficking of drugs is helping to contain the problem.

3. Preventive Measures

(i) Poliomyelitis

The number of pupils protected against poliomyelitis was as follows:

	5—15 years	Over 15 years
Oral Polio Vaccine	3,780	60

(ii) Diphtheria

Pupils have been protected against Diphtheria as follows:

Diphtheria/Diphtheria Complex .. 3,998

(iii) Other forms of Innoculations given

T.A.B.	.. .. .	103
T.A.B.T.	.. .. .	649
Tetanus	.. .. .	34
Yellow Fever —5—15 years	.. .. .	298
Over 15 years	.. .. .	1,682
Smallpox—Primary .. .. .	.. .. .	645
Re-Vaccination .. .. .	.. .. .	1,056

(iv) Tuberculosis

(a) TUBERCULIN TESTING

	Age Group		
	5 years	9 years	11/12 years
No. of parents to whom circulars were sent	4,079	3,053	4,426
No. of children for whom consent was received	3,742	2,733	3,712
No. of children tested and read	3,580	2,641	3,654
Grades of reactions obtained—			
1	245	228	156
2	153	189	319
3	26	48	126
4	3	8	39

(b) B.G.G. VACCINATION

Pupils received protection against Tuberculosis as follows:—

No. protected in Maintained Schools	..	2,083
No. protected in Independent Schools	..	999
No. of pupils X-rayed	.. ..	469

(c) X-RAY OF TEACHING STAFF ON APPOINTMENT

Number of X-ray examinations arranged for teachers appointed to the Education Staff	288
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HEALTH EDUCATION

Arrangements for health education in schools were similar to those in previous years. But there has been considerable activity at Committee level.

(i) The Curriculum Study Group: This group was formed to assist the Teachers' Consultative Committee by drawing up a syllabus for Health Education. It consists of 14 members, which include the Principal Medical Officer for Child Health, the Senior School Medical Officer and Deputy Chief Nursing Officer under the chairmanship of Mr. A. W. M. McKenzie of the Department of Education, University of Newcastle. The group commenced its work in May 1967 and met at intervals throughout the year. All aspects of the subject were explored and five subsidiary reports were compiled. These included a proposed syllabus for Health Education in Primary and Secondary Schools.

The first report is worthy of note because it traces the origin of health education in Newcastle. Examination of the minutes of the Education Committee subsequent to 1903 revealed sporadic references to health matters, mainly in terms of personal hygiene. The first recorded reference to sex instruction was contained in a resolution dated September 1943.*

"That the Director prepare a report on the proposed constitution of a special sub-committee to investigate the question of introducing sex instruction in the Committees' Schools."

The report of this sub-committee, which was finally accepted in 1944, formed the basis of this aspect of health education in Newcastle schools until 1965, when a joint working party of teachers associations reviewed existing arrangements for health education.

* Minute Resolution 948, 21.9.43

This body reported to the School Welfare Sub-Committee in April 1966 and it was resolved.

“That when it is set up the Teachers’ Consultative Committee be invited to confer with the Director of Education, Medical Officer of Health, Senior Educational Psychologist and other Officers in drawing up a scheme of instruction.”

At the inaugural meeting of the Council in June 1966, Health Education was considered and the formation of a study group recommended.

In April 1967 the Education Committee accepted the recommendation.

(ii) Meetings with Head Teachers’ Representatives: Three meetings took place during the year. Among the matters discussed were:—

1. A display in connection with the current quarterly campaign subject—Street Accidents—which was initiated at the Ravenswood Clinic.
2. The problem of the obese child was discussed and it was decided that the subject was unsuitable for general propaganda, but personal advice might be given to individual pupils by the school medical officer or nurse. The domestic science mistress and dental hygienist might also have a part to play.
3. The following new posters, films and publications were brought to the notice of head teachers.

(a) Posters .. “Venereal Disease”, by C.C.H.E.

(b) Leaflets .. “You know the facts about Venereal Disease”.

“Venereal Disease—a simple explanation”.

(c) Publication .. “Growing Up”, Marshall, W. and Ariel, I., Nelson.

(d) Films .. “You and Your Sense of Taste”.

“You and Your Sense of Smell”.

“Opportunity Knocks”, by C.C.H.E.

“Drugs and the Nervous System”.

(iii) Departmental Health Meetings: Three meetings were held during the year. The only matter of immediate concern to school children was propaganda concerning dangers in connection with fireworks. Considerable publicity was achieved with posters on public vehicles during the Autumn.

HEALTH EDUCATION IN SCHOOLS

Because individual schools have freedom to choose what should be included in the school curriculum, and their approach to the subjects studied, it becomes difficult to form a general picture of what is being attempted and what accomplished in health education.

In May 1967 a circular was addressed to all schools, maintained by the Committee, asking for information concerning schemes of work, details of work attempted and any relevant observations. Information was received from the following:—

A. Senior	..	Selective	..	..	3 schools
		Comprehensive	..	4	„
		Secondary	..	6	„
		Special	..	4	„
B. Primary	..	Junior	..	6	„
		Infants and Junior	..	5	„
		Nursery	..	1 school	

The following is a summary of the information received:—

1. *Grammar Schools*: Health education is not pursued as a specific subject, although some pupils do study Human Biology for the G.C.E. at the 'A' level.

Pupils in the 4th year are introduced to Hygiene and Human Biology through the media of films, broadcasts and outside speakers.

2. *Other Senior Schools*

INCIDENTAL INSTRUCTION

	Number of Schools	Biology	P.E.	Domestic Science	Religious Instruct'n
(a) Comprehensive	4	3	2	3	—
(b) Secondary ..	4	—	1	—	1

SPECIAL INSTRUCTION FORM

		Health Visitor	Films	Discussion	Sex Instruction
(a)	Comprehensive ..	3	2	—	3
(b)	Secondary	1	3	1	2

It seems that work is concentrated in the 4th year. Girls seem to receive more attention than boys and for them, instruction has a bias towards mothercraft.

3. *Primary Schools* : There is no set syllabus. In the nursery school and infant departments much attention is given to personal hygiene.
4. *Special Schools*: The special needs of the handicapped pupil who tends to have a sub-standard home background, are fully appreciated and health education is given a higher priority in the school curriculum. It is not so highly organised as in certain senior schools and tends to be more incidental but occupies a proportionally greater amount of teaching time.

Girls at Jesmond Dene follow a Hygiene, Simple Mothercraft, and Good Citizenship Course, given by health visitors. An internal examination in the form of a practical test and questionnaire is given. Girls visit child welfare clinics. Sex instruction is given as occasions arise.

ANNUAL REPORT OF THE
CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1967

CHIEF PUBLIC HEALTH INSPECTOR
U. S. MAIL, FARM, TAP, III

CHIEF PUBLIC HEALTH INSPECTOR
U. S. MAIL, FARM, TAP, III

VII—Report of the CHIEF PUBLIC HEALTH INSPECTOR

THE PUBLIC HEALTH INSPECTOR

(a) Commission

(b) Secretary

It is the duty of the Public Health Inspector to see that the health of the community is maintained in a satisfactory manner and that the public is protected from all sources of disease and infection.

The Public Health Inspector is responsible for the supervision of the health of the community and for the enforcement of the laws relating to the health of the community.

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ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1967

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, D.M.A., M.A.P.H.I.
West Division	..	..	..	G. BAILEY, M.R.S.H., M.A.P.H.I.
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	..	11
Public Health Inspectors		
(Food Inspection and Control)		1
Pupil Public Health Inspectors	..	9

AUXILIARY STAFF:

General Assistants	..	..	..	2
Technical Assistants	..	..	..	8
Authorised Meat Officers	..	..	..	5
Smoke Control Investigators			..	2
Rodent Control Staff	..	..	..	8
Slaughterhouse Labourer	..	..	..	1

ADMINISTRATIVE SECTION:

Senior Administrative Assistant	..	Mrs. G. FREEMAN
Clerks .. .. .	..	8 (2 Vacancies)
Shorthand Typists	..	2

INTRODUCTION

An examination of a random selection of annual reports on the public health inspection services of a large number of fair-sized authorities in the country would suggest that all is well in the national field of environmental health. Almost invariably one reads of progress and achievement and the report ends on a note of restrained self-congratulation on what has been accomplished followed by an expression of confidence that even more will have been achieved by the end of the following year.

It may well be that the preparation of an annual report is regarded as a somewhat gratifying task of a less demanding nature, to be tackled after a year of unbroken toil and that it is natural to succumb to the temptation to prepare an account which is pleasant to read, which offends no one and in which any deficiencies and omissions are veiled by literary euphoria.

Whilst such reports are being read in the comfort of an office chair, or used as vehicles for mild, mutual congratulation, it is worthwhile to remember that there are still many unfit houses to be demolished; many sub-standard houses to be improved; much disease-promoting dirty air to be cleaned; food handling practices to be improved and many other pressing matters which do not lose their importance merely because they have become familiar with the passage of time.

The purpose of an annual report is not only to give an account of the achievement of the year just past, but also to point out and comment on the tasks that still lie ahead and indicate what should be done to deal with outstanding problems. That such a proceeding may court unpopularity by emphasising unpalatable facts is of no consequence to the sincere sanitarian.

The foregoing is, therefore, submitted as sufficient justification, if indeed this be necessary, for once more drawing attention, among other things, to the need for a realistic reappraisal of the smoke control programme. That there are other authorities on Tyneside with a worse record of progress in smoke control cannot be a source of much consolation to the bronchitic Novocastrian and, indeed, there are indications that the overall rate of progress in the conurbation itself will soon exceed that in our City. In the early nineteen-fifties there was undoubtedly much apathy and, indeed, passive resistance, to the idea of domestic pollution abatement, but by the

persuasive efforts of the Health and Social Services Committee, the National Society for Clean Air and other similar bodies, and to a not inconsiderable extent, the activities of the Public Health Inspection staff (who have given hundreds of addresses and talks on clean air during the past few years), there has been achieved a complete reversal in public opinion. Indeed, during 1967 several times at meetings of all kinds dealing with clean air the speaker has been asked why a particular neighbourhood had not yet become smoke controlled and why the programme is stretched over such an inordinately long period. The citizens want clean air and the need for abatement measures in relation to domestic smoke is plainly obvious. The measure of this need is indicated in the Ministry of Power's statistical digest for 1966 which reveals that whilst only 1.8 cwts. of bituminous coal per head of population were burned in the home in the South East (London) Region, in the Northern Region the figure was 15.7 cwts. It is clear that in considering the needs of the community in matters of a healthful environment, the priority of clean air has been vastly underrated.

In the field of housing much progress continued throughout the year in the clearance of unfit houses. Slum clearance is an activity in which the department has always been in the forefront and always ahead of programme, but now that the closing stages of slum removal are about to be encompassed, one may pertinently ask what effective steps should be taken by way of repair and improvement to arrest further slum development. The better sub-standard houses are, it is hoped, to be "revitalised" and the unfit houses demolished, but between these two extremes of category, lie more than 10,000 dwellings which, unless some measure of improvement and repair are applied, will surely degenerate to a level of unfitness which can only satisfactorily be dealt with by way of clearance. The need to examine that aspect of the housing position has, it is submitted, been convincingly demonstrated by the development in the Rye Hill Area.

Within this overall problem of the sub-standard house there is still contained the intractable question of the multiple occupied house. Multiple occupation in itself is not necessarily to be deplored, but the attention directed during 1967 to conditions of squalor and dilapidation in such houses in the Rye Hill area has indicated the need for a registration scheme if the undesirable elements of multiple occupation in our City are to be kept under control. Neverthe-

less, whatever device is employed to raise the standard of accommodation in such houses, there are certain areas in the City in which bad landlords and bad tenants will inevitably gravitate to the bad houses and perpetuate the sordid conditions which the public health inspectorate strive to abolish. Only the clearance of such houses will provide a satisfactory remedy.

Food hygiene standards and the supervision of food preparing premises, particularly licensed premises and clubs, are matters which are not receiving the attention which their importance demands. The outdoor food trader manages successfully, to too great an extent, to evade many of the requirements of the Food Hygiene Regulations and whilst the position in this area of consumer protection has improved during the past 10 years, there is much yet that remains to be done.

All of these necessary activities, as well as many others, are subject to the exigencies of the depleted staffing situation, the effects of which have been with us for so long that the present state of deficiency and the lower standards of enforcement arising therefrom are almost becoming accepted as the normal.

It is to be hoped that during 1968 more effort and more effective steps will be directed to these outstanding matters.

HOUSING ACTS 1957—1964

Throughout the year the inspection of dwelling houses, mainly in connection with clearance, continued unceasingly, the areas being surveyed comprising Denmark Street, Mill Lane North, Gillies Street, Durham Street, Gordon Road, Heaton Park Road, Crucible Place, Hunters Road, Hannington Place, Burnaby Street, Bolam Street, Foster Street, Sopwith Street, Killingworth Road, Shields Road West, Ancrum Street and Railway Cottages.

Once again, an outstanding feature during the year was the increasing volume of work associated with the preliminary operations of slum clearance procedure. A total of 1,269 unfit houses containing 2,369 families were represented during the year, easily the highest figure ever attained and representing an increase of more than 50% over the next highest figure achieved in 1966. Even so, this high figure does not truly reflect the magnitude of the task as the representation of 1,269 unfit houses necessitated the inspection in detail of 2,852 dwellings, a development which indicates the measure

of progress achieved in this City in dealing with unfit houses. In other words, so far as clearance area work is concerned, the unfit houses have now to be looked for and with operations, at the end of the year, moving into areas containing houses of generally a better condition (though still very sub-standard) it will become increasingly difficult to circumscribe areas containing more than 50% or so of unfit houses.

It is a matter for satisfaction to all concerned that the clearance of unfit houses, which since 1963 has been a minor ingredient of the Housing Programme 1963-1981, has always proceeded according to, and mainly ahead of, programme. The principal task of the Programme was, and it would appear still is, to secure what is described as the "revitalisation" of some 25,000 houses, including some 15,000 dwellings scheduled for short-term "revitalisation", the condition of which houses is of direct and immediate concern to public health interests. That this aspect of the Programme has yet to be brought into operation is a matter referred to later in this report.

Five public inquiries were held during the year into the confirmation of five compulsory purchase orders relating to 332 unfit houses and 183 houses in "added lands". More than half of the unfit houses formed the subject of formal objections to the confirmation of the Orders, a proportion which seems to be generally on the increase. Of the six Orders confirmed during 1966, four were confirmed subject to minor modifications affecting some 4% of the houses submitted as being unfit.

Statistical Summary

At the end of the year the work of inspection was in progress in the St. Peter's and Pont Street areas which will form the subject of representation early in 1968. The actual work of the housing section completed during 1967 is shown in statistical form as follows:—

Represented to the Health and Social Services and Housing Committees:—

				<i>Houses</i>	<i>Families</i>	<i>Persons</i>
(a)	Unfit Houses in Areas					
	Denmark Street No. 2			154	283	826
	Mill Lane (North)			18	19	62
	Gillies Street			7	14	39
	Durham Street			29	49	167
	Gordon Road			313	582	1,477
	Heaton Park Road			9	7	23
	Crucible Place			4	4	11
	Hunters Road			29	55	156
	Hannington Place			5	7	18
	Burnaby Street			95	168	419
	Bolam Street			399	756	2,104
	Sopwith Street			86	166	452
	Foster Street			52	86	289
(b)	Individual Unfit Houses			69	173	383
	Totals ..			1,269	2,369	6,426

Orders Made

				<i>Houses</i>	<i>Families</i>	<i>Persons</i>
(a)	Clive Terrace Compulsory Purchase Order					
	Clearance Areas			53	90	219
	Added Lands			21	32	76
(b)	Elswick Row C.P.O.					
	Clearance Areas			22	41	115
	Added Lands			12	14	38
(c)	Melbourne Street C.P.O.					
	Added Lands			54	61	123
(d)	Individual Unfit Houses					
	(i) Demolition Orders			9	39	98
	(ii) Closing Orders (Whole)			17	43	108
	(iii) Closing Orders (Part)			25	48	100
	Totals ..			213	368	877

Public Local Inquiries held

				<i>Houses</i>	<i>Families</i>	<i>Persons</i>
(a)	Delaval Road C.P.O. ..					
	Clearance Areas			26	49	186
	Added Lands			19	35	101
(b)	Georges Road C.P.O. ..					
	Clearance Areas			166	264	861
	Added Lands			77	98	290
(c)	Clive Terrace C.P.O. ..					
	Clearance Areas			51	88	210
	Added Lands			21	32	76
(d)	Elswick Row C.P.O. ..					
	Clearance Areas			22	41	115
	Added Lands			12	14	38
(e)	Melbourne Street C.P.O. ..					
	Clearance Areas			67	127	350
	Added Lands			54	61	123
	Totals ..			515	809	2,350

Orders Confirmed by the Minister

				<i>Houses</i>	<i>Families</i>	<i>Persons</i>
(a)	Stone Street C.P.O.					
	Clearance Areas	..	..	199	357	918
	Added Lands	..	..	133	192	495
(b)	Addison Road/Grafton Street C.P.O.					
	Clearance Areas	..	..	189	290	811
	Added Lands	..	..	77	97	264
(c)	Delaval Road C.P.O.					
	Clearance Areas	..	..	26	49	180
	Added Lands	..	..	19	35	101
(d)	Georges Road C.P.O.					
	Clearance Areas	..	..	166	264	861
	Added Lands	..	..	77	98	290
(e)	Clive Terrace C.P.O.					
	Clearance Areas	..	..	51	88	210
	Added Lands	..	..	21	32	76
(f)	Elswick Row C.P.O.					
	Clearance Areas	..	..	22	41	115
	Added Lands	..	..	12	14	38
	Totals	..		992	1,557	4,359

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	3	4	19
(ii)	Whole House		1	1	1
	Totals	..	4	5	20

The Improvement of the Sub-Standard House

It is probable that the majority of the 15,000 dwellings scheduled in the Housing Programme for short term "revitalisation" could be deemed to be unfit for the purposes of the Housing Act 1957, although almost all of them could be rendered fit at a reasonable cost. Work of "revitalisation" should, presumably, have commenced in 1963, and had this been the case, the statutory duty of the Corporation to secure the repair of such houses would have been fulfilled. Reference has been made in many previous annual reports to this regrettable state of affairs and in 1966 proposals to ameliorate this deteriorating situation were submitted to the Health and Social Services Committee, but it has not been found possible to take any effective action, and even after one more year of conference and discussion a positive and realistic approach to this problem seems to be as unrealisable as it was in 1963.

At both ends of the programme progress has been made; clearance has proceeded effectively and with dramatic results and in respect of the 11,000 dwellings in the long term "revitalisation" areas at least a start has been made to produce results, but the unfortunate occupiers of the "yellow" and "green" houses (which comprise the slum areas of tomorrow) might well be likened to the "forgotten army". Even so, a substantial proportion of the occupiers of sub-standard houses for long term "revitalisation" will fare little better if the improvement of houses is dependent upon the prior acquisition of the property by the Corporation.

In the meantime and until a policy of compulsory improvement is given consideration, the improvement of the sub-standard dwelling rests upon the initiative of the owner of the property to seek either a standard or discretionary grant, a source of financial assistance for works of improvement which has been available for almost twenty years but which has not been employed to the full in our City. The present procedure relating to the "revitalisation" of sub-standard dwellings is a deterrent to many owners who would wish to improve their houses to either the discretionary standard or the 1959 Act standard of five amenities and there is a certain justification in this connection for feeling that immediate public health considerations are being subordinated to long term planning interests.

Because of the Health and Social Services Committee's direct concern with living conditions and housing work generally, the administration of the Housing (Financial Provisions) Act 1958, the House Purchase and Housing Acts of 1959 and subsequent amending legislation relating to improvement grants, were transferred in January to that Committee from the Housing Committee and were, incidentally, later in the year transferred back but remained under control of the Health and Social Services Department.

Details of applications for both discretionary and standard grants dealt with during the year are indicated below.

(a) *Discretionary Grants*

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average grant
56	63	8	4	47	£12,201	£260

(b) Standard Grants

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average grant
192	195	4	5	179	£19,002	£106

It is interesting to note that the average cost to the council during the year in securing the improvement of a house to the full 12 point standard was £260 of which £195 was recoverable from the Exchequer leaving a net cost to the Council per dwelling of £65. To provide existing dwellings with the five standard amenities, viz., (a) a fixed bath or shower, (b) a wash-hand basin, (c) a hot and cold water supply to a bath, wash-hand basin and sink, (d) a water closet, and (e) proper facilities for storing food, the net cost to the Council was £27 per house.

Houses in Multiple Occupation

During recent years much has been said about the problem of multiple occupation in the City and in 1967 the possibility of formulating a registration scheme for houses in multiple occupation was put forward. Powers to carry out such a scheme are contained in the Housing Act 1961 which enables a local authority to compile and maintain a register of houses in multiple occupation in their district. During the year the Housing Committee approved a report in which it was proposed that a registration scheme be initiated in respect of certain wards in the City. Such a scheme formulated under the provisions of the Housing Acts 1961 to 1964 would, however, be limited to the registration of existing houses in multiple occupation and to other houses as soon as multiple occupation begins. There are, however, no powers at present to prohibit a person from letting a house so as to be multi-occupied unless the house is registered under the scheme, nor can registration be refused if the house is unsuitable for, or if the amenities of the locality would be prejudiced by, such multiple occupation.

For the purpose of remedying these deficiencies it was proposed during the year to include in the current Parliamentary Bill suitable provisions to enable advance action to be taken in respect of future

houses in multiple occupation, and it is hoped that in due course these supplementary provisions will enable satisfactory control to be exercised over this problem. In the meantime, action taken by the department during the year has resulted in many of the landlords becoming more aware of the legal requirements relating to these premises and perhaps it is fair to say that a rather higher level of compliance with statutory notices has been obtained during 1967.

There are indications that multi-occupation will create a problem in Jesmond and Heaton and other similar areas, although the shape and size of the problem in these districts are quite different from that existing in the West End. It may well be that at some time in the near future the Housing Committee will be asked to agree to a higher standard of amenity and management for houses in multiple occupation in the Jesmond area so that substantial improvements can be brought about.

During the year special attention has been paid to multiple-occupied property in the Rye Hill Revitalisation area and a special effort was made to inspect all houses so occupied and where appropriate to give directions limiting the number of persons who may occupy those houses. The making of these directions is a sensible alternative to asking the owner to carry out works which would not necessarily be to the higher standard adopted for long-term revitalisation after the premises in question had been compulsorily acquired. This activity resulted in an increase in the number of directions issued during the year but also increased the amount of routine visiting necessary to enable the directions to be enforced. In several cases it was found that the directions were being contravened and legal proceedings were instituted against the persons responsible. Although the offender in every case was fined at the Magistrates' Court this did little to improve the situation. After an owner has been convicted and fined for contravening a direction the income which the offender has received by way of rent during the period that the contravention existed more than pays for the fine. Moreover, he can continue indefinitely to contravene the direction thereafter as, it appears the offender cannot be tried and convicted twice for the same offence.

Nevertheless, despite this serious deficiency in the Housing Act 1961 owners of properties in the West End are slowly and surely feeling the effect of regular and persistent supervision, and when,

and if, the revitalisation of the Rye Hill area is achieved the problem of multiple occupation will be much more tractable.

Houses in Multiple Occupation—Statistics

Number of inspections of houses	1,731
Number of houses reported to Committee for action ..	86
Notices served, Section 15, Housing Act, 1961	16
Notices served, Section 90, Housing Act, 1957	—
Notices served of Intention to give a Direction	54
Directions made	36
Variations of a Direction Order	4
Section 15, Housing Act, 1961, notices complied with ..	12
Section 15, Housing Act, 1961, notices in default ..	1
Applications under Section 18 (2) for local authority to do the work	—
Houses or parts of houses submitted for Demolition or Closing Orders	43
Houses forming part of prosecution	
(a) Section 15, Housing Act, 1961	3
(b) Section 19, Housing Act, 1961	4

Unfit Houses—Demolitions and Closures

During the year there was a substantial increase in the number of houses closed or demolished compared with the number dealt with during 1966. In clearance areas 723 houses were dealt with as compared with 522 during the previous year. However, far too many houses still remained at the end of the year in a derelict condition affording a source of danger and nuisance. This was particularly noticeable in the Rye Hill area and it is hoped that some real progress will be made in dealing with these unsatisfactory conditions before the end of 1968.

In all, 788 houses were closed or demolished as compared with 676 during 1966. These unfit premises comprised the following:—

	Houses
In clearance areas	723
Individual unfit houses	43
On undertakings by owners (not in clearance areas)	5
On certificates of unfitness (Corporation properties)	17
	<hr/> 788

Unfit Houses—Rehousing

There was an increase in the number of families rehoused from dwellings during 1967, the total being 1,150 as compared with 894 during the previous year. Details of the rehoused families are as under:—

	Families
Clearance Areas	935
Individual Unfit Houses	136
On undertakings by owners (not in clearance areas)	13
On certificates of unfitness (Corporation properties)	66
	<u>1,150</u>

RENT ACT 1957

This enactment can be now regarded as almost a dead letter as can be seen from the statistical summary below. Of the many thousands of controlled houses which are included in the Housing Programme for the purpose of short term revitalisation, every one of these dwellings would almost certainly justify the issue of a certificate of disrepair and yet during 1967 only one application was received.

Certificates of Disrepair

Number of Applications for Certificates	1
Certificates refused	—
Applications withdrawn	—
Undertakings received (Form K)	1
Certificates of Disrepair issued	1
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	5	1	6
Certificates revoked or cancelled	5	1	6
Cancellation refused	—	—	—
Decisions pending	—	—	—
Certificates remaining extant.	183	259	442

Certificates of Disrepair—Position as at 31st December, 1967

	1954 Act	1957 Act	Total
Number issued	542	438	980
Number revoked or cancelled	359	179	538
Number remaining in force (as in register)	<u>183</u>	<u>259</u>	<u>442</u>

PUBLIC HEALTH ACTS 1936—1961

Nuisances

For several years there has been a small but regular increase in the annual number of complaints received in the department relating to conditions constituting a statutory nuisance, but in 1967 the figure fell to 3,152 as compared with the previous year's total of 4,107. It is probable that the rehousing from and the demolition of properties in clearance areas on an increased scale has led to this welcome fall in the number of complaints, although there is little doubt that far too many citizens are compelled to live for too long a period in deplorable living conditions because of the inordinate delay between the official representation of the clearance area and the actual rehousing of the occupants, a period which may be as long as five years and more. Nevertheless, whilst numerous complaints of structural defects are received not all of the complainants are actually seeking a remedy for the defects. Indeed, in a few cases, the occupier has been known to refuse access for the purpose of carrying out repairs and it is clear that in such cases complaints of the condition of the house were made with a view to securing rehousing rather than an amelioration of the existing circumstances. Even when rehousing is offered in such cases, the occupier is often difficult to accommodate because of his desire for a specific type of accommodation in a particular district or on a particular estate and, in the meantime, it is the duty of the department to enforce the appropriate provisions of the Public Health Acts to secure the abatement of nuisances, which arise in most cases from structural defects.

Noise Abatement

The popularity of the modern hearing aid may be due either to its ready availability as an ingredient of the welfare state or because of an increase in the incidence of impairment of hearing but, be that as it may, there is little doubt that the world is becoming a noisier place. Much of this increased noise arises from domestic sources, the only remedies for which are the virtues of understanding and kindly consideration for other people, but there are indications that a more formal approach is to be made to the problem of traffic and industrial noise. Reference was made to the industrial noise problem by the Minister of Housing and Local Government in Circular 22/67 issued in the early months of 1967 in which local authorities



Showing a modern form of silenced compressor and muffled roadbreaker.



Unmuffled appliances used in the City centre which produced a noise level of 100 decibels.

were called upon by the Minister to make a "determined attack" on the problem of industrial noise. It is expected that the Minister will ask for a progress report of this attack in mid-1969 but already much progress has been made in the city in securing the co-operation of industry generally in this matter.

Although Newcastle is regarded as the major township in a heavy industrial area, the number of noise nuisances and complaints relating to noise were relatively few during the year. Indeed, of the 17 complaints received only a minority related to industrial noise from factory premises, which is indicative of the awareness of the industrialist of the need to be a good neighbour. It is clear that the main source of noise which gives rise to complaint is the use of road drills, compressors and similar equipment much of which plant is operated by the Corporation and the public service undertakings. Much time and effort was expended during the year in advocating the use of silencers, muffles and similar devices but most of the exhortations appeared to fall, so to speak, on deaf ears, at least so far as the Corporation was concerned. Virtually no effective progress was achieved during the year in noise reduction from road works and as this form of activity is likely to increase in our City during the next few years, clearly a more purposeful consideration will have to be applied to this nuisance.

A more co-operative response eliminated complaints concerning excessive noise from dairy premises where the handling and loading of crates of milk in the early morning was a source of nuisance. The change from metal to plastic crates and the use of suitable instructions to employees were simple but effective measures. A similar readiness to meet the wishes of complainants was exhibited by the management of a factory adjoining a residential area near the north western boundary of the City where the fitting of suppressors to spray driers and the installation of silencers to vacuum pumps has reduced a noise level from 55 to 45 dBAs.

The increasing popularity of launderettes has been accompanied by a number of complaints of noise nuisance created by dry cleaning machines and spin dryers and although much time has been devoted to this particular type of premises the problem, which is rather one of vibration than of noise, had not been wholly resolved at the end of the year.

Other noise nuisances dealt with included a recreation ground abutting dwelling houses, a gas-fired boiler in a coin operated

laundry, hammering from a welding factory, the operation of a bingo club, a compressor used for shot blasting, machines on test, and a number of stamping presses. In respect of the last mentioned, a noise level of 105 dBA was recorded in the vicinity of the machines and 82.5 dBA immediately outside the factory building itself. Because of the type of construction of the building, it was not practicable to employ conventional insulation measures and in any event, before the end of the year, arrangements had been completed for this particular industry to be transferred to another northern City.

Statutory Notices Served

(a) Public Health Acts, 1936—1961	..	..	..	..	1,368
(b) Corporation Act, 1935	..	..	..	..	211
(c) Final letters sent	..	..	..	..	190

Legal Proceedings

(Under Public Health Acts and Newcastle Corporation Acts)

Hearings pending at end of 1966	..	..	..	..	10
Complaints and Informations laid	..	..	..	..	50
Summonses withdrawn (nuisances abated)	..	..	..	..	33
Orders made (Corporation Act, 1935)	..	..	..	..	3
Nuisance Orders made	..	..	..	..	8
Informations proved	..	..	..	..	19
Hearings pending at end of year	..	..	..	..	3

Places of Public Entertainment

For the second year in succession not one complaint was received from the public in respect of St. James' Park Football Ground during 1967, and it is clear that the works of repair and improvement carried out in 1965 at these premises has created a reasonably satisfactory situation. The contemporary attitude to entertainment is reflected in the increase of the number of bingo halls from 11 to 13 and a reduction in the number of cinemas from 15 to 12. During the year 180 inspections of places of public entertainment were carried out and in no case was any serious defect found to exist.

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

Billiard Halls	..	..	..	..	..	2
Bingo Halls	..	..	..	..	..	13
Bowling Alleys	..	..	..	..	..	1
Boxing & Wrestling Halls	..	..	..	..	..	1
Cricket Grounds	..	..	..	..	..	4
Concert Halls	..	..	..	..	..	2
Cinemas	..	..	..	..	..	12
Dance Halls	..	..	..	..	..	4
Football Grounds	..	..	..	..	..	2
Greyhound Stadiums	..	..	..	..	..	1
Lawn Tennis Clubs	..	..	..	..	..	3
Music Halls	..	..	..	..	..	1
Theatres	..	..	..	..	..	4
Any Others	..	..	..	..	..	8

Offensive Trades

There was no change in the nature or number of offensive trades carried on in the City throughout the year. All of the premises in question were regularly inspected and in all cases, except that mentioned below, the conditions were found to be satisfactory. The exception was in respect of bone boiling and fat extracting premises in the east end of the City in respect of which a complaint was received in the summer months of fly nuisance in the neighbourhood. This complaint led to a detailed and exhaustive investigation of the operation of this particular offensive trade and a comprehensive schedule of works required was submitted to the management. These works in the main related to certain structural alterations and the prevention of accumulations of malodorous refuse and whilst the position had improved at the end of the year, conditions could not be described as completely satisfactory. The types and number of offensive trades in the City at the end of the year were 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	
Soap Boiler	1	1
Gut Scraper	1	1
Fat Melter	1	1
Fell Monger	2	2
Tripe Boiler		

Tents, Vans and Sheds

For the second year in succession there was a fall in the numbers of caravans and families who occupied the fairground site on the Town Moor during the Annual Temperance Festival Week in June. On the site on this occasion were 411 caravans housing 370 families

comprising a population of 984 persons. The arrangements for the collection and disposal of refuse from the site and also the arrangements for water supply, drainage and sanitary accommodation for both the public and the show people were maintained in the usual satisfactory condition. Supervision of the sanitary services and of the food vending premises was maintained by at least one public health inspector and an assistant being on duty during the whole of the period that the festival was open. However, a major problem to which attention has been drawn in previous annual reports was again the increasing number of pirate caravans and tents stationed to the north of the fairground site.

As a result of adverse comments made in the annual report for 1966 the attention of the Town Moor and Parks Committee was drawn to the illegal and unauthorised use of the moor by unauthorised caravan dwellers and it was suggested that every endeavour be made to prevent a recurrence of these unwholesome conditions. It would seem that whatever action was taken has proved to be of no avail and the deplorable conditions which existed in 1966 were even worse in 1967. This was due to the presence of some 39 scrap merchants who took up residence on the moor and who collected and sorted out all sorts of rubbish in and around their caravans. In one instance copper cable was being burned to retrieve the copper and it was observed that wooden palings similar to those used on the boundary fence of the moor were used as kindling for this purpose.

In addition to the scrap merchants, a number of other people quite unconnected with the genuine showmen were present. Thirty-two admitted they were there on a caravan holiday; there were seven horse dealers, three carpet dealers, six casual labourers and four road men. The position has now been reached when it is undesirable that unauthorised use of the moor should be allowed to continue.

The presence of these trespassers is, of course, encouraged by the erection of a notice on the north side of the moor directing unauthorised persons to proceed to a point some yards to the west of the entrance with their vehicle and since this practice has been adopted there has been a marked and steady increase in the number of these pirate caravans. With the number of genuine showmen caravans falling every year and with the corresponding increase in the number of pirate caravans, it may well be that within a few

years there will be more illegal occupants on the moor than those attached officially to the festival.

Elsewhere in the City during the year caravans took up illegal occupation of various sites, mostly in clearance areas, from which the business of scrap dealing was often carried on. In one particular case where the population of caravan dwellers totalled 21 and included a large number of dogs, a serious public health nuisance could have arisen because of the lack of sanitary accommodation, water supply and the means of disposal of refuse. After some weeks of persistent effort by district inspectors these vehicles eventually left the City, but it would have been much more effective and certainly much quicker if the owner of the land on which the caravans were stationed could have been prevailed upon to secure the removal of the vehicles by the use of reasonable force. This could very effectively and quickly be achieved by the use of a lorry and a tow chain.

Common Lodging Houses

The Salvation Army Men's Hostel in Pilgrim Street, the only common lodging house in the City, was severely damaged by the very tragic fire which occurred in July. This lodging house, which provided accommodation nightly for more than 240 men, was excellently managed and although the standard of accommodation was austere it was quite adequate. Emergency use was made of the Jubilee Road School adjoining to afford temporary accommodation for 164 men rendered homeless by the fire. Although it was appreciated that this accommodation was only temporary, efforts were made to secure substantial improvements to the sanitary accommodation available, but little progress had been made in this direction by the end of the year.

However, it was known in December that the re-constructed lodging house would be available at the beginning of 1968. Because one badly damaged wing was permanently sealed off the number of beds available is to be reduced to 184, and this, it is felt, will prove quite adequate until such times as a municipal lodging house is available.

New Buildings and Alterations

During the year 1,261 plans were submitted to the department for examination 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, the Factories Acts and the Offices, Shops and Railway Premises Act, etc.

Closet Conversions and Drainage Installations

During the year some of the few remaining dry closets in the City (only some half dozen are still in use) were converted to the water carriage system as part of the restoration work carried out on a group of five cottages in Kenton Village.

Representations to the owners of these cottages resulted in an overall scheme for modernisation being put in hand and completed with the aid of improvement grants and the extension of an existing public sewer and in this way a small part of old Newcastle has been preserved and given a new lease of life with modern amenities.

Water Supply

The 52 chemical samples 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. At the end of the year supply of water to domestic dwellings was as follows:—

- (a) Total number of dwelling houses supplied 85,910
- (b) Population supplied from public mains—
 - (i) direct to dwelling houses 251,625
 - (ii) from stand pipes 25

During the year six special samples of water were taken in connection with an investigation into plumbo-solvency. The results were as indicated below and it should be mentioned that samples Nos. 1 to 3 inclusive were taken in the early morning before any water had been drawn from the taps, whilst samples 4 to 6 inclusive were taken at houses which had been vacant for two weeks.

Sample No.	Period of Retention of Water	Lead Content p.p.m.
1 2 3	Water stood in lead pipes overnight	0.04 0.04 0.04
4 5 6	Water stood in lead pipes for a fortnight	None 0.04 0.02

The fluoride content of water supplies in the City varied during the year between 0.1 p.p.m. and 0.3 p.p.m.

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 ..	619	5	—	—	624
Domestic Taps	27	—	—	1	28
Totals ..	646	5	—	1	652

Public Swimming Baths

All the bath waters in the 18 swimming baths in the City continued to be changed by recirculation and were regularly sampled during the year for bacteriological examination. These swimming baths comprise 12 open for public use and six attached to schools and, in all, 32 visits were made for the purpose of obtaining 64 samples which were submitted to the Public Health Laboratory. All 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.	
64	—	—	—	64

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	
1.2				1					1
1.3					1				1
1.4									—
1.5									3
1.6				2		1			—
1.7						1			1
1.8									—
1.9									14
2.0		2		5	4	3			12
Over 2.0	3			3	4	1		1	

SUMMARY OF VISITS CARRIED OUT BY PUBLIC HEALTH INSPECTORS FOR THE YEAR 1967

Complaints received	3,059
Nuisances found on District in addition to above	93
	3,152

Dwellinghouses

1. Under Housing Acts :	
(a) On inspection of district and under any Regulations made under Acts	37
(b) Individual Unfit Houses	
(i) Repairable at reasonable cost	61
(ii) Not repairable at reasonable cost	1,515
(c) Houses let in lodgings	1,731
(d) Clearance and redevelopment areas	11,368
(e) Overcrowding provisions	338
(f) Certificates of Unfitness	59
(g) Improvement Grants	359
(h) Other visits.. .. .	3,103
(i) Revitalisation	19
2. Under Rent Acts :	
(a) In connection with Certificates of Disrepair	41
(b) In connection with other certificates	4
(c) Other visits.. .. .	6
3. Under Public Health Act and Water Act :	
(a) Water closets	1,130
(b) Common courts, yards and passages	33
(c) Filthy and verminous premises	151
(d) Dustbins	590
(e) Statutory nuisances	9,174
(f) Water supplies	550
(g) Disinfestation	3,238
(h) Infectious Diseases (Other than Food Poisoning)	15
(i) Drains and Sewers	1,110
(j) Other visits.. .. .	3,047

Other Premises

1. Under Public Health Acts :	
(a) Premises used for the keeping of animals	17
(b) Places of Public entertainment	180

(c) Public conveniences	..	..	..	..	..	..	313
(d) Offices	..	..	..	..	..	..	21
(e) Schools	..	..	..	..	..	..	14
(f) Shops	..	..	..	..	..	..	16
(g) Offensive trades							
(i) Blood boiler and blood drier	..	..	..	..	..	..	1
(ii) Bone boiler	..	..	..	..	..	..	27
(iii) Fat extractor and fat melter	..	..	..	..	..	..	24
(iv) Fell monger	..	..	..	..	..	..	1
(v) Glue maker and size maker	..	..	..	..	..	..	5
(vi) Gut scraper	..	..	..	..	..	..	8
(vii) Rag and bone dealer	..	..	..	..	..	..	1
(viii) Soap boiler and tallow melter	..	..	..	..	..	..	4
(ix) Tripe boiler	..	..	..	..	..	..	39
(h) Baths and wash-houses	..	..	..	..	..	..	18
(i) Common lodging houses	..	..	..	..	..	..	20
(j) Watercourses, ditches, ponds, etc.	..	..	..	..	..	..	11
(k) Tents, vans, sheds	..	..	..	..	..	..	1,207
(l) Exhibition	..	..	..	..	..	..	49
(m) Hide and skin depot	..	..	..	..	..	..	2
(n) Other visits	..	..	..	..	..	..	245

2. Food and Drugs Act :

(a) Bakehouses—Mechanical	..	..	..	..	..	317
(b) Bakehouses—Non-Mechanical	..	..	..	..	..	35
(c) Butchers	..	..	..	..	..	812
(d) Premises used for the preparation of sausages or potted, pressed, pickled or preserved food	..	..	..	..	..	387
(e) Catering premises	..	..	..	..	..	2,452
(f) Confectioners (sweet shops and bakers shops)	..	..	..	..	..	1,068
(g) Dairies	..	..	..	..	..	68
(h) Fishmongers	..	..	..	..	..	240
(i) Food factories	..	..	..	..	..	125
(j) Fried fish shops	..	..	..	..	..	278
(k) General dealers and supermarkets	..	..	..	..	..	1,315
(l) Greengrocers	..	..	..	..	..	499
(m) Grocers	..	..	..	..	..	499
(n) Ice cream factories	..	..	..	..	..	99
(o) Ice cream retail premises	..	..	..	..	..	2,302
(p) Ice cream vehicles	..	..	..	..	..	320
(q) Licensed Premises						
(i) Public houses and Hotels	..	..	..	..	..	709
(ii) Clubs	..	..	..	..	..	134
(iii) Off Licences	..	..	..	..	..	224

(r) Milk retail premises	..	..	..	..	..	..	837
(s) Mobile shops	..	..	..	..	..	..	248
(t) Street traders	..	..	..	..	..	..	661
(u) Food poisoning	..	..	..	..	..	..	19
(v) Unsound food	..	..	..	..	..	..	392
(w) Other visits..	..	..	..	..	..	..	770
3. Under Clean Air Act and Regulations and Orders made thereunder :							
(a) Smoke observations (half-hour)	..	..	..	..	..	..	202
(b) Smoke observations (eight-hour)	..	..	..	..	..	..	2
(c) Visits to boiler and other plant (routine)	..	..	..	..	..	..	493
(d) Visits to boiler and other plant (smoke, grit and dust emissions)	..	..	..	..	..	..	34
(e) Smoke Control Areas	..	..	..	..	..	..	10,025
(f) Smoke nuisances	..	..	..	..	..	..	89
(g) Air pollution survey	..	..	..	..	..	..	606
(h) Other visits..	..	..	..	..	..	..	1,626
4. Offices, Shops and Railway Premises Act, 1963 :							
(a) General inspections							
(i) Offices	..	..	..	..	..	..	88
(ii) Shops (retail)	..	..	..	..	..	..	227
(iii) Wholesale departments or warehouses	..	..	..	..	..	..	34
(iv) Catering establishments open to the public	..	..	..	..	..	..	44
(v) Staff canteens	..	..	..	..	..	..	1
(vi) Fuel storage depots	..	..	..	..	..	..	1
(b) Other visits..	..	..	..	..	..	..	3,869
5. Factories Act, 1961 :							
(a) Factories without mechanical power	..	..	..	..	..	..	80
(b) Factories with mechanical power	..	..	..	..	..	..	2,997
(c) Other premises where Section 7 is enforced by Local Authority (excluding outworkers' premises)	..	..	..	..	..	..	47
(d) Outworkers' premises	..	..	..	..	..	..	88
6. Other Miscellaneous Acts, Orders and Regulations							
(a) Burial Act, 1857 (Exhumations)	..	..	..	..	..	..	—
(b) Merchandise Marks Act	..	..	..	..	..	..	4
(c) Hairdressers (Corporation Act, 1956)	..	..	..	..	..	..	594
(d) Tents, vans and sheds (Caravan Sites and Control of Development Act, 1960 and Corporation Act, 1926)	..	..	..	..	..	..	76
(e) Corporation Act, 1935 (drains, etc).	..	..	..	..	..	..	531
(f) Pet Animals Act, 1951	..	..	..	..	..	..	43
(g) Riding Establishments Act	..	..	..	..	..	..	9

(h) Animal Boarding Establishments Act, 1963	..	..	5
(i) Prevention of Damage by Pests Act, 1949	..	..	13,531
(j) Pharmacy and Poisons Act, 1933	..	..	57
(k) Noise Abatement Act, 1960	..	..	137
(l) Rag Flock and Other Filling Materials Act, 1951	..	..	33
			<hr/> 93,527 <hr/>

AIR POLLUTION

Measurement

Work of measurement as part of the National Air Pollution Survey, which was described in detail in last year's report, was continued throughout the year and for the first time, results from the two 8 port type instruments operated in conjunction with the Newcastle Bronchitis Centre were brought into computation. Because of demolition work at the High Heaton Branch Library the gauge at these premises was discontinued in October, but arrangements were made for an early resumption by transferring this instrument to Biddlestone Road Baths, a neighbourhood with a similar character and pollution pattern as the former site at High Heaton Library. The readings from this new site will be incorporated in the pollution figures for 1968.

It will be seen from the accompanying tables and graph of air pollution figures for 1967 that the reduction of smoke pollution experienced in the previous years has been maintained, although there has been a slight increase in SO₂ concentrations at the gauge sites at Diana Street, Elswick Baths and Shipley Street. Although the greatest reduction of smoke pollution of almost 50% was recorded by the gauge at the Central Library, indicating that the City Centre is virtually the cleanest part of our City, the most heartening reduction was at the Shipley Street gauge. During the years 1965, 1966 and 1967 the average annual reading at this gauge has been 376, 234 and 162 microgrammes per cubic metre respectively. This instrument, known for survey purposes as Newcastle 18, has for several years consistently returned results which have been among the highest smoke pollution figures in the country and there is little doubt that the dramatic reduction in smoke pollution in this part of Byker is due to the large scale demolition of houses as part of slum clearance operation.

This reduction in smoke pollution confirms that the vast proportion of smoke in the atmosphere of our City is from domestic sources and of perhaps more important significance is that the overall and continuing reduction in pollution concentration over the past few years is that smoke control really works effectively.

NATIONAL SURVEY OF AIR POLLUTION

The following table shows the average smoke and SO₂ concentrations, given in microgrammes per cubic metre, for the seven sites during 1967.

Gauge Site	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Average During	
													1967	1966
<i>Blakelaw Clinic</i> SO ₂ .. Smoke ..	68.4 163.2	45.6 45.6	56.8 30.2	51.0 44.1	50.8 48.2	56.48 31.82	41.75 9.21	44.8 26.2	32.8 83.4	21.6 40.8	30.2 156.7	35.57 72.0	44.65 62.61	77.0 96.0
<i>Diana St. Clinic</i> SO ₂ .. Smoke ..	230.4 336.1	164.0 72.6	144.5 116.5	115.2 96.7	79.3 100.4	108.89 53.28	92.75 43.14	113.9 56.4	119.2 131.4	96.3 141.0	199.5 314.8	144.63 225.29	134.04 140.63	120.7 169.9
<i>Elswick Baths</i> SO ₂ .. Smoke ..	290.0 261.8	284.0 95.3	179.0 80.4	225.0 57.0	172.1 57.2	142.21 27.91	157.58 12.43	136.1 229.0	149.5 53.0	116.6 31.2	233.3 141.9	185.30 57.50	189.22 92.05	184.0 146.6
<i>Central Library</i> SO ₂ .. Smoke ..	271.0 184.2	198.2 85.3	186.7 54.1	156.2 69.5	122.8 56.3	105.46 32.00	83.89 15.82	98.4 20.8	86.2 44.0	81.6 30.8	140.2 91.9	144.03 61.56	139.55 62.19	177.3 122.2
<i>Shipley St. Baths</i> SO ₂ .. Smoke ..	268.4 298.6	191.0 169.2	148.1 127.1	175.0 101.6	170.8 181.8	124.78 67.21	121.52 38.83	125.8 66.4	175.8 161.0	162.5 167.4	307.6 376.7	210.49 190.79	182.64 162.21	173.9 234.2
<i>H. Heaton Lib.</i> SO ₂ .. Smoke ..	223.1 240.5	172.7 104.1	134.7 57.3	170.8 98.0	212.6 96.3	180.07 52.89	109.10 32.67	114.5 40.3	123.2 110.3	Discontinued Site Demolished			160.8 92.48 (for 9 mths)	— —
<i>Walkergate Clinic</i> SO ₂ .. Smoke ..	361.9 353.6	257.6 141.2	204.0 320.4	192.1 101.2	157.0 107.8	185.39 61.32	129.89 40.17	137.8 68.8	177.8 120.2	155.6 132.5	343.3 404.7	302.54 235.93	217.07 173.98	

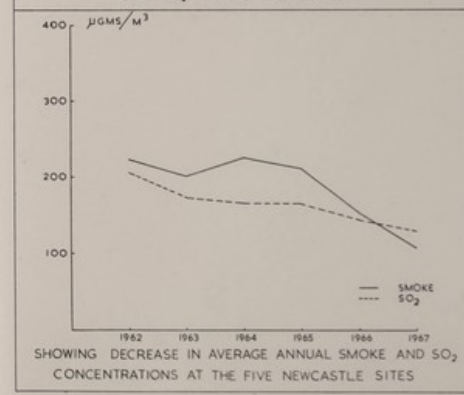
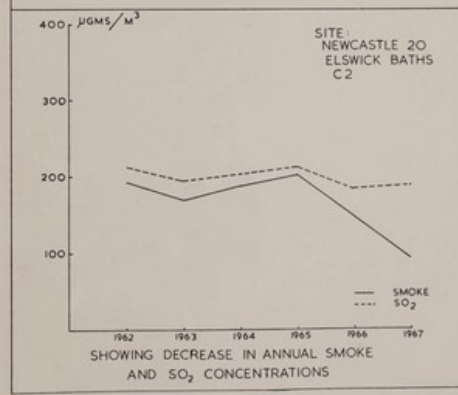
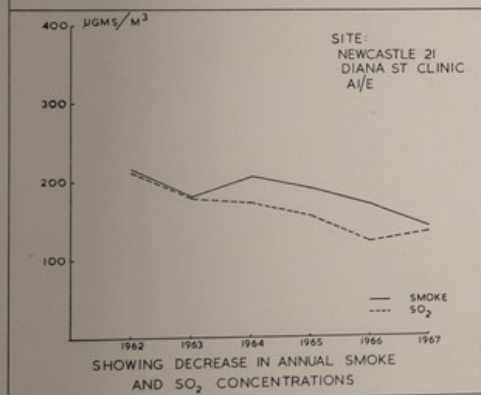
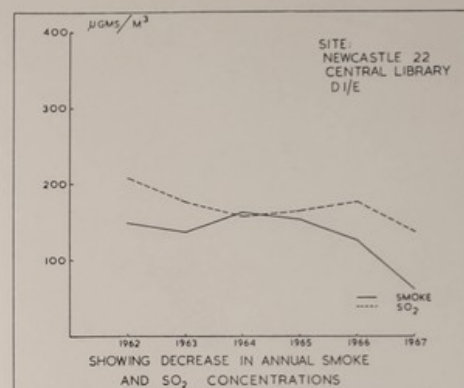
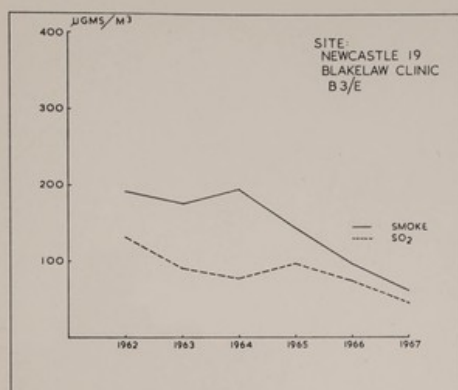
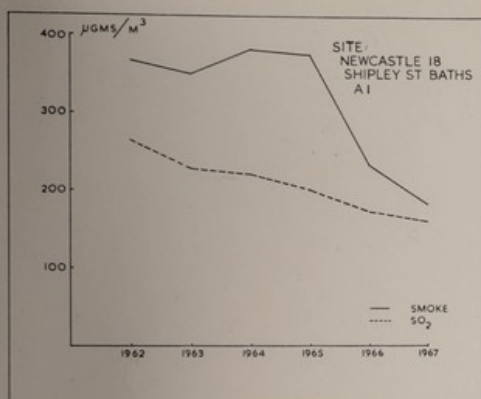
Clean Air Act 1956

The Smoke Control Order No. 11, which had been confirmed in October 1966, became operative on the 1st October 1967, bringing the total area of the City covered by operative Smoke Control Orders to 4,557 acres, and the number of premises to 24,920, which figure includes 18,326 dwellings.

A report on the Smoke Control Order No. 12 which relates to 537 acres of the Fenham district, was presented to the Health and Social Services Committee on 12th June. It was resolved that the Order be made and, subject to the confirmation by the Minister, that it be brought into operation on the 1st April, 1969. However, in consequence of a Finance Committee decision to restrict the nett expenditure of the Health and Social Services Committee to £50,000 per annum on Smoke Control Areas, it was necessary to extend the proposed date of the operation of the Order No. 12 from 1st April, 1969 to the 1st October, 1969, thereby spreading the cost of the area over a period of 18 months instead of the 12 months as originally planned, two-thirds of the costs of the area being payable during the financial year 1968-1969 and the remainder during 1969-1970. The Order was made on 1st November and confirmation by the Minister of Housing and Local Government is awaited.

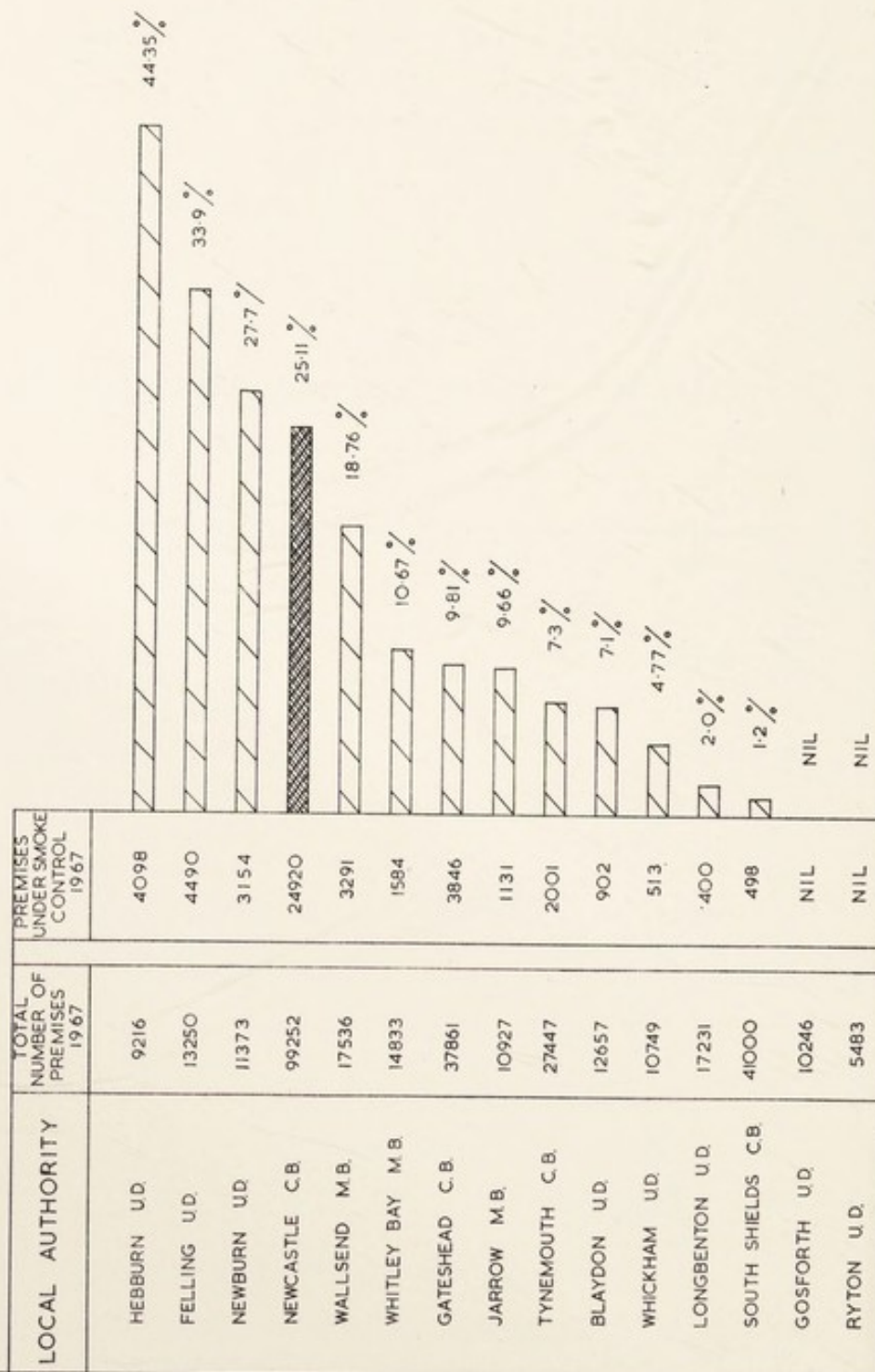
At the time of making the Smoke Control Order No. 12, it had not been possible to obtain assurance from the fuel producers that supplies of 'open fire' smokeless fuel would be sufficient to meet the needs of the area and in consequence it was necessary to continue the policy which obtained in connection with the three previous orders, and 'designate' improved open grates as ineligible for grant. It now seems probable that for Orders to be made from now on, increased supplies of 'premium' open fire smokeless fuel will be available in the Northern Region. As a result of this, the combined availability of gas coke and premium fuels will be sufficient to enable smoke control orders to be made without the need to 'designate' improved open grates. Householders will then once again have the option of installing with the aid of grant these less costly types of smokeless appliances. It is not possible to forecast to what extent this type of appliance will be installed in the future, but the effect on the overall cost of introducing smoke control areas cannot fail to be advantageous to all concerned.

A survey of a proposed smoke control area to be designated No. 6A which included some 2,000 premises, was carried out in the early



THE TYNESIDE CONURBATION

PROGRESS OF SMOKE CONTROL AT 31ST DECEMBER 1967



part of the year. This area included the proposed Rye Hill Revitalisation Area plus a considerable number of dwellings due for demolition under the Housing Act provisions of the Gloucester Street/Maple Terrace, Georges Road, Loadman Street and Gloucester Street No. 1 Compulsory Purchase Orders. It was thought that considerable financial advantage would have accrued both to the Health and Social Services Committee and to houseowners as a result of this proposition in that necessary conversions to fireplaces in the dwellings involved in the Rye Hill Revitalisation area could be carried out as part of the revitalisation works and would not be subject to grant payments under the Clean Air Act provisions. As it was not found possible to phase the Smoke Control Order operative dates with the various completion dates of the revitalisation works, this proposal was abandoned after consultation with the Ministry of Housing and Local Government.

A survey of a proposed smoke control area on the East of the City, involving over 3,000 dwellings, and adjoining the existing No. 11 area, was nearing completion at the end of the year. A report on this area, to be designated No. 13, will be submitted during 1968, but because of the financial restrictions at present in operation concerning the introduction of new smoke control areas, it will be necessary to delay the making of the Order so that none of the cost of its implementation occurs before the latter half of the financial year 1969/70.

The overall rate of progress towards the completion of the smoke control programme must necessarily be regarded as disappointing, particularly so when it is remembered that in accordance with Ministry of Housing and Local Government Circular 5/59 a completion date of 1975 was submitted. At the present rate of progress, completion of the programme in 1989 is now a more realistic target. Furthermore, this authority's position in relation to the other Tyneside conurbation authorities is depressingly poor. The histogram showing the progress of smoke control illustrates the position of Newcastle upon Tyne within the Tyneside Conurbation.

One factor in the implementation of smoke control areas that prejudices both the local authority and the individual owner is the insistence of the Ministry of Housing and Local Government that direct acting electric fires are designated. This is a national and not merely a regional requirement but it means that in practice no grant may be paid towards such an appliance. This is a direct restriction

on the freedom of choice of the individual and one wonders whether in the light of the present circumstances in respect of national power supplies, this restriction ought to be removed. Financial benefits would undoubtedly obtain, for people would, in some instances, choose direct-acting electric fires in preference to the more expensive forms of smokeless heating, resulting in direct financial savings to both the individual and the local authority.

A welcome move in the latter part of the year was the formation of a public health inspectors working group, initiated by this authority to rationalise installation costs throughout Tyneside. This will avoid the anomaly of different authorities calculating installation costs on varying bases and with consequent different final allowance costs. It should also marginally aid the reduction of smoke control costs throughout Tyneside, as it will provide an organisation that can effectively negotiate with the C.U.C. 'Approved Fixers' Panel.

Whilst in the vast majority of premises subject to smoke control in this City the occupiers have paid careful regard to the requirements of the Order by burning only authorised fuels, some concern was felt during the year about isolated instances in Corporation-owned property where the tenants view the operation of a smoke control order with less scruples. This was particularly evident in the council flats in the Beaumont Street/Noble Street neighbourhood where on one occasion in 33 of 48 flats the occupiers were found to be burning bituminous coal. Among the many reasons for this disregard of the legal requirements of the smoke control order was included a statement that "smokeless fuel will not burn properly in this type of grate".

Whilst it is possible to institute the appropriate legal proceedings the Health and Social Services Committee quite naturally were reluctant to prosecute old aged pensioners, persons in receipt of a supplementary allowance or sickness benefit or those unemployed, which classes comprised most of the tenants in this area and, therefore, in the first place, the Director of Housing has been asked to investigate the condition of these fuel burning units, as well as the flues, to establish whether or not the statements of these recalcitrant tenants are justified. The position is aggravated by the reluctance of coal merchants to deliver smokeless fuel to the upper storey flats and it may well be that the most satisfactory solution will be the installation of gas fires or other piped means of heating.

The position in relation to the establishment of smoke control areas in the City is detailed below:—

(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. 12	537	4,031	4,207	1.11.1967	—
Area No. 6A	173	1,938	2,050	(not proceeded with)	

(b) *Orders Made and Confirmed*

<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Nil	Nil	Nil	Nil	Nil

(c) *Position at 31st December, 1967*

	<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
Area No. 12	537	4,031	4,207	Submitted to Minister for Confirmation

(d) *Formal Action During 1967*

No. of Approvals of Proposed Works dealt with	..	..	288
No. of Claims for 70% grant approved	..	..	728
No. of Claims for 100% grant approved	..	..	38
No. of Section 12 Notices served	..	..	28
No. of Section 12 Notices complied with	..	..	44
No. of Section 12 Notices work still outstanding	..	..	15
Works carried out in default	..	..	Nil

Smoke Emissions

Once again it is pleasing to be able to report on the major contributions made to the clean air cause by industry generally, as throughout the year there were very few avoidable smoke emissions and in no case was it necessary to take legal proceedings. During the course of the year a total of 204 observations were made of chimneys and on only four occasions did offences occur.

The first one related to the chimney of a large hospital where because of an unforeseeable breakdown in the availability of a particular grade of coal, difficulty was experienced for some time in finding a suitable alternative supply. This situation resulted in a

final selection of three suitable alternative coals some of which were to be held in stock in case there was a future interruption of supplies and it is felt that this should adequately deal with the situation in future.

Another contravention related to the emission of black smoke from a large block of flats where domestic refuse was being improperly burned in a boiler furnace. This problem was overcome by making arrangements for the collection and disposal of such domestic refuse by the City Engineer's Department. Another contravention related to the operation of steam raising plant at a dairy in the east end of the City. On this occasion, which was an isolated instance, there was an unusual drop in steam demand and the stoker carrying out hand-firing caused smoke to be emitted as the boiler was under-loaded.

The final offence occurred as a result of difficulties in the operation of a boiler plant in a school in the north western region of the City. Certain technical difficulties had arisen with regard to the operation of an underfeed stoker and the National Industrial Fuel Efficiency Service has been called in to advise. Whatever contribution is made to the pollution of the atmosphere by these infrequent infringements, it is of relative insignificance compared with the amount of domestic smoke being emitted in smoke control areas by the use of unauthorised fuels and in this connection it may well be necessary within the foreseeable future for legal proceedings on a systematic basis to be taken against the occupiers of properties.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Section 60(1) of the Act requires annual reports to be made to the Minister as soon as practicable after the 31st December and, in any event, not later than the end of March. In addition to the statistical material prescribed by the Offices, Shops and Railway Premises Annual Reports Order 1967 for inclusion in the report, the Minister suggests that narrative reports giving information about problems and difficulties encountered during the administration of the Act would prove most useful and special reference has, therefore, been made in this report to certain relevant matters. The Act also requires a copy of the annual report to be kept at the local authority's offices and to be open for inspection by any person, at all reasonable hours,

free of charge. It is also a statutory requirement that a copy of the report be supplied to any person on payment of a reasonable charge therefor.

Administration

The year 1967 must be regarded basically as a year of consolidation in the enforcement of the Act and the various regulations. The first part of the year was devoted to ensuring that all outstanding work was completed, and of course, to inspecting new premises.

Towards the end of the year, however, another comprehensive survey of all premises in the City was started.

Section 5—Overcrowding

Though the main provisions of the Act became operative on the 1st August, 1964, the requirements relating to minimum floor area and cubic space per person did not come into force until the 1st August, 1967. It is interesting to note, however, that virtually no premises have been found which contravened the overcrowding provisions.

Section 8—Lighting

The position regarding lighting remains unsatisfactory. The Minister of Labour has stated that he will not be making regulations, but that he will be issuing a circular on lighting in premises covered by the Act. It would be most helpful to all concerned if this circular were issued at an early date so that local authorities would be aware of the official view when trying to formulate lighting standards.

Section 48—Notification and Investigation of Accidents

During the year 192 accidents were reported to the department, an increase of 30 over the previous year, and of these 56 were investigated. All the accidents were found to be of a minor nature and in no cases were legal proceedings instituted.

An occupier is required to notify accidents which occur in his premises, but not in common parts or outside the premises. The following accident, which occurred during the year, illustrates this point.

The department received a telephone message from the police regarding a window cleaner who, whilst cleaning the windows of a multi-occupied office building, had fallen from his ladder and

sustained head injuries. On investigation it was found that the window cleaner's ladder had been in a common front area, therefore he was not technically inside any premises and there was no duty upon any occupier to notify the accident.

Section 49—Notification of Employment

The Act places a duty upon anyone employing people to work in office, shop or railway premises to notify the appropriate authority on the prescribed form (OSR.1). This procedure is commonly referred to as registration. The appropriate authority may be the local authority or H.M. Inspector of Factories.

Although the Act has now been in force for over three years, a good many employers still appear to be unaware of this provision and most new premises or changes of occupancy are discovered during routine inspection of the City.

There is nothing in the Act which requires anyone to notify the appropriate authority when they cease to employ people, or vacate their premises.

152 premises were registered with this authority during the year, bringing the total under our jurisdiction to 5,248.

Statistical Summary

(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	62	2,126	88
Retail Shops	63	2,192	277
Wholesale shops, warehouses	15	542	34
Catering establishments open to the public, canteens	12	382	45
Fuel storage depots ..	—	6	1
Totals	152	5,248	445

(b) Number of visits of all kinds by Inspectors to Registered Premises 4,314

(c) *Analysis of persons employed in registered premises by workplace.*

Class of workplace	Number of persons employed
Offices	26,805
Retail Shops	18,432
Wholesale, departments, warehouses	6,909
Catering establishments open to the public	4,224
Canteens	293
Fuel storage depots	70
Total	56,733
Total Males ..	24,968
Total Females	31,765

(d) <i>Exemptions :</i>	<i>Granted</i>	<i>Refused</i>
Space (Sec. 5 (2))	—	—
Temperature (Sec. 6)	—	—
Sanitary Conveniences (Sec. 9)	1	—
Washing Facilities (Sec. 10)	2	—
Sanitary Conveniences and Washing Facilities (Sections 9 and 10)	2	—

(e) *Accidents notified during the year ..* 192

(f) *Analysis of Contraventions*

Section	Number of Contra-ventions found		Section	Number of Contra-ventions found	
4	Cleanliness	8	14	Seats (Sedentary Workers)	—
5	Overcrowding	1	15	Eating Facilities	1
6	Temperature	33	16	Floors, passage and stairs	45
7	Ventilation	1	17	Fencing exposed parts machinery	20
8	Lighting	4	18	Protection of young persons from dangerous machinery	—
9	Sanitary Conveniences	81	19	Training of young persons working at dangerous machinery	—
10	Washing facilities	37	23	Prohibition of heavy work	—
11	Supply of Drinking water	—	24	First Aid—General provisions	41
12	Clothing Accommodation	—	49	Failure to Register with Local Authority	5
13	Sitting Facilities	—	50	Abstract of Act not displayed	52
				Total	329

FACTORIES ACT, 1961

Re-organisation of the work of the district public health inspectors, so as to bring about a more satisfactory cover of factory premises, was completed some two years ago. The results of this re-organisation are now to be seen as during 1967, 3,124 visits were made under this Act as compared with 2,392 during 1966 and 1,565 during 1965. These figures will be all the more appreciated when they are related

to the number of factories which has considerably reduced over the same years, *e.g.*,

1965 — 1,586

1966 — 1,605

1967 — 1,116

It is also worthy of note, and is, no doubt, resulting from the more numerous inspections, that the number of contraventions found during 1967 was less than half those found during 1966 and in most of the cases the work required was quickly attended to.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF
THE FACTORIES ACT, 1961
PART 1 OF THE ACT

1.—INSPECTIONS FOR THE PURPOSES OF PROVISIONS AS TO HEALTH (INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by Local Authorities	153	80	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	858	2,997	52	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises)	105	47	2	—
Total	1,116	3,124	55	—

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)	1	—	—	—	—
Overcrowding (S2) ..	—	—	—	—	—
Unreasonable Temperature (S3) ..	—	—	—	—	—
Inadequate ventilation (S4)	—	—	1	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7)	—	—	—	—	—
(a) Insufficient ..	11	5	—	—	—
(b) Unsuitable or defective	46	33	1	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	2	—	—
Total	58	38	4	2	—

Outworkers

<i>Year</i>	<i>Number of outworkers in City</i>
1967	20
1966	22
1965	8
1964	7
1963	19

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Nature of work (1)	Section 133			Section 134		
	No. of out-workers 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. ..	20	2	—	—	—	—
Total	20	2	—	—	—	—

FOOD AND DRUGS ACT 1955

Meat Inspection

During the year there was a decrease in the total number of animals slaughtered in the City to 235,766 as compared with 240,590 in 1966. This decrease was accounted for by 908 fewer sheep and 9,970 fewer pigs being killed during the year. The figures for cattle and calves showed an increase in number slaughtered by 2,149 and 50 respectively. The total of 235,766 animals slaughtered during the year comprised 31,139 cattle, 608 calves, 127,617 sheep, 76,189 pigs and 222 horses, giving a total of 799,745 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 units, a pig or calf 3 units and a sheep 2 units). During the year 100% meat inspection was again achieved by the combined efforts of the public health inspectors and authorised meat inspectors, the district public health inspectors accepting weekend overtime duties in connection with

meat inspection on a rota basis and the permanent meat inspection staff taking over the responsibility for morning and weekday overtime. There was a slight increase in the total overtime worked during the year on meat inspection amounting to 3,369 hours as compared with 3,313 hours for 1966. This increase was due to more Sunday slaughtering.

The maximum inspection charges permitted by the Meat Inspection Regulations 1963 were continued throughout the year and the total income from this source was £9,989. 6s. 3d. as compared with £10,125. 18s. 6d. collected during 1966.

Outside establishments and organisations which were supplied during the year with specimens of diseased animal organs included the Department of Agriculture, Newcastle University; The Veterinary Investigation Centre of the Ministry of Agriculture, Fisheries and Food; The Royal Victoria Infirmary; the College of Further Education where organs were supplied for physiology demonstrations and the Royal Society of Health for examination purposes.

The slaughtering hours which had been fixed by the Health and Social Services Committee at the end of 1966 continued throughout the year and these hours were accepted and adhered to by the meat trade. A certain amount of emergency slaughter took place outside of these hours because of casualty arising from accident, injury or illness, such slaughter being necessary to avoid the animals suffering unnecessary pain. It is hoped that the operation of the new Municipal Abattoir in 1968 will bring the abolition of Sunday slaughtering and that the following slaughtering hours will meet the requirements of the trade.

<i>Day</i>	<i>Time</i>	
Monday	7 a.m.	5 p.m.
Tuesday	7 a.m.	3 p.m.
Wednesday	7 a.m.	5 p.m.
Thursday	7 a.m.	3 p.m.
Friday	7 a.m.	5 p.m.
Saturday	7 a.m.	11 a.m.

TABLE I
WHOLE CARCASSES CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease or Condition	Cattle	Sheep	Calves	Pigs	Horses	Total
<i>Septic Conditions:</i>						
S. Mastitis ..	1	—	—	—	—	1
S. Pleurisy ..	1	11	—	6	—	18
S. Pneumonia ..	1	2	—	2	—	5
S. Arthritis ..	—	3	—	15	—	18
S. Peritonitis ..	—	1	1	5	—	7
S. Metritis ..	—	1	—	—	—	1
Septicaemia ..	—	—	1	—	—	1
Johnes Disease ..	1	—	—	—	—	1
Oedema and Emaciation ..	8	112	4	7	—	131
Traumatism ..	1	—	—	9	—	10
Pyæmia ..	—	1	6	45	—	52
Anaemia ..	—	15	—	—	—	15
Imperfect Bleeding ..	—	4	1	6	—	11
Gangrene ..	—	3	—	—	—	3
Arthritis ..	—	2	—	5	—	7
Multiple Abscess ..	—	1	1	1	—	3
Lymphosarcoma ..	—	3	—	6	—	9
Toxaemia ..	—	1	—	1	—	2
Icterus ..	—	1	—	—	—	1
Pyrexia ..	—	—	—	13	—	13
Congestion ..	—	—	—	5	—	5
Pl. & Peritonitis ..	—	1	—	3	—	4
Jaundice ..	—	—	1	—	—	1
Decomposition ..	—	—	1	—	—	1

TABLE II

PART CARCASE OR ORGANS CONDEMNED BECAUSE OF DISEASE
OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease or Condition	Cattle	Sheep	Pigs	Calves	Horses	Total
Johnes Disease ..	25	—	—	—	—	25
Actinobacillosis ..	104	—	—	—	—	104
Actinomycosis ..	16	—	—	—	—	16
Abcess ..	994	112	281	—	—	1,387
Pericarditis ..	145	428	3,259	—	—	3,832
Pneumonia ..	88	1,136	5,329	—	2	6,555
Pleurisy ..	761	1,213	3,347	—	—	5,321
Pl. & Peritonitis ..	2	19	132	—	—	153
Peritonitis ..	199	114	1,538	—	4	1,855
Enteritis ..	5	9	87	2	—	103
Mastitis ..	69	8	8	—	—	85
Nephritis ..	73	31	26	—	—	130
Fascioliasis ..	11,538	8,699	—	—	—	20,237
Oedema ..	—	7	—	—	—	7
Congestion ..	14	4	26	—	—	44
Melanosis ..	15	—	1	—	—	16
Necrosis ..	3	—	—	—	—	3
Arthritis ..	2	125	574	—	—	701
Traumatism ..	83	54	200	1	1	339
Decomposition ..	301	—	388	1	—	690
Emphysema ..	30	—	—	—	—	30
Telangiectasis ..	246	—	—	—	2	248
Cirrhosis ..	1,378	31	416	—	1	1,826
Contamination ..	9	50	38	—	—	97
Hydronephrosis ..	15	—	68	—	—	83
Neoplasm ..	3	11	2	—	—	16
Echinococcus ..	23	—	—	—	42	65
Haematoma ..	11	—	—	—	—	11
Gangrene ..	1	—	1	—	—	2
Pl. & Pericarditis ..	1	—	83	—	—	84
Muellerius						
Capillaris ..	—	153	—	—	—	153
Ascariasis ..	—	5	4,290	—	—	4,295
Parasites ..	—	3,526	43	—	—	3,569
Pentastomes ..	—	1,432	—	—	—	1,432
Parasitic						
Pneumonia ..	—	547	—	—	—	547
Tenuicollis ..	—	43	61	—	—	104
Retention Cysts ..	—	4	—	—	—	4
Blood Splashing ..	—	77	—	—	—	77
Ascites ..	—	29	—	—	—	29
Echinococcus ..	—	22	—	—	—	22
Pleurisy and						
Pneumonia ..	—	—	926	—	—	926
Erysipelas ..	—	—	2	—	—	2
Hypostasis ..	—	—	287	—	—	287
Perit. Ascar. ..	—	—	15	—	—	15
Pl. & Ascariasis ..	—	—	115	—	—	115

Bovine Tuberculosis

No carcase of beef was condemned but parts of carcasses and organs were rejected from 31 carcasses of beef showing a condemnation rate of 0.098 of the total number of bovines slaughtered in 1967. Since 1950, when an all out intensive attack was commenced on the eradication of bovine tuberculosis, by the year 1963, the incidence of the disease had fallen to an insignificant level. After 1963 the incidence rate of bovine tuberculosis, while not alarming, was still measurable and has remained at a reasonably constant level.

In every case where tuberculosis is found and where there is specific helpful evidence such as tattooed ear marks, information is given to the Ministry of Agriculture, Fisheries and Food to assist in the tracing of the affected cattle.

During 1967, eight bovine animals were sent into the City for slaughter under the Tuberculosis (Slaughter of Reactors) Regulations, 1950, details of which are shown on Table 3. Of the eight reactors dealt with, four were found to be affected with localised tuberculosis.

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 ..	—	4	4

TUBERCULOSIS REACTORS ORDER, 1950

1 Heifer	Localised
1 Cow	Localised
1 Steer	No disease found
1 Heifer	Localised
1 Steer	Localised
1 Heifer	No disease found
1 Heifer	No disease found
1 Calf	No disease found

Avian Tuberculosis

Some 369 pigs were found to be affected with tuberculosis and virtually in every case the head alone was found to be affected and was condemned. Lesions in the submaxillary gland could in almost every case be attributed to the avian strain of tuberculosis.

This type of tuberculosis in pigs arises from pigs running on land where poultry is kept and when some of the litter are infected with the avian strain of the disease.

TABLE 4

THE TOTAL CONDEMNATION OF CARCASSES OF ANIMALS BECAUSE OF TUBERCULOSIS SLAUGHTERED IN THE CITY BETWEEN THE YEARS 1961-1966

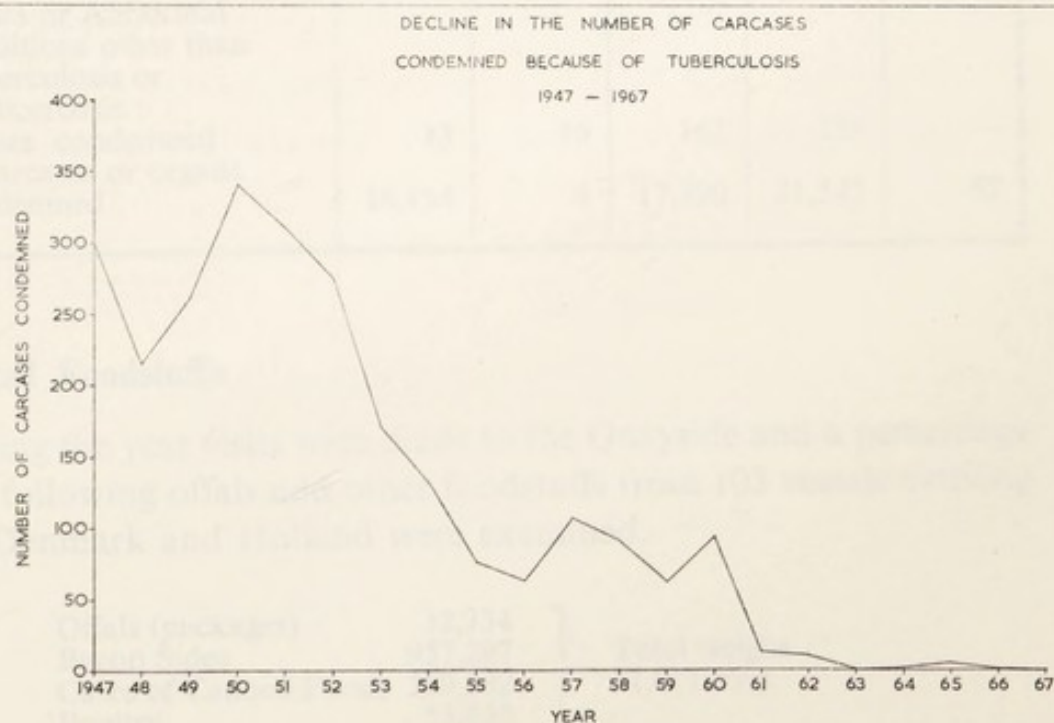
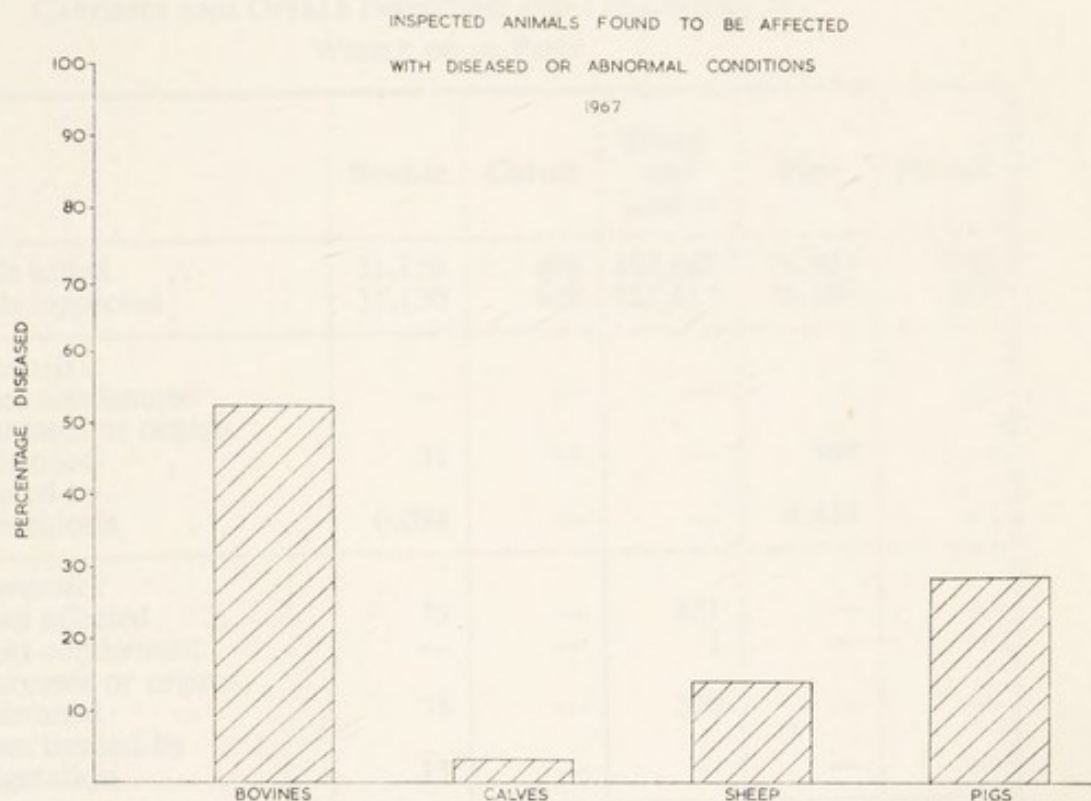
Year	Cattle	Calves	Sheep	Pigs	Horses	Total Animals
1967	—	—	—	—	—	—
1966	1	—	—	—	—	1
1965	3	—	—	—	—	3
1964	1	—	—	—	—	1
1963	—	—	—	—	—	—
1962	5	—	—	—	—	5

Cysticercus Bovis

During the year 79 cases were detected and 13 carcasses of beef were placed in refrigeration for the required period to render sterile any viable cysts which may have been in the musculature. Supervision of a further 31 carcasses of beef affected with cysticercus bovis was carried out, these carcasses having been sent into the City from other local authorities. At the conclusion of the detention period the carcasses were inspected, stamped and released by members of the meat inspection staff. This necessary precaution of carrying out this freezing process renders the viable cysts innocuous thereby breaking the cycle of this form of parasitic life which in certain circumstances causes tapeworm in man.

Cysticercus Ovis

In all, 321 carcasses of mutton were found to be affected with this parasite but only in one instance was a carcase condemned for a generalised condition. In all the other cases the cysts were localised in the heart or the muscles of the diaphragm and were, without exception, found to be in a calcified and degenerated condition.



In addition to the important information mentioned above, the following material from the report was received from the Auckland Star on the 11th, "Auckland Star" on the 11th, and following inspection by the department.

TABLE 5

INSPECTION OF SLAUGHTERED ANIMALS, 1967
CARCASSES AND OFFALS INSPECTED AND CONDEMNED IN
WHOLE OR IN PART

	Bovine	Calves	Sheep and Lambs	Pigs	Horses
Animals killed	31,130	608	127,617	76,189	222
Animals inspected	31,130	608	127,617	76,189	222
<i>Tuberculosis :</i>					
Carcases condemned	—	—	—	—	—
Part carcasses or organs condemned	31	—	—	369	—
% affected by Tuberculosis	0.098	—	—	0.483	—
<i>Cysticercosis :</i>					
Carcases affected	79	—	321	—	—
Carcases condemned	—	—	1	—	—
Part carcasses or organs condemned	79	—	320	—	—
Carcases treated by refrigeration	13	—	—	—	—
Diseases or Abnormal conditions other than Tuberculosis or Cysticercosis :					
Carcases condemned	13	16	162	129	—
Part carcasses or organs condemned	16,154	4	17,890	21,543	52

Imported Foodstuffs

During the year visits were made to the Quayside and a percentage of the following offals and other foodstuffs from 103 vessels arriving from Denmark and Holland were examined.

Offals (packages)	32,334	} Total weight 31,011 tons
Bacon Sides	957,297	
Cases of Canned Foods	369,582	
Poultry	53,630	

In addition to the imported foodstuffs mentioned above, the following imported frozen meat was landed at the Newcastle Quayside ex. the m.v. "Auckland Star" ex. New Zealand, and was subject to inspection by this department.

Carcases of Lamb and Mutton	83,118	} Total Weight 2,743 tons
Cartons of Mutton Legs	768	
Cartons of Beef Hearts	100	
Cartons of Sheep Hearts	350	
Cartons of Beef Cuts	56	
Cartons of Lamb Livers	300	
Cartons of Offal	15,957	
Cartons of Tongues	2,544	}
Cartons of Sirloins	594	

Meat and Other Foodstuffs Condemned

In the City wholesale meat depots and shops the following overseas imported meat was condemned, viz.:—

1,910 lbs. of beef	3 carcasses of mutton
245 lbs. ox kidneys	1,007 lbs. of mutton
10 lbs. ox liver	10 lbs. sheep kidneys
18 lbs. pig kidneys	190 lbs. sheep 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 condemned during routine inspection.

BEEF	3,472 lbs., 22 heads, 409 lbs. livers.
MUTTON	28 carcasses, plus 692 lbs., 255 lbs. lungs, 305 lbs. livers.
PORK	9 carcasses, plus 1,208 lbs., 3 heads, 22 lbs. liver.
VEAL	1 carcase, plus 71 lbs.

The total weight of meat and other foodstuffs condemned during 1967 was 205 tons 18 cwts. 3 quarters and 17 lbs. as compared with 156 tons 8 cwts. 1 quarter and 6 lbs. during the previous year and comprised the following:—

	Tons	Cwts.	Qrs.	Lbs.
Beef, Veal, Mutton and Pork ..	21	14	3	20
Offals	85	12	2	8
Provisions & Tinned Goods ..	26	2	2	23
Fresh Fruit and Vegetables ..	72	8	2	22
Total ..	205	18	3	17

These condemnations involved the issue of 2,041 certificates.

TABLE 6

POULTRY AND GAME, FRUIT AND VEGETABLES, PROVISIONS, ETC.,
DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION DURING
THE YEAR, 1966

POULTRY AND GAME		PROVISIONS		TINNED GOODS—Continued	
	lbs.		lbs.	Tins	lbs.
Chicken	730	Bacon	3,647	Hamburgers	20 —
Rabbit	334	Butter	17	Irish Stew	188 —
Turkey	203	Cheese	306	Meats	— 14,059
Geese	14	Flour	14	Mixed Veg.	64 —
FRUIT AND VEGETABLES		Preserves, Jars	296	Milk	761 —
	lbs.	Lard	63	Milk Puddings	643 —
Carrots	42,968	Salad Cream, Jars	4	Ravioli	3 —
Cauliflower	9,360	Sauce, Btls.	81	Sausage	34 —
Celery	24	Sugar	126	Soups	754 —
Grapes	108	French Peel	7	Spaghetti	18 —
Melons	1,400	Currants	84	Steak & Kidney ...	8 —
Onions	51,974	Rice	500	Stewed Steak	391 —
Peaches	80	Powder Egg	40	Syrup	24 —
Potatoes	12,344	Yeast	30	Tomatoes	4,518 —
Sprouts	1,920	Frozen Food, Pkts.	2,726	Tomato Juice	59 —
Tomatoes	980	TINNED GOODS		Tomato Puree	156 —
Almonds	2,604		Tins lbs.	New Potatoes	64 —
Mushrooms	1,767	Baby Foods	168 —	Vegetables	297 —
Radishes	525	Baby Foods, Jars ...	92 —	Meat Paste, Jars ...	96 —
Chestnuts	2,904	Baked Beans	536 —	Pie Filling	24 —
Date	36	Beans	733 —	Sweet Corn	4 —
Turnips	5,040	Beef & Veg.	2 —	Cheese Spread, Pkts.	2 —
Grapefruit	21,810	Chicken	41 —	Mince Meat	85 —
Cherries	243	Chicken, Jars	54 —	Peas	2,002 —
		Cream	56 —	Asparagus	21 —
		Fish	668 —	Mushrooms	5 —
		Frankfurter	6 —	Pease Pudding	11 —
		Fruit	7,104	Pickles, Jars	123 —
		Fruit Pulp	21 —	Chestnut Puree	1 —
		Fruit Juice	241 —	Hot Dogs	276 —
		Ham	— 15,825	Cheese & Pineapple Jars	197

Bacteriological Examination

The Public Health Laboratory Service reported upon 13 specimens from carcasses of animals slaughtered within the city. In all 13 cases the report was satisfactory and the carcasses were passed as fit for human consumption.

TABLE 7
BACTERIOLOGICAL EXAMINATIONS

Carcas			Type of Animal	Disease Suspected	Bacteriological Findings
Beef	Pork	Mutton			
1	—	—	Steer	Enteritis	No
1	—	—	Steer	Septicaemia	
—	1	—	Pig	Septic Metritis	
—	1	—	Pig	Septic Enteritis	
1	—	—	Heifer	Septic Enteritis	Pathogens
1	—	—	Heifer	Septicaemia	
1	—	—	Cow	Salmonellosis	
1	—	—	Cow	Salmonellosis	
1	—	—	Cow	Salmonellosis	in
1	—	—	Cow	Salmonellosis	
1	—	—	Cow	Salmonellosis	
1	—	—	Cow	Salmonellosis	
—	1	—	Pig	Septicaemia	any case

Detained Corned Beef

In June 1964 *Salmonella typhimurium* was isolated from an apparently sound can of 'Andes Brand' corned beef in Edinburgh which can had originated from Establishment 1819 Argentina. As a result of this, and at the request of the Ministry of Health, all cans bearing the marks 1819 were detained in warehouses in the City. Furthermore, stocks which had already left the warehouses and had been distributed to shops were returned to the warehouses in the City and detained.

Towards the end of 1966, the Ministry of Agriculture, Fisheries and Food authorised the movement of the detained stocks of corned beef to premises within the London Borough of Tower Hamlets. That authority was informed when each consignment left Newcastle and arrangements were made for the necessary supervision of the consignments upon arrival in London.

In 1967 the total consignments dealt with in this way comprised the following:—

- 48 cases (6 x 6-lbs.) 'Andes' Corned Beef, plus 5 tins 1819
- 466 cases (6 x 6-lbs.) 'Durillo' Corned Beef, plus 5 tins 1819
- 282 cases (6 x 4-lbs.) 'Prima' Corned Beef, plus 5 tins 1819
plus 200 loose tins x 6-lbs. 1819
- 2,502 cases (6 x 6-lbs.) 'Durillo' Corned Beef 1819
- 1,857 cases (6 x 6-lb.) 'Cardova' Corned Beef 1819

Export Meat

A total of 14 certificates were granted up to the 30th April, 1967, after which date certification was taken over by the Ministry of Agriculture, Fisheries and Food. Nevertheless, horseflesh intended for human consumption abroad still continued to be inspected and stamped by the Public Health Inspection staff of the department.

A total of 222 horses were dealt with.

Slaughterhouse Act 1958

The number of separately licensed premises within the City remains the same as at the end of the preceding year at 23.

Four slaughterhouses of the Cattle Market Group were not in use for slaughtering.

Slaughter of Animals (Prevention of Cruelty) Regulations 1958

Slaughterhouse (Hygiene) Regulations 1958

Much to the disappointment of all concerned the anticipated opening of the Municipal Abattoir in 1967 did not take place. The appointed day, which had been fixed for April 1967 and approved by the Ministry of Agriculture, Fisheries and Food, had to be cancelled as the abattoir had not been completed and indeed a later provisional date towards the end of the year met with the same fate. In due course the 1st February, 1968, was finally selected as the appointed day and at the end of the year no further postponement appeared likely to be necessary.

FOOD INSPECTION AND CONTROL

Analysis of Food and Drugs

The following statistical table shows that of 585 samples submitted, the Public Analyst reported adversely upon 43 or 7.3% of the total. This compares with 600 samples submitted in 1966 of which number 6.0% showed some irregularity.

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) ..	68	25	93	4	1	5
(b) Milk— (Presence of Antibiotics)	—	76	76	—	—	—
(c) Ice Cream ..	8	—	8	—	—	—
(d) Other Foods— (Chemical Analysis) ..	48	322	370	14	24	38
(Pesticide residues) ..	—	15	15	—	—	—
(Pesticide Residues A.M.C. Scheme) ..	—	12	12	—	—	—
(e) Drugs— (Chemical Analysis) ..	—	11	11	—	—	—
Total ..	124	461	585	18	25	43

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.

(a) Milk

Five samples of milk were shown to be adulterated with water. All of these samples were all taken from the same producer (three in the course of delivery and two at the point of collection). The presence of extraneous water in these samples varied between 2.7% and 4.4%. Due to the fact that the producer concerned was about to leave the farm because of ill-health it was decided that the matter be dealt with by a strong warning letter.

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% of 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)	30	3.66	8.65
Untreated (Farm Bottled) Milk ..	1	4.40	8.81
Untreated (Farm Bottled) (Channel Island) Milk	34	5.21	9.38
Pasteurised Milk	12	3.67	8.72
Pasteurised (Channel Island) Milk ..	3	3.48	8.71
Sterilised Milk	13	4.53	9.16
Total	93	—	—

(b) Antibiotics in Milk

A total of 76 samples of milk were submitted to the Public Analyst for the examination of antibiotic residues. Antibiotics are used for many animal ailments but in particular they are used in the treat-

ment of mastitis or inflammation of the udder in cows. 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 requirement, 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, only one sample showed a reaction and this was due to only an insignificant trace of penicillin residue.

(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 during the year was of good compositional quality.

ICE CREAM—COMPOSITIONAL QUALITY			
Fat Content	Manufactured in City	Manufactured outside City	Total
5 — 6%	—	—	—
6 — 7%	—	—	—
7 — 8%	2	—	2
8 — 9%	1	—	1
9 — 10%	1	2	3
Over 10%	1	1	2
Total	5	3	8

(d) Other Foods

(1) Meat and Meat Products

(a) **Sausages.** Four samples were adversely reported upon, three because of low percentage of meat content and one because of the presence of preservative.

There is, as yet, no statutory standard of meat content for sausages and the Public Analyst has taken the war-time price control standard as a basis for his observations that pork sausage should contain at least 65% meat and beef 50% meat. Two samples of pork sausage contained 56.8% meat and 63.5% meat and one sample of beef sausage contained only 47.1% of meat. In the case of the first

sample, the vendor was prosecuted and fined £5 with £4. 4s. 0d. costs; in the other two cases the vendors were cautioned.

The law permits sulphur dioxide to be used as a preservative in sausage provided that this is not used in excess of 450 parts per million and is declared at the time of sale. In one instance the presence of this chemical was not disclosed.

(b) **Meat Pies.** Of 13 meat pies with a minimum weight of $5\frac{1}{2}$ ozs. each submitted for analysis, only three were found to contain less than 25% meat, and of eight meat pies weighing between 4 ozs. and $5\frac{1}{2}$ ozs., four were found to contain less than 1 oz. of meat. These findings are based on the recommendations of the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food. In each case the manufacturers were notified and subsequent samples proved to be satisfactory.

(c) **Meat Mince.** Six samples of meat mince (three informal and three formal) submitted to the Public Analyst were found to contain the preservative sulphur dioxide in amounts varying between 140 and 605 parts per million. The Preservatives in Food Regulation, 1962, prohibit the presence of preservatives in food except for certain specified foods. Since meat mince is not one of these specified foods the samples contravened the requirements of the Preservatives in Food Regulations. Warning letters were sent to the vendors.

2. Miscellaneous Products

(a) **Butter Confectionery.** Two samples of buttered mints purchased in the City during the year were shown to contain only 1.6% and 1.1% of butter fat. A 'Code of Practice' agreed between the responsible Ministerial Department and the Chocolate and Sugar Confectionery Trade sets the butter fat content of sweets to which the appellation "butter" is applied at 4%. The vendor was cautioned in each case.

(b) **Tea Buns, Teacakes and Scones.** Six samples described and offered for sale as 'buttered' tea buns, 'buttered' teacakes or 'buttered' scones were taken during the year. Analysis showed that three vendors spread a substance on these articles which was not butter. Two vendors were successfully prosecuted and a warning letter sent to the third as it was his first offence.

(c) **Jam and Cream Sponge.** Two samples of jam and cream sponge were reported on by the Public Analyst as containing no

butter fat and, therefore, the sponge cakes did not, in fact, contain cream. This was a contravention of Section 47 of the Food and Drugs Act, 1955, which makes it an offence to sell or expose for sale for human consumption any substance which resembles cream in appearance but is not cream, under a designation or description which includes the word 'cream'. A warning letter was sent to the vendor of these samples.

(d) **Sponge Drops.** This article was advertised as containing a jam and butter filling but upon analysis it was found to contain no butter fat. A subsequent sample was found to be satisfactory.

(e) **Cake Decorations.** Four samples of coloured cake decorations were found to contain the colouring matter Blue V.R.S. The use of this colouring matter is not permitted under the Colouring Matter in Food Regulations, 1966, which came into force on the 26th June, 1967. Warning letters were sent to the vendors and manufacturers in each case.

(f) **Cheese.** The Cheese Regulations, 1965, specify the compositional standards and labelling requirements for soft cheese. Two samples of soft cheese failed to bear the appropriate description specified in regulation 6 of the above regulations and in addition the moisture content of one of these samples was in excess of the maximum allowed for such a type of soft cheese. The manufacturers and vendors were informed of these irregularities in each case and cautioned.

(g) **The Ideal Food Drink.** The irregularity in this instance occurred in the name applied to the product which was not a drink but a powder from which the drink was made. Since the substance was a powder, it would have been more correct with the insertion of the word 'makes' before the words 'The Ideal Food Drink'. The matter was taken up with the manufacturer.

(h) **Sea Food Dressing.** The ingredients stated on the label of this sample were in the same colour print and in close proximity to a statement as to the use of the Sea Food Dressing. This could have implied that the dressing was suitable for use with the ingredients, namely mayonnaise and tomatoes, etc. The manufacturer was informed of these facts.

(i) **Ginger Ale and Brandy with Ginger Ale.** These two samples were found to contain a sulphated detergent and therefore unfit for human consumption. Due to difficulties in establishing where,

when and who interfered with these bottles and having regard, in particular, to the existence of a warranty, no further action was taken.

Food Standards

Any review of the past year's work would be incomplete without some mention of the new legislation which has been passed in connection with food. This has been more plentiful than in previous years and is due partly to the revision and re-enactment of the old "Food Standards Orders" and partly to the control which must always be exercised over the treatment of food and the addition of chemicals to it. The formulation of food legislation is not easy as there are so many divergent views on what is good to eat and how it should be prepared for the eating. Space will permit of only a few brief remarks concerning three widely used articles of diet for which, after long deliberation, legislation has been passed and which will come into force during the next and subsequent years. These foods are meat pies, sausages and canned meat.

Work in connection with the setting up of a compositional standard for meat pies began as long ago as 1960 when food and drugs authorities were asked to sample a representative number of pies, to record the price paid and to find the weight of pastry, meat and jelly or other filling found in each. Following the collection of this data the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food had to hear evidence of various associations and trade interests and have regard to the sort of complaints made about pies over a number of years previously.

Some of those consulted were against any control at all over the sale of pies. They argued that the public would buy only what it wanted and would in consequence buy only those pies which they liked best. If those pies had a low meat content then it must be pies with a low meat content which the public wanted. It was suggested, further, that the article described as a meat pie was, in fact, a farinaceous article and the meat was present only to give the pastry flavour. Nevertheless, the Food Standards Committee considered that those who bought meat pies did expect to find a little meat inside of them and in regulations which are to come into force in 1968 that proportion of meat is calculated to be 25% of the weight of the pie. The proportion of meat is varied where vegetables are used and a sausage roll must have at least 12½% of

meat. This calculation of meat content is not so simple as it might at first appear. All meat, even "lean" meat, contains fat which in the process of cooking is absorbed into the pastry. The amount of fat absorbed has to be taken into account and added to the meat content. The calculation is not, therefore, one which an aggrieved housewife could perform on her kitchen scales before coming to complain that the meat content was underweight.

If the problem of fixing a standard for pies was difficult, that of fixing a standard for sausages was no less difficult. The Food Standards Committee presented its first report on this matter as long ago as 1956 yet the regulations fixing a compositional standard have only this year appeared and do not come into force until 1969. This may appear to be a case of procrastination being the thief of time but, in fact, the fixing of a compositional standard for such a familiar and time established product as sausages is an extraordinary difficult thing to do without arousing the wrath, not only of those who prepare sausages, but also of those who eat them.

Technically, a sausage is a gut or skin filled with seasoned meat and so it would include products like frankfurter, salami, saveloy and polony—products quite different from the traditional beef and pork sausages of the British people. In the making of legislation all sausage-like products had to be taken into account.

We in this country have been content, perhaps for too long, with our beef and pork sausages of variable meat content. Many feel that this is a good thing and that manufacturers should have freedom of choice as to the content of the sausages they make because of the particular market for which they cater. They argue, quite rightly, that the arbitrary standard which public health authorities have insisted upon arose out of a war-time price control measure which related to meat content of sausages with the maximum price which could be charged. Since price control came to an end manufacturers have been free to put into sausages any amount of meat they considered desirable and to charge whatever price they considered to be fair.

At the time of investigation by food and drugs authorities who prepared material for the Food Standards Committee, over 10,000 samples of beef and pork sausage were examined for meat content and price. Approximately 56% of pork sausages were found to contain less than 65% of meat and some had as little as 44%. The average price was 2/6d. per lb. Of the remaining 44%, some had a

meat content of as high as 80% and sold at an average price of 2/7d. per lb. As for beef sausages 6% contained less than 50% meat and sold at an average price of 1/11d. per lb. Of the remaining 94% some had a meat content of as much as 80% and the average price was 2/- per lb.

From this the Committee concluded that freedom from compositional control offered the public no assurance that sausages of lower meat content were proportionately cheaper or nutritionally better and, as it was impossible for a purchaser to tell whether a sausage contained 40% or 60% of meat, there was a *prima facie* case for providing some protection.

Accordingly, on 31st May, 1969, after many years of thought and argument there will come into force regulations which specify requirements, not only for the composition of meat products including sausages, but also for complete meat products used as ingredients of other meat products. The significant thing is that the Englishman's pork and beef sausage will then have to contain not less than the minimum 65% and 50% meat respectively. This does not mean to say that there will be pork in pork sausages or beef in beef sausages or that they will be any more succulent, but only that the humble sausage has attained the doubtful distinction of being legally defined.

Looking back in time to the pre-war years it is realised that the housewife had a comparatively easy time in selecting the canned meats she wanted to replenish her pantry stock because all she had to choose from was ham, tongue and corned beef. Since those days there has come on to the market a bewildering array of canned meat products not all of which contain a fair proportion of meat and not all of which, while sold under the same name, contain the same proportion of meat.

It was evidence of this wide variation in meat content which caused the responsible Minister to ask his Food Standards Committee to enquire into this aspect of the food trade for it is important that the consumer should know what is implied by a name given to a product and the proportion of meat it is likely to contain. Again, the task of classification was not easy because modern techniques of processing and preservation have enabled manufacturers to put into cans, not only meat, but also meat with other products such as gravy, jelly, pastry, cereals, sauces and vegetables. The problem was to decide, when these other ingredients are placed in a can with meat,

how much meat there should be and what the product should be called.

After a great deal of consideration the Committee appointed for the purpose were able to classify canned meat products into some 35 or so different categories and append to each a name. After 31st May, 1969, any canned food sold under any of those names must contain the minimum proportion of meat accorded to each and this is to be legally enforceable.

The aim is to protect the purchaser from buying a product under the name by which it is usually known but which is inferior in quality and while the date upon which this legislation comes into force may seem to be a long way off, the public can rest assured that in the interim period sampling officers everywhere will be carefully and quietly collating a store of knowledge about canned meat products for their future use and the benefit of the public.

Pesticidal Residues

In conjunction with some other 160 food and drugs authorities Newcastle upon Tyne continued to participate in the Association of Municipal Corporations' sampling survey for pesticidal residues in foodstuffs. At the request of the co-ordinating officer for this zone, 12 samples were procured and submitted to an examination for residues of organo-chlorine pesticides using gas liquid chromatography.

Three of these samples, namely onions, apples and potatoes, showed 0.025 p.p.m., 0.03 p.p.m. and 0.02 p.p.m. of benzene hexochloride respectively and, in addition, the apples also showed a lead content of 0.06 p.p.m. One sample of onions satisfied the gas liquid chromatography but failed the biological test using *drosophila*.

In addition to these 12 samples a further 15 samples were submitted to the Public Analyst. Only one of these samples (Dutch lettuce) failed the biological test using *drosophila*, but on further testing using gas liquid chromatography showed less than 0.02 p.p.m. of benzene hexochloride.

In this country, there are no officially specified limits for this sort of chemical contamination and the American standard which fixed the limit of safety at not less than 5 p.p.m. is taken as a guide. As none of these samples taken exceeded this amount they were deemed to be satisfactory.

Drugs

During the year 11 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

Milk

The bacteriological quality of Untreated (Farm Bottled) Milk was a great deal better than in the previous year. The percentage of samples which failed the methylene blue test was 2.6 as compared with 13.59 in 1966. The percentage of pasteurised milk which failed the test was 2.97 as compared with 5.29 in 1966.

A total of 271 samples were taken from milk dispensers in stores and snack bars and submitted for bacteriological examination. Of these, 107 failed the methylene blue test (81 pasteurised and 26 untreated milk). As a result of this unsatisfactory state of affairs samples were taken from churns prior to filling the dispensers and it was revealed that only two churns were unsatisfactory. Investigation was also made into the storage arrangements at the premises and methods of sterilizing the dispensers. In most cases check samples taken later from dispensers proved satisfactory. All samples of milk passed the phosphatase test.

Sixty-eight samples of sterilised milk were submitted to the turbidity test and all samples proved to have been satisfactorily sterilised.

BACTERIOLOGICAL EXAMINATION OF MILK				
Designation of Milk	Samples Taken	Satisfactory	Unsatisfactory	% Unsatisfactory
Untreated (Farm Bottled)	78	76	2	02.6%
Untreated (From Dispensers) ..	56	30	26	46.46%
Untreated (From Churns)	10	8	2	20.00%
Pasteurised (Bottled and Carton)	168	163	5	2.97%
Pasteurised (From Dispensers) ..	215	134	81	37.67%
Pasteurised (From Churns) ..	15	15	Nil	0.00%
Total	542	426	116	18.28%

Tubercle Bacilli

Seventeen samples of Untreated (Farm Bottled) Milk were examined for the presence of tubercle bacilli and all were found free from infection.

Brucella Abortus

Seventy-two samples of untreated milk (from churns deposited at the dairy) and 43 samples of Untreated (Farm Bottled) Milk were examined for brucella abortus. Four of these samples indicated a ring test positive (comprising three farm bottled untreated and one churn untreated) but on further biological examination brucella abortus was isolated in one farm-bottled untreated sample. Appropriate notification of the result of the examination was given in each case.

Milk Churn and Bottle Rinses

Rinses were taken from 64 milk churns, eight of which were classified as unsatisfactory according to the suggested classification of the Public Health Laboratory Service. Similarly, 96 milk bottles were taken immediately upon leaving the washing machine for bacteriological examination and 12 of these were found to be unsatisfactory.

After notification to the dairy management concerned and inspection by the District Inspector, subsequent samples of rinses proved to be satisfactory.

Ice Cream

It will be seen from the table below that ice cream manufactured in the City continues to be of a higher bacteriological quality than that which is retailed in the City from outside manufacturers.

The majority of samples which were given provisional grades 3 and 4 were obtained at the Temperance Festival which is held annually on the Town Moor. The unsatisfactory samples were notified to the District Inspector concerned and after suitable action the check samples were found to be satisfactory. The appropriate local authorities were notified where outside manufacturers were concerned.

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	42	44.21	4	23.53	46	41.07
2	21	22.11	—	—	21	18.75
3	13	13.68	5	29.41	18	16.07
4	19	20.00	8	47.06	27	24.11
	95	100.00	17	100.00	112	100.00

Other Foods

(i) **Fish.** 20 tins were taken from a consignment of Soft Herring Roes imported into a City warehouse from Norway. These samples were submitted to the Public Health Laboratory for bacteriological examination. All the samples were free from any evidence of culture growth and the balance of stock was released for marketing.

(ii) **Meat.** Due to the redirection of some imported Australian beef from the Port of Glasgow to Newcastle, six samples were taken for bacteriological examination. All samples were found to be free from pathogenic organisms.

(iii) **Eggs.** Due to the redirection of some imported Chinese Pasteurised Dried Hen Egg and American Pasteurised Flake and Spray Dried Hen Egg to Newcastle during the dock strike, 24 samples were taken for bacteriological examination. In all these samples salmonella organisms were not isolated and the balance of stock was released for distribution by the importers.

38 samples of unpasteurised frozen egg white were taken from an egg processing factory in the City. In none of these samples was pathogenic organisms isolated.

(v) **Coconut.** Three samples of desiccated coconut were submitted for bacteriological examination. In no sample was salmonella organisms isolated.

Other Substances

(i) **Ice Cream Constituents.** Six samples of ice cream constituents comprising ice cream fat and milk powder were subject to a bacteriological examination with satisfactory results.

(ii) **Pasteurised Liquid Egg.** During the year 10 samples of pasteurised liquid egg were taken from a processing firm in the City and all complied with the alpha-amylase test prescribed in the Liquid Egg (Pasteurisation) Regulations, 1963.

Milk and Dairies (General) Regulations 1959

Applications were received from 32 persons for registration as distributors of milk. At the end of 1967, the second year of the quinquennial registration period, the total number of distributors on the register was 614.

Milk (Special Designation) Regulations 1963

No further licences were issued during the year in respect of milk processing establishments. There were 32 licences issued in respect of the sale of designated milk. At the end of the year the licences in force were two in respect of processing establishments and 614 authorising the sale of designated milk.

Food Hygiene

The general pattern throughout the City during 1967 followed the trend which has become evident over the last few years. It is rare to find premises without fittings or equipment required by the Regulations, but, unfortunately, it is not uncommon to discover premises that are in need of simple, thorough cleansing. This suggests that the true message of food hygiene is not reaching the food handlers and proprietors of food businesses, and possibly there is room for more educational work before higher standards can be achieved. It is rewarding to see that some emphasis is being given to this subject in the various training courses held in the City that are open to persons engaged in the food trade.

During the year legal proceedings were taken against several proprietors of food businesses resulting in fines totalling £826.10.0d. One case pending at the end of 1966 involved a bakehouse in which an extensive infestation by insects was found and fines totalling £119 were imposed and shortly thereafter the bakery closed down. The majority of the other proceedings referred to dirty premises and/or dirty equipment and there were very few relating only to the lack of suitable fittings.

Many persons engaged in the food trade do not operate a satisfactory routine for cleansing, but often leave this kind of operation

until the end of the day when staff are tired or, alternatively, in small businesses, the proprietor endeavours to clean the premises during weekends. In both cases the results are unsatisfactory. It cannot be stressed often enough the need to adopt a cleaning pattern which will result in the premises being clean, which, in turn, will prevent the development of insect infestations.

The Open Air Food Trade

The year 1967 was the first full year in which the work carried out under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 could be assessed.

All outdoor traders were visited and the requirements of the regulations were explained to them. In addition, a leaflet setting out in simple language the main provisions of the regulations was left with them to read at their leisure. Despite this time taking operation the extent of compliance has varied considerably between large companies operating mobile shops and the genuine street trader pushing his own barrow to his customary pitch.

In all, 527 inspections have been made and this has resulted in many verbal warnings being given. In addition, 51 letters were written in which contraventions of the regulations were set out.

Legal proceedings were entered into on four occasions. The first case was instituted under the provisions of the 1960 Regulations and concerned the sale of sweetmeats from a stall on the Quayside. The defendant pleaded 'not guilty' to the charge of unhygienic practices but was, nevertheless, found guilty and fined £20.

Two food vendors operating from stalls in the Bigg Market were proceeded against for a number of contraventions against the 1967 Regulations and in each case fines amounting to £16 were imposed.

A fourth case was instituted against a vendor of wet fish and fish cakes operating from a horse drawn cart. Contraventions related to lack of hot water and other washing facilities and covering of the vehicle to prevent contamination of the food. Unfortunately, in this case the charges against the vendor were dismissed.

This latter case illustrates the difficulty experienced sometimes in proving a direct contravention of the regulations. What would

appear to be an essential part of equipment for securing the hygienic handling of food is not always accepted as necessary by food traders themselves or by the Courts. A problem exercising the minds of public health authorities at the moment concerns the classification of certain bakery delivery vans. In many cases these vehicles simply deliver food from the bakery to shop premises but in some cases the drivers of the vehicles sort out the food at the rear of the vehicle from the bread and cake trays according to the requirements of the shop-keeper. In the latter case it could be argued that the delivery vehicles have become stalls within the meaning of the regulations and as such should be fitted with the appropriate facilities to enable the driver/salesman to keep clean his hands. This matter was still being discussed at the end of the year and it is hoped it may soon be resolved without the necessity of having to institute legal proceedings in an attempt to prove that a person who drives a van and handles money must of necessity have dirty hands with which he may contaminate open food used for human consumption, and that, therefore, washing facilities should be provided for him on the vehicle.

Registered Premises—Food and Drugs Act 1955 and Newcastle upon Tyne Corporation (General Powers) Act 1935

During the year the register relating to the manufacture and sale of ice cream and the preparation of certain meat products was completely reviewed. A total of 750 application forms relating to ice cream were sent out to persons previously registered and at the end of December only 494 such applications had been renewed.

There were 11 new applications received relating to the registration of premises for the preparation of sausages or potted, pickled, pressed or preserved food and as all the premises in question were found to be satisfactory they were registered accordingly.

The premises on the register at the end of the year were as follows:—

Sale or manufacture of ice cream	.. .. .	494
Preparation of sausages or potted, pressed, pickled or preserved food	.. .. .	326
Total	.. .. .	<u>820</u>

**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	8	7	7
Bakehouses ..	60	60	60	60
Butchers ..	219	219	219	219
Food Manufacturers	34	34	34	34
Food Packing ..	27	26	26	26
Food Storing ..	88	87	64	64
Catering ..	253	253	253	253
Grocery & Provisions ..	195	195	195	195
Fishmongers ..	51	51	51	51
Fish Fryers ..	71	71	71	71
Greengrocers ..	171	169	149	149
General Dealers	463	460	448	447
Confectioners ..	384	382	359	359
Licensed Premises	425	425	382	382
Cinemas & Theatres ..	19	17	6	6
Miscellaneous Premises ..	83	83	19	19
	2,556	2,540	2,343	2,342

* Regulation 16 relates to the provision of wash-hand basins

** Regulation 19 relates to facilities for washing food & equipment

Poultry Processing

There are no poultry processing premises in the City.

DISEASES OF ANIMALS

Foot and Mouth Disease

Foot and mouth disease was present in the country during most of the year, early outbreaks occurring in Hampshire and later in Warwickshire. These outbreaks were reasonably contained but an outbreak of the disease near Oswestry on the 25th October, 1967, was the forerunner of an epidemic in Shropshire and adjoining counties. These outbreaks were on a scale hitherto unknown in this country and involved the destruction of an enormous number of cattle, including many valuable dairy herds, as well as sheep and pigs.

At the end of October a Foot and Mouth Disease (Controlled Areas Restriction) Order placed the whole of England and Wales under movement control for livestock and a subsequent similar order placed the whole of Scotland and the Scottish Islands under similar restrictions. The result of these Orders was that all movements of stock had to be licensed and a special licence for the holding of a Fatstock Market in the city had to be sanctioned by the Health and Social Services Committee with the approval of the Ministry of Agriculture, Fisheries and Food. During this period of restriction and up to the 31st December, 1967, 2,964 licences were granted for the movement of the undermentioned animals.

15,796 Cattle	34,318 Pigs
1,234 Calves	2 Camels
60,837 Sheep	3 Llamas

A great deal of extra work was involved from the continuous telephone enquiries and requests for licences for movement of stock together with the control and supervision of lairages and stock waggons. The slaughtering hours within the city had to be relaxed to cope with a Ministry directive requiring the slaughter of cattle and sheep within 48 hours and the slaughter of pigs within 36 hours of their arrival at the slaughterhouses.

At the end of the year the disease showed no signs of abating although the outbreaks were confined within the infected area boundaries with the exception of one or two sporadic outbreaks which, fortunately in these instances, were also reasonably contained.

Tuberculosis

No animal was dealt with under the Tuberculosis Orders of 1938 and 1964.

Anthrax

No case of anthrax was reported in the City during 1967. Figures for the country showed the deaths of 423 animals from 406 outbreaks.

Swine Fever

No outbreaks occurred.

Fowl Pest

Outbreaks for the country as a whole totalled 194 but, fortunately, no outbreaks were confirmed within the City.

Livestock Market and Transit of Animals

All livestock arriving in the City arrives by road transport. 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.

Under the Newcastle upon Tyne Improvement Act, 1882, lame or emaciated and apparently sick animals were removed from the Cattle Market for immediate slaughter. During the year, 19 sheep and 10 pigs were found dead in lairs and seven sheep and five pigs were found to be dead on arrival. All these animals were condemned as unfit for human consumption and sent to a processing plant for manufacture into inedible products.

In only one case was a 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.

PEST CONTROL

Pest control was the theme of the department's stand at the Tyneside Summer Exhibition which took place from 8th to 12th August, 1967. Live specimens of rats, mice and various insects were on view and there were photographs, exhibits and films showing the damage caused by these pests and the methods of control. The exhibits created a great deal of interest and were seen by large numbers of the public.

Rodent Control

There was an increase in the number of dwelling houses infested with rats, but a marked decrease in the number infested with mice compared with 1966. The number of business premises infested with rats and mice showed little change.

Towards the end of the year a new poison, Coumatetralyl, was tried out by the department and the first results appear to be quite promising against rats and mice.

RAT AND MICE INFESTATIONS DURING 1967

	Dwelling Houses	Other Premises	Total
Number of properties inspected	3,337	3,685	7,022
Number of visits (including revisits)	6,601	6,885	13,486
Number of properties found to be infested:			
Rats ..	495	231	726
Mice ..	420	237	657
Number of infested properties treated by Local Authority:			
(a) On complaint	915	310	1,225
(b) Under contract	—	158	158
"Block Control" schemes	114	—	114

Feral Pigeons

At the beginning of the year pigeon traps were in operation at the Central Library, Carruthers Granary, Trafalgar Street and the Old Gaiety Theatre. In April, Carruthers Granary closed down and the trap was moved to the New Bridge Street British Railways Goods Depot and by June it had become apparent that the trap at the Central Library was not proving very effective, due largely to the birds being disturbed by the building operations on the adjacent site. The trap at the Old Gaiety Theatre was stolen by vandals in May. In August a further trap was placed on the bell tower of St. Thomas' Church, but because of the restricted space this trap is very much smaller than the others and whilst 70 pigeons have been caught at this site before the end of the year the results are rather disappointing.

The great difficulty is finding suitable sites near the areas where pigeons feed in substantial numbers. In particular it has not so far been possible to install a trap in the immediate vicinity of Eldon Square.

Although 416 pigeons were caught and destroyed during 1967, the measures already taken will have to be more effective before any diminution in the pigeon population is obvious.

Disinfestation (Slum Clearance)

There was a decrease in the disinfestation of household effects prior to the removal into council houses from unfit houses when 852 cases were dealt with as compared to 1,172 cases in 1966. The work involved the spraying of 1,887 rooms and the disinfestation of bedding on 152 occasions. Most of the houses from which rehousing took place and in respect of which disinfestation was carried out were in the Walker Road (St. Anthony's), Gloucester Street/Maple Terrace, Loadman Street, Stone Street and Addison Road/Grafton Street clearance areas.

Disinfestation (General)

A total of 483 premises were dealt with during the year comprising 464 houses and 19 other premises. Most of the infestations were by cockroaches, bugs and fleas, in dealing with which there were used 38 lb. insect powder, 555 gammexane smoke generators and 252 gallons of liquid insecticide. The work of disinfection after infectious disease was carried out by the same staff as was disinfestation and in connection with this additional work 12 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	284
Premises infested with bugs	23
Premises infested with fleas	35
Premises infested with lice	—
Premises infested with red mite	9
Premises infested with golden spider beetles ..	23
Premises infested with wasps	16
Premises infested with flies	2
Premises infested with other insects	32
Total	424

MISCELLANEOUS MATTERS

New Legislation

During the year the following legislation affecting the work of the department was passed or brought into operation.

The Food (Control of Irradiation) Regulations 1967

In these regulations the application of ionising radiation to food intended for sale for human consumption is prohibited except in certain applications of low level radiation.

The Slaughterhouses (Meat Inspection Grant) Regulations 1967

The effect of these regulations was to bring to an end the provisions of the 1958 regulations whereby Exchequer grants were paid to local authorities for meat inspected in excess of the amount required for local consumption.

The Meat Pie and Sausage Roll Regulations 1967

Compositional requirements are laid down for meat pies including those containing, in addition to meat, vegetables, egg or cheese. The meat content of sausage rolls is also specified. The regulations do not come into force until 31st May, 1968.

The Canned Meat Product Regulations 1967

These regulations lay down compositional standards for canned meat and are extensive in their content dealing, as they do, not only with canned meat but also canned meat with other fillings such as cereal, sauce, gravy and vegetables. They come into operation on 31st May, 1969.

The Sausage and Other Meat Product Regulations 1967

The composition of meat products including sausages are dealt with in these regulations and they include also the composition of meat products with other substances. They come into operation on 31st May, 1969.

The Artificial Sweeteners in Food Regulations 1967

These regulations supersede the Food Standards (Saccharin Tablets) Order 1953 and the Artificial Sweeteners in Food Order 1953. They permit the use of saccharin, saccharin calcium, saccharin sodium, cyclamic acid, calcium cyclamate or sodium cyclamate as sweetening agents in food. Food which contains any other artificial sweetener is to be dealt with as unfit food.

The Ice-Cream Regulations 1967

Compositional requirements for ice cream and Parev are laid down and requirements as to labelling and advertising of ice cream are specified. The regulations come into operation on 4th January, 1971.

The Margarine Regulations 1967

The Orders of 1954 and 1955 are superseded by these new regulations which specify requirements as to the fat, water and vitamin content of margarine, restrict the use of words such as "butter", "cream", and "milk" in relation to the sale of margarine and specify requirements as to the use of the word "margarine" on labels, tickets, notices and advertisements.

The Coffee and Coffee Product Regulations 1967

These regulations, similarly, supersede orders which were made under the Defence (Sale of Food) Regulations 1943. They specify compositional requirements for coffee, decaffeinated coffee and coffee products and prescribe appropriate designations where necessary. Restrictions are placed on the use of the words "French Coffee" and "Viennese Coffee" to mixtures of coffee and chicory and coffee with fig flavouring or seasoning respectively.

The Labelling of Food Regulations 1967

These are extensive regulations which supersede some of the provisions of the Labelling of Food Order 1953. They relate, in particular, to the labelling and description of certain foodstuffs and while parts of the regulations come into force on the 18th January, 1968 (those parts relating to the use of cyclamates), the remainder do not come into operation fully until 1971. This will enable manufacturers to make appropriate alterations in the marking of packaging material.

The Solvents in Food Regulations 1967

Solvents are used in the food industry to facilitate the incorporation of ingredients in food and these Regulations lay down which substances may be used for this purpose and set out specifications for the purity of the solvents permitted.

The Diseases of Animals (Milk Treatment) Order 1967

This Order forbids any person to feed animals with any milk unless it has been boiled or pasteurised. Similarly, liquids derived from milk, *e.g.*, whey, churn washings, etc., must be boiled before use for animal feeding. "Animal" is defined as cattle, sheep, goats or other ruminants and swine.

SUMMARY OF LEGAL PROCEEDINGS

Case No.	Contravention of	No. of offences proved	Fines Imposed and Orders Made	Costs Ordered to be paid
1	Food and Drugs Act, 1955, Sect. 2 ..	1	£10	—
2	Milk and Dairies (General) Regulations 1959—Regulation 27	1	£20	—
3	Food Hygiene (General) Regulations 1960—(5 Informations) ..	4	£20	£4 4 4
4	Food Hygiene (General) Regulations 1960—(22 Informations) ..	20	£119	£5 5 0
5	Public Health Act, 1936, Sec. 93 ..	1	Nuisance Order 28 days	—
6	Public Health Act, 1936, Sec. 93 ..	2	2 Nuisance Orders 28 days	—
7	Food Hygiene (General) Regulations 1960—(14 Informations) ..	14	£126	£4 4 0
8	Food Hygiene (General) Regulations 1960—(3 Informations) ..	3	£90	£5 5 0
9	Housing Act, 1961, Section 15 ..	1	£25	—
10	Housing Act, 1957, Section 27 ..	1	£6	£4 4 0
11	Housing Acts 1961/1964, Sec. 19 ..	1	£15	£4 12 0
12	Public Health Act, 1936, Sec. 93 ..	1	Nuisance Order 28 days	4 0
13	Offices Shops and Railway Premises Act, 1963—(3 Informations) ..	1	£5	£4 12 0
14	Food Hygiene (General) Regulations 1960—(5 Informations) ..	4	£75	£4 4 0
15	Protections of Animals Act, 1911 Section 1 ..	1	£15	£8 8 0
16	Food and Drugs Act, 1955, Sec. 2 ..	1	£10	£4 4 0
17	Food and Drugs Act, 1955, Sec. 2 ..	1	£20	£4 4 0
18	Offices Shops and Railway Premises Act, 1963, Section 10 ..	1	£5	£4 4 0
19	Food and Drugs Act, 1955, Sec. 2 ..	1	£10	£4 4 0
20	Food Hygiene (General) Regulations 1960—(6 Informations) ..	6	£20	£4 4 0
21	Pet Animals Act, 1951, Section 1 ..	2	—	£4 12 0
22	Public Health Act, 1936, Sec. 39 ..	1	£2	£2 2 0
	Sec. 45 ..	1	£2	—
	Sec. 94 ..			8 0

SUMMARY OF LEGAL PROCEEDINGS—Continued

Case No.	Contravention of	No. of offences proved	Fines Imposed and Orders Made	Costs Ordered to be paid
23	Food Hygiene (General) Regulations 1960—(13 Informations) ..	13	£97	£7 7 0
24	Food and Drugs Act, 1955, Sec. 2 ..	1	£15	£5 5 0
25	Public Health Act, 1936, Sections 39 and 93 ..	1	£5	4 0
26	Food and Drugs Act, 1955, Sec. 2 ..	1	£15	—
27	Food and Drugs Act, 1955, Sec. 2 ..	1	£10	£4 4 0
28	Public Health Act, 1936, Sections 45 and 94 ..	2	£5	—
			Nuisance Order 28 days	
29	Food and Drugs Act, 1955, Sec. 2 ..	1	£5	£4 4 0
30	Public Health Act, 1936, Sec. 93 ..	1	Nuisance Order 28 days	£4 8 0
31	Food and Drugs Act, 1955, Sec. 2 ..	1	£75	£4 4 0
32	Food and Drugs Act, 1955, Sec. 2 ..	1	£25	£4 4 0
33	Offices Shops and Railway Premises Act 1963—(2 Informations) ..	2	£15	£4 4 0
34	Food and Drugs Act, 1955, Sec. 2 ..	1	£20	£4 4 0
35	Offices Shops and Railway Premises Act 1963—(3 Informations) ..	3	£15	£5 5 0
36	Food Hygiene (General) Regulations 1960—(8 Informations) ..	8	£40	—
37	Food Hygiene (General) Regulations 1960—(4 Informations) ..	4	£16	£4 4 0
38	Public Health Act, 1936, Sec. 39 ..	1	£2	4 0
39	Food Hygiene (General) Regulations 1960—(8 Informations) ..	Case adjourned <i>Sine Die</i> Defendant unable to be traced		
40	Food Hygiene (General) Regulations 1960—(9 Informations) ..	9	£28	£4 4 0
41	Public Health Act, 1936, Sec. 94 ..	1	Nuisance Order 28 days	4 0
42	Housing Act 1961, Sec. 15 ..	1	£2	—
43	Food and Drugs Act, 1955, Sec. 2 ..	1	£5	—
44	Food and Drugs Act, 1955, Sec. 2 ..	1	£25	£4 4 0
45	Food and Drugs Act, 1955, Sec. 2 ..	1	£25	£4 4 0
46	Food Hygiene (General) Regulations 1960—(8 Informations) ..	6	£70	—
47	Housing Act, 1961, Section 15 ..	1	£20	£4 4 0
48	Food Hygiene (General) Regulations 1960 ..	1	£25	£4 4 0
	Food and Drugs Act, 1955, Sec. 2 ..	1	£10	—
49	Food and Drugs Act, 1955, Sec. 2 ..	1	£20	£4 4 0
50	Food and Drugs Act, 1955, Sec. 8 ..	1	£10	£4 4 0
51	Food Hygiene (General) Regulations 1960 ..	1	£10	£4 4 0
52	Food Hygiene (Market, Stalls and Delivery Vehicles) Regulations 1966—(6 Informations) ..	6	£16	£4 4 0

SUMMARY OF LEGAL PROCEEDINGS—*Continued*

Case No.	Contravention of	No. of offences proved	Fines Imposed and Orders Made	Costs Ordered to be paid
53	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966—(6 Informations)	6	£16	£4 4 0
54	Food and Drugs Act, 1955, Sec. 2 ..	1	£5	£4 4 0
55	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966—(5 Informations)		Case Dismissed	
56	Food and Drugs Act, 1955, Sec. 2 ..	1	£20	£4 4 0
57	Housing Act, 1961, Section 19 ..	1	£10	£4 7 6
58	Housing Act, 1961, Section 19 ..	1	£2	—
59	Food Hygiene (General) Regulations 1960—(13 Informations) ..	9	£90	£4 4 0
60	Public Health Act, 1936, Sec. 95 ..	1	£5	—
61	Housing Act 1961,, Section 19 ..	1	£5	£4 4 0
62	Public Health Act, 1936, Sec. 93 ..	1	Nuisance Order 28 days	4 0
63	Housing Act, 1957, Section 27 ..	1	£10	£4 4 0
64	Food and Drugs Act, 1955, Sec. 2 ..	1	£20	£6 19 0
65	Food and Drugs Act, 1955, Sec. 2 ..	1	£20	£4 4 0
66	Food and Drugs Act, 1955, Sec. 2 ..	1	£20	£4 4 0
67	Newcastle upon Tyne Corporation Act, 1935, Section 10	3	3 Orders Made 6 months	£4 16 0
68	Public Health Act, 1936, Sec. 93 ..	1	Nuisance Order 28 days	4 0
69	Slaughter of Animals Act, 1958, Section 1	2	£20	£3 3 0
	Section 3	1	£7	—
70	Public Health Act, 1936, Sec. 95 ..	1	£3	£2 2 0

Hairdressing Establishments

There were 11 new applications for registration of hairdressers' premises approved during 1967, and 48 premises ceased to operate as hairdressers, bringing the total of registered premises at the end of the year to 319. 594 inspections were made of the premises, a substantial increase over the 376 inspections made in 1966.

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 as indicated below:—

Registered premises at the end of the year	..	19
Premises licensed at the end of the year	..	2
No. of inspections	.. ..	33
Samples taken	.. ..	8

The samples taken comprised the following and all were found to satisfy the standards of cleanliness prescribed by Rag Flock and Other Filling Materials Regulations, 1961.

SAMPLES TAKEN

Coir Fibre	.. ..	2
Washed Flock Layered	.. ..	1
Layered Flock	.. ..	1
Felt Washed 50% Layered	.. ..	1
Cotton Felt	.. ..	1
Hair Fibre Mixture	.. ..	1
Wool Felt	.. ..	1
Total	.. ..	8

The number of samples taken during the year was fewer than during 1966 mainly because of the increasing use of materials such as polyether and other synthetic materials which are not included in the definition of filling material. In all cases the analyst reported upon the samples as being satisfactory.

Pharmacy and Poisons

During the year one new registration was approved, and in five 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	.. ..	7
Druggists	.. ..	7
Hardwaremen	.. ..	10
Seedsman etc.	.. ..	9
Chemical and disinfectant manufacturers	.. ..	3
Ironmongers	.. ..	4
Motor Factors	.. ..	1
Total	.. ..	154
New registrations	.. ..	1
Ceased to sell Part II poisons	.. ..	5

Fertilisers and Feeding Stuffs Act 1926

During the year eight samples of fertilisers and four of feeding stuffs were submitted to the Agricultural Analyst. In all samples the statutory statements were correct within the limits of variation.

One sample of American White Raw Bone Meal was submitted to the Public Health Laboratory for bacteriological examination. Anthrax bacilli was not isolated.

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 was reduced to three, one firm having been closed down in the early part of the year.

No eggs were held in storage during the year.

Pet Animals Act 1961

During the year 19 licences were granted to persons keeping pet shops in the City and a total of 43 inspections were carried out. Conditions were found to be generally satisfactory and any unfulfilled requirement was immediately dealt with by a verbal notice.

The only prosecution during the year related to the refusal of a pet shop proprietor to apply for a licence on the grounds that tropical fish were not pets. At the hearing, the Magistrates disagreed and the defendant was convicted and ordered to pay costs.

Staff Appointments

Of the recruits to the inspectorate of the department none were more welcome than the three district public health inspectors which were acquired during the year. Mr. J. Anderson came to us from the Tyne Port Health Authority and Messrs. D. Britten and H. D. Wilson were appointed as district inspectors after passing the Final Diploma Examination. The two vacancies for pupils created by the promotion of these last two officers were filled by Messrs. G. Dobson and R. Speddy.

Technical Assistants recruited during the year included Messrs. Andrucci, C. Carr, and T. M. Stacey, and Mr. R. Rogerson also took up duties as a Smoke Control Investigator. Changes in the clerical section resulted in the appointment of Mesdames L. Adams, A. Bell and R. Hogben.

Staff Resignations

Perhaps the greatest single loss to the department during the year was the departure of Mr. W. H. Cartwright, the Senior Administrative Assistant who, after 16 years of excellent service, took up duties with the Northumberland and Durham Travel Association. Mr. Cartwright was a man of indefatigable energy and the mark which he left on the clerical organisation will last a long time.

The Public Health Inspectors suffered the usual annual losses with the departure of Mr. T. C. Peacock who took up a post as lecturer in the Matthew Boulton Technical College in Birmingham; Mr. I. N. Smith, who took up duties as a District Inspector in Kerrier R.D., Cornwall and Mr. J. Liddle, who took up a similar appointment with the Borough of Bedford. Mr. M. H. Hudspeth, a third-year diploma pupil public health inspector left the service to take up a position in commerce and the Clerical Section lost the services of Mesdames E. E. A. Clarke, W. Gibbs and N. Holland.

Retirement

Miss A. E. Blair, a Divisional Clerk (Districts) retired after 30 years service with the Corporation and the good wishes of the Health and Social Services Committee and the department were conveyed to her in suitable fashion.

Conclusion

Perhaps the most significant development during the year was the steady increase in the volume of work. The wider and more detailed control of the outdoor food vendor, the improvement of houses (albeit on a very modest scale), the widening scope of house clearance in addition to a growing arrears of routine supervisory work are all factors which aggravated the chronic staff deficiency. Because, by dint of improvisation and special effort, the needs of the situation were met with reasonable promptness and effectiveness, there emerges a temptation to accept the lower level of administration as being satisfactory, a dangerous and erroneous attitude which must be avoided if Newcastle upon Tyne is to have the standards of environmental hygiene appropriate to a progressive community in the second half of the twentieth century. A depleted staffing situation is so common in the public health inspectorate throughout the industrial areas of this country, regions where the need for the

protection services is the greatest, that the position could well justify attention, investigation and proposals from the appropriate Ministry. Many an official investigation has been initiated on much less important matters.

However, despite the vicissitudes of staffing improvisation, the foregoing material in this report indicates the progress which has been sustained during the year and the help and loyalty always available from the entire staff is readily acknowledged.

To all members of the Council and particularly to members of the Housing and Health and Social Services Committees, I am grateful for the friendly support and encouragement shown throughout the year and to the Medical Officer of Health in particular I offer sincere thanks for his friendly assistance in all matters of mutual concern which have arisen from time to time during 1967.

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, 1968, there were 199 doctors (112 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors' lists was 257,815, 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 City boundaries not having selected a new doctor or secured acceptance on their doctor's Northumberland list of patients.

1,861,817 prescriptions were dispensed during the year by City chemists and appliance contractors of which at 31st March, 1968, there were 90. The total cost of these prescriptions to the National Health Service was £1,086,456.

During the year, 3,090 claims were submitted by doctors for maternity services rendered to their patients. The gross fees paid for these services amounted to £28,894. The Medical Officer of Health is a member of the Local Obstetric Committee.

At the 31st March, 1968, there were 67 principal practitioners providing general dental services in the City. 88,269 courses of treatment were given during the year 1st April, 1967 to 31st March, 1968, as compared with 90,277 the previous year.

Under the supplementary ophthalmic service, 53,603 sight tests were given during the year, 1,132 to children under arrangements made with the Local Authority. 42,153 persons were supplied with glasses during this period. Approximately 47.4% 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, 1968, was as follows:—

	£
General Medical Services	626,028
Pharmaceutical Services	1,087,592
General Dental Services	283,700
Supplementary Ophthalmic Services ..	107,258
Administration	29,472
	<hr/>
	£2,134,050

Based on the Registrar General's estimate of population at 30th June, 1967, this represents an expenditure of £8. 9s. 7d. 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, 1967 to 31st March, 1968, viz.: Councillor B. Abrahams, Mrs. E. G. Chalk, Councillor Mrs. R. McVain, Councillor Mrs. M. S. Murray, Dr. R. C. M. Pearson, Alderman Dr. H. Russell, Alderman Dame Catherine C. Scott, D.B.E., J.P., Councillor H. J. White and Councillor T. W. Yellowley.

APPENDIX II

VOLUNTARY ORGANISATIONS

As in previous years I am including brief outlines of the work in Voluntary Organisations working alongside the staff of the Health and Social Services Department. This year it is the turn of the Newcastle upon Tyne Council of Social Service and the Newcastle upon Tyne Council for the Care of the Elderly and I am most grateful to Mr. John Rafferty and Mrs. A. I. Reed, the Secretaries of these Organisations for the following reports.

NEWCASTLE UPON TYNE COUNCIL OF SOCIAL SERVICE

The Newcastle upon Tyne Council of Social Service was founded in 1943 and is part of a national organisation. It is an autonomous voluntary body whose membership includes representation from both statutory and voluntary organisations.

The objects of any Council of Social Service are to co-ordinate voluntary social work so as to eliminate wasteful duplication, to provide a link between the statutory and voluntary services and to pioneer work which helps to plug gaps in the existing services.

Over sixty voluntary bodies are affiliated to the Newcastle upon Tyne Council of Social Service.

The Newcastle upon Tyne Council of Social Service sees its role as a co-ordinator rather differently from the traditional method of co-ordinating. Experience has shown that most voluntary organisations do not wish to be "co-ordinated"; they are too busy getting on with their own particular work to be deeply concerned about other organisations. What they want from the Council of Social Service is information of what is happening in the City, support from an organisation which is available at any time to give advice and practical help with particular problems and crises and a secretariat which will call them

together so that their collective views may be brought to bear on matters concerning social service.

There is a good link between the Council of Social Service and the statutory social services in the City. Indeed, the Council of Social Service often acts as an agent for the statutory services by providing voluntary workers for services which are not fully covered by statute but which need to be done if the statutory services are to function properly.

Several important social services in the City have been pioneered by the Council of Social Service. Most notable of these in recent years have been the Newcastle upon Tyne Council for the Care of the Elderly and the Newcastle upon Tyne Adventure Playground Association. At the present time the Council of Social Service is engaged in work which will eventually establish an independent Young Volunteers Force which will organise and administer voluntary service by young people, a Cruse Club which will organise a counselling service and social activities for widows and their families and a scheme to provide free caravan holidays for elderly and lonely people.

Once a new service is firmly established, it is the policy of the Council of Social Service to help it to become independent and for the Council of Social Service to help on request in an advisory and supporting capacity. This enables the people operating the new service to have proper authority and at the same time it frees the resources of the Council of Social Service for more new work.

Apart from its organising secretarial department, the Council of Social Service maintains two other permanent departments, namely the Citizens' Advice Bureau and the Committee for Old People.

Newcastle upon Tyne Citizens' Advice Bureau is one of the best in Britain. An average of over 1,000 people per month are helped by the Bureau on such matters as civic, local and national information, family and personal problems, income tax, wills, insurance, property, trade, unsatisfactory goods, hire purchase, education, travel and communications.

The Committee for Old People caters for the welfare of the elderly by running luncheon clubs, over sixties clubs, a chiropody service, a subsidised holiday service, providing for the material needs of old people and a visiting service.

A real caring community can only be brought about by increasing voluntary participation to supplement the work of the trained specialists.

The aim of the Newcastle upon Tyne Council of Social Service is not only an increased amount of voluntary work in the City, but also an improvement in the standard of voluntary work.

NEWCASTLE UPON TYNE COUNCIL FOR THE CARE OF THE ELDERLY

Newcastle upon Tyne Council for the Care of the Elderly was the name given to this City's old people's welfare committee when it was formed less than three years ago, as such its role is to act as the central co-ordinating body for all work for the elderly, at the same time pioneering new services and, all the time, seeking to determine the many needs which still exist.

Foremost among the aims of the Council is the setting up of systematic friendly visiting schemes throughout the City. Three groups are already at work in Kenton, Fawdon and Fenham. 219 visitors are regularly visiting some 295 elderly people. In addition the groups do shopping, collect pensions, act as escorts on visits to church, hospital, etc., also accompanying elderly people on visits to relatives. Ancillary to visiting a transport service is operated and an 'extended support' service in cases of illness or emergency.

With the visiting services acting as the 'signposts' of needs, two luncheon clubs, serving an average of thirty six meals weekly, and a tea-club with a seventy plus membership have been started. Currently, two further luncheon

clubs are in course of organisation and a door-to-door enquiry to locate all retired people to determine their needs is about to be carried out in Shieldfield.

The booklet the Council published "Guide to Services for the Elderly in Newcastle upon Tyne" seems to have been of great value to pensioners and relatives of old people, as well as to the statutory and voluntary agencies. Some 4,000 copies have so far been distributed.

Other projects envisaged include the setting up of day centres, day clubs, sitter-in schemes, the development of leisure-time activities and the extension of meals services.

The Council is keenly aware of the many problems old people experience related to accommodation and is watching closely for unmet needs in the housing field with a view to taking whatever action may seem desirable.

We believe that to be old need not mean contracting out of life. The elderly need to be involved in the society in which they live: we hope we encourage this involvement to their fullest capacity.

APPENDIX III

THE USE OF ANCILLIARY HELP IN THE LOCAL AUTHORITY NURSING SERVICE

(MINISTRY OF HEALTH CIRCULAR L.H.A.L. 3/67)

1. HISTORICAL

Under the general guidance of the Medical Officer of Health the Health Visiting Service has existed in Newcastle upon Tyne since the very early years of this century, being at first the responsibility of the Superintendent of Midwives then a Health Visitor. By 1948 the nursing service had increased in size and importance to necessitate the appointment of a Chief Nursing Officer to co-ordinate the health visiting activities with the other nursing services and to maintain sound lines of communication with the general practitioner and hospital services under the new National Health Service. The day to day work of the health visiting service is now carried out by the Deputy Chief Nursing Officer who is also Superintendent Health Visitor.

The district nursing service, however, was until 1950 the responsibility of the Cathedral Nursing Society and to a very small extent the Catholic Nursing Association (which continued on an agency basis until 1965). A Superintendent of District Nurses with a Deputy and Assistant carry out the day to day deployment and training of staff.

Until the middle 1950s these services were staffed only by trained health visitors and state registered nurses (with very few exceptions in the district nursing service where occasionally a state enrolled nurse was employed).

School Nursing remained a separate service staffed by state registered nurses until it was combined with the Health Visitors Service in 1965. The staff of 23 state registered nurses (with the Deputy Superintendent Health Visitor in charge) is supported by 11 nursing helpers employed on hygiene inspections and clinic duties.

A training school for health visitors existed in the Health Department in Newcastle upon Tyne from 1937 until it was eventually transferred to the College of Commerce in 1965 when the new training syllabus commenced. Many district nurses were trained by the Queen's Institute of District Nursing for employment by the Cathedral Nursing Society, but very shortly after the time when the Corporation became responsible for most of the district nursing service a local

training course was established in conjunction with the Ministry of Health and has provided two courses per annum since that date.

Several studies of the work of both the health visiting and district nursing services have been carried out in the Health Department in order to use the trained staff as effectively as possible and to maintain the efficiency of the services permitting the maximum time of professional staff to be employed on the work for which they have been trained.

2. HEALTH VISITING SERVICE

With the redeployment of staff in 1948 to cover the needs of the whole family it became clear that the establishment would have to be increased. At that time there was no great difficulty in training staff to fill the establishment of 50 health visitors, but gradually some difficulty was experienced and it became clear that some of the staff were spending too much time on public transport. Consequently in 1953 it was decided that the health visiting staff should be dispersed to outlying clinics and with the exception of some areas where no local authority clinic existed, this arrangement was completed by 1965 and the remaining clinics with the exception of three areas were staffed in this way during the following years. Annual applications were made for car allowances but some difficulty was experienced in convincing the Establishment Committee of the economic soundness of this method, so only in 1966 was it possible to grant car allowances to the majority of health visiting staff, i.e., those who were prepared to purchase and run a car and were capable of driving one. Today 30 health visitors out of an establishment of 53 hold car allowances; some of the remainder are taking driving lessons but several will never drive a car. New recruits undertake to learn to drive if not already holding a driving licence.

When in fact the final decision was reached to mobilise the health visiting service, the establishment was reduced from 60 to 53 (to some extent on financial grounds) with the proviso that application could be made in the future as need arose for reinstatement of the full establishment once more.

As the work with the elderly increased in each of the eight health visiting areas in the City which had been established by 1958 (and health visiting replacements were hard to find) state registered nurses were employed as members of the area health visiting team, to work under the supervision of the individual health visitors and to take a caseload of old people as well as to give assistance in child welfare clinics. This experiment proved satisfactory as both a provisional in-service training ground for student health visitors and a source of employment for middle-aged married women whose children had grown up. These state registered nurses were very welcome to the elderly and as a result of careful training and guidance within the department, proved their worth and were gradually expanded in number (five are employed at present). This is a field that could probably be further developed.

As health visitors could not keep in touch with all the elderly who should be kept under observation an experiment was tried employing part-time wardens where it was possible to group 20-30 housebound elderly persons (the responsibility of the area team) and to employ a warden (a sound middle-aged interested housewife living in the area with experience of the care of the elderly) to visit this group of elderly people daily and to report to a designated health visitor any change of circumstances. Most of these groups of old people are Corporation tenants. So far, four part-time wardens are employed working directly under the health visitors.

The establishment of a co-ordinating committee for the care of problem families in 1952 gradually brought to light the amount of time spent by health visitors in the support of these families in certain areas of the City. This review indicated that much time could be saved if the health visitor group in the areas where most of the problem families lived could be assisted by a home help of superior quality and dedication (again with further in-service training) made directly responsible to the health visitor in whose area the problem family lived. These 'home advisers' (four in number) have carried a caseload of problem

families with varying responsibility to each family according to its needs but have in no way taken over responsibility from the health visitor as they have simply worked with the family and provided guidance on finance, hire purchase, budgeting, cooking, housewifery, etc. The allocation of these home advisers to families is the responsibility of a small officer group from various Corporation departments and voluntary organisations.

Attempts have been made to arrange more frequent regular visiting of old people living in the geographical areas of health visitors, but despite the efforts of the British Red Cross Society, the St. John Ambulance Brigade and more recently the Council for the Care of the Elderly, these projects have never been really very successful, nor has it been possible to rely entirely upon these voluntary visitors to report back. This is in no way meant to indicate that the extraordinary amount of voluntary and neighbourly visiting which takes place in the City is a failure, but simply to say that it is not co-ordinated and consequently elderly people living alone can occasionally slip through the net.

An Organisation and Methods survey of the work of the health visitors was undertaken in 1963 when the establishment of administrative and clerical officers was reviewed, but it was not felt at that time that additional secretarial help would increase the effectiveness of the service. A careful review, however, of the work of health visitors in clinics revealed that none of them was responsible for the sale of food, the maintenance of clinic records, etc., all of which was undertaken by the clerical staff. The health visitors, however, maintain their personal records on families but again the clerical staff are responsible for transfers. Despite several attempts to reduce the time taken in weighing babies, the mothers remain adamant and the health visitors prefer to undertake this work, giving guidance at the same time, rather than leave the weighing to untrained staff and the guidance to a separate arrangement.

In 1961 the first health visitor was closely associated with a group practice in the east end of the City and gradually since that date these 'associations' have developed and now number nine. The limiting factor throughout the years has been the lack of supporting car allowances, but this difficulty has now been overcome and the 'associations' are expanding quite rapidly, in fact there is a waiting list of general practitioner groups. In each association formed, arrangements have been made between the Medical Officer of Health and the group of practitioners to enable the association to work satisfactorily and on no occasion has there been evidence that the health visitor has been used for work which could be undertaken by a practice nurse or clerical staff. In all instances the general practice groups have come to appreciate the true nature of health visiting and have welcomed these close working arrangements.

3. DISTRICT NURSING SERVICE

In 1950 when the Council became responsible for the work previously undertaken by the Cathedral Nursing Society, 32 state registered nurses were employed, under a district nurse superintendent and a deputy. These nurses worked in teams relieving each other. A careful review of the work undertaken by the district nurses revealed that most of it was on behalf of the elderly and some of it consisted of very routine nursing techniques which did not demand a visit by a state registered nurse with district nurse training. Accordingly state enrolled nurses were added to the teams and there are now 11 employed out of an establishment of 50.

All district nurses work from their own homes; they receive their messages by telephone direct from the general practitioners and report back to them. (Some messages especially during the day come through the central office and by robophone at weekends from the Central Ambulance Headquarters).

In 1955 a review of the number of elderly patients being given baths in their own homes, with no nursing requirements in addition, indicated that under the supervision of a district nurse, a bath orderly could undertake much of this work. Accordingly bath orderlies, both male and female, were added to the teams and there are now 12 (9 female and 3 male) bath orderlies employed so

that it is no longer necessary for a district nurse to bath patients unless nursing skills are required in addition.

A number of reviews in the later 1950s and the early 1960s brought to light the amount of time spent in sterilising syringes, etc., and an investigation with the Public Health Laboratory Service and the Newcastle General Hospital was undertaken to see whether a sterile syringe service could be established. Just in time, however, the advent of the disposable syringe put an end to this exercise and incidentally saved a considerable amount of nursing time. So too the use by the Authority of disposable equipment generally and incontinence pads has lightened the load on the district nursing service. A laundry service for incontinent patients had existed since 1958, fresh linen being supplied and soiled linen taken to a central point for washing, etc., transport in sealed containers being provided by the Ambulance Service.

Further investigations in 1961 brought to light that some district nurses were being employed at the request of the general practitioners and the consultant geriatrician to get elderly people mobile each day; again this did not require very skilled attention, so part-time dressing attendants were appointed to the teams to work under the guidance of district nurses and have admirably filled their role as they live on the area and can be deployed as needed. Five are employed for this purpose.

By careful time recording in 1958 the time spent in travelling by public transport was compared with travelling by car between cases. As a result car allowances were granted at the rate of five allowances against one staff vacancy. Finally, in 1965 all district nurses were granted car allowances and at present there are 42 cars being used for the service.

The first district nurse received her cases only from one group practice in 1964. Extension of the method of employment although welcomed by both patients, doctors and staff was limited by nurses in groups who were unable to drive a car. At present 10 district nurses are associated with group practice.

4. COMMENTS

The working of the senior administrative staff of both services was reviewed in 1963 by a team of O. & M. consultants. One or two minor changes were recommended and were brought into operation.

To maintain efficiency not only regular reviews of working methods are required but also in-service training of all staff and opportunities to attend regular courses at all levels. This is a feature of the work of the department.

The introduction of modern mechanical nursing aids (lifts, special beds, etc.) is important but limited by the cost.

The employment of part-time staff is not only a means of maintaining a full establishment but in district nursing can also be turned to good advantage for providing an evening emergency service and meeting the periods of maximum demand during the week.

Voluntary workers are not employed to assist either health visitors in clinics or district nurses.

5. CONCLUSIONS

A number of studies of varying depth into the work content of the health visiting and district nursing services have been carried out in Newcastle upon Tyne during the last ten years. As a direct result ancillary staff have been employed, car allowances granted and clerical help provided at clinics etc. Careful analysis of the records kept enables the supervisory staff to deploy the staff effectively and annually a report is written on changes required to meet changing circumstances. It would be even more effective if work study teams were available to evaluate the changes already brought about. Further small surveys will be undertaken from time to time.

In general terms the recommendations set out in appendices 2 and 3 of the circular are being followed.

APPENDIX IV

OCCUPATIONAL HEALTH SERVICE

During 1967 there was an all-round increase in the work of this service. The examination of firemen for the Newcastle and Gateshead Joint Fire Service was commenced at the beginning of the year.

3,377 questionnaires were received of whom 915 required a medical examination as a routine because of the type of employment and 368 were selected for a medical examination on account of the medical history. The greatest increase of work in the Medical Centre has been in the number of staff attending for treatment, 40% being for colds, 'flu, etc. Frequently the availability of simple treatment in the Civic Centre saves absence from work for minor ailments.

TABLE I
PRE-EMPLOYMENT MEDICALS

	<i>Sick Pay</i>	<i>Superannuation</i>	<i>Total</i>
Questionnaires received	2,696	681	3,377
Accepted without examination ..	1,492	602	2,094
Medical examinations:			
(a) Routine	900	15	915
(b) Selected	304	64	368
<i>Percentage selected</i>	17	10	15
Fit for employment but unfit for superannuation and sick pay schemes	73	11	84
Unfit for employment	4	0	4
<i>Percentage unfit</i>	0.15	0	0.12

Thirty-four persons who required an x-ray or medical examination did not take up their appointments.

TABLE II
SPECIAL EXAMINATIONS

Number referred	313
Medical examinations (includes 86 home visits) ..	652
Fit	237
Fit for light work	11
Retired on medical grounds ..	49
Resigned	8
Died	8

TABLE III
WORK OF MEDICAL CENTRE
(1966 figures in brackets)

Medical examinations:

Sick pay and superannuation schemes	..	..	2,003	(1,810)
For other authorities	..	..	28	(24)
Children in care	..	..	65	(14)
			<u>2,096</u>	<u>(1,848)</u>

Vaccinations and immunisations:

Poliomyelitis boosters	..	..	209	(162)
Smallpox	..	..	138	(104)
T.A.B.	..	..	39	(21)
			<u>386</u>	<u>(287)</u>

Treatments:

Staff: Industrial Conditions (injuries)	..	..	308	(149)
Non-industrial conditions	..	..	1,432	(1,048)
General public	..	..	28	(40)
			<u>1,768</u>	<u>(1,237)</u>

Eighty-five persons were seen by a doctor.

APPENDIX V

MEDICAL REHOUSING

THE SCHEME

1. Housing applicants who indicate that they may have medical grounds for priority rehousing are supplied by the Housing Department with a medical form for completion by their doctor who makes his recommendation in confidence direct to the Medical Officer of Health. Such cases are considered at fortnightly meetings between the Principal Medical Officer and the Director of Housing's representative. In many cases further information is requested and frequently obtained through a visit by a health visitor, social worker or housing investigator as appropriate, the case being considered again at a further meeting. Recommendations are made for those who should be rehoused in the medical priority allocation of houses and for those corporation tenants where a transfer is recommended on medical grounds. The appropriate type of housing is indicated.

2. Table I shows the number of cases considered or reconsidered at these meetings since the start of the scheme with the priorities and transfers recommended. The volume of cases considered in the last five years has remained fairly steady and the percentage recommended for priority or transfer has been a consistent 15% since 1963.

TABLE I

	<i>Cases Considered or reconsidered</i>	<i>Priorities</i>	<i>Transfers recommended</i>	<i>% recommended for priority or transfer</i>
April 1959 to Sept. 1961	1,170	146	—	12
1962	724	155	96	35
1963	1,627	153	99	15
1964	1,974	175	128	15
1965	1,698	136	159	17
1966	1,792	145	132	15
1967	1,629	105	138	15

REVIEW OF 1967 APPLICATIONS

3. During 1967, 1,310 cases were considered of whom 789 were in private property and 521 were corporation tenants. Priority was recommended for 13% of those applicants in private property and transfer recommended for 26% of the corporation tenants.

4. Doctors making a medical recommendation are asked to assess the need for rehousing as 'most urgent', 'urgent', 'deserving but not urgent' and 'no priority'. Tables II and III show for applicants in private property and for corporation tenants the numbers and percentages in each category as assessed by their doctor along with the number and percentage in each category recommended for priority rehousing or transfer. In some cases the doctor made no assessment or wrote a letter instead of completing a medical form and these cases come into the 'no category' column.

TABLE II

PRIORITY REHOUSING APPLICATIONS 1967

(Private Property) showing doctors' recommendations

	<i>New Cases</i>		<i>Recommended for priority</i>	
	<i>No.</i>	<i>as a % of those in category</i>	<i>No.</i>	<i>as a % of those in category</i>
Most urgent	275	35%	66	24%
Urgent	273	34%	33	12%
Deserving but not urgent	164	21%	1	under 1%
No priority	21	3%	—	—
Category not defined	56	7%	5	9%
Totals	789	100%	105	—

TABLE III

PRIORITY REHOUSING APPLICATIONS 1967

(Corporation Tenants) showing doctors' recommendation

	<i>New Cases</i>		<i>Recommendation for transfer</i>	
	<i>No.</i>	<i>% of cases in category</i>	<i>No.</i>	<i>% of cases in category</i>
Most urgent	165	35%	73	44%
Urgent	204	34%	47	23%
Deserving but not urgent	101	21%	8	8%
No priority	15	3%	2	13%
No category	36	7%	8	22%
Totals	521	100%	138	—

5. Table IV shows the main medical factors involved in the 104 priorities recommended in 1967 compared with the medical factors in a random sample of 100 applicants. These two columns are compared with the cases and priorities reviewed in 1961.

TABLE IV
MAIN MEDICAL FACTORS IN CASES CONSIDERED

				1967		1959—61	
				1	2	3	4
				<i>Sample</i>	<i>Priorities</i>	<i>Review</i>	<i>Priorities</i>
				(100)	(104)	(1,065)	(93)
Locomotor	..	..	..	18%	41%	20%	39%
Respiratory	..	..	..	29%	20%	27%	20%
Cardiovascular	..	..	..	12%	15%	18%	13%
Mental and Psychological	..	..	..	17%	8%	16%	11%
Other	..	..	..	24%	16%	19%	17%

The general similarity between columns 1 and 3 and between columns 2 and 4 shows how little change there has been in the type of case put forward or recommended for priority. 50% of the applicants reviewed in 1961 lived in upstairs accommodation and in 1967 39% of the sample were so placed. Upstairs accommodation, outside toilets and houses situated on banks are common factors and it is not surprising that the largest proportion of priorities are granted to the locomotor group. This includes strokes and various types of paralysis or other conditions involving difficulty in getting about. These housing conditions also affect the respiratory group many of whom are chronic bronchitics with a limited ability for exercise.

6. The proportions of different types of family are shown in Table V. Detailed percentages are not available for the 1,065 applicants reviewed in 1961 but nearly half were reported to have young children or children of school age. The difference between columns 2 and 3 is most marked. Up to 1961 two-thirds of the priorities were granted to families with children whereas only 13% fell into that group in 1967. With the increased number of applicants considered for rehousing on medical grounds a greater number of adults most of whom are elderly apply and proportionately more priorities are granted to adult families.

TABLE V
TYPE OF FAMILY

				1967		1959—61
				1	2	3
				<i>Sample</i>	<i>Priorities</i>	<i>Priorities</i>
				(100)	(104)	(93)
Young children	..	..	..	21%	4%	32%
School age	..	..	..	20%	9%	33%
Grown up and adults	..	..	..	21%	30%	20%
Couple	..	..	..	25%	36%	10%
Living alone	..	..	..	13%	21%	4%

REHOUSING

7. Medical priority cases have been allocated accommodation as shown in Table VI.

TABLE VI

<i>Year ending 31st December</i>	<i>Number Rehoused</i>	<i>Allocation Quota</i>	<i>Difference between alloca- tions and quota</i>	<i>Total cumulative difference between alloca- tions and quota</i>
1962	87	84	+ 3	+ 3
1963	93	84	+ 9	+12
1964	143	84	+59	+71
1965	100	99	+ 1	+72
1966	108	120	-12	+60
1967	94	120	-26	+34
Total	625	120		+34

At 31st December, 1967, there remained 135 cases not yet rehoused.

Given priority, year ending 31st December, 1963	2
ditto 31st December, 1964	9
ditto 31st December, 1965	10
ditto 31st December, 1966	38
ditto 31st December, 1967	76
Total	135

Of the 135 outstanding cases, accommodation was on offer to 25 and 61 have refused offers of accommodation. Flats without stairs or old persons bungalows are required for 79.

8. 346 Corporation tenants have been transferred on medical recommendations and 182 tenants are awaiting transfer.

Recommended year ending 31st December, 1963	6
ditto 31st December, 1964	21
ditto 31st December, 1965	26
ditto 31st December, 1966	49
ditto 31st December, 1967	80
Total	182

85 have refused offers of transfer. Flats without stairs or old persons bungalows are required for 58.

9. Having considered this report the Housing Management Working Group agreed to continue the existing procedures for determining priorities. A more flexible approach might be achieved by integrating the medical priority scheme within a points scheme for allocation of tenancies. This will be considered when the findings of the research project of the Local Government Operational Research Unit become available.

APPENDIX VI

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.

February

SMOKING AND HEALTH

1. Previous Reports

A report was presented to the Committee in 1957 following the publication of the Medical Research Council's findings concerning the causal relationship between heavy tobacco smoking and lung cancer. A further report was presented in 1962 following the publication of the report of the Royal College of Physicians entitled "Smoking and Health". All the evidence had been carefully sifted and indicated that cigarette smoking was "a cause of lung cancer and chronic bronchitis and probably contributed to the development of chronic heart disease and various other less common diseases." In 1964 the report of the U.S. Surgeon General reached similar conclusions.

Following the report in 1962 the Committee *recommended*:—

- (1) that the parents of children of approximately nine years of age be approached annually giving them full information as in the past.
- (2) that the Ministry of Health be requested to take up through appropriate channels the question of advertising cigarettes by placards and television; the wisdom of selling cigarettes by machine outside the control of the tobacconist should be considered.
- (3) that the Ministry of Health be requested to take active steps nationally in every possible way to point out the dangers of smoking.
- (4) that the attention of all corporation staff be drawn to the necessity of setting an example to the public in general in particular to children.
- (5) that an approach be made to theatre and cinema managers enquiring whether they would be prepared to ban smoking in the auditorium.
- (6) that the Transport and Electricity Committee be requested to review their decision not to prohibit smoking in transport vehicles under their control.
- (7) that the Regional Hospital Board be asked to set up a clinic giving suitable advice to those who found the reduction in cigarette smoking too difficult to achieve.
- (8) that the smoke control campaign on Tyneside be pursued by all authorities as quickly as possible.

II. Progress Report

- (1) *Governmental action.* The Ministry of Health has organised three national poster campaigns and has placed picture strip and other display advertisements in children's and teenagers magazines. A ban on cigarette advertising on television came into force on 1st August 1965.

An agreement was reached with tobacco manufacturers for expenditure on cigarette advertising through press and posters to be limited during the six months from 1st June 1966 and for advertising in cinemas and on radio to cease when existing contracts run out.

The Ministry of Health is continuing discussion with manufacturers on future levels of advertising and on coupon schemes.

- (2) *Hospitals.* 'No Smoking' notices are widely displayed. Staff have been requested not to smoke in corridors or in front of the public or patients.
- (3) *Local action.*
 - (a) The Transport and Electricity Committee felt unable to make a change but the No Smoking rule continues in the lower deck of their vehicles all of which are double deckers.

- (b) An experimental Smokers Advisory Clinic was set up in the Fenham Clinic and conducted by Dr. Hoffstaedt from 1963 until September 1966 when it was stopped because of indifference.
- (c) In August 1965 the annual exhibit of the Health & Social Services Department at the Tyneside Summer Exhibition was devoted to "Smoking and Health".
- (d) In October 1965 Head Teachers Representatives agreed to set aside one day in the Autumn term for informing secondary school children about the effects of smoking upon health.
- (e) Posters have been made available to schools and youth clubs and films and other materials have been obtained for use in health education.
- (4) *Smoking habits.* The Ministry of Health has arranged a series of surveys amongst the general public on smoking. These showed that certain publicity campaigns were effective in that they were remembered. Recent statistics on smoking habits show a substantial rise in the number of non-smokers (including ex-smokers) in the population aged 16 years and over. The proportion of non-smokers rose from 43% in 1961 to 46% in 1965. The increase in non-smokers was greater among men than women. Amongst people aged 16 to 19, the proportion who do not smoke increased from 38% to 49% among young men and from 55% to 61% among young women. These figures show an encouraging trend especially among teenagers.
- (No statistics are available for children under the age of 16.)

III. Mortality Statistics.

The following table shows the number of lung cancer deaths in men and women in Newcastle upon Tyne over the last 20 years and the proportion of those deaths to total deaths.

Cancer of Lungs (All Forms) Newcastle upon Tyne				
Year	Deaths		Proportion of Lung Cancer to total deaths	
	Male	Female	Male	Female
1947—				
1950—	79*	19*	1:25*	1:93*
1951—				
1955	103*	18*	1:18*	1:92*
1956—				
1960	138*	22*	1:13*	1:71*
1961	153	22	1:11	1:70
1962	180	25	1:10	1:60
1963	183	27	1:10	1:59
1964	172	41	1:10	1:36
1965	185	25	1:10	1:63
1966	142†	25†	1:12*	1:57*

* Averages for these years

† Provisional figures

Nationally lung cancer deaths continue to rise, increasing since 1961 by about 1,000 a year. The number of deaths in 1965 in Great Britain exceed 29,000 or about 80 a day.

Death rates in Newcastle upon Tyne from this cause have throughout the period exceeded the national figures but between 1956/7 and 1963 the two rates drew further apart. Since 1963 however in Newcastle upon Tyne there has been a levelling off and the 1966 death rate fell particularly in men. The rate for this City is still however nearly 50% above the national rate. This could be effected by atmospheric pollution which will increasingly have less effect as smoke control develops. At present however about one death in every 10 male deaths is due to lung cancer.

IV. Smoking in Public Places.

A copy of the following statement by the Minister of Health the Right Hon. Kenneth Robinson M.P. in the House of Commons on Friday 27th January 1967 has been received.

"The Government has considered the suggestions which have been made by many Hon. Members and others that steps should be taken to restrict smoking in such places as cinemas, theatres, restaurants, shops and offices. There is no doubt that many non-smokers feel great discomfort among people smoking in confined places. Breathing smoke-laden air may also aggravate the symptoms of people suffering from certain disabilities such as asthma or bronchitis, in some cases to the extent that they are forced to avoid places or situations in which high concentrations of tobacco smoke might occur, e.g. in cinemas. Also, people who have given up smoking, or are trying to do so, are subjected to strong group pressure towards smoking if they sit for any length of time in the vicinity of those who are smoking. The number of non-smokers has increased substantially in recent years and they now constitute about 46 per cent. of the adult population. Surveys have also shown that even among smokers a substantial minority favour a ban on smoking in cinemas, restaurants and theatres.

The Government feel that it would not be appropriate to seek powers for compulsory restrictions on smoking in such places, but that the proprietors should consider the interests and wishes of their clients and customers in the light of the considerations which I have mentioned, and act accordingly. "No Smoking" notices have been displayed and respected by the public on a voluntary basis for many years in some big department stores, most concert halls and many theatres. The Government urges other proprietors to consider extending this practice by asking the public not to smoke on their premises, or by setting aside parts of large premises, such as restaurants, for non-smokers. My Rt. Hon. Friend, the Secretary of State for Scotland, and I are writing to the main trade associations asking them to draw these considerations to the attention of their members. We are ourselves drawing them to the attention of the public transport authorities, and of hospital and local authorities. Government Departments are considering what action each should take in relation to their offices which are open to the public."

The Minister suggests that local authorities consider how far the suggestions made in this statement can be adopted in any premises owned by the Council. In Newcastle upon Tyne smoking is not permitted in the Central Library or in any branch library nor in the City Hall auditorium.

V. Conclusions and Recommendations.

In the face of a mounting death rate from lung cancer it is pleasing to note that some progress has been made as is shown by the increased number of non-smokers and by the increasing acceptance of non-smoking areas in public buildings. It is encouraging that the deaths in men in Newcastle from this disease have not increased since 1962 and actually fell in 1966.

It is *recommended*:—

- (1) that the parents of children approximately 9 years of age be approached annually giving them full information as in the past.
- (2) that head teachers continue to set aside one day in the Autumn term for informing children about the effects of smoking on health.
- (3) that the attention of all corporation staff be again drawn to the necessity of setting an example to the public generally and particularly to children.
- (4) that the Estate & Property Committee be requested to consider no smoking areas in the Civic Centre, e.g. corridors, rates hall, canteen and other public areas.
- (5) that a further approach be made to theatre and cinema managers enquiring whether they would be prepared to ban smoking in the auditoria of their theatres.

February

CLINIC SERVICES

Clinic Premises

This is a review of the services held in centres which in some cases were set up as Maternity and Child Welfare Centres in accordance with the Maternity and Child Welfare Act, 1918, but more recently were purpose-built for the child welfare and school health services. Prior to World War II there was only one purpose-built clinic—St. Anthony's erected in 1936 but from 1954 onwards seven centres have been built—three for child welfare and school health and four for maternity and child welfare. One of the latter—Blakelaw—was later adapted to serve school health as well as maternity and child welfare. Seven other premises are local health authority property having been adapted for the purpose, and five child welfare centres are still in rented premises. There are four new clinics in the planning stage at the moment and when they are functioning there will probably only be, apart from the centre in the Royal Victoria Infirmary, one child welfare clinic serving High Heaton, held in rented premises. The service required here is too small to justify a purpose-built clinic.

The table attached is designed to give details of the services provided at each centre.

Ante-Natal Clinics

The need for local authority ante-natal clinics has changed gradually since the introduction of the National Health Service Act in 1948. As part of the obstetric services most family doctors now provide full ante-natal care for mothers to be confined at home and also for many of those booked for a hospital confinement. The work of the local authority ante-natal clinic is now mainly to give mother-craft teaching, relaxation classes and health education relevant to the care of the expectant mother and her child.

Only one ante-natal clinic is provided by the local health authority with a doctor in attendance but midwives and health visitors hold eleven clinics. There are fifteen general practitioner groups holding their own ante-natal clinics in local authority premises and midwives attend six clinics held by general practitioners in their own surgeries. There are also two ante-natal clinics held in Diana Street for City patients booked at Hexham Maternity Hospital. (This arrangement will shortly cease).

Cervical Cytology.

There are two cervical cytology clinics held each week, one of which is combined with the local authority ante-natal clinic (see above). It may be necessary to step up this service but so far the demand has been met by these clinics only.

Child Welfare Clinics.

Child Welfare Clinics are held in twenty centres, providing 33 medical sessions per week and two sessions conducted by health visitors only. The main function is to give advice and education to the mother on all aspects of child care and management. Medical treatment is not given but if a child is in need of such it is referred to its own family doctor or if specialist advice or treatment is required the child is referred, with the approval of the family doctor to a consultant.

There are facilities offered for immunisation and vaccination and welfare foods are available as well as a few proprietary foods at reduced cost. Although many mothers still come mainly to have their babies weighed and for advice in the early months on feeding and weaning, the majority of mothers are much more knowledgeable about the care of their babies than was the preceding generation. The function of the child welfare centres now is not only to give advice on the care of the normal child but to detect the abnormal, from relatively small defects to more severe handicaps requiring early treatment and possibly special education later. Regular screening of babies is done by health visitors for phenylketonuria, a condition which if not found and treated early may lead to mental subnormality, and between six and nine months, for deafness, while any other child who the health visitor suspects, on visiting the home, of any abnormality is invited to come to the clinic to see the medical officer unless already under treatment elsewhere. In addition to this all mothers are encouraged to bring their children to the clinics for regular birthday check-ups and special invitations are sent out in respect of the second birthday check-up.

Besides those activities already mentioned, the health visitors at many clinics give organised health education talks, illustrated in many cases by film strips or other visual aids.

In addition to the clinic sessions, weekly sewing classes are held at five centres and mothers clubs in the evenings at five centres. Arrangements have been made for twelve play groups to be held during child welfare sessions and sewing classes so that toddlers can be occupied happily while a mother is having her baby examined or is engaged at the sewing class. These play groups, besides looking after the toddlers, are a means of instructing mothers in the types of play material which are economical and give occupational satisfaction to children at different ages.

Play Therapy

There are also two play therapy sessions per week—at Blakelaw and East End—for children with behaviour problems. Here their play is supervised, and discussion groups are held with the mothers to help them come to a better understanding of their children's needs: by realising that other mothers have similar difficulties, a good deal of anxiety is relieved.

Nursery Play Groups.

Since September, 1966, Fawdon clinic has been used in the mornings for a nursery play group, run by the Save the Children Fund. This is a very worthwhile way of using clinic premises when they are not required for clinic sessions, particularly in areas where families live in high blocks of flats or other parts where children cannot have much freedom for play. There are many other clinic premises which might be used in this way, even if only for a few mornings each week. Elaborate facilities and highly trained staff are not necessary.

Priority Dental Service

Dental care of nursing and expectant mothers and pre-school children is undertaken in dental clinics at some of the maternity and child welfare centres and organised by the Principal Dental Officer.

Speech Therapy.

Speech therapy also is arranged where necessary for pre-school children by the School Health Service.

Family Planning.

Arrangements have just been completed with the Family Planning Association for a clinic to be held in the local health authority centre at St. Anthony's to serve the East End of the City and particularly the families round Walker and St. Anthony's. There will also be some domiciliary visiting done in connection with this clinic, by which it is hoped to give help and advice to women who would otherwise never bother to attend the Family Planning Association clinic at Graingerville North. The first Family Planning Association Clinic at St. Anthony's was held on 14th February.

Other Use of Clinic Premises.

Area sub-committees of the main co-ordinating Committee for the prevention of break-up of families meet at regular intervals.

Shortly social workers will hold sessions in clinic premises in their own areas, which will bring them closer in touch with the families they are trying to help, and it will reduce the length of the journeys made by many of their clients when visiting the Civic Centre.

Chiropody Clinics are held weekly in seven clinic premises. A report on this service has already been submitted.

New Premises.

Diana Street clinic should be replaced in 1970, Shieldfield and Cruddas Park in 1969.

A report on the amalgamation of Shields Road and Byker Clinic will be ready shortly. Scrogg Road Clinic will be replaced in 1973. Jesmond Clinic in 1977. No decision has been reached on the future of Woodland Crescent Clinic yet.

Recommendations.

It is RECOMMENDED that Nursery Play Groups should be started in appropriate clinic premises in densely populated areas. The Save the Children Fund should be asked to run these groups but the cost would be borne by the Local Authority.

SERVICES PROVIDED AT CENTRES

E A S T									
	Jesmond	Shieldfield	City Road	East End	Brinkburn Street	Benton	Ravenswood	Walkergate	St. Anthony's
BUILDING									
Purpose Built	NO	NO	NO	NO	NO	NO	YES	NO	YES
Adapted 0—4 popl. served	YES 832	YES 924	YES 112	YES 853	YES 1,297	YES 485	NO 1,003	YES 778	NO 2,170
Annual Births	222	237	27	218	271	121	224	244	353
Number of Weekly Sessions									
Infant Welfare Cent.	2	2	1	2	3	1	2	2	2
Ante-Natal —LA & GP	—	—	—	1	1	—	1	1	5
Relaxation	1	—	—	—	1	—	—	1	—
Chiropody	—	—	—	2	—	—	—	2	—
Cervical Cytology	—	—	—	1	—	—	—	—	—
S.H.S.	—	—	—	5	2	—	5	—	—
Dental	—	—	—	4	—	—	—	—	4
Speech Therapy	—	—	—	—	—	—	—	—	2
Hearing Ass.	—	Mthly	—	1	—	1	1	1	Bi-Mly.
Play Groups	—	—	—	2	2	—	1	—	3
B.C.G.	—	—	—	1	—	—	—	—	—
Sewing	—	—	—	—	1	—	—	—	1
Family Planning Ass.	—	—	—	—	—	—	—	—	1
Meetings									
Mothers Club	1	—	1	—	—	—	1	—	—
Prob'n Off. Area	—	—	—	3	—	—	—	—	—
Co-ordin. Immigrants	—	—	—	—	—	—	—	—	—
Attendances at Infant Welfare Centres									
Annual Average	4,079 40	3,845 37	901 18	4,614 44	4,929 32	1,802 25	4,260 42	3,956 38	3,859 37

W E S T

	Atkinron Road	Woodland Crescent	St. Stephens	Malvern Street	Diana Street	Leazes (R.V.I.)	Fenham	Blakelaw	Pooley Road	Kenton	Fawdon
Building Purpose Built	YES	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES
Adapted 0—4 popl. served	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO	NO
Annual Births	1,642	828	1,454	2,001	1,485	191	716	944	541	690	742
	293	166	235	423	496	44	154	207	115	117	93
Number of Weekly Sessions											
Infant Welfare Centre	3	1	2	2	2	1	2	2	1	1	1
Ante-Natal LA & GP	4	5	—	—	4	—	2	2	1	3	2
Relaxation	—	—	—	—	1	—	1	1	—	—	—
Chiropody	1	—	—	—	—	—	—	3	1	2	—
Cervical Cytology	—	—	—	—	1	—	—	—	—	—	—
S.H.S.	5	—	—	—	—	—	—	5	—	5	—
Dental	2	—	—	—	—	—	—	—	—	5	—
Speech Therapy	1	—	—	—	—	—	1	1	—	—	—
Hearing Ass.	1	—	1	Bi- Mly	—	—	1	1	1	1	1
Play Groups	—	—	—	—	1	—	—	2	—	—	1
B.C.G.	—	—	—	—	—	—	—	—	—	1	—
Sewing Classes	—	1	—	—	—	—	—	1	—	1	1
Family Planning Ass. Grain- gerville North)	—	—	—	—	—	—	—	—	—	—	—
Meetings											
Mother's Club	—	—	—	—	1	—	1	1	—	—	—
Probation Officer	1	—	—	—	—	—	—	1	2	—	—
Area Co- ordin.	Mly.	—	—	—	—	—	—	Mly.	—	Mly.	—
Immigrants	—	—	—	—	1	—	—	—	—	—	—
Attendances at Infant Welfare Centre											
Annual Average	7,331 47	1,629 31	2,688 26	5,251 52	2,467 33	823 15	5,517 54	2,493 24	2,346 45	1,828 38	2,141 41

March

CHILDREN'S TUBERCULOSIS SERVICE

Development of Children's Tuberculosis Service.

In 1942 the Health Committee established a Children's Tuberculosis Contact clinic where young children known to be exposed to tuberculosis could be seen and their parents advised and helped as far as possible. In addition information about the mortality and morbidity from tuberculosis within a known community would be obtained and parents and others educated concerning the nature of tuberculous infection. When streptomycin was introduced in 1947 education became even more important, since the most essential factor in determining the outcome in tuberculosis meningitis became early recognition. B.C.G. vaccination became available in 1950 for administration to children exposed to the risk of tuberculous infection.

In 1952 the clinic was separated from the Child Welfare Department and a Children's Tuberculosis Service was established under the direction of a part-time medical officer. At first only children under five years of age were seen but later all children up to school leaving age were supervised. Such children were either contacts needing testing and then vaccination or treatment, potential contacts needing vaccination, or infected children requiring treatment.

Clinic sessions increased from two a week in 1951 to six a week in 1955 subsiding since then to three regular and occasional additional sessions.

In 1942 when the Contact Clinic was established tuberculosis was a serious illness at all ages. In Newcastle upon Tyne it was the commonest cause of death in children from one to fourteen years. The decline in mortality is illustrated in the following table which also shows the decreasing proportion of deaths due to tuberculosis.

Deaths from Tuberculosis Compared with all deaths Ages 1—14 years.				
	1945-49	1950-54	1955-59	1960-64
All causes ..	376	217	151	129
Tuberculosis ..	91	24	2	1
Per cent. T.B. of all causes ..	24	10.6	1.3	0.8

The changing situation is due to two main factors, the introduction of adequate anti-tuberculosis chemotherapy and the use of B.C.G. vaccination.

Chemotherapy.

Chemotherapy, together with the provision of an adequate number of beds for adult patients suffering from infective tuberculosis, has resulted in a steady decrease in the number of infective adults in the community and therefore a diminishing risk of infection in childhood. Chemotherapy has also brought about the recovery of children suffering from tuberculosis so that death in childhood from this cause is a rare and usually unnecessary tragedy. Thirdly the treatment of children found to be infected with tuberculosis but not ill has reduced the risk of tuberculous illness occurring in such children provided the infection is recognised early enough. The tuberculin testing of 'contacts' and healthy children has therefore become of great importance and since 1955 an increasing number of recently infected but symptomless children attending the Contact Clinic have been treated ('chemoprophylaxis').

B.C.G. Vaccination.

In 1950 B.C.G. vaccine became available for children exposed to the risk of tuberculous infection e.g. contacts, and in 1954 for all children in their fourteenth year. Contacts have been vaccinated through the Contact Clinic and school leavers through the School Health Service.

The Number of B.C.G. Vaccinations. Newcastle 1952-1966

	1952	1955	1960	1965	1966
Contacts ..	284	1,022	1,545	1,554	1,391
Leavers ..	—	713	3,104	1,941	5,771*

* Both 11 and 12 year olds.

At the present time 16% of children in Newcastle upon Tyne have already been protected by B.C.G. vaccination before they reach school age.

When B.C.G. was first introduced in England the protection afforded was thought to last about five years. At that time the greatest risk of infection was after leaving school and therefore the second last year in school was selected as the most suitable time for mass vaccination. This age has now been lowered to 11-12 years for three reasons. Firstly protection is now known to last for at least five years and often for ten years; secondly the risk of infection after leaving is not so great and thirdly; this may be balanced against the risk of the development of pelvic tubercle in girls infected at puberty. Very few girls are now infected at this age but the condition is often not recognised until the resultant sterility leads to investigation 10 or 15 years later.

For these reasons B.C.G. vaccination is now offered to all children in their first year attending secondary schools, both local authority and private, in the City. Only about 6% of children tested at this age have been previously infected and 10-12% previously vaccinated leaving some 80-85% who require vaccination. This is a very different situation from that in 1954 when 45% of those tested were already infected.

Routine tuberculin testing of children as part of the School Health Service examinations was started in 1954 for 'leavers' (in association with the B.C.G. scheme) and in 1957 for five year olds ('entrants') and 10 year olds ('juniors'). These tests are now offered in the first year in primary, junior and secondary schools.

The testing of younger children was introduced for three reasons. Firstly, to identify infected but symptomless children in order that they might be treated if necessary ('chemoprophylaxis') and their families investigated and protected, secondly, to ensure that those previously vaccinated remained protected, and thirdly, to establish the incidence of infection in the community. All 'entrants' found tuberculin positive were referred for further investigation and treatment if necessary to the Contact Clinic from 1957, 'juniors' from 1962 and 'leavers' from 1965. Previously the latter two groups were referred to Mass X-Ray and only if this was abnormal to the Contact Clinic.

The falling incidence of infection, as revealed by this routine testing is shown in the table below. These figures are only reliable if a high enough proportion of children are tested and if it is known how many of those found tuberculin positive have been previously vaccinated with B.C.G. About 75% of children in these age groups complete the tests.

The Incidence of Natural infection (per cent.) where known at 5, 10 and 12—14 years. Newcastle 1952—1965

	Age 5—6	Age 9—10	Age 12—14
1952	7.2†	—	—
1954	—	—	45
1957	2.0	10.2	22
1959	1.4	7.5	8
1961	1.3	5.0	6
1963	0.75	3.0	15*
1965	0.4	1.7	18*

† ('1,000 Family Investigation')

* Includes previously vaccinated

The proportion of those children newly found positive is a measure of the efficiency of the service for contacts. Where this is good there should be few new ones found except among immigrants to the City.

The number of children found tuberculin positive at 5 years and 10 years and the numbers already known.

Newcastle 1957—1965

Year	Number positive at 5 years	Percentage known	Number positive at 10 years	Percentage known
1957	66	30	*	
1960	54	35	*	
1963	26	50	91	68
1964	16	62	49	73
1965	11	36	46	87

* Not referred to Contact Clinic before 1962

Present work of the Children's Tuberculosis Service.

1. Protection by B.C.G. vaccination of children in families where any member has or has had tuberculosis. This requires co-operation of parents, health visitors, midwives and family doctors.
2. Examination of contacts of new patients with tuberculosis. These have been exposed to the risk of infection and very careful testing is required. Those found infected may require treatment; the others need vaccination. The numbers involved are shown in the following table.

The number of Children under five years of age seen as contacts of newly diagnosed patients and the number infected.

Newcastle Contact Clinic 1952—1965

	1952	1955	1960	1961	1962	1963	1964	1965
Total ..	103	217	250	225	171	176	195	168
No. infected ..	41	27	19	11	9	6	18	18
Percentage ..	39.8	12.4	7.6	4.9	5.3	3.4	9.2	10.8

3. The supervision of children found tuberculin positive whether as contacts, at routine testing at school, or referred by others.
4. The establishment and maintenance of a tuberculin positive register for it is among these people that most of the new cases of tuberculosis may be expected to occur in the next 10-20 years. If they can be recognised and treated before they have infected the next generation tuberculosis should be brought under control in our community. The numbers on this register are shown in the table. Those over 15 years are now transferred to the Mass X-Ray Unit for long term supervision.

The number on the Tuberculin Positive Register					
Newcastle 1965—1966					
Ages				1965	1966
0—4	..	..	..	65	51
5—14	..	..	..	840	776
15 and over	..	..	..	560	714

Clinical work is carried out at weekly sessions at the East End Clinic, the Newcastle General Hospital, the Children's Clinic at the Royal Victoria Infirmary and occasionally sessions at Kenton Clinic. A description of the Children's Tuberculosis Service would be incomplete without reference to the help of health visitors, chest physicians and family doctors. Co-operation and assistance from these professional workers but also from parents is vital if children are to be protected against tuberculosis.

Landmarks illustrating the history of the service:

- 1942 Weekly Contact Clinic in Child Welfare Department.
- 1947 Streptomycin became available.
- 1948—56 Annual tuberculin testing of 'Red Spot' Children (1,000 Families Investigation).
- 1950 B.C.G. available for 'contacts' and 'those at risk'.
- 1951 Weekly Contact Clinic at East End Clinic.
- 1952 Appointment of Medical Officer with responsibility for Contact Clinics. Weekly Clinic at West End Clinic for school children. Isoniazid available.
- 1953 A group of five year olds tuberculin tested at school.
- 1954 B.C.G. available for schoolchildren aged 13 years.
- 1955 Six Contact Clinic sessions weekly.
- 1957 Routine testing in school at five years and 10 years started.
- 1961 B.C.G. offered at 12 years.
- 1962 Tuberculin positive 10 year olds referred to Contact Clinic instead of to M.M.R.
- 1964 12 year olds with strongly positive reactions referred to Contact Clinic.
- 1965 B.C.G. offered at 11 years.
- 1966 Testing and B.C.G. vaccination for immigrant children on first entering school.
- 1967 Transfer of older children to M.M.R. for follow-up.

May

BLIND, DEAF BLIND AND PARTIALLY SIGHTED

Past Services (1st January 1966—31st January 1967).

During this period there were 820 registered blind, deaf blind and partially sighted people residing in the City.

Some 3,861 visits were made to these people by a staff of four home teachers. Initial visits were paid to those newly blinded, follow up visits were paid to those who needed continuing support and encouragement and visits were made in times of crisis where blind people reached a point where they needed skilled advice in order to help them cope with their situation. A large proportion of the calls, however, were of a purely routine nature where there was no specific help, support or advice needed, the reason for these visits being to see if those registered were managing themselves and their lives adequately. In addition, 63 escort duties to hospital, rehabilitation centres, etc., were carried out.

Braille lessons were given as and when required but since the introduction of the "Talking Book" and also, owing to the higher age level of the newly registered, the need for Braille tuition is gradually decreasing. There was little demand for teaching of handicrafts in the home but this was a popular pastime at the Social and Occupation Centre where the home teachers services were employed up to February 1st of this year on three afternoons per week, approximately 30 people attending at each session. The work of home teachers for this period is detailed in the attached table. From these figures it will be seen that approximately three quarters of the visits made by the home teachers were mostly of a routine nature and of the 820 people on the register approximately 406 are in the elderly group.

Present Services.

As from February 1st the social work services within the authority have been completely reorganised in an endeavour to give a wider and yet more detailed service to the community. To this end the City has now been divided into four areas, two teams of social workers in the east and two in the west under two area social workers. These teams include home teachers for the blind, social welfare officers, mental welfare officers and welfare assistants. Because this reorganisation has made it possible to reorganise case-loads, there has been an increase in the visiting service to those blind people who need extra skill and support to see them through difficult periods. There has been a corresponding decrease in routine visits but uncomplicated calls are being made by welfare assistants and others who work under the direct supervision of the home teachers.

The teaching of Braille, moon reading and instruction in mobility still, however, remains the responsibility of the home teacher as does the home teaching of handicrafts. Simultaneously with the reorganisation of the social work services the home teachers were withdrawn from the Social and Occupation Centre in order to allow them more time to concentrate on home problems and the responsibility of teaching handicrafts now rests with the supervisor of the Centre, one male craft instructor and as from May 1st one female craft instructor who is a qualified home teacher.

These changes appear to have been accepted by most of those people on the register, many of whom have adjusted well to their handicap and are able to lead full and fairly normal lives, in the knowledge that help and advice can readily be obtained if they require it by contacting the home teacher.

Since February 1st therefore 58 visits have been paid. These consisting of initial and supportive visits to the newly registered blind assisting them through what is to them often a highly emotional period; supportive visits to other than the newly blind; crisis visits and escort duties.

Staffing.

At the present time there are six members of staff who hold the Home Teaching Certificate, and a further member is expected to obtain his Certificate in the near future. Of these seven members of staff two are already undergoing professional social work training and will return to the authority this year and it is hoped over the next two to three years to second the remaining home teachers to professional social work courses. Two members of staff this year have gained considerably in skill and have greatly profited by attending refresher courses.

Future trends in the training for work with the blind.

In the past the training of home teachers has been highly specialised the emphasis being placed upon the teaching of Braille, moon, handicrafts, instruction in mobility and the social provisions available for the blind. The teaching of the understanding of attitudes and emotional interaction of people and their families, which is largely the basis of professional social work training, formed only a very small part of the course.

The Council for Training in Social Work and representatives of the blind welfare organisations have therefore been in consultation for some time over the question of the training needed in the future to equip people for social work with the blind, the deaf blind and partially sighted, through coming to a better understanding of the needs of blind people and their families, of the personal emotional and social effects of blindness.

The Working Party set up as a result of these deliberations have recommended that people who are already professionally qualified as social workers are eligible for a 12 week course on blind welfare. These experimental courses will run for a limited period of three to five years. It has been agreed however, that there must be a transitional stage during which new patterns of training for social workers with blind people and the existing training courses for home teachers exist alongside each other in order to meet the demand for staff.

From this it will be seen that eventually every social worker engaged in dealing with the blind will have a professional qualification in social work plus a further qualification in blind welfare.

THE ESTABLISHMENT OF A FAMILY SERVICE UNIT

(to Health and Social Services, Education, Children and
Housing Committees)

1. On 2nd February, 1966 the City Council approved a report of the Working Party of the Joint Committee as to Social Rehabilitation recommending, inter alia, the setting up of a grant aided Family Service Unit in the City.
2. Following this decision the Working Party continued in existence gathering information and visiting established Family Service Units to ascertain the best method of implementing the City Council's decision. A unit at Bradford seemed particularly well organised and the Working Party considered a unit on such lines was both feasible and desirable.
3. It is now proposed that the following action be taken in order to secure the early establishment of a unit in the City:—
 - (i) Family Service Units, London, be invited to set up a unit in the City affiliated to its central organisation.

- (ii) Family Service Units, London, be invited to appoint a management committee of 11 members with representation thereon from the four Corporation committees principally interested, i.e. Health & Social Services, Education, Children and Housing. It is further proposed that either the Chairman or Vice Chairman of the management committee be a local authority member. Provision would also be made for co-option.
 - (iii) The Newcastle Unit would work in liaison with appropriate Corporation departments and would invite representatives to its meetings. A liaison officer would be appointed in the departments concerned. Facilities would be made available for sociological research to be undertaken by the City Council and other bona fide research organisations.
 - (iv) The Finance Committee be recommended to provide £5,000 in its estimates for 1968/9 by way of grant to the management committee in order to finance its activities including the appointment of staff. It is envisaged that a field work organiser be appointed initially with provision eventually for up to 4 case workers either full or part-time with possibly some part-time clerical/typing assistance. It is anticipated that a fully operational unit would require an annual grant of around £10,000 but in the initial stages of development in 1968/9 it is considered that £5,000 will be adequate. The sum of £3,000 is available in the estimates for the current financial year which would more than cover the initial costs of setting up the unit.
 - (v) The unit should be located in an area where a particular concentration of problem families exist and it is suggested that the Housing Management Working Group would make a suitable house available in such area, e.g. Rye Hill for the unit's use free of rent and rates. The necessary furniture and equipment would, however, be met from the grant.
 - (vi) The unit's management committee would prepare an annual report on its work and submit its audited accounts annually to the Finance Committee prior to that committee's consideration of its grant for the financial year.
 - (vii) Officer representatives from the appropriate departments would meet periodically to consider families for referral to the unit.
 - (viii) The field-work organiser of the Family Service Unit would be appointed to both the central and local co-ordinating committee in the City.
4. The foregoing arrangements are subject to confirmation by the central office of Family Service Units but the committees are asked to indicate their approval to these proposals and to recommend the City Council, subject to any observations of the Finance Committee, to approve the establishment of a Family Service Unit in Newcastle on the lines of this report and to make provision in the estimates of the Finance Committee for 1968/9 of a sum of £5,000 payable by way of grant to finance its activities.

November

MENTAL RETARDATION

The term 'mental retardation' includes both mental subnormality and severe subnormality, and is used for patients whose minds have never fully developed, in contrast to the term of 'mentally ill' which is applied to patients whose minds have previously functioned normally but have become disordered,

usually in adult life. Severe subnormality is a state of arrested development of mind of such a degree that the patient is incapable of living an independent life or guarding himself against exploitation. Subnormality is a state of incomplete development of mind which is of such a degree that it requires medical treatment or other special care.

The Health and Social Services Committee is concerned with both types of mental retardation. Whilst the subnormal child attends E.S.N. school under the care of the Education Authority; and the severely subnormal child attends the Health Authority's Junior Training Centre, both groups frequently require the help of the nursing and social work staff of the Health and Social Services Department as emotional and social problems are common.

Prevalence.

The accurate assessment of the prevalence of the mentally retarded in the community is difficult to determine, for whilst clear cut conditions of severe subnormality such as mongolism, are easily ascertained, many cases of subnormality go untraced. At the present time, in the City, there are just over 600 subnormal children in E.S.N. schools, whilst there are 120 severely subnormal children in the Junior Training Centre and 160 severely subnormal adults in the Adult Training Centre.

It is estimated that 3.7 per thousand of persons who survive to school leaving age are likely to be severely subnormal, and on this basis we would expect, in Newcastle upon Tyne each year, about 17 severely mentally handicapped babies would be born who are likely to survive into adolescence.

The improvement in medical and social care has led to a considerable increase in the survival rate of severely mentally handicapped children e.g. there are now four times as many 10 year old mentally handicapped children as there were 30 years ago, whilst the number of such children being born has not increased. Thus there is a steady increase in the need for services for the mentally retarded.

Ascertainment.

Many severely subnormal children are diagnosed in early childhood by their general practitioner, the child welfare services or by psychiatrists from hospitals for the mentally subnormal. Such cases are referred informally to the Health and Social Services Department. Formal ascertainment of the subnormal is carried out by the School Health Service, usually at about the age of 7 years, when the child is referred by the teaching staff after a trial in school.

Training Centres.

Description of the detailed work of the Junior and Adult Training Centres will be the subject of a later report. Each year a class of about 15 new severely subnormal children start at the Junior Training Centre. Some of these commence as babies in the Kindergarten, but others are referred from schools as the degree of mental handicap may not become obvious until later. A small number of children may be permanently admitted to hospital, but this is compensated for by other children moving into the area.

Children leaving the Junior Training Centre move to the Adult Training Centre, the population of which increases annually by at least 15 trainees. The present Adult Training Centre has 160 trainees and there is a waiting list of 20. It is anticipated that by autumn 1968 the Centre will be completely full with 200 trainees.

Hospitals.

Since the Mental Health Act 1959, there has been a gradual change in the hospital services for the mentally subnormal in the area. At the present time both hospitals are located at considerable distance from the City, that is Prudhoe & Monkton Hospital at Prudhoe and Northgate & District Hospital at Morpeth,

but in five years time the catchment area of these hospitals will be altered so that Northgate Hospital alone will serve Newcastle upon Tyne.

During the last decade the hospital residents have altered in that premanent admissions come from the group of severely mentally and physically handicapped persons, whilst temporary admissions and training is offered for the higher grade subnormal who frequently presents as a social problem.

The hospitals have extended their out-patient services, improving their links with the community and by more effective use of beds, have considerably reduced previous unrealistic waiting lists. This increase in out-patient facilities has been of immense value, as expert psychiatric advice and help is now immediately available to parents.

The Physician Superintendent at Northgate Hospital holds out-patient clinics weekly at both St. Thomas Clinic in St. Mary's Place, and within the Local Authority Dame Catherine Scott Centre, referrals being made by the general practitioner, the local authority social workers or the Training Centre staff. The Physician Superintendent of Prudhoe and Monkton Hospital has an out-patient clinic at the Nuffield Psychiatry Unit. This improvement in the hospital services has, at the same time, meant that an increasing number of subnormals are now maintained in the community by local authority services, and there is thus more demand for hostel accommodation and training centre places.

Social Work.

The parents of the mentally handicapped child have considerable practical and emotional problems and a half of the social work in the mental health field in the Health and Social Services Department is concerned with the subnormal and the severely subnormal. The staff work in close liaison with the hospitals, training centres, and the general practitioners, and also with the Parents' Association of Mencap House.

Future Developments.

- (1) Advances in the training and education programme at the training centres.
- (2) Provision of hostel accommodation and the development of boarding-out schemes for the subnormal.
- (3) The identification of those subnormal children at present at E.S.N. Schools, who are likely, when they reach adolescence, to become a social problem and by the provision of adequate psycho-social help at an early age, to prevent this occurring.
- (4) The provision of a day unit for mentally subnormal children and adults within the City. Such a unit would be responsible for assessment, treatment and day care with special facilities for the multiply handicapped severely subnormal. It would provide a focus for the various services at present involved, viz; such a unit could be a combined Local Authority—Regional Hospital Board scheme.

APPENDIX VII

NEW PREMISES OPENED DURING YEAR

THE OFFICIAL OPENING

OF THE

DAME CATHERINE SCOTT CENTRE

AND THE

AMBULANCE SERVICE HEADQUARTERS

BY

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

ON

FRIDAY, 3RD FEBRUARY, 1967

Dame Catherine Scott Centre.

Until quite recently adults who were unemployable on account of subnormal mental development stayed at home or entered a hospital when their parents could no longer care for them. Gradually, due to the pioneering enthusiasm of some local authorities using permissive powers under the National Health Service Act 1946, the belief has spread that these men and women could be both educated and trained to do productive work, albeit at a slower pace. Since the Mental Health Act 1959, the development of Adult Training Centres has been rapid, much experimentation has been undertaken in converted buildings, and much has been learnt.

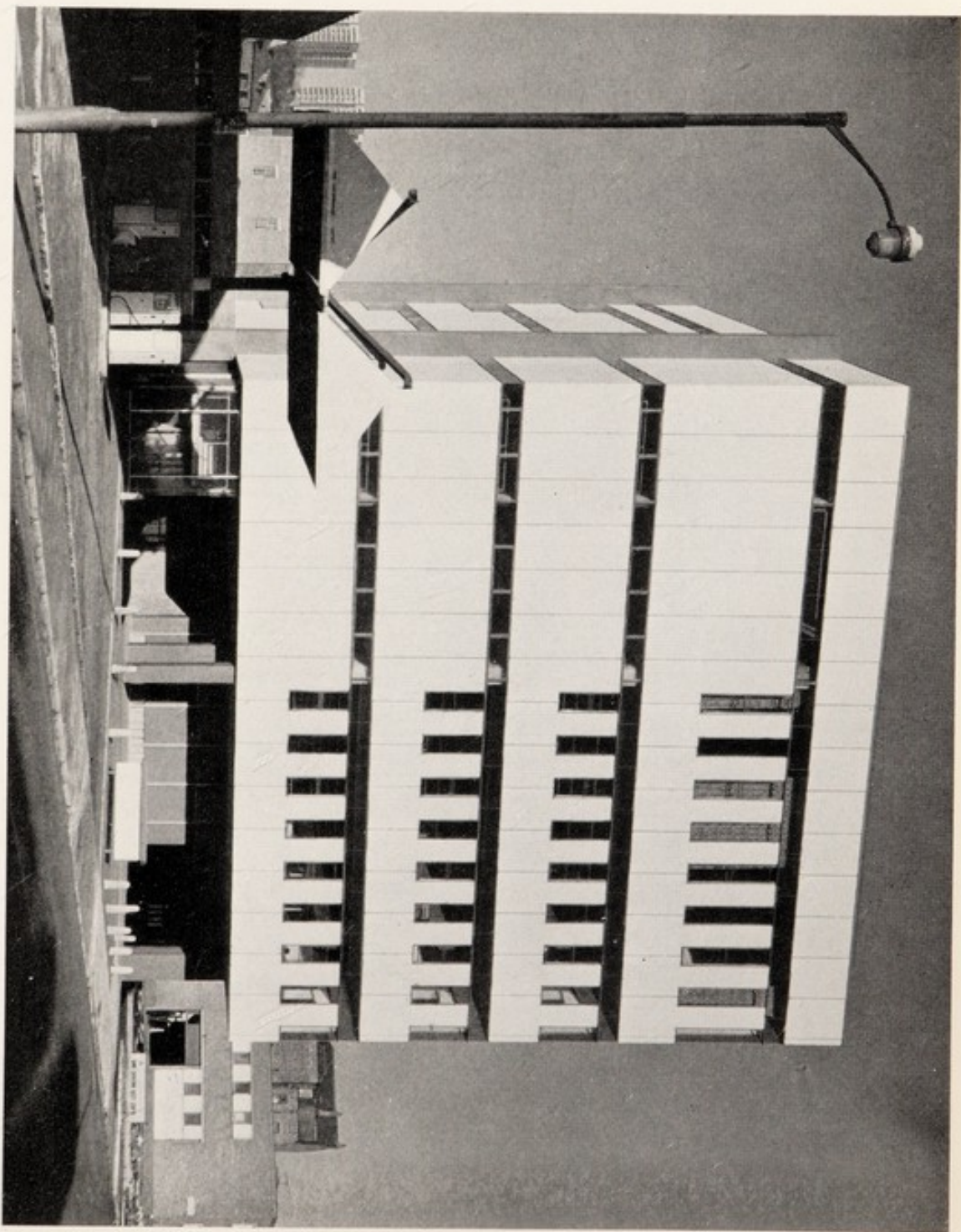
In Newcastle, Training Centres were set up in a small way in Jubilee Road in 1956 with two members of staff and eight trainees. By 1957 there were 25 trainees. A small amount of woodwork, gardening, embroidery, matmaking, etc., and some social training was undertaken.

In 1961 Dr. Peter Morgan was appointed as part-time Consultant Psychiatrist, in conjunction with the Regional Hospital Board, to be responsible to the Medical Officer of Health for the local authority's Mental Health Services. A survey of the training centre requirements for the next 10—15 years revealed the likely need for 300 places especially if hostel provision could be used to replace the necessity for institutional care of these adults as soon as their parents grew too old to look after them at home. The Committee agreed that the first Training Centre should be built in the light industrial area in Blenheim Street, supported by a Hostel further along Scotswood Road.

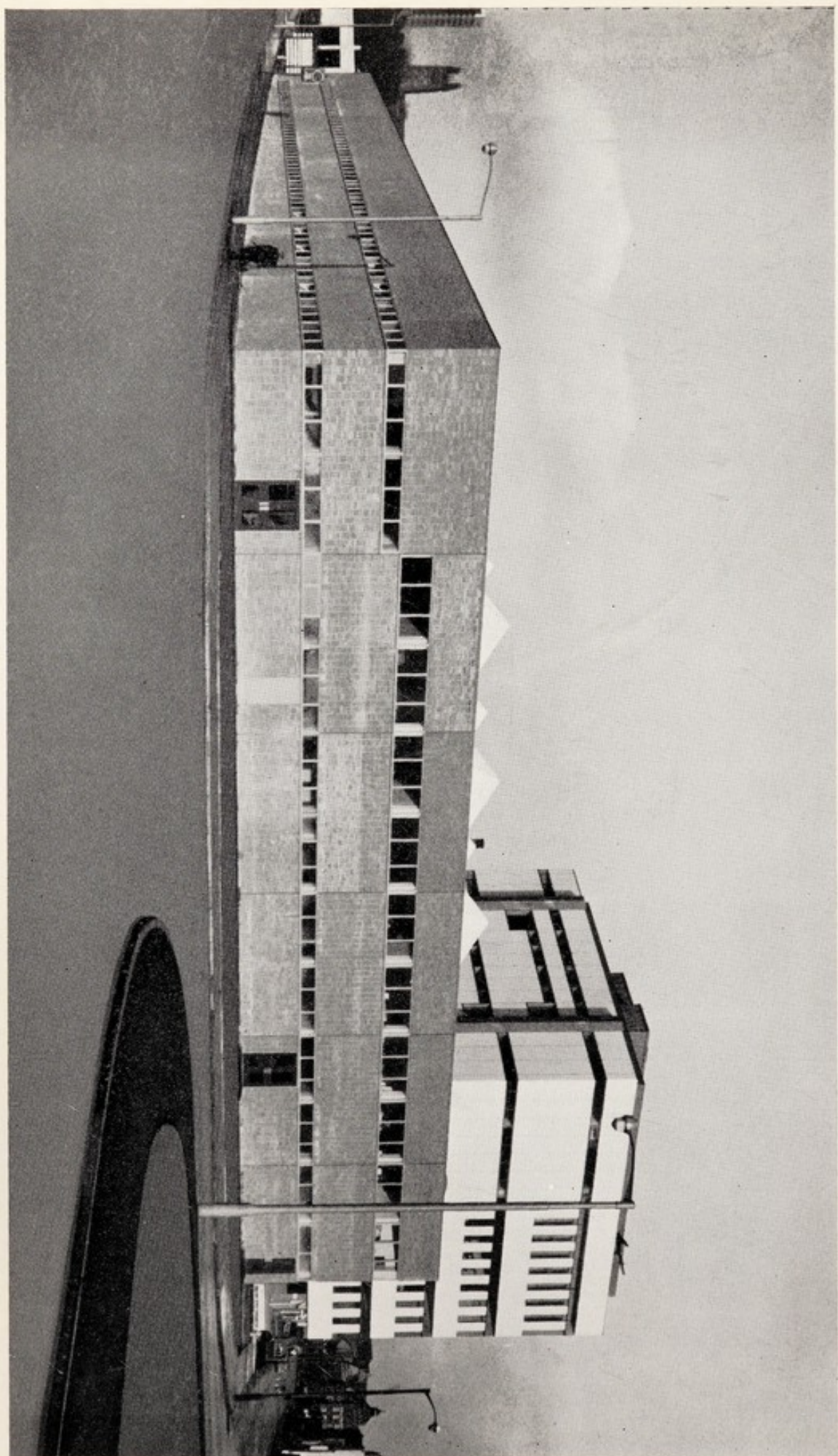
By 1961 a Manager, Mr. William Tuck, had been appointed. The male and female centres were then amalgamated and rapidly expanded to undertake several types of light industrial work.

Dr. Morgan and Mr. Tuck have now worked with Messrs. Williamson, Faulkner Brown and Partners, the appointed Architects, to design a flatted factory to meet the industrial, educational and social needs of 150 trainees.

Whilst facilities for sheltered employment, further education and social training are very important to the subnormal adult, little progress would be made without the trained and skilled staff to guide the trainees. Again, without suitable guidance and counselling for their parents by both the Centre staff and the social workers, many trainees would not maintain their progress and interest in their work. Many parents maintain a close contact with the Centre, and they are always welcome to discuss any difficulties with the staff. On the medical side, the facilities at both Prudhoe and Monkton Hospital and Northgate Hospital for diagnostic, advisory and temporary care purposes are readily available.



Dame Catherine Scott Centre.



Ambulance Service Headquarters.

Several local firms have been associated with the Centre for several years and have supported the work by giving regular contracts. The Committee is very grateful for their interest. They are:—

Loblite Limited	Reed Cartons Ltd. (now Sield & Son Ltd.)
Procter and Gamble Limited	John Waddington Limited
Newcastle Executive Council	Lion Brush Works Limited
British Celilynd Limited	North East Regional Airport Authority

In short, this is a very personal service to meet the needs of individuals, and the staff of the Mental Health Service generally is devoted to this end.

Alderman Dame Catherine Scott has been deeply interested for a long time in all aspects of care for both psychiatric patients and those who are subnormal. She watched over the rapid developments of this service as Chairman of the Committee from 1958 to 1964 and has continued since 1964 as Chairman of the Mental Care Sub-Committee. The Health and Social Services Committee was particularly gratified when Dame Catherine agreed that her name should be associated with this first new building in the Mental Health Service.

Ambulance Service.

The City Ambulance Service was formed in July 1948 by the amalgamation of the Services previously operated by the Police, Walkergate, Newcastle General and Shotley Bridge Hospitals, and the Emergency Medical Service. Soon afterwards, the Health Committee took responsibility for transporting patients under Section 27 of the National Health Service Act 1946.

In twenty years the fleet has grown from 22 to 65 vehicles, and the 65 staff to 151. Several types of ambulance have been introduced, some designed and produced in consultation with local coach-builders and others in the service workshops—all of them ahead of their time—incorporating the experience of observant and enterprising staff and motor engineers.

Several additional responsibilities have been added to the original service, reflecting the expanding scope of the work of the Health Department for the elderly and handicapped persons. A brief description of the fleet today is probably the best way of indicating the many aspects of the service:—

- 9 ambulances equipped to meet any emergency
- 33 dual-purpose vehicles to take either sitting or stretcher patients
- 4 ambulances with hydraulic loading gear for wheelchair cases.
- 9 mini-buses to carry out-patients or the elderly or mentally handicapped to day centres or day hospitals and the blind to clubs, etc.
- 3 articulated vehicles to carry the subnormal to training centres.
- 7 vans to deliver meals on wheels, etc.

There are also 7 civil defence training vehicles.

Yet in all these twenty years the service has had no permanent headquarters for its administration, workshops and radio control. Several temporary buildings have been used—none of them satisfactory—and the fact that an efficient service has been built up at all reflects very considerable credit on the Chief Ambulance Officer and his staff.

In 1963, after a prolonged search, a site in Blenheim Street was purchased and the headquarters of the service was designed by the appointed Architects, Messrs. Williamson, Faulkner Brown and Partners, in consultation with Mr. H. M. Roberts, M.B.E., Chief Ambulance Officer, with guidance from the Ministry of Health.

Buildings and vehicles, no matter how modern, do not in themselves make an Ambulance Service—it is the driver attendants, the mechanics who maintain the vehicles, the control staff who operate the fleet, and above all, the leadership of

the senior staff with an interested and enthusiastic Committee to support them which has finally created a service of which the citizens of Newcastle upon Tyne can be justly proud.

Mr. H. M. Roberts took over the appointment of Chief Ambulance Officer in 1948, and throughout the years has built up the service to meet its many and varied functions, well supported by a team of enthusiasts, not only well trained to meet and deal with any emergency, but also able to understand and support their patients when they have most need of it.

The Buildings.

Both the Ambulance Headquarters and Dame Catherine Scott Centre were designed on a small site at the junction of Blenheim Street and George Street. They share a common central heating plant, but apart from this they are separate buildings.

The Ambulance Headquarters houses garage and maintenance facilities for the fleet of vehicles, together with planning, control and administrative offices. There are also lecture rooms for Civil Defence training, a small cleansing centre, and a laundry.

The building has a steel frame, and 120 feet clear span steel trusses roof the garage areas. Externally, the frame is clad with grey brick panels broken only by horizontal slits of windows in painted steel frames. Internally finishes are robust—betonac concrete garage floor, vinyl tiles, facing brick walls but carpets have been used in the control areas to help keep noise to a minimum. The petrol pump canopy has four glass-fibre pyramids suspended on steel arms from a central column.

Because the site area was restricted, the Dame Catherine Scott Centre is designed on several floors in the form of a flatted factory. At ground floor level are the administration offices, training kitchen and laundry, and training flat. Light industrial workshops and toilet facilities are in the basement, and on the first, second and third floors. The canteen, kitchen, and caretakers flat are on the fourth and fifth floors.

The building has a steel frame, and each of the upper floors is cantilevered out from the four main supporting columns which are clad in painted steel casings. The external wall has sliding windows in anodized aluminium frames set between precast concrete panels finished in white mosaic. The pattern of windows within the wall has resulted from a careful appraisal of day-lighting requirements in conjunction with psychological disadvantages of large areas of glass at upper floor levels.

At basement level at the rear of the Centre is a sheltered recreation yard which also provides access to the boiler house and basement workshops.

Those responsible for both buildings are:—

Architects: Williamson, Faulkner Brown and Partners

Quantity Surveyors: Gleeds (Newcastle) Limited

Structural Consultants: Cooper, Higgin and Partners

Services Consultants: R. W. Gregory and Partners Limited

Main Contractors: John Twiname Limited.

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