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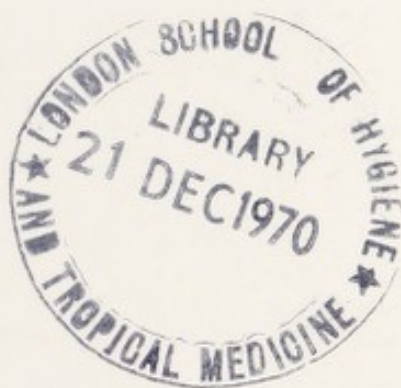
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HEALTH AND SOCIAL SERVICES
OF THE
CITY AND COUNTY OF

NEWCASTLE UPON TYNE



REPORT OF THE MEDICAL OFFICER OF HEALTH

1969



CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1969



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HEALTH AND SOCIAL SERVICES COMMITTEE

(As at December, 1969)

Chairman:

ALDERMAN MALCOLM THOMPSON, M.D., F.R.C.P.

Vice-Chairman:

COUNCILLOR B. MCLEOD

Ald. N. C. Bailey

Coun. Mrs. V. H. Grantham

Ald. K. W. Normanton, J.P.

Coun. Mrs. R. McVain

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

Coun. A. F. Stabler

Coun. B. Abrahams

Coun. J. W. Thomlinson

Coun. E. R. Ball

Coun. Mrs. A. I. Telford

Coun. Mrs. A. A. Davison

Coun. T. W. Yellowley

STAFF OF HEALTH AND SOCIAL SERVICES DEPARTMENT

(As at 31st December, 1969)

Medical and Dental Staff:

Medical Officer of Health and Principal School Medical Officer:

R. C. M. PEARSON, Q.H.P., M.D., F.R.C.P.(Ed.), D.P.H.
(Resigned 27.5.69)

D. L. WILSON, M.B., Ch.B., D.P.H., D.T.M. & H.
(Acting—Commenced 28.5.69)

Principal Medical Officer

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*)

Assistant Medical Officer (*Part-Time*):

L. Lombard, M.B., B.S., D.P.H.

Assistant Medical Officers of Health
and School Medical Officers

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

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

H. M. Dixon, M.D.

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

M. M. Szekely, M.B., B.Ch., D.P.H. (*Part-Time*)

J. L. Thomas, M.B., B.S., D.P.H.

W. M. Waggott, M.B., B.Ch. (*Part-Time*)

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

E. M. Whyte, M.B., Ch.B.

Honorary Medical Officer
(*in conjunction with the University of Newcastle upon Tyne*)

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., F.R.C.P., F.R.F.P.S.

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

E. A. Spriggs, D.M., F.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.

48 Health Visitors, 4 Assistant Nurses, 6 Students,

1 Immigrant Liaison Officer,

12 Clerks, 2 Shorthand Typists

Non-Medical Supervisor of Midwives:

Miss M. E. Jackson, S.R.N., S.C.M., R.S.C.N. (*Acting—Commenced 8.1.69*)

Assistant Supervisor, 18 Midwives, 1 Clerk

District Nursing Superintendent:

Miss F. M. Onyon, S.R.N., S.C.M., Q.I.D.N., H.V. CERT.

(*Acting—Commenced 1.9.68*)

Assistant Superintendent, 44 District Nurses, (10 Male, 34 Female),

6 Assistant Nurses, 14 Bath Orderlies, 2 Clerks

Home Help Organiser:

Mrs. I. E. Moulton

Assistant Organiser, 3 Area Organisers, 3 Area Assistants, 5 Clerks

561 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

9 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, 5 Senior Inspectors, 11 Inspectors, 8 Tech-

nical Assistants, 5 Authorised Meat Inspectors, 8 Pupil Inspectors,

8 Rodent Operators, 1 Smoke Investigator, 2 General Assistants,

1 Senior Administrative Assistant, 1 Administrative Assistant, 8

Clerks

*SOCIAL SERVICES STAFF:**Community Care:*

Principal Social Worker:

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

4 Area Social Workers

16 Social Workers

14 Welfare Assistants

Social and Occupation Centre:

1 Supervisor:

2 Craft Instructors

Residential Care:

Chief Welfare Officer:

H. Craig

14 Residential Homes each with Superintendents, Matrons and other staff

3 Psychiatric Hostels with Wardens, Deputy Wardens and Domestic Staff

Administrative Staff:

1 Senior Administrative Assistant

2 Administrative Staff

14 Clerical Staff

Mental Health Staff:

Training Centres

1 Manager

1 Deputy Manager

2 Centre Supervisors, 1 Senior Craft Instructor, 9 Craft Instructors,

3 Assistant Supervisors, 9 Teachers, 7 Trainees, 1 Nurse,

2 Clerk/Typists

Ambulance Staff:

Chief Ambulance Officer:

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

29 Administrative, Supervisory and Clerical Staff, 135 Operative Staff (Drivers, Attendants, Maintenance Staff, etc.),

General Administration—Staff:

Principal Administrative Assistant:

E. A. Moore, M.R.S.H.

2 Senior Administrative Assistants, 1 Administrative Assistant

12 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 my Annual Report for 1969 being the ninety-seventh of the series of Annual Reports of the Medical Officer of Health of this City.

Vital Statistics

Quite marked improvements in certain vital statistics were recorded in 1968 and there was a further improvement in 1969. There were fewer infant deaths than ever before and the further fall in infant mortality to 16.3 per 1,000 live births brought the City rate below that for England and Wales for the first time. Neonatal and early neonatal death rates improved and with no change in the number of stillbirths the perinatal mortality rate was maintained below the national rate. A number of factors are involved in achieving these highly satisfactory indices of the health of the City including advances in obstetrical and paediatric care and treatment, 92% hospital confinements and close co-ordinating of hospital and community services. The birth rate has again fallen by 1.13 to 13.77 per 1,000 population and it may well be that family planning, particularly the contraceptive pill, and the Abortion Act, are resulting in fewer births of those children most at risk. Certainly smaller families and fewer unwanted children should lead to improved care in the home and less strain on the resources of the community for supporting families. On the other hand health visitors are concerned about the many young and immature parents needing a great deal of support.

The death rate alters little. Nearly one in four deaths now result from coronaries where scope for prevention is limited, but one in five men die from bronchitis and emphysema or lung cancer. These chest diseases are closely associated with pollution of the air. We are now achieving some progress by public means through smoke control, but of far greater consequence is the private pollution enjoyed by the cigarette smoker who holds the remedy in his own hands. Deaths from lung cancer were the highest ever, and a feature of these deaths in the last three years has been a shift towards the older age groups.

Community Health Services

A number of advances are occurring in the community health services. Further local authority staff have been attached to general practices and by the end of the year 40% of health visitors and 30% of home nurses were so attached. Visits by health visitors to the elderly are up by 15%. In association with the scheme for general practitioner maternity beds at the General Hospital, parallel arrangements were begun for midwives to take their patients into hospital and deliver them there. The first Health Centre in the City is under construction and much careful planning has been put into the following two Health Centres.

Child health clinics retain their popularity with 80% of infants attending but their role is changing with more emphasis on developmental screening and examinations. Amendment of the Nurseries and Child Minders' Act in 1967 resulted in increased registrations. Plans for the Armstrong Road Day Nursery and Clinic to replace Woodland Crescent were finalised. Capital for this building and the new Rye Hill Day Nursery is to be allocated under the Urban Aid programme. The Rye Hill day nursery plan allowed for a residential nursery wing to be added subsequently.

Community Diseases

The anticipated arrival of the new Hong Kong strain of influenza virus early in the year resulted in mainly mild infections and a small epidemic. The more severe epidemic which started towards the end of December due to the same strain was unexpected. There was a high incidence of sickness and all medical services were strained. Otherwise prevalence of infectious disease was low. It was not a measles year and the incidence of whooping cough and rubella were low. Again no cases of diphtheria or poliomyelitis occurred. The summer, however, brought the usual returning holiday makers who needed investigation because of contact with typhoid or paratyphoid cases.

Although one cannot be complacent about the levels of immunisation of infants the figures do show an improvement, associated with the management of the vaccination and immunisation programme of appointments using the computer. This scheme can now be extended to include more family doctors.

There is a continuing small improvement in the tuberculosis figures. I am grateful to Dr. J. R. Lauckner for his excellent analysis

of the year's figures and review of the incidence of the past 16 years. The work in childhood tuberculosis also decreases and if this trend continues a reappraisal of the service will be required.

In his contribution on venereal disease, Dr. A. S. Wigfield notes a 15% reduction in gonorrhoea but this must be read in the context of a 48% increase in 1968.

Ambulance Training

The initial short training courses for ambulancemen started this year proved successful and acceptable to the Local Government Training Board. These have been run in the Ambulance Service Headquarters as a co-operative effort by Ambulance Services in the North. The other authorities look to Newcastle upon Tyne to develop this training and initial moves have been taken towards establishing a training school in the City to serve the area.

Care of Elderly and Disabled Persons

Cragston House and Wincomblee were valuable additions to the care of the elderly and handicapped. Although Hermiston had to be closed, there was a net increase of 61 places. The long-term capital programme of the Health and Social Services Committee is coming to fruition and the 24% increase in beds over the last two years has reduced the waiting list. Despite this more people and many who are very frail and handicapped are supported and maintained in their own homes by home helps and other community services. Residential homes provide the bulk of meals on wheels—8% more meals were delivered this year.

Many services are available to the disabled but there is a need for expansion. The Working Party set up by the Newcastle upon Tyne Council of Social Service has been useful in reviewing and highlighting needs. Appendix III includes the review of services for the physically handicapped prepared for the Committee.

Environmental Health

It took nearly a year to resolve all the technical difficulties involved in fluoridation but in the last six months of the year near optimum levels of fluoride were maintained in the water supply.

The national shortage of public health inspectors was aggravated by the retirement of three very experienced men. Proposals were submitted at the end of the year for regrading of public health

inspectors in the hope of improving the staffing situation. Despite these shortages much useful work was done in all divisions. The Order for Smoke Control Area No. 13 was made during the year. Like the last two areas this one has a majority of Council houses where the conversions are linked with a general programme of modernisation.

Dr. R. C. M. Pearson

When Dr. R. C. M. Pearson resigned in May, the City lost a distinguished Medical Officer of Health and Principal School Medical Officer. Dr. Pearson had become an acknowledged expert and his advice was sought and valued both locally and nationally. Always several steps ahead in his thinking, he was always well prepared for the next advance. He fostered strong links between his department, hospitals, general practitioners, the University and voluntary organisations, ensuring that the local authority health and social services were soundly based on proven needs, well integrated, widely known and properly used as well as efficiently managed. He demanded much of his staff, but the support he gave them and his concern for proper training at all levels encouraged the loyalty which he expected. Much missed by his friends and colleagues here, they were pleased to learn that the London School of Hygiene and Tropical Medicine in appointing Dr. Pearson as Visiting Professor in Medical Care would continue to benefit from his experience and wise counsel.

Acknowledgments

The staff of the department much appreciate the interest and support of the Chairman, Vice-Chairman and Members of the Health and Social Services Committee in all their work. Personally I value this and would also like to thank all members of the staff whose support has been most gratifying. I am most grateful to all those who have contributed to this report and in particular wish to thank Dr. Shaw who has nobly borne many extra responsibilities and Mr. Moore whose expertise in matters administrative is invaluable.

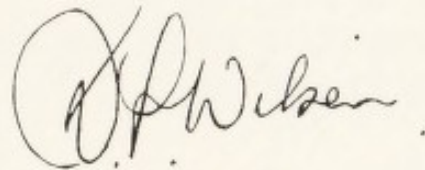
The year has been one of uncertainty and insecurity when there has been no clear picture of the future of the preventive, community health and social services. Organisational change is accepted as

inevitable but will need careful preparation so that nothing of value to the community is lost and a sound basis laid for future developments.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

A handwritten signature in dark ink, appearing to read 'J. P. Wilson'. The signature is fluid and cursive, with a large initial 'J' and 'P'.

Medical Officer of Health.

*Health and Social Services Department,
Civic Centre,
Barras Bridge,
Newcastle upon Tyne, NE1 8PB.*

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 Department of Health and Social Security Circular 1/70)

Live Births	..	..	..	..	3,309
Live Birth Rate (Crude)	..	..	..	..	13.77 per 1,000 population
Live Birth Rate (Corrected)	..	..	..	..	13.77 per 1,000 population
Illegitimate Live Births per cent of total Live Births	..	..	..	..	11.9
Stillbirths	..	..	..	..	49
Stillbirth Rate	..	..	..	..	14.59 per 1,000 live and stillbirths
Total Live and Stillbirths	..	..	..	..	3,358
Infant Deaths	..	..	..	..	54
Infant Mortality Rate—					
Total	..	..	..	..	16.32 per 1,000 live births
Legitimate only	..	..	..	..	15.43 per 1,000 legitimate live births
Illegitimate only	..	..	..	..	22.90 per 1,000 illegitimate live births
Neonatal Mortality Rate	..	..	..	..	9.97 per 1,000 total live births
Early Neonatal Mortality Rate	..	..	..	..	7.25 per 1,000 total live births
Perinatal Mortality Rate	..	..	..	..	21.74 per 1,000 total live and stillbirths
Maternal Deaths (including abortion)	—				
Maternal Mortality Rate	..	..	..	..	0.00 per 1,000 live and stillbirths

OTHER STATISTICS

Population	..	..	..	..	240,340
Area	..	..	..	..	11,401 acres
Deaths	..	..	..	..	3,182
Death Rate (Crude)	..	..	..	..	13.24 per 1,000 population
Death Rate (Corrected)	..	..	..	..	14.56 per 1,000 population
Tuberculosis Death Rates—					
All Forms	..	..	..	..	0.033 per 1,000 population
Pulmonary	..	..	..	..	0.025 per 1,000 population
Non-Pulmonary	..	..	..	..	0.008 per 1,000 population
Cancer Death Rates—					
All Forms	..	..	..	..	2.80 per 1,000 population
Lung and Bronchus	..	..	..	..	0.89 per 1,000 population
Other Sites	..	..	..	..	1.91 per 1,000 population
Marriage Rate	..	..	..	..	18.50 per 1,000 population
Inhabited Houses	..	..	..	..	83,709
Rateable Value	..	..	..	..	£12,732,709
Product of 1d. Rate	..	..	..	..	£50,851

GENERAL STATISTICS

Population

The population, as estimated by the Registrar General, was 240,340, a decrease of 4,540 since 1968.

Births

There were 3,309 live births recorded, representing a crude birth rate of 13.77 per 1,000 population, as compared with a rate of 14.90 in 1968. The City birth rate continues to be lower than that for England and Wales—16.3.

The City birth rate—13.77 is for the third successive year the lowest ever recorded.

In addition there were 49 stillbirths, representing a rate of 14.59, which is higher than the 1968 rate of 13.25.

The England and Wales rate was 13.0.

LIVE BIRTHS				STILL BIRTHS		
Sex	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male	1,469	191	1,660	19	4	23
Female	1,447	202	1,649	23	3	26
Totals	2,916	393	3,309	42	7	49

BIRTH RATE per 1,000 POPULATION

Year	England and Wales	Newcastle upon Tyne (corrected)	Northumberland (corrected)
1969	16.3	13.8	13.8
1968	16.9	14.9	14.2
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

Deaths

The net deaths amounted to 3,182 equivalent to a crude rate of 13.24 per 1,000 population, as compared with a rate of 13.13 for 1968. The death rate for England and Wales for 1969 was 11.8.

Infantile Mortality

Fifty-four infants died before completing the first year of life, representing a rate of 16.32 per 1,000 live births, the lowest ever recorded; last year the rate was 20.83. The England and Wales rate for 1969 was 18.0.

Of the 54 infant deaths, 33 occurred before attaining the age of one month, making a neo-natal mortality rate of 9.97 as compared with the England and Wales rate of 12.0.

Only 24 children died before reaching the age of one week, and this figure together with the stillbirths gave a peri-natal mortality rate of 21.74 per 1,000 total births. This rate is slightly higher than the 1968 rate of 21.36 and lower than the England and Wales rate of 23.0.

Maternal Mortality

For the second successive year no maternal deaths occurred in the City.

Tuberculosis

Eight persons died from various forms of tuberculosis during the year, six being pulmonary and two non-pulmonary, giving death rates of 0.025 and 0.008 respectively, a total of 0.033 for all forms. The provisional national rate for all forms of tuberculosis is 0.037 per 1,000 population.

Marriages

2,223 marriages took place during the year, representing a marriage rate of 18.50 per 1,000 population, compared with 19.05 in 1968.

Cremation

During 1969, there were 3,520 cremations carried out in the City, 18 less than last year. Of the cremations performed, 1,809 were in respect of Newcastle residents, this figure being 51 % of the total.

The percentage of City residents who died in 1969 and were cremated was 57.

The Medical Referee required 12 post-mortem examinations as compared with 23 in 1968, 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 1969 was cooler and wetter than in the previous year. Hours of sunshine in the City averaged 27 per month and rainfall 0.06 inches more than in 1968. July was the warmest month, December and February the coldest.

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

METEOROLOGICAL RECORDS 1969					
Month	SUNSHINE HOURS		RAINFALL AND TEMPERATURES		
	N'cle. Univer- sity	Cockle Park	Jesmond Dene		
			Rainfall (inches)	Mean Max. Temp. °F.	Mean Min. Temp. °F.
January ..	39.5	51.9	2.75	45.5	35.3
February ..	81.6	75.4	2.38	39.2	28.2
March ..	68.4	62.0	3.58	41.4	32.5
April ..	157.1	156.9	2.05	50.7	36.9
May ..	132.4	125.8	3.91	55.5	43.0
June ..	228.3	226.3	3.17	65.4	47.7
July ..	214.3	184.7	1.56	70.2	50.5
August ..	157.4	130.4	1.88	66.7	53.3
September	97.4	82.5	2.18	65.3	52.9
October ..	96.2	105.1	0.47	62.6	47.7
November	67.2	72.9	5.38	45.2	33.8
December	29.5	34.8	1.81	40.7	32.4
Totals ..	1369.3	1328.7	31.12	—	—
Averages ..	114.1	110.7	2.59	54.0	41.2
1968 Averages	87.7	99.9	2.53	54.6	45.2

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 149).

Sewerage

There are 484.25 miles of sewers in the City, discharging directly into the River Tyne at various points along the $8\frac{1}{2}$ miles of river frontage.

The Tyneside Joint Sewerage Board is working 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 Department of Employment and Productivity.

Date	Males	Females	Total
January, 1969	6,581	888	7,469
December, 1969	6,497	871	7,368

Inhabited Houses

There were 83,709 inhabited houses which, on the estimated population, showed an average of 2.9 persons per dwelling.

Rateable Value

A penny rate produced £50,851, the gross rateable value being £12,732,709 compared with £12,499,332 in 1968.

Vital Statistics of Whole City during 1969 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- res- idents 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
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	12.0
1968	244,880	5,937	3,649	14.9	4,297	1,357	288	76	21	3,216	13.1
1969	240,340	5,591	3,309	13.8	4,386	1,456	252	54	16	3,182	13.2

§Calculated on a population of 282,000.

*Civilians only.

†Rates calculated on a population of 291,025.

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

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

	Total Number of Cancer Deaths	Death Rate per 1,000 Popula- tion	RESPIRATORY ORGANS ONLY									
			Males					Females				
			Under 25	25-44	45-64	Over 65	Total	Under 25	25-44	45-64	Over 65	Total
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
1968	699	2.85	—	2	75	83	160	—	—	16	14	30
1969	674	2.80	—	1	76	103	180	—	—	12	22	34

Causes of Death at different periods of life for 1969—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	
Cerebrovascular Disease ...	M F	176 268	— —	— —	— —	— —	— —	— —	3 3	8 8	29 32	62 58	74 167	
Other Diseases of Circulatory System	M F	57 62	— —	— —	— —	— —	— —	— —	— 1	4 1	10 4	17 16	26 40	
Influenza ...	M F	5 5	— —	— —	— —	— —	— —	— —	— —	1 1	— —	3 2	1 2	
Pneumonia ...	M F	90 130	1 —	— 1	— —	— —	— —	— —	1 2	4 5	14 10	21 26	49 86	
Bronchitis and Emphysema ...	M F	170 64	— —	— 1	— —	— —	— —	1 1	1 3	11 4	41 15	79 16	37 24	
Asthma ...	M F	6 3	— —	— —	— —	1 —	— —	— —	2 —	— 1	3 2	— —	— —	
Other Diseases of Respiratory System	M F	26 27	— 2	8 6	1 —	— —	— —	— —	1 —	— 1	2 3	10 5	4 10	
Peptic Ulcer ...	M F	13 14	— —	— —	— —	— —	— —	— —	— 1	3 1	1 —	4 1	5 11	
Appendicitis ...	M F	1 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 1	— —	
Intestinal Obstruction & Hernia	M F	5 7	1 —	— —	— —	— —	— —	— —	— —	— —	1 —	2 1	1 6	
Cirrhosis of Liver	M F	4 11	— —	— —	— —	— —	— —	— —	— —	1 —	1 5	1 4	1 2	
Other Diseases of Digestive System	M F	18 25	— —	— —	— —	— —	— —	— —	— 3	3 1	5 —	5 9	5 12	
Nephritis and Nephrosis ...	M F	11 9	— —	— —	— —	— —	— —	— 1	— 2	1 —	3 3	3 1	4 2	
Hyperplasia of Prostate	M	5	—	—	—	—	—	—	—	—	—	—	5	
Other Diseases of Genito-Urinary System	M F	10 12	— —	— —	— —	— —	— —	1 —	— —	— —	2 3	4 3	3 6	
Diseases of Skin	M F	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1	
Diseases of Musculo-Skeletal System	M F	4 7	— —	— —	— —	— —	— —	— 1	— —	— —	— —	3 3	1 3	
Congenital Abnormalities	M F	10 7	5 5	1 —	2 1	— —	— —	— —	— —	— —	2 —	— —	— 1	
Birth Injury, etc.	M F	6 6	6 6	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
Other Causes of Perinatal Mortality	M F	1 3	1 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
Ill Defined Conditions ...	M F	2 5	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	2 5	
Motor Vehicle Accidents ...	M F	24 8	— —	— —	1 —	2 1	5 1	3 1	— 1	4 1	5 —	2 1	2 2	
All Other Accidents ...	M F	46 39	1 1	— 1	1 —	3 —	— 1	1 —	6 —	7 —	5 —	5 6	17 30	
Suicide ...	M F	17 9	— —	— —	— —	1 —	3 —	2 2	2 2	3 3	3 1	2 1	1 —	
Other External Causes...	M F	14 4	— —	1 —	2 —	2 —	1 —	2 1	2 1	1 2	1 —	1 —	1 —	
Total All Causes ...	M F	1643 1539	15 18	10 11	7 2	10 1	14 4	14 11	36 33	155 75	342 200	547 400	492 785	

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES 1969

	Newcastle upon Tyne	Gateshead	South Shields	Sunderland	Tynemouth	Northumberland	Durham
Registrar General's estimated population ..	240,340	100,060	106,150	218,970	72,390	510,300	825,400
Comparability factor :							
(a) Births	1.00	0.97	0.98	0.93	0.98	1.01	0.99
(b) Deaths	1.10	1.16	1.15	1.19	1.08	1.03	1.16
Crude birth rate per 1,000 population	13.77	15.09	14.3	17.08	15.8	13.81	15.45
Birth rate as adjusted by factor	13.77	14.63	14.0	15.9	15.48	13.94	15.29
Crude death rate per 1,000 population	13.24	12.65	12.5	12.26	12.33	12.40	12.10
Death rate as adjusted by factor	14.56	14.67	14.4	14.6	13.32	12.77	14.03
Illegitimate live births per cent. of total live births	11.88	7.00	10.0	8	8.96	5.59	5.98
Infant mortality rate per 1,000 live births ..	16.32	19.00	20.0	18	31.08	15.61	16.23
Neonatal mortality rate per 1,000 live births ..	9.97	8.00	17.0	12	20.44	11.63	10.81
Perinatal mortality rate per 1,000 total births ..	21.74	25.00	30.0	24	34.90	21.72	25.98
Stillbirth rate per 1,000 total births	14.59	18.00	14.0	13	16.00	12.47	16.58
Maternal mortality rate per 1,000 total births	—	—	—	0.27	—	0.42	0.23
Tuberculosis rates per 1,000 population:							
Primary Notification :							
(a) Respiratory	0.34	0.37	0.29	0.56	0.20	0.13	0.22
(b) Non-Respiratory	0.07	0.13	0.00	0.07	0.01	0.02	0.04
Deaths :							
(a) Respiratory	0.02	0.02	0.00	0.04	0.04	0.03	0.03
(b) Non-Respiratory	0.01	0.00	0.00	0.03	—	0.00	0.01
Death Rates per 1,000 population from :							
Cancer :							
all forms (including Leukaemia and Aleukaemia)	2.80	2.56	2.62	2.33	2.77	2.39	2.2
Lungs and Bronchus only	0.89	0.84	0.76	0.59	0.66	0.62	0.53
Meningococcal Infections	—	—	—	—	0.01	0.00	0.00
Whooping Cough	—	—	—	—	—	—	—
Influenza	0.04	0.17	0.00	0.17	0.09	0.10	0.13
Measles	—	—	—	—	—	—	0.00
Acute Poliomyelitis and Encephalitis	—	—	—	—	—	—	—
Diarrhoea (under two years)	0.01	0.00	—	—	0.04	0.00	0.00
Diarrhoea (under two years) per 1,000 live births	0.60	0.66	—	—	2.66	0.14	0.08

indicates no deaths).

COMPARABLE STATISTICS FOR NEWCASTLE-UON-TYNE AND KING

Year	Population	Rate per 1,000	Rate per 1,000
1950	102,000	102,000	102,000
1951	102,000	102,000	102,000
1952	102,000	102,000	102,000
1953	102,000	102,000	102,000
1954	102,000	102,000	102,000
1955	102,000	102,000	102,000
1956	102,000	102,000	102,000
1957	102,000	102,000	102,000
1958	102,000	102,000	102,000
1959	102,000	102,000	102,000
1960	102,000	102,000	102,000
1961	102,000	102,000	102,000
1962	102,000	102,000	102,000
1963	102,000	102,000	102,000
1964	102,000	102,000	102,000
1965	102,000	102,000	102,000
1966	102,000	102,000	102,000
1967	102,000	102,000	102,000
1968	102,000	102,000	102,000
1969	102,000	102,000	102,000
1970	102,000	102,000	102,000
1971	102,000	102,000	102,000
1972	102,000	102,000	102,000
1973	102,000	102,000	102,000
1974	102,000	102,000	102,000
1975	102,000	102,000	102,000
1976	102,000	102,000	102,000
1977	102,000	102,000	102,000
1978	102,000	102,000	102,000
1979	102,000	102,000	102,000
1980	102,000	102,000	102,000
1981	102,000	102,000	102,000
1982	102,000	102,000	102,000
1983	102,000	102,000	102,000
1984	102,000	102,000	102,000
1985	102,000	102,000	102,000
1986	102,000	102,000	102,000
1987	102,000	102,000	102,000
1988	102,000	102,000	102,000
1989	102,000	102,000	102,000
1990	102,000	102,000	102,000
1991	102,000	102,000	102,000
1992	102,000	102,000	102,000
1993	102,000	102,000	102,000
1994	102,000	102,000	102,000
1995	102,000	102,000	102,000
1996	102,000	102,000	102,000
1997	102,000	102,000	102,000
1998	102,000	102,000	102,000
1999	102,000	102,000	102,000
2000	102,000	102,000	102,000
2001	102,000	102,000	102,000
2002	102,000	102,000	102,000
2003	102,000	102,000	102,000
2004	102,000	102,000	102,000
2005	102,000	102,000	102,000
2006	102,000	102,000	102,000
2007	102,000	102,000	102,000
2008	102,000	102,000	102,000
2009	102,000	102,000	102,000
2010	102,000	102,000	102,000
2011	102,000	102,000	102,000
2012	102,000	102,000	102,000
2013	102,000	102,000	102,000
2014	102,000	102,000	102,000
2015	102,000	102,000	102,000
2016	102,000	102,000	102,000
2017	102,000	102,000	102,000
2018	102,000	102,000	102,000
2019	102,000	102,000	102,000
2020	102,000	102,000	102,000

Indicates no deaths

MATERNAL AND CHILD HEALTH AND NURSING SERVICES

(Dr. S. M. Chagnon, C.M. Public Health Officer,
and Mrs. F. E. Rose, Chief Nursing Officer)

CONGENITAL MALFORMATIONS

(U.S.P. 8-3486)

The following table gives a summary of the patients with regard to the voluntary notification of congenital malformations submitted at birth.

Congenital Malformations Notified Separately from Type

II—NATIONAL HEALTH SERVICES ACTS

	1945	1946	1947	1948	1949	1950
1. Respiratory System	1	2	3	3	3	3
2. Muscular System	2	5	2	1	2	14
3. Urinary	18	23	14	12	18	20
4. Heart Disease	1	10	20	10	2	2
5. Tuberculosis	1	7	2	1	2	2
6. Other Malformations	0	3	2	0	0	0
TOTAL DEFECTS	22	33	34	26	25	59
No. of Children with Defects	107	123	107	97	106	115
Total births	1,475	1,456	1,426	1,336	1,307	1,493
No. of Children with Congenital Defects per 1,000 Live and Still Births	12.9	14.2	12.4	11.9	13.2	14.2
No. of Children with Congenital Defects per 1,000 Live and Still Births (Excluded still births)	16.4	15.4	15.2	16.6	20.0	N.A.

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*)

CONGENITAL MALFORMATIONS

(*Dr. W. B. Shaw*)

The following table gives a summary of the position with regard to the voluntary notification of congenital malformations detectable at birth.

Congenital Malformations Notified, Newcastle upon Tyne

	1964	1965	1966	1967	1968	1969
0. Central Nervous System	17	14	38	23	21	15
1. Eye, Ear	—	1	3	—	2	2
2. Alimentary System	6	19	8	11	5	10
3. Heart and Great Vessels	1	3	2	2	5	4
4. Respiratory System	1	4	3	2	—	2
5. Urogenital System	3	9	2	1	7	14
6. Limbs	18	23	14	12	19	20
7. Other Skeletal	—	—	1	—	2	2
8. Other Systems	1	7	3	1	3	2
9. Other Malformations	5	3	2	6	3	3
TOTAL DEFECTS	52	83	86	60	67	74
No of Children with Defects	45	63	54	47	56	55
Total Births	4,516	4,456	4,239	3,939	3,707	3,395
No. of Children with Congenital Defects per 1,000 Live and Still Births	10.0	14.2	12.8	11.9	15.1	14.7
No. of Children with Congenital Defects per 1,000 Live and Still Births (England and Wales)	16.4	15.8	15.8	16.6	20.0	N.A.

The figures cover the period since 1964, when the scheme by which the Medical Officer of Health collects such information came into operation. The situation in Newcastle is that approximately 1.5% of all births are notified as having a congenital abnormality present which is observable at birth.

There is no doubt that congenital abnormalities play an increasing part, not only in infant mortality but also in providing a substantial number of mentally and severely handicapped children who require help in many ways, assessing their needs, providing appropriate educational help and interests and eventually in providing hostel or some form of residential care.

STATISTICAL INFORMATION

Births

Of the 3,395 City births notified, 3,121 occurred in hospital, nursing homes, etc., as shown below.

	1969	1968
Hopedene Maternity Home	40	54
Princess Mary Maternity Hospital	677	652
Newcastle General Hospital	1,934	1,942
Hexham Hospital	17	44
The Green, Wallsend	269	381
Willington Quay Maternity Home	47	60
Preston Hospital, North Shields	125	134
Queen Elizabeth Hospital, Gateshead	6	7
Others	6	22
	<u>3,121</u>	<u>3,296</u>

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

(1)	Number of women who attended during the year (2)		Number of new patients who attended during the year (3)		Total Number of attendances made by women included in col. (2) during year (4)		Average sessional attendances (5)
	Ante-natal	Post-natal	Ante-natal	Post-natal	Ante-natal	Post-natal	
1969 ..	51	—	51	—	162	—	3
1968 ..	136	—	72	—	361	—	1

ATTENDANCES OF CHILDREN AT CHILD HEALTH CENTRES

	No. of children who attended during the year	No. of children who first attended centres during the year		No. of children in attendance at the end of the year		Total No. of attendances made by children included in col. (2) during the year		Average sessional attendances 0-5 years
		Under 1 year	Over 1 year	Under 1 year	Between the ages of 1 & 5 years	Under 1 year	Over 1 year	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1969	9,626	2,749	372	2,477	6,250	32,962	21,613	34
1968	10,238	2,978	388	2,734	6,752	36,162	22,184	33

Reference for Consultant Advice

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

Newcastle General Hospital	..	..	..	97
Royal Victoria Infirmary	..	..	..	71
Fleming Memorial Hospital	..	..	..	9
Sanderson Orthopaedic Hospital	..	..	..	105
Hearing Assessment Clinic	..	..	..	23
Speech Therapy	..	..	..	19
Walkergate Hospital	..	..	..	1
Total	..	..	..	325

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

Blind and partially sighted	..	..	..	3
Eye defects (squints)	..	..	..	133
Other eye defects	..	..	..	17
Deaf and partially deaf	..	..	..	7
Mentally backward	..	..	..	34
Epileptic	..	..	..	2
Spastic	..	..	..	6
Congenital defects	..	..	..	141
(including congenital heart, hare lip, cleft palate, spina bifida, meningocoele etc.)				
Orthopaedic	..	..	..	67
Speech Defects	..	..	..	10
Eczema	..	..	..	11
Asthma	..	..	..	1
Other conditions	..	..	..	82
				514

Welfare Foods

The amount of National dried milk, cod liver oil and vitamins distributed from the clinics was again considerably less than in previous years.

	National Dried Milk	Cod Liver Oil	Vitamin A & D Capsules	Orange Juice
Paid	20,955	2,282	2,801	46,115
Free	10,363	1,179	232	5,820
At 4/-d	2,362	—	—	—
Day Nurseries	31	292	—	748
Total	33,711	3,753	3,033	52,683

Cash Received: £6,559. 18s. 0d.

The amount of cash taken for sales of proprietary foods was £7,263. 9s. 1d.

Cervical Cytology

The number of cervical smears done at the two clinics was only seven less than in 1968. 582 women attended, twelve of whom were referred for further investigation. Of these twelve, five were under 35 years of age.

Attendances	582
Referrals for further investigation ..	12
Proved malignant	3

Nursing Homes

There were three nursing homes registered in the City at the end of the year, providing four maternity beds and 66 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.

PLAY THERAPY AND CLINIC PLAY GROUPS

The 12 play groups held during welfare sessions and sewing classes in the clinics continued to be well attended during 1969, as did the two play therapy groups held at Blakelaw and East End

Clinics which cater for children with behaviour problems and mothers having difficulty with their children.

Day nursery and nursery school places are so limited that these clinic play groups often provide the only opportunity for many young children to enjoy group activities. A wide variety of play materials are provided in a warm friendly atmosphere where children are helped to relax and find stimulus for all round development. These facilities benefit all children, but are even more vital for those children from unfavourable social environments.

	Blakelaw	East End
No. of play therapy sessions ..	51	51
Cases continued from 1968 ..	8	9
New cases	15	22
Total attendance	363	497

DAY NURSERIES

Figures below show the total number of children in the Nurseries at the end of 1969 and the reason for their admission.

Unmarried Mothers	43
Widows	8
Separated or Divorced	53
Mother ill	18
Father ill	2
Financial	14
Confinement	2
Special Recommendations ..	55
Students	9
Teachers	3
	<hr/> 207 <hr/>

Waiting list at 31st December, 1969—

Woodland Crescent	3
Gosforth	3

During the year 480 people attended for interview. 327 places were offered, of which 256 children were actually admitted. 256 were discharged and 143 individual children attended as casuals.

Specially assessed cases during the year totalled 87 and of these 46 were discharged. At the end of December, 1969, 41 children were attending at special rates.

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

Number of immigrant children on books at end of 1969:—

Willow Avenue	..	..	..	..	..	3
West Parade	..	..	..	..	..	3
Renwick Street	..	..	..	..	..	3
Gosforth Street	..	..	..	..	..	3

DAY NURSERIES

Nursery	Total Capacity	Children on Register 31.12.69	Children on Register during the year	No. of attendances		Total Attendances	Average daily Monday—Friday	Admissions during year	Discharges during the year	Casual users No. of $\frac{1}{2}$ day attendances
				0-2 yrs	2-5 yrs					
Willow Avenue...	50	49	94	1670	8409	10079	40	52	45	1070
Renwick Street ...	50	47	96	1509	7216	8725	34	51	49	494
Woodland Cresc.	25	27	60	530	3598	4128	16	34	33	585
West Parade ...	50	38	121	1746	7522	9268	37	70	83	574
Gosforth Street ...	50	46	92	2056	6843	8899	35	49	46	505
Total ...	225	207	463	7511	33588	41099	162	256	256	3228

Nurseries and Child Minders Regulation Act 1948 (Amended 1968)

Since the 1968 amendment to the 1948 Regulations Act there has been a great increase in the number of people interested in looking after other people's children. Thought in this sphere was no doubt stimulated by the Plowden and Yudkin reports and by publicity on television and in the press, but there is no doubt that intelligent young mothers are now realising that children benefit from pre-school playgroups. This realisation is being further stimulated by the Pre-School Play Group Association. The applications for registration under the Act have come from various groups:

- (a) Women who wish to look after only one or two small children within their own family group. These are usually children of mothers who are working or who are university or college students. In these cases the children may be babies or toddlers. There were a number of this type of applications when the amendment first came into operation at the end of 1968—mostly from women who were already looking after one or

two children but who had not needed to register under the 1948 Act.

- (b) People who wish to run a small playgroup, in their own home, for from 6 to 12 children of nursery school age. In some cases this is because the applicant has pre-school children of her own and, being tied with her own children, wishes to take other children in as companions for her own, at the same time gaining some financial reward.
- (c) Groups of young mothers who form themselves into a committee and wish to set up a playgroup for from 20 to 30 children of nursery school age. These are often church groups, Y.W.C.A., or other organisations using large church halls or other such premises.

Except for group (a) it has been felt that the ages of the children should not be less than two and a half years as the personnel looking after them are not, in general, highly qualified. The person in charge of the large groups must be qualified or have had experience in this work but if the latter does not amount to very much arrangements are made for her to spend one or two weeks in a local authority day nursery to gain knowledge and experience. The assistants are usually mothers helping on a rota basis, the number depending on the number of children attending. In groups (b) and (c) the children usually attend only for about three hours in the morning and sometimes only two or three mornings per week. Very few of these playgroups cater for children for the whole day.

There are one or two nursery schools with qualified nursery teachers but these were all registered before 1968.

There have been many enquiries and requests for information from people interested but who have for one reason or another never made a formal application for registration. These have mainly been from women who have wanted to start a playgroup of 6 - 10 children in their own home but who have been unwilling to provide a second person to assist or be at hand in the house.

The people who were registered prior to November 1968, were all notified of the conditions implicit in the new amendment, and there have been no difficulties in implementing these.

During 1969, 22 completed application forms were received, of which 16 were registered by the end of the year, of these eight were single child minders registered to look after 1 - 3 children in their

own homes, two were people wishing to look after a total of 20 children in playgroups in their own homes and six were from people wishing to hold playgroups in rented premises catering for a total of 114 children.

In addition there were 17 registered child minders looking after a total of 185 children and 21 registered premises with a total of 501 places registered before the end of 1968.

The following table shows the position during and at the end of 1969.

	Position at 31st Dec., 1968		Registrations Terminated or Lapsed		New Registrations		Position at 31st Dec., 1969	
	Regis- trations	No. of Places	Regis- trations	No. of Places	Regis- trations	No. of Places	Regis- trations	No. of Places
Premises	21	501	1	24	6	114	26	591
Child Minders								
Groups	17	185	6	66	2	20	13	139
Single	—	—	—	—	8	10	8	10

An additional factor during the year was progress made under the Central Government's Urban Aid programme in providing additional places in Day Nurseries and the Education Department's Nursery Classes.

Thus not only has the importance of pre-school experience been realised but very definite progress within Newcastle has been made in implementing and acting upon the situation.

IMMUNOLOGY

The first full year of the computer operated vaccination appointment system has shown an all round improvement. Parents have co-operated well and in clinics the monthly computer session is now a routine. The table which follows shows how immunisation rates, static for so many years, have shown an upward trend. It is hoped to include more general practitioners now that the scheme is working smoothly. The number of booters is down to some extent due to the altered schedules started in 1968.

Percentage of Children born in	1965	1966	1967	1968
and vaccinated by—	31.12.66	31.12.67	31.12.68	31.12.69
Diphtheria	60	62	64	68
Poliomyelitis	54	56	60	69
Smallpox	24	35	19	25
Measles	14	12	23	26

SMALLPOX VACCINATION

NUMBER OF INDIVIDUALS SUCCESSFULLY VACCINATED AGAINST SMALLPOX
1968 figures in brackets

January—December 1969

	Under 1 year	1—4 years	5—14 years	Over 15 years	Total
<i>Clinics</i>					
Primary ..	5 (20)	1023 (893)	32 (498)	21 (18)	1081 (1429)
Re-vaccina- tions ..	—	8 (10)	604 (825)	57 (83)	669 (918)
<i>General Practitioners</i>					
Primary ..	44 (77)	555 (459)	62 (61)	221 (199)	882 (796)
Revaccina- tions ..	—	21 (24)	73 (86)	879 (712)	973 (822)
Total					
Primary ..	49 (97)	1578 (1352)	94 (559)	242 (209)	1963 (2205)
Revaccina- tions	—	29 (34)	677 (911)	936 (731)	1642(1740)

NUMBER OF PERSONS INOCULATED AGAINST
TYPHOID, CHOLERA, Etc.

	Under 1 year	1—4 years	5—14 years	Over 15 years	Total
Typhoid—Primary	—	12	129	102	243
Typhoid—Booster	—	—	—	6	6
Typhoid—Tetanus Primary	—	1	208	115	324
Typhoid—Tetanus Booster	—	—	6	10	16
Cholera—Primary	1	21	7	89	118
Cholera—Booster	—	—	2	—	2
Typhoid—Cholera Primary	—	—	2	18	20
Typhoid—Cholera Booster	—	—	—	6	6
			9 mths- 15 yrs.	—	—
Yellow Fever			230	1,930	2,160

DIPHTHERIA IMMUNISATION

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR RE-IMMUNISATION DIVIDED INTO AGE GROUPS (1968 figures in brackets)

	Under 5 years	Over 5 years	Total
<i>Primary Immunisation</i>			
Clinics	1,404 (1,282)	1,081 (1,428)	2,485 (2,710)
General Practitioners ..	1,183 (632)	18 (9)	1,201 (641)
<i>Re-Immunisations</i>			
Clinics	954 (1,507)	629 (2,661)	1,583 (4,168)
General Practitioners ..	404 (425)	117 (246)	521 (671)
Totals			
Primary	2,587 (1,914)	1,099 (1,437)	3,686 (3,351)
Re-Immunisations ..	1,358 (1,932)	746 (2,907)	2,104 (4,839)

DIPHTHERIA IMMUNISATION

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

Year	Pertussis	Diphtheria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diphtheria	Total Pertussis	Total Tetanus
1969	1	50	2,811	825	856	3,686	2,812	4,492
1968	—	74	1,918	1,352	91	3,351	1,918	3,368

RE-IMMUNISATIONS

Year	Diphtheria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diphtheria	Total Pertussis	Total Tetanus
1969	28	458	1,618	148	2,104	458	2,124
1968	95	1,073	3,671	46	4,839	1,073	4,790

NUMBER OF CHILDREN WHO HAVE BEEN
IMMUNISED AGAINST MEASLES
(1968 figures in brackets)

	Under 1 Year	1 Year and Under 5 Years	Over 5 Years	Total
Child Health Centres ..	— (226)	1,122 (992)	2 (13)	1,124(1231)
School Clinics	—	—	— (356)	— (356)
General Practitioners ..	6 (84)	430 (363)	8 (65)	444 (512)
Total	6 (310)	1,552(1355)	10 (434)	1,568(2099)

ORAL POLIOMYELITIS VACCINATION

NUMBER OF INDIVIDUALS WHO RECEIVED PRIMARY (THREE
DOSES) OR BOOSTER DOSE
(1968 figures in brackets)

Completed Primary Course (3 doses)	Under 5 Years	School Child- ren	Age 16-24 Years	Age 25 Years and over	Total
Child Health Clinics ..	1,520	3	2	—	1,525 (1,465)
School Clinics	—	257	—	—	257 (761)
G.P. Surgeries ..	1,141	24	60	—	1,225 (808)
Medical room Civic Centre ..	—	—	16	—	16 (15)
Total	2,661	284	78	—	3,029 (3,049)
Booster Doses					
Child Health Centres ..	851	19	66	—	936 (1,357)
School Clinics	—	763	49	—	812 (1,896)
G.P. Surgeries ..	344	169	203	—	716 (626)
Medical Room Civic Centre ..	—	—	—	—	— (53)
Total	1,195	951	318	—	2,464 (3,932)

LOCAL AUTHORITY/GENERAL PRACTITIONER LIAISON SCHEMES

Dr. W. B. Shaw

I am pleased to report that during the year under review the rate of attachment of local authority staff to general practices was increased after the slow down during 1968.

During the year more progress was made in health visiting attachments, a further six health visitors being attached to general practices. Towards the end of the year discussions were taking place about the possibility of health visitors and district nurses who were attached to a practice based in Newcastle being able to cross the City boundary to visit practice patients who may be in the County of Northumberland. Probably this could best be organised on a reciprocal basis.

There is little doubt about the benefit resulting from attachment of health visitors and district nurses in terms of the service provided to patients, but it is of increasing importance that there must be sufficient local authority staff available as such attachments are going to further increase in number and also that attached staff must be fully mobile. Impressions are that more cases are referred by the general practitioner and hence more nursing time is necessary and, in addition to this, the attached members of staff have an increased area to cover.

With regard to district nurses, there are an increased number of approaches by general practitioners asking whether the attached local authority nurses can work in their practice premises. Whilst a local authority has permissive powers to do this, again one of the important factors is the number of staff available as again, this would represent an increase in work load to the district nursing service. This tendency will probably become more marked as more health centres become available.

	1963	1964	1965	1966	1967	1968	1969
No. H.V.s attached to G.P. ..	2	2	7	8	12	12	18
No. District Nurses attached to G.P. ..	—	1	6	11	15	14	15
No. Dom. Midwives attached to G.P. ..	—	—	—	1	1	1	1
% of staff involved in attachment schemes ..	1.5	2.3	10.2	15.3	23.3	22.7	28.0

HEALTH CENTRES

During the year work commenced on the building of Walker Health Centre. This is purpose-built accommodation for five general practitioners and some Local Authority staff in the Walker Re-development Area. Also during the year the planning work for Shieldfield Health Centre/Day Nursery complex was largely completed.

With regard to the Meldon Street Health Centre in the west end of the City, progress was made with regard to design of this Centre, providing accommodation for five practices (12 practitioners) as well as General Dental Practitioners and local authority services.

FAMILY PLANNING

The Northumbria Branch of the Family Planning Association based in Graingerville North, continued to carry out on an agency basis family planning work on behalf of the Newcastle upon Tyne Health and Social Services Committee.

Family planning clinics are also held in Local Authority premises—the branch opened in February 1967 continuing in St. Anthony's Child Health Clinic; at the end of the year further discussions were taking place about making available further premises in the west end of the City owned by the Health and Social Services Department.

The following table shows the number of patients referred for family planning advice by the local authority's staff.

**CASES REFERRED BY LOCAL AUTHORITY STAFF
FOR FAMILY PLANNING ADVICE**

	Medical	Social
1966	48	—
1967	50	—
1968	49	90
1969	13	71

It is of interest to note the marked decrease in cases referred on medical grounds over the past four years, whilst those referred on social grounds seem to have been much more stable. This well may be a reflection that family planning advice has also increased in availability through other branches of the National Health Service—general practitioners and hospital services—and hence the increased overall availability is decreasing the numbers referred by health visitors, local authority doctors and so on.

NURSING SERVICES

The work of the Domiciliary Nursing Service during 1969 showed a continuation of the trends described last year. Basically the main points dealt with in greater detail below, were:

1. An alteration in the pattern of domiciliary midwifery.
2. Increasing demands on the home nursing service.
3. Increasing liaison with general practitioners in the health visitor and home nursing fields.
4. The increasing amount of students of various disciplines visiting this Department.

The year has also been one of many changes in the staff position. Two senior administrative members of the nursing staff resigned—the non-medical supervisor of midwives left to take up a position in Nigeria and the assistant superintendent of home nurses reached retiring age.

Other resignations consisted of:

- 3 Health visitors
- 1 S.R.N.s (visiting elderly)
- 8 Home nurses
- 3 Midwives retired
- 10 Nursery nurses
- 3 Assistant nursery nurses
- 3 Junior nursery nurses
- 1 Home adviser

The following appointments were made to fill such vacancies:

- 6 Health visitors
- 1 S.R.N.s (visiting elderly)
- 7 Home nurses
- 1 Deputy nursery matron
- 9 Nursery nurses
- 4 Nursery assistants
- 3 Junior nursery assistants
- 1 Home adviser

MIDWIFERY

The trends outlined in the previous year's report with regard to domiciliary midwifery continued. Basically these consist of the decrease in births occurring to patients in their homes in the City, this being a reflection of the fall in birth rate but also of the greater availability and use made of hospital midwifery beds.

On the other hand, however, midwives are working closely with their hospital colleagues and the first confinement in hospital with a domiciliary midwife attending her patient took place at the end of the year. With regard to this change in policy several domiciliary midwives have already spent some time in the Newcastle General Hospital making themselves familiar with the arrangements. It is hoped that more domiciliary midwives will make use of this opportunity to take their patients into hospital and deliver them there.

During the year only 275 babies were born at home. With regard to ante-natal care and post-natal work there has been a continuation of joint care being provided by the general practitioner and local authority midwife working either in the general practitioner's

surgery or in a local authority clinic. There is also a slight increase in the number of early discharges from hospital requiring care by midwives.

During the year the new scheme for training student midwives came into operation in co-operation with the Newcastle General Hospital. This is an integrated scheme of training replacing the older Part I and Part II systems. During this new scheme of training the student midwife spends more time learning about services available within the community by visits and lectures.

Refresher Courses

The Acting Supervisor of Midwives attended a Supervisors' Refresher Course and six midwives attended approved refresher courses.

Again during the year the Royal College of Midwives held a refresher course in Newcastle and some of the midwives attending this course visited and saw some of the services provided by the Health and Social Services Department.

The following table summarises the work of the Midwifery Section.

Premature Infants Born at Home

Live Births	..	..	15
Stillbirths	..	..	2
			<hr/> 17

Admitted to Hospital—7 Nursed at Home—8 (including 1 B.B.A.
Hospital booking who died shortly after birth).

Hospital Discharges needing the care of the Specialist Premature Infant
Midwives—192

Live Births Nursed at Home

Weight Up to and including	Total	Survived 28 days	Died
Up to 2lb. 3oz.	—	—	—
2lb. 3oz. to 3lb. 4oz. ..	1	—	1
3lb. 4 oz. to 4lb. 6oz. ..	1	1	—
4lb. 6oz. to 4lb. 15oz. ..	1	1	—
4lb. 15oz. to 5lb. 8oz. ..	5	5	—
Total	8	7	1

SUMMARY OF MUNICIPAL MIDWIVES' WORK

	No. of ante-natal visits	No. of Clinic visits	NUMBER OF BIRTHS				No. of Nursings
			Doctor not Booked Dr. Present at time of delivery	Dr. not present at time of delivery	Doctor * present at time of delivery	Booked Dr. not present at time of delivery	
1969	7,061	2,678	2	10	52	211	33,988
1968	8,568	3,011	2	14	76	319	35,248

* Either booked doctor or another.

Early Discharges from Hospital

	1969	(1968)
0—3 days	695	(668)
4—6 days	586	(484)
Others	1,713	(1,485)
Totals	2,994	(2,637)

DISTRICT NURSING

This has again been a year of changes amongst the staff. The number of visits paid by district nurses has fallen slightly but the number of new patients has increased.

	1969	1968
Visits paid during the year were.. ..	156,317	158,848
New cases during the year were.. ..	4,042	3,879

Probably the interpretation of these figures is that home nurses are having to be more selective in their visiting, particularly at certain times of the year when there were temporary shortages of staff due to holidays, resignations, etc.

During the year four district nurses attended the course organised by the Department of Nursing and Social Studies in the Polytechnic. All four candidates were successful in obtaining their National District Nursing Certificate.

Refresher Courses

Six home nurses attended refresher courses during the year.

Ancillary Services

The morning and evening dressing service, staffed by five dressing attendants carried out the important work of assisting in the care of the physically handicapped patients in the City and also relieving district nurses of this work.

The Marie Curie Night Nursing Service and Night Sitters were again used during the year to assist in the care of patients in their own homes. A total of 25 patients were assisted in this way.

Laundry Service

54 patients made use of the laundry service during the year.

Loan Equipment

As in previous years the loan equipment service was used fully.

There was an increase both in the number of hoists used and in the number of incontinence pads issued.

DISTRICT NURSING VISITS

Disease	Cases brought forward from 1968	New Cases 1969						
		Total	Under 1 year	1-5 years	5-15 years	15-65 years	65-80 years	Over 80 years
Cardiac	56	195	—	—	1	37	102	55
Respiratory	60	273	1	1	7	108	113	43
Hemiplegia	72	245	—	—	—	46	136	63
Senility	78	214	—	—	—	1	66	147
Infectious Diseases ..	3	41	—	2	3	15	15	6
Tuberculosis	45	77	—	1	2	64	7	3
Diabetes	47	43	—	2	—	11	22	8
Accidents and other								
Violence	58	356	2	33	32	113	116	60
Carcinoma	54	338	—	—	—	150	149	39
Genito-Urinary	36	158	5	8	7	56	60	22
Gynaecological and								
Post Obstetric ..	34	293	—	—	—	259	25	9
Breast Abscesses ..	1	10	1	—	—	4	5	—
Stomach & Intestinal								
Complaints	94	711	2	5	32	380	203	89
Skin Infections	34	234	2	3	16	124	70	19
Varicose Ulcers	71	122	—	—	—	37	68	17
Rheumatism	84	112	—	—	—	33	50	29
Other Diseases	98	387	3	3	15	233	98	35
Anaemia	329	233	—	—	—	88	99	46
Diseases of Early								
Infancy	—	—	—	—	—	—	—	—
Normal Infants	—	—	—	—	—	—	—	—
Totals	1,254	4,042	16	58	115	1,759	1,404	690

<i>Cases were referred by:</i>	1969	1968
General Practitioners	3,467	3,219
Maternity and Child Welfare Department	—	4
Newcastle General Hospital ..	393	312
Royal Victoria Infirmary ..	104	266
Walkergate Hospital ..	34	23
Fleming Memorial Hospital ..	5	5
Other Hospitals	39	50
Total Cases	4,042	3,879
Total Visits	156,317	158,853

HEALTH VISITING

Again within the health visiting service there were changes during the year. The policy of attaching health visitors to general practitioners continued and at the end of the year some 18 health visitors were working in such attachment schemes. As a result of this many more factors relating to families and their problems come to light, and the scope and work pattern of health visitors is constantly changing. Good relationships and communication between family doctors, health visitors and the community are well established.

As new appointments are made car drivers become increasingly necessary and it is hoped eventually perhaps a 100% attachment of health visitors to general practitioners may be reached. In addition, and to improve the service, attachments of state registered nurses to group practices in assisting visiting the elderly and housebound is proving of value and it is hoped that this aspect of the nursing service can be extended if more staff can be made available.

Problem and potential problem families appear to be increasing ; thus taxing the health visitor's working power to resolve the many problems involving babies, children and family life. The movement of population due to demolition and rehousing sometimes presents difficulties particularly on the financial side.

Health Education

The group advisers continue to enlarge on the Health Education Programme within the City and contribute considerably to the school programmes on health matters.

Parentcraft and preparation for marriage films and discussions are expanding both in size and content in schools. There is also an

increasing demand for evening and week-end contacts with parent/teacher and social worker groups, overseas and postgraduate students and youth club leaders. Parentcraft and design for living classes have been held in a number of schools as well as in the Polytechnic.

Talks have also been given at the Princess Mary Maternity Hospital and Hopedene.

The Duke of Edinburgh Award Scheme is more demanding and growing rapidly. Successful pupils have maintained a high standard in their examination results.

Field Work Instructors

Two health visitors were appointed to undertake the six weeks course for field work instructors.

With the increasing number of student health visitors it is necessary to increase the numbers of field work instructors to undertake the practical instruction and supervision of these students.

Student Health Visitors

Five were sponsored by Newcastle upon Tyne Authority—all passed their examination.

Refresher Courses

Five health visitors attended refresher courses.

Home Advisers

As in previous years the work of this small number of women has continued. Working very closely with the health visitors it has been possible in some cases to improve family life and in others merely to support them.

Bath Orderlies

This is a service which is now accepted as being a necessity and the valuable work which they do is important to the welfare of the elderly and handicapped.

Immigrant Liaison Officer

The work undertaken by this officer is still largely interpreting. She is used by the chest clinics and the hospitals as well as the local authority in this capacity.

She relinquished her appointment in August after being with us only a matter of nine months, and another immigrant officer was appointed in October.

Her work follows the pattern of her predecessor, but because of her nurse training in Kenya she was able to undertake more responsibility in the care of Afro-Asian families.

Students

The number of students who pass through the nursing section of the department has reached a new high level. During the year 654 students visited the section. This included medical students and nursing students.

The content of courses have changed and the students are now expected to know more about community life than ever before. To try and meet this demand has placed a strain upon the work of the nursing staff.

Students come from varying disciplines, attending for differing periods, ranging from half a day to two weeks and sometimes even longer.

To explain their duties to people must necessarily slow down the work of members of the staff, and it has become increasingly evident that to fulfil the work for which they are engaged, and to meet the needs of student training it is necessary to increase both the district nursing and the health visitor establishment.

The new integrated course for student midwives is also geared to community life, and therefore the programme whilst on the district for three months is no longer only for domiciliary midwifery.

The Diploma Course, which is now in its third year and is the joint responsibility of the R.V.I., the Polytechnic, and the Health and Social Services Department, is increasing in numbers. These are students on educational grants, who at the end of three years and nine months will, it is hoped, obtain their state registration, district nursing and health visitor's certificates. This experimental training is designed to train a nurse capable of either working in hospital or in the community.

Group Practice

100% Group attachment should be our aim, but to implement this in the district nursing and health visiting fields it is important to consider the staffing position with a view to increasing it.

Wardens

Regular visits to the isolated aged:—

	1969	1968
No. of cases	120	92
No. of visits	6,252	5,437

Bath Orderlies

	1969	1968
No. of cases	976	921
No. of visits	17,186	17,780

Home Visits paid by the Health Visitors

	1969	1968
Births and Children under 1 year	17,896	19,496
Children over 1 year	49,105	54,413
Infectious Diseases (other than T.B.)	107	415
Expectant Mothers	863	865
Aged Persons	18,249	15,747
Tuberculosis Cases	268	296
Tuberculosis Contacts	183	377
Hospital Cases	81	54
Special Visits	3,823	2,766
Housing Reports	199	199
Venereal Diseases—Contacts	194	171
Home Accidents	10	17
Sanitary Defects	22	23
Totals	91,000	94,839
No. of Households Visited	13,757	17,127

In addition to the total shown there were 21,278 ineffective visits compared with 20,583 in 1968.

Home Advisers

	1969	1968
No. of new cases	15	8
No. of cases carried over from previous years	11	22
No. of cases being assisted at end of year	21	17
No. of cases withdrawn during the year	16	11

REPORT ON THE MATERNITY AND CHILD WELFARE DENTAL SERVICE

(*Dr. J. C. Brown*)

The Maternity and Child Welfare Dental Service was operated, as in former years by the officers and staff of the School Dental Service.

Treatment was available from all the school clinics and from the three Mobile Dental Units, and attendances were some 25% higher than in 1968. It is gratifying to record that more use was made of the service than was the case last year, and figures for actual work done, such as fillings, show a commensurate improvement.

The great majority of the patients using the service attended the static clinics in preference to the mobile clinics for the brief stay of a mobile clinic at any school it may be treating, largely limits its usefulness to the children of that particular school. The possibility of having a mobile clinic in attendance at child health clinics was considered, but unfortunately had to be rejected on grounds of economy.

We were without the services of a dental auxiliary over the year so that instruction on dental health and talks to mothers on the care of their children's teeth had to be kept to a minimum. However, it is expected that this vacancy will be filled in the near future.

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

No. of Visits for Treatment During Year	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	995	12
Subsequent Visits	422	23
Total Visits	1,417	35
Number of Additional Courses of Treatment other than the First Course commenced during year	7	1
Treatment provided during the year—		
Number of Fillings	660	40
Teeth Filled	598	32
Teeth Extracted	327	13
General Anaesthetics given	133	1
Emergency Visits by Patients	99	2
Patients X-Rayed	1	1
Patients Treated by Scaling and/or Removal		
Stains from the teeth (Prophylaxis)	10	2
Teeth Otherwise Conserved	19	—
Teeth Root Filled	—	—
Inlays	—	—
Crowns	—	—
Number of Courses of Treatment Completed		
during the year	431	3
Prosthetics		
Patients Supplied with F.U. or F.L. (1st time)		1
Patients Supplied with Other Dentures		2
Number of Dentures Supplied		3
Inspections		
Number of Patients given First Inspections		
During Year	995	10
Number of Patients who required Treatment	439	10
Number of Patients who were offered		
treatment	404	10
Sessions		
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare Patients:		
For Treatment		94
For Health Education		—

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

(Mrs. W. Bell, Secretary)

Central Co-ordinating Committee

The Central Co-ordinating Committee met in January and in February to complete discussions on its constitution, aims and future policy and to refer the remaining individual cases to the Area Committees. These discussions were finalised in February when the last meeting of that old Committee took place.

Four meetings of the newly constituted Committee took place during the year with the following membership:—

Medical Officer of Health	Chairman	} ex-officio
Children's Officer	Vice-Chairman	
Health and Social Services Department ..	1 Medical Officer	
	1 Nursing Officer	
	1 Social Worker	
Children's Department	1 Child Care Officer	
Housing Department	1 Member	
Education Department	1 Member (to include Youth Employment Service)	
Department of Health and Social Security	1 Member	
Probation Service	1 Member	
Head Teacher Representatives	2 Members	
N.S.P.C.C.	1 Member (to include S.S.A.F.A.)	
Northumberland and Tyneside Council of Social Service	1 Member	
Newcastle upon Tyne Council of Social Service	1 Member	
Family Service Unit	1 Member	

It was later agreed that the Chairmen of the five Area Co-ordinating Committees should attend meetings and also a representative from the Hexham and Newcastle Diocesan Rescue Society.

At each meeting a report from the Chairman of one Area Co-ordinating Committee was presented and commented upon and other matters discussed included emergencies at weekends, function of the Area Committees, use of volunteers, etc. The Regional Officer of the National Children's Home attended one meeting and outlined the type of work his organisation was carrying out; the Principal Assistant in the Housing Department gave an interesting talk on improvements to housing estates in the City, and Mr. Brian Harrison who took over the supervision of the Family Service

Unit in Newcastle upon Tyne in October detailed the aims of the F.S.U. and the work they were doing in one area of the City.

The Committee is well attended and enthusiasm high with members full of interest and suggestions for future topics.

The following reports have been received from the Area Co-ordinating Committees:—

Atkinson Road Area Co-ordination Committee

(Commenced November 1964)

(Chairman: Dr. H. C. M. Carpenter)

No. of meetings held . . . 5

No. of new cases . . . 7 (5 by Head Teachers,
1 by Health Visitor,
1 by Education Welfare Officer)

Total cases considered during year 109

During the year, eight families were transferred from other areas, chiefly from the Central Co-ordinating Committee and 13 cases were either transferred to other Area Committees or given in sole charge to one agency. A hard core of problem families with long-term multiple problems persists in this area, but it has been found that rehousing creates a significant improvement.

Blakelaw Area Co-ordinating Committee

(Commenced September 1964)

(Chairman: Dr. J. H. Hindmarsh)

No. of meetings held . . . 5

No. of new cases . . . 16 (3 by Head Teachers
9 by Health Visitors
4 by School Medical Officer)

Total cases considered during year 45

It is felt that too few cases are submitted in this area and potential problem families were not being discussed before breakdown. This is a mixed area with both larger Council house and consequently large families, and a good residential area.

Diana Street Area Co-ordinating Committee

(Commenced November 1968)

(Chairman: (alternating) Dr. J. H. Thomas
Mr. W. Thirlaway, Children's Department)

No. of meetings held . . . 7 (plus 1 meeting called for discussion of function)

No. of new cases . . . 20 (8 referred from Central Co-ordinating Committee

4 referred from Atkinson Road Area Co-ordinating Committee

1 referred from Home Advisers' Committee

3 by Health Visitors

2 by School Nurse

1 by Northumberland and Tyneside Council of Social Service

1 by Psychiatric Social Worker at Newcastle General Hospital)

Total cases considered during year 70

During the first year of this Committee approximately 10 cases were discussed at each meeting, which was felt to be rather high. An attempt at time-tabling cases was tried but it was found difficult to forecast the time required for each case. Three cases were referred to the Family Service Unit.

East End Area Co-ordinating Committee

(Commenced March 1968)

(Chairman: Dr. W. B. Shaw)

No. of meetings held . . . 7

No. of new cases . . . 17 (3 by Social Workers

1 by Dept. of Health & Social Security

1 by N.S.P.C.C.

3 by Health Visitors

3 by Hospitals

4 by School Nurses

2 by Head Teachers)

Total cases considered during year 60

Timing of cases had been tried out in this Area Committee also, but had not proved satisfactory and an attempt has been made to produce a form of record card for quick reference to cases and agencies dealing with particular cases. A difficulty in the area was absence from school due to lateness in getting up. The use of help from volunteers had been discussed.

Kenton Area Co-ordinating Committee

(Commenced March 1963)

(Chairman: Dr. M. Y. Walls)

No. of meetings held . . . 5

No. of new cases . . . 6 (4 by Head Teachers
2 by Education Welfare Officer)

Total cases considered during year 35

The number of problem families in the Kenton area, which includes Corporation housing estates of modern design, is small when compared with other areas of the City. This goes far to prove the point that with adequate housing and a good environment many problems can be contained. Difficulties were encountered with non payment of electricity bills but after discussions with the Electricity Board the problem was sorted out.

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 in the tables 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
1969	163,586	644,083	2,483	37,125	26,267	91,196	208,529
1968	167,100	646,899	2,925	52,033	24,219	91,610	208,939
Diff.	—3,514	—2,816	—442	—14,908	+2,048	—414	—410

Year	Total	
	Cases	Mileage
1969	257,265	916,004
1968	261,635	932,090
Diff.	—4,370	—16,086

Persons Carried

It will be seen that there is a further reduction on last year's figures of 4,370 persons carried by the service. The interesting fact of this figure is that the major part of the reduction is accounted for from the hospital patients rather than from the Welfare Services, which are under the control of the department and have remained reasonably static.

An explanation of the changing pattern could be that the hospitals use of transport has changed in some aspects. In particular, centres are increasing where they are dealing with a community of people rather than the individual and this means that there is a demand for transport similar to the Welfare requirements creating an early morning and late afternoon peak load. It has not been possible to meet the full demands of the hospitals in these instances and consequently we have had to exercise a control on the hospital requests similar to that for the Welfare and Social Services. In the past the type of patient that is now attending the Day Centres was to an extent cared for on an individual basis and the demand for transport was spread more evenly through the working day. The fact that we are unable to meet this demand is causing concern to the specialised services, and it is regrettable that this year the service has been subject to more criticism than it has ever experienced since its inauguration in 1948. The position is ironically one which the establishment would be capable of meeting the maximum demands if only some form of staggered starting and finishing times could be incorporated, but while all the demands relate to a 9 a.m. to 4 p.m. timetable it is difficult to make sufficient transport available.

Mileage

The reduction in mileage is comparable to the reduction in the number of patients carried during the year, and the only increase which is in ancillary and supervisory mileage is accounted for by the opening of the Sheriff Lees Junior Training Centre and the new Department of Health and Social Security Artificial Limb and Appliance Centre, both these establishments being sited on the perimeter of the City.

Co-ordination (with Other Authorities)

As forecast there was a further drop of 3,160 cases under this heading and there is no doubt that the development of specialised

services within the region reduces the need for patients to come to Newcastle for specialised treatment.

Welfare and Miscellaneous Transport

There has been little change compared with last year in the amount of transport provided under this heading.

Maintenance

Year	Overhauls 12,000 miles	Inspection 3,000 miles	Miscellan- ous Repairs	Rebuilt Components	Vehicle Repaints
1969	59	223	952	10	20
1968	69	230	896	4	9
Diff.	—10	—7	+56	+6	+11

The Workshops are responsible for the maintenance of 64 vehicles directly operated by the service, and in addition by arrangement with other sections they maintain a further 10 miscellaneous vehicles in the light van class.

They are also responsible for the day to day maintenance of the premises which involves equipment for the laundry and the sterilisation plant connected with the Skin Treatment Clinic. They maintain the domestic and central heating plant which is common both to the Adult Training Centre and the Ambulance Headquarters.

Unfortunately, 1969 has been another year when it has been necessary to keep in service and maintain vehicles which in fact have passed their economical life, indeed the vehicle establishment now comprises 20 vehicles that have completed over seven years' service and have a background of over 150,000 miles travelled and this figure if translated into engine running hours by the nature of the work, would represent nearly double this mileage registered. As the table shows the emphasis has been on miscellaneous repairs, and the predicted maintenance has suffered, indication of this is seen by the fact that during the year 10 reconditioned engines have been fitted whereas 17 12,000 mile and 82 3,000 mile overhauls and inspections have had to be postponed. Fortunately, it has been possible to keep up with the replacement of engines which is basically the half way stage in the life of a vehicle, as

during the year 10 reconditioned motors have gone into vehicles in the 80,000/90,000 mile class.

The economics of keeping vehicles in service for periods much longer than the manufacturers recommend is questionable, because now apart from the question of higher wages there is a steep rise in the costs of components. Internal costing indicates that in the last 12 months maintenance costs have risen by one penny per mile which represents a rise of something in the region of £4,000.

Premises

For many years my reports have contained observations on the above subject emphasising the need for improvements and permanency. This subject has now been satisfactorily resolved and the situation as it is, is most satisfactory. The location and size of the three operational stations fully meets the requirements of the service and members of the staff appreciate their working conditions.

Vehicles

Six new vehicles came into service as replacements for six units no longer roadworthy.

Training

As a result of the Millar Report there is now a much needed impetus to stimulate and promote training within the service and progress has been made during the year in this respect. The joint efforts of the authorities in the region have been amply rewarded by the interest and results obtained at the Training School which started during the year in the Ambulance Service Headquarters. The Local Government Training Board after inspection of the North East School accepted its standards and recognised the school for the two-week courses of training enabling certain staff to qualify for proficiency certificates.

First Aid is now being dealt with through the Training School and there is no doubt that in the foreseeable future the examination standards which are at present those of the Voluntary Societies will be substituted by standards laid down by the newly formed Ambulance Service Advisory Council implemented through the Local Government Training Board.

Staff

During the year there has been one death amongst the members of the driving staff and some thirty members have left for one reason or another. As the service matures it is interesting to note that the staff movement is much greater than it was in the early stages, part of this can be accounted for by the fact there are more opportunities in the Ambulance Services throughout the country and vacancies for promotion are now coming up more frequently.

The Consultative Committee under the chairmanship of the Medical Officer of Health has continued to meet regularly each month, and it is generally felt both by management and staff that this committee carries out a most useful function.

Sickness

In comparison with the previous year's figures there has been a marked improvement in the number of days lost by sickness; in 1969 there were 1,614 operational days lost against 2,473 in 1968.

There is little change in days lost by the administrative staff which for the year amounted to 304.

Safe Driving Awards

Seventy-four members of the driving staff qualified for the 1969 awards.

Accidents

There have been 14 accidents that necessitated claiming on the Insurance Policy.

HEALTH EDUCATION

Quarterly Campaigns

Each quarter a particular health education subject is chosen as the basis for health education activities, exhibits in clinics, etc., during the quarter.

January—March

Posture

April—June

Noise Abatement

July—September

Burns and Scalds

October—December

Home Safety

Tyneside Summer Exhibition

The Newcastle upon Tyne Health and Social Services Committee mounts an exhibit each year at the Tyneside Summer Exhibition and in August 1969 the subject of burning and scalding was displayed in a tent under the title "A Burning Problem". The Newcastle and Gateshead Fire Service were involved in mounting this exhibit and at all stages in the preliminary planning.

Individual subjects were displayed as follows:—

- The Problem
- Statistics
- Open Fires
- Kitchen Safety
- Electrical Equipment
- Oil Heaters and Inflammable Liquids
- Fire Prevention
- Fire Fighting

The North Eastern Electricity Board and the Northern Gas Board provided stands showing safe electrical and gas equipment and fireguards, etc., were displayed round the tent.

The following short films were shown at regular intervals and a steady stream of visitors were attracted to the tent:—

- "The Nature of Fire"
- "Family Fire Safety"

The attendance at this show has been increasing in recent years and we have found that our tent, strategically placed on the main avenue will attract many passers by.

Of interest also at this exhibition was the instruction in artificial respiration provided by the St. John Ambulance Brigade.

Home Safety

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

Publicity

Home safety posters were displayed on notice boards throughout the City and on the back of school meals vehicles. Clinics, schools,

colleges and other local authority premises were issued with posters, leaflets, etc., and Corporation Public Transport Vehicles were able to take publicity materials.

Talks

Home safety talks with a cine film were given to various organisations in the City and to school children in comprehensive schools.

CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

(Dr. Joyce Grant)

The Elderly

All social services providing community care services to be fully utilized, which requires considerable administrative flexibility. As hospital rehabilitation both as inpatients and day-patients can be offered to spare elderly people and other types of residential and day care facilities available, so does the complexity of community care services. Treatment must be paid for by the patient and understanding of the effort expenditure for these services. One of the most serious

III—SOCIAL SERVICES

A new development at the end of the year has been the provision of design work a resident garden for eighteen handicapped elderly persons in the Cragg Park Development Area. These flats which are available to elderly persons of failing physical and mental health make community care difficult for those who are alone and a welcome addition to the other flats of 100 units provided to house physically handicapped persons. Such supervised accommodation in the City is provided by voluntary housing associations.

Though all the above services for the elderly continue to be fully extended, some with long waiting lists, all the professional staff involved agree that there has been a marked improvement in standards in the care of the elderly in recent years and that the policy of preventive care is showing dividends. This is not to say, however, that there is any sense of complacency or that optimum standards have been achieved.

For the second year running an increase in residential places for the elderly was achieved. Two new Residential Homes were opened: Cragg House in August and Winton House in December. Cragg House, situated in a quiet area, has been built for long-term care of physically handicapped elderly men and women in a purpose built home with

CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

(*Dr. Joyce Grant*)

The Elderly

All social services providing community care continue to be fully utilised, which requires considerable administrative flexibility. As hospital rehabilitation both as in-patients and day-patients can be offered to more elderly people and more types of residential and day care become available, so does the complexity of community care increase. Tribute must be paid to the patience and understanding of the officers responsible for these services. One of the most awkward problems continues to be the difficulty in mobilising social services to meet emergencies associated with acute medical or social problems. Since it is not possible to keep services in reserve for such emergencies the organised help that is becoming available in areas of the City where the voluntary services are active is proving invaluable.

A new development at the end of the year has been the provision of flatlets with a resident warden for eighteen handicapped elderly persons in the Cruddas Park Development Area. These flats which are invaluable where problems of failing physical and mental health make community care difficult for those who live alone are a welcome addition to the fifteen flats at Deneside attached to James Clydesdale House. Other supervised accommodation in the City is provided by voluntary housing associations.

Though all the above services for the elderly continue to be fully extended, some with long waiting lists, all the professional staff involved agree that there has been a marked improvement in standards in the care of the elderly in recent years and that the policy of preventive care is showing dividends. This is not to say, however, that there is any sense of satisfaction or that optimum services have been achieved.

For the second year running an increase in residential places for the elderly was achieved. Two new Residential Homes were opened: Cragston House in August and Wincomblee in December. Cragston House provides accommodation for forty-eight alert but physically handicapped elderly men and women in a purpose built home with

mainly single room accommodation. Wincomblee provides accommodation for thirty-five elderly men and women whose problems are predominantly those of mental impairment, though a physical handicap is also present in many of the residents.

Hermiston, required for motorway development, was closed, so the net increase in beds was 61. In addition to the 486 places provided by the local authority in the City, a further 310 are provided in nine registered voluntary and private homes.

Wincomblee was planned from the outset as a Psycho-Geriatric Hostel and for this reason has a high staffing ratio and a Matron who has experience of the psychiatric illnesses of old age. The assistance of Dr. G. Blessed, Consultant Psychiatrist, who visits this home once a week is much appreciated.

The increasing handicap of residents warrants higher staffing ratios. Efforts to obtain help from voluntary workers, particularly as regards such simple pleasures as talking, walking and writing of letters have not proved very successful and the staff are too fully occupied providing care and attention of basic needs to undertake these activities.

Seven members of the attendant staff benefitted from a week's course arranged by the South East Northumberland Technical College and one superintendent was seconded for a seven day course for superintendents and matrons organised by the National Old People's Welfare Council.

Mental impairment remains the most common reason for a request for residential care. Every effort is made as the result of social and medical assessments to ensure that opportunities are provided for rehabilitation before the final decision is made to admit to residential care. The number and variety of residential homes now available usually enables accommodation suited to the individual needs to be offered.

Many residential homes also function as day centres for lonely, frail, elderly persons and every effort is made to see that alert and confused visitors are offered centres appropriate to their needs. Ambulance transport is provided only to John Chapman House. There is considerable interchange between persons attending day hospital and day centres as their needs dictate.

Waiting List for Residential Care

December 31st, 1969

	MEN			WOMEN				Total
	Under 65	65-84	85 & Over	Under 65	65-84	85 & Over		
Own Home	3	11	1	—	7	7	29	
Private Homes	—	—	—	—	5	—	5	
In Hospital:								
Geriatric Unit								
N'cle General Hospital ..	2	1	—	—	4	—	7	
Wooley Hospital	1	6	—	—	8	—	15	
St. Nicholas Hospital ..	1	5	—	—	4	—	10	
Acute Hospitals	—	1	—	—	—	—	1	
Total	7	24	1	—	28	7	67	

Among the 29 persons living in their own homes 11 (five men and six women) urgently needed residential care.

Summary of Assessments for Residential Care

	Men	Women	Total
In City Hospitals	92	179	271
In Own Homes	187	478	665
In Residential Homes	173	316	489
In Civic Centre	15	9	24
In Private Homes	2	3	5
Total	469	985	1,454

Co-ordination

Increasing use is made of the Senior Medical Officer (Geriatrics) at an advisory level by general practitioners and in order to co-ordinate community and hospital services meetings are held twice a year with the Consultants in Geriatrics.

Increasing numbers of social reports from the Local Authority field staff as regards patients in hospitals and social and medical reports from the hospital staff to this department undoubtedly improve the quality of care available. Brighton Clinic, the Psycho-Geriatric Unit in Newcastle General Hospital, is established as a centre geared to the early ascertainment and prevention of deterioration in health by improved medical and social management.

The register of elderly persons known to the department is being developed but is by no means complete. In examining the use made of social services it would be helpful to see which individuals receive multiple services and thus more clearly to delineate those at special risk for both practical and statistical purposes.

The Physically Handicapped

Dr. Wilson and Dr. Grant have sat on the working party set up by Newcastle Council of Social Service which is amassing a wealth of evidence depicting difficulties experienced by physically handicapped persons in obtaining the help available to them, not only from this department and from other Local Authority departments and statutory bodies but also from the quite extraordinary difficulties that can be presented in the co-ordination of needs dictated by health, housing, work and immobility.

There is little doubt that there is need for education of the general public in their attitude to the physically handicapped, whose numbers in the community continues to increase as hospitals increase their rehabilitative skills after illness and accident. So, too, is there need for planners, architects, engineers, car manufactures and furniture designers to appreciate the needs that physical handicaps can create. In fact, the resultant imaginative planning can often benefit the whole community.

In the field of education, it is important to exploit every opportunity for intellectual advancement, for it is logical that the physically handicapped should if possible, earn their living and independence with their brains rather than their brawn. Unfortunately, so much schooling is sometimes lost that education needs to be extended into the late teens or early twenties. Extended and further education for the physically handicapped might well lead to better employment prospects, for it is obviously impossible to find employment for some of this group if only manual skills can be offered.

The Health and Social Services Department is well placed to mount a campaign of health education on behalf of the physically handicapped for although it may not have all the resources itself to meet even the needs that are ascertained, there seems no reason to suppose that properly organised and administered voluntary services should not be able to improve matters considerably. Fortunately the physically handicapped can themselves be the main instigators and workers in such schemes and may be able to bridge the gaps that exist in that voluntary societies now tend to cater only for sufferers from the more common diseases.

The demand for nursing aids and equipment, cannot always be met which is hardly surprising in the present economic circumstances combined with a constant increase in the number of disabled persons in the community.

Greater funds to meet the need for adaptations in the home and personal aids would be welcomed but the City is benefitting from the active Occupational Therapy Unit in Newcastle General Hospital and domiciliary assessment visits by its staff are appreciated. Amongst other activities of this Unit is the design and construction of personal aids which can often be produced at a fraction of the market price and at a price the patient can afford. The independence gained by their use can totally change the quality of life and a great deal remains to be done in this field.

This register of handicapped persons now contains the names of 938 men and women who are permanently and substantially handicapped and who have received help from the Department.

Close liaison exists with the staff of Hunter's Moor Hospital as regards day care and holidays but it would still seem that the department does not know some of the physically handicapped persons needing help who are under the care of consultants other than those working in the Geriatric Unit. It is possible that careful discussions which were conducted at officer and at Committee level about the proposed Shieldfield Centre and Hostel for the physically handicapped will lead to an improvement in ascertainment of a group who deserve all the support that is available for the courage and independence they display in the face of constant difficulties.

SOCIAL WORK

(Miss O. S. Holliday)

The social work scene is changing with increasing value placed on ancillary services, i.e. meals on wheels, home helps, chiropody, luncheon and tea clubs, etc., and the development of existing resources in the community is seen as a method of family support with individuals, clubs and centres being encouraged to participate in this important task. The role of the professional social worker, therefore, encompasses many duties including assessment for ancillary services in order to bring the right help to the right people at the right time. This incurs liaising more than ever before with general practitioners, hospital staffs, voluntary bodies, school teachers, ministers of religion, etc. Where a need is seen in a particular district where few facilities exist the social workers find and encourage volunteers to act either in a supportive role or request various voluntary organisations to move in with services to meet the need. Support and training of volunteers is increasing and many social workers, apart from running evening psychiatric clubs themselves, attend other clubs for E.S.N. teenagers, alcoholics and widows in a helping or advisory capacity.

Greater stress is now laid upon the support of the staffs of hostels, homes and day centres by social workers who bring these staff into touch with the teams so that they too can feel part of the department as a whole instead of an encapsulated unit. As courses are commencing for residential staff leading to a residential certificate in residential social work, the greater liaison with social workers is in some measure seen as a preliminary in-service training for residential staffs and the exchange of information about various residents and on policy matters, has led to increased knowledge on both sides of each other's function and the difficulties encountered.

Whilst it has not been possible to maintain a full staff of social workers, various other projects have been embarked upon. These projects have been seen as of the highest priority but have placed an extra burden on the staff in terms of time and effort. Joint clinics for subnormals have been set up at the Dame Catherine Scott Training Centre and the Junior Training Centre with a Consultant Psychiatrist from Northgate and District Hospital and a social worker, for the purposes of joint medical and social assessment and subsequent support of families. Social workers are now attending

weekly assessment meetings together with medical and other disciplines at the Brighton Clinic psycho geriatric unit of the Newcastle General Hospital—further social reports and contacts result. When the warden-supervised block of flats in Cruddas Park was completed the social workers co-operated with the Housing Department in assessing prospective tenants, taking them to see the flats, in many cases obtaining furniture and fittings, supervising and supporting these elderly people during the initial settling-in period. The opening during the year of Wincomblee psychogeriatric hostel has also increased the work of the social workers, one of whom regularly attends joint discussions with Dr. G. Blessed the Consultant Psychiatrist and the warden. Out of these meetings arise extra visits to relatives and various other queries which have greatly added to the overall work load of the department.

As there are now thirteen residential homes for the elderly, one psychogeriatric hostel, two psychiatric hostels, one hostel for subnormals, two psychiatric day units, two centres for adult and junior subnormals and one centre for physically handicapped people, together with the projects mentioned above and others which have continued from previous years, it can be seen that the quality and breadth of the work is not only increasing, but that the role of a social worker embraces many spheres.

Training

Training for staff is seen as an ongoing process and each member is encouraged to participate in various activities. Supervision of students, group work, lecturing, taking seminars with younger members of staff, handling new projects, supporting voluntary bodies as part of community development is all seen as part of the social workers' own professional development. This type of programme, together with groups to discuss specific subjects and staff meetings has been very successful in that social workers from this department have been very successful in preparing social workers for more senior posts. The training for social worker trainees is more formal—a fairly wide programme of seminars on one day per week having been worked out together with the setting of specific projects. The knowledge gained was then exchanged at evaluation sessions. The trainees also spend a certain amount of time at various centres working as members of staff in order to appreciate and understand the role of residential and centre staffs.

Student Training

Some students from the University Child Care and Certificate in Social Work courses were placed with the department, most of the staff being qualified to act as supervisors. In addition five undergraduates from Social Studies and Social Administration courses spent periods of two to six weeks in the department. The interchange between staff and students from different disciplines is of great value and, looking to the future of bigger unified departments, will help integration at field level.

The department takes one mental subnormality student nurse from Northgate and District Hospital and two from St. Nicholas Hospital each month for training in the social work field. This venture, one of the first of its kind in the country, has proved of great value to nursing personnel by increasing their knowledge of what happens to their patients in the community. The Matron of St. Nicholas Hospital has written an account of this scheme in "The Nursing Times".

We continue to assist in training and lectures to medical personnel, health visitor students, district nurses, pupil midwives, etc., and all types of voluntary bodies. This is undertaken by most of the staff and although time consuming, is an extremely valuable exercise.

Staffing Position

The establishment in the section is 42 and at the end of the year the staff consisted of four Area Social Workers and 16 Social Workers one of whom was on a course, and 14 welfare assistant trainees. Fewer visits were paid during the year as a number of staff left and were not replaced immediately.

In 1969, 12,294 visits were paid, 2,815 office interviews took place, 3,055 telephone calls were received and 5,071 made. Of the visits—

- (a) 2,986 were in connection with mental illness and sub-normality.

N.B.—*This figure does not include mental illness in the elderly—this is classed under category (b).*

- (b) 3,948 were in connection with the elderly.
- (c) 3,539 with problems of physical handicap, including blind and deaf, etc.

- (d) 1,821 with a variety of problems including marital difficulties, evictions, illegitimacy, problem families, etc.

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	8	11	—	13	28	41	5
15 and under 65	215	88	10	137	49	70	600
65 and over	370	82	10	38	15	103	338
Totals	594	181	20	188	92	214	
	775			494			943
Totals 1968	587	173	21	178	80	179	
	760			437			998

Services for the Physically Handicapped (General Classes)

The number of registered handicapped persons at 31st December, 1969, was 943 made up as follows:—

Amputations	78
Arthritis and rheumatism	160
Congenital malformations and deformities	54
Diseases of the digestive and genito-urinary systems, heart, circulatory system, etc.	200
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, limbs, spine, etc.	82
Organic nervous diseases, disseminated sclerosis, poliomyelitis, etc.	289
Neurosis, psychoses, etc.	20
Tuberculosis (non-respiratory)	17
Tuberculosis (respiratory)	10
Diseases and injuries not specified above (asthma, diabetes, etc.)	33
	<hr/> 943 <hr/>

Convalescence

The following figures show the ages of the 150 patients for whom convalescence was arranged:—

Age Group	Males	Females	Total
1—14.. ..	7	4	11
15—19.. ..	1	—	1
20—29.. ..	1	2	3
30—39.. ..	—	5	5
40—49.. ..	6	6	12
50—59.. ..	9	4	13
60+	36	69	105
	<hr/> 60	<hr/> 90	<hr/> 150

RESIDENTIAL CARE

The number of elderly and handicapped persons maintained in residential accommodation at 31st December, 1969, was:—

	Males	Females	Totals	
Residential Homes (13)	161	319	480	(458)
In other local authority homes ..	3	2	5	(6)
In homes managed by voluntary organisations	17	46	63	(50)
	<hr/> 181	<hr/> 367	<hr/> 548	<hr/> (514)

Analysis by Age:—

Under 65	39	33	72	(68)
65—74.. ..	46	63	109	(114)
75—84.. ..	64	153	217	(193)
85 and Over	32	118	150	(139)
	<hr/> 181	<hr/> 367	<hr/> 548	<hr/> (514)

Analysis by Major Disability:—

	MALES		FEMALES		TOTALS		
	Under 65	65+	Under 65	65+	Under 65	65+	
Blind	4	9	2	20	6	(6)	29 (28)
Deaf	—	6	—	28	—	(—)	34 (26)
Epileptic ..	7	4	4	3	11	(10)	7 (9)
Physically Handicapped ..	23	—	13	—	36	(32)	—
Mentally Ill or Subnormal ..	5	57	13	147	18	(19)	204 (155)
Other Persons ..	—	66	1	136	1	(1)	202 (228)

(1968 figures in brackets)

Admissions including readmissions to residential homes during the year totalled 263, deaths and discharges numbering 241, as follows:—

				Males	Females	Totals
Admissions:						
Short Term						
From Hospitals	..	..	..	—	1	1
From own homes	..	..	..	8	4	12
Others						
From hospitals	..	..	..	55	100	155
From own homes	..	..	..	26	69	95
				89	174	263
Discharges:						
To hospitals	..	..	..	55	80	135
To 'Wincomblee' Psycho-geriatric Home	..	..	..	3	9	12
To community, etc.	..	..	..	20	16	36
Deaths	..	..	..	23	35	58

St. Abb's Holiday Home

During the year 323 persons were provided with holiday breaks at Whitley Bay.

The volume of applications for holidays during the summer months is such that priorities must be observed, consideration first being given to elderly persons who live with and are dependent on their families to enable the family to have a holiday and these are allowed holidays every year if necessary since otherwise their relatives might become unable or unwilling to continue caring for them. Also a priority are those recovering from illness or bereavement or who because of physical handicap, have few opportunities for social contacts. Any remaining places and vacancies from October to March, when St. Abb's is under-occupied, are allocated to elderly people who have not had a holiday for some years and to residents in homes who would benefit from a change. Christmas and New Year weeks are quite popular and provide primarily for those living alone.

In off peak periods, St. Abb's can provide a temporary solution or a breathing space in dealing with cases urgently or suddenly needing care and attention in residential accommodation which may not be immediately available.

Burials

In addition to assistance given to bereaved relatives in making funeral arrangements, 48 burials were undertaken by the department in accordance with the Local Authority's duty, under Section 50 of the National Assistance Act, to arrange for the burial or cremation

of any person who has died or been found dead where no other suitable arrangements have been made.

Meals Service for the Elderly and the Handicapped

The local authority's Meals on Wheels service supplemented by the Women's Royal Voluntary Service, supplies hot midday meals for elderly and handicapped persons unable to provide properly for themselves and supplements the assistance given by relatives, neighbours, home helps, etc. Recipients are mainly housebound elderly persons living alone and couples where both are handicapped. Social workers, health visitors and home help organisers undertake careful assessment and re-assessments of the need for this service, taking the whole situation into consideration.

Day visitors to the residential homes and those attending the luncheon clubs operated by voluntary bodies with financial assistance, are able to have a cooked meal in congenial surroundings and in the company of others.

Some increase in this service was achieved and 94,546 of the meals were produced in residential homes compared with 87,379 in 1968. Of these an average of 1,529 (1,424 in 1968) per week were for the Meals on Wheels service. 1,482 meals were supplied to the W.R.V.S. to enable them to maintain their service during school holidays, and 4,552 were consumed by day visitors and 9,000 were prepared for voluntary organisations running luncheon clubs.

The following table is the result of a census one week in November:

Meals on Wheels				Meals provided
(a) Local Authority Service				
31 persons received 1 meal per week	..	..		31
127 persons received 2 meals per week	..	..		254
139 persons received 3 meals per week	..	..		417
43 persons received 4 meals per week	..	..		172
56 persons received 5 meals per week	..	..		280
18 persons received 6 meals per week	..	..		108
44 persons received 7 meals per week	..	..		308
458				1,570
(b) W.R.V.S. Service				
4 persons received 1 meal per week	..	..		4
83 persons received 2 meals per week	..	..		166
87				170
(c) Meals to day visitors to residential homes				119
(d) Meals at luncheon clubs				874

HOME HELP SERVICE

(Mrs. I. E. Moulton)

The demand as a whole continued fairly evenly throughout the year though the more elderly patients tend to need increased help during the winter months. The home help service undoubtedly enables many elderly people to remain in their own homes, and general practitioners are calling upon this service more and more for this particular group.

Type of Case	1965	1966	1967	1968	1969
Maternity	64	54	44	33	26
Short term	62	74	129	85	125
Under 65 long term ..	366	368	367	384	345
Over 65 long term ..	2,514	2,699	2,802	3,044	3,270
Child Care	34	26	26	36	25
Cancer	12	13	12	20	22
Tuberculosis	20	14	15	7	6
	<hr/> 3,072	<hr/> 3,248	<hr/> 3,395	<hr/> 3,609	<hr/> 3,819

Fifty-five bedfast patients were provided with a week-end service compared with thirty in 1968.

The number of hospital discharges needing urgent daily help increased to 679 during the year, compared with 603 in 1968.

Maternity cases in the past year have decreased slightly. In cases where there is an elderly relative able to give some assistance, but who is incapable of carrying out all the duties involved, more part time help is provided.

Sixty-three neglected homes were thoroughly cleaned where the elderly person had been living in filthy conditions. Two, sometimes three, home helps are allocated giving each other moral support, in tackling these deplorable cases. These people are not ill in the accepted sense, but they do need care and understanding to help them rouse an interest in keeping their homes clean. This service seems to be the answer to this problem.

At the end of the year nine full time and five hundred and eighty three part time home helps were employed. Part time varies from fifteen to twenty hours per week. During the year 189 home helps resigned and 228 were engaged. The weekly hours of service at the end of 1969 were 17, 185.

During 1969, 19,140 supervisory visits were made.

CHIROPODY

This service, available to elderly and physically handicapped persons at a nominal charge, is provided by the local authority at weekly clinic sessions, of which there are now 12. Ambulance transport is available to take sitting cases to six of these sessions, and domiciliary visits are arranged for those patients unable to attend the clinics.

Fewer treatments were provided at clinics in 1969 owing to the shortage of staff at the beginning of the year. However, it became possible later in the year to start another chiropody clinic session and the number of elderly persons who received chiropody increased.

The local authority service is supplemented by treatments arranged by the Women's Royal Voluntary Services and the British Red Cross Society at clinic sessions whilst the Newcastle Council of Social Service and the Newcastle Council for the Care of the Elderly have provided for treatment at a chiropodist's surgery. Grants are made to these voluntary organisations towards the cost of the services they provide.

CHIROPODY SERVICE (1968 figures in brackets)

	No. of Sessions per week	Patients Treated			Total Treatments
		Aged 65 years and over	Others	Totals	
Local Authority Residential Homes	—	375	26	401	1,087
Clinics	12	1,504	126	1,630	3,726
Domiciliary Service	—	423	21	444	1,178
		2,302	173	2,475	5,991
Voluntary Organisations					
B.R.C.S.	2	251	—	251	736
W.R.V.S.	3	245	—	245	1,055
N.C.S.S. and N.C.C.E. ..	*	321	—	321	1,356
		817	—	817	3,147
TOTAL ..		3,119 (2,887)	173 (235)	3,292 (3,122)	9,138 (10,061)

* Surgery Appointments

SOCIAL AND OCCUPATION CENTRE

The present centre is open five days per week from 10 a.m. to 4.30 p.m. to registered handicapped persons living in the City. A mid-day meal is available. There are 150 names on the register made up of 89 handicapped (26 in wheelchairs, 43 blind, 10 guides and 8 deaf/blind persons). The average total attendance was 32.

The crafts covered include basket, rush and willow work, chair caning, knitting, sewing, embroidery, patchwork, crocheting, tapestry, fabric painting, mosaics, weaving, woodwork, marquetry and the making of soft toys, rugs, candles and different types of jewellery.

During the year sales amounted to £1,189 of which £311 was taken at the Tyneside Summer Exhibition. Class members received £318 in incentive allowances. A small display of the work of the centre was included in the Dispex Exhibition held in the Town Hall Exhibition Centre.

When not participating in craft work, members like to occupy themselves playing dominoes, draughts and bingo, and there is a library which includes Braille books.

Outings were arranged and other social functions took place during the year.

HOUSING

Medical Rehousing

During the year 2,179 cases were considered of whom 122 were granted priority and 257 being corporation tenants were recommended for transfer.

Evictions

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

Threats of eviction reported to Housing Dept.	390	(419)
Evictions prevented	121	(116)
Found own accommodation	117	(113)
Rehousing by Housing Dept.—		
Additional accommodation	34	
Estate houses	22	
	—	56 (60)
No further action necessary	49	(53)
Cases outstanding and under observation—no immediate threat of eviction	47	(77)
Total	390	(419)

(1968 figures in brackets)

Liaison

Regular liaison meetings continued between officers of the Housing and the Health and Social Services Departments dealing with many topics of mutual concern.

These meetings proved most valuable to all concerned.

MENTAL HEALTH SERVICES

(Dr. Peter Morgan—Consultant Psychiatrist)

This year has been one of uncertainty in the development of Community Mental Health Services in the City, in contrast to the preceding nine years, during which a great deal of progress was made in the integration of the General Practitioner, Psychiatric Hospital and Local Health Authority Services, so that continuity of care for persons suffering from mental disorders had indeed become a reality. Administrative divisions had been bridged, old prejudices erased, and a healthy dynamic service developed to the benefit of the patients.

Unfortunately such progress had been far from common throughout the country, and in an attempt to resolve the problems, the central government has decided to make radical administrative changes, which will create further divisions to be bridged.

There is no doubt that an adequate service can be developed in spite of these changes, but an evolutionary process would seem to have been more satisfactory than the proposed revolutionary one. The uncertainty generated by these proposals has undoubtedly decreased the morale of the services, not only in the Local Authority, but also elsewhere. Two established senior consultant psychiatrists, who have done a great deal to assist the development of the mental health services in the City, have emigrated, largely as a result of doubts over these proposed developments.

During the year, the most important event was the opening of Wincomblee Psycho-geriatric Hostel. This Hostel provides long stay accommodation for 35 elderly persons suffering from mental disorders, and is the first of four such hostels planned for the future. The degree of care necessary for the residents demands that such a hostel should be closely linked with the hospital services, and accordingly, arrangements have been made for the consultant in psycho-geriatrics at St. Nicholas Hospital, to attend the hostel weekly.

The new hostel for the long term care of mentally subnormal adults, Whiteleas, was nearing completion by the end of the year, and the new psychiatric day centre in the grounds of St. Nicholas Hospital, which will replace the existing day centre in Jubilee Road, was also partially completed.

There has been an increase in the number of referrals to the department for care in the community. This was particularly marked amongst those suffering from mental subnormality, and to a lesser extent, from persons suffering from schizophrenia. The source of referrals remains much the same, although there has been a tendency for outside agencies to use the mental health services more frequently.

There was no change in the number of admissions of Newcastle citizens to hospitals for the mentally disordered. The majority of these admissions were, as previously, on an informal basis, whilst the number of compulsory admissions remain much the same, but there has been a disquieting change in the form of these admissions. Under Section 136 of the Mental Health Act, 1959, a person apparently suffering from mental disorder and found wandering in a public place, may be admitted by a Police Constable, to a place of safety. Admissions to hospital under this Section have previously been minimal, but in 1969, 34% of compulsory admissions were by this method, which is contrary to the spirit of the Mental Health Act, in that all compulsory admissions should, if possible, be medically examined prior to going into hospital. The reason for this change is not obvious at the present time, but is worthy of further investigation.

STATISTICS 1969

TABLE I

SOURCE OF REFERRAL					NO.
General Practitioner	..	..	..	..	53
Hospital In-Patients	..	..	..	..	136
Hospital Out-Patients	..	..	..	..	149
Local Education Authority	..	..	..	..	95
Police Courts	..	..	..	..	29
Others	..	..	..	..	176
TOTAL	..	..	..	..	638

TABLE II
AGE DISTRIBUTION OF REFERRALS

AGE	MALE	FEMALE	TOTAL
0 — 4	11	12	23
5 — 14	15	11	26
15 — 24	99	58	157
25 — 34	45	35	80
35 — 44	40	33	73
45 — 54	32	25	57
55 — 64	22	29	51
65 — 74	19	38	57
75 — 84	9	29	38
85 — 95	1	3	4
NOT KNOWN	39	33	72
TOTAL	332	306	638

TABLE III
DIAGNOSIS OF REFERRALS

DIAGNOSIS	MALE	FEMALE	TOTAL
Schizophrenia	71	63	134
Manic Depressive	36	55	91
Dementia	11	19	30
Delirium	9	22	31
Neurosis	21	26	47
Psychopathic Disorder	35	26	61
Subnormal	117	67	184
Severely Subnormal	10	5	15
Others	22	23	45
TOTAL	332	306	638

Community Care

TABLE IV
SOURCE OF REFERRAL OF CASES FOR COMMUNITY CARE

SOURCE OF REFERRAL	NO.
General Practitioner	17
Hospital I.P.	65
Hospital O.P.	82
Local Education Authority	92
Police, Courts, etc.	8
Others	118
TOTAL	382

TABLE V
AGE DISTRIBUTION OF CASES REFERRED FOR COMMUNITY CARE

AGE	MALE	FEMALE	TOTAL
0 — 4	9	10	19
5 — 14	11	8	19
15 — 24	73	53	126
25 — 34	17	18	35
35 — 44	15	13	28
45 — 54	7	13	20
55 — 64	9	15	24
65 — 74	11	25	36
75 — 84	6	17	23
85 — 95	1	—	1
NOT KNOWN	27	24	51
TOTAL	186	196	382

TABLE VI
DIAGNOSIS OF COMMUNITY CARE REFERRALS

DIAGNOSIS	MALE	FEMALE	TOTAL
Schizophrenia	22	25	47
Manic Depressive	15	37	52
Dementia	6	9	15
Delirium	2	17	19
Neurosis	12	19	31
Psychopathic Disorder	16	13	29
Subnormal	99	60	159
Severely Subnormal	3	1	4
Others	11	15	26
TOTAL	186	196	382

TABLE VII
NUMBER OF HOME VISITS BY SOCIAL WORKERS

1969	1968	1967	1966	1965	1964
3,755	4,931	5,267	4,276	4,716	7,089

Admissions to Hospitals

Social Workers with statutory duties were concerned with admissions to hospital as follows:

TABLE VIII

MODE OF ADMISSION	NO.
Section 29	40
Section 25	57
Section 26	27
Section 60	4
Section 136	6
Informal	65
TOTAL	199

TABLE IX

HOSPITAL TO WHICH ADMITTED	NO.
St. Nicholas' Hospital ..	169
Newcastle General Hospital ..	10
Prudhoe and Monkton Hospital	1
Northgate & District Hospital	7
Other Hospitals	12
TOTAL	199

TABLE X

Admissions	St. Nicholas' Hospital		Newcastle Gen. Hospital		Total		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	
Informal ..	330	465	158	209	488	674	1,162
Section 29 ..	17	24	—	6	17	30	47
Section 25 ..	21	23	—	—	21	23	44
Section 26 ..	5	7	—	—	5	7	12
Section 30 ..	—	—	—	—	—	—	—
Section 60 ..	2	—	—	—	2	—	2
Section 136..	35	16	2	—	37	16	53
Total Admissions..	410	535	160	215	570	750	1,320
Discharges ..	363	491	144	206	507	697	1,204
Deaths ..	57	55	1	1	58	56	114

Outpatient Treatment (Mentally Ill)

TABLE XI

	1969	1968	1967	1966	1965
General Practitioners ..	201	216	208	181	216
Follow-up of discharged Hospital Patients ..	130	135	152	130	110
Probation Officers ..	10	12	9	21	10
Children's Department ..	—	—	4	6	6
Social Workers	—	—	—	24	—

Community Care Clinic (Newcastle General Hospital)

New Patients	89
Return visits	442
Number of sessions ..	55

Outpatient Treatment (Mentally Subnormal)

TABLE XII

	New Patients	Return Visits
Dame Catherine Scott Centre ..	14	37
Sheriff Lees Centre	8	29
St. Thomas Clinic	46	252
Total	68	318

Hostel Accommodation

TABLE XIII

	<i>Sunnycrest Hostel</i>	<i>Summerhill Hostel</i>
Admissions	63 (32) involving 54 persons	31 (31) involving 28 persons
Discharges	52 (35) involving 45 persons	26 (19) involving 24 persons
Returned to the community	39 (22)	14 (18)
Returned to hospital	13 (13)	10 (1)
Death	— (—)	1 (—)

(1968 figures in brackets)

Psychiatric Day Centre

Admissions = 32

Discharges = 18

Attendances = 6,715

Places provided = 45

Training Centres

TABLE XIV

	Junior	Adult	Total
Attendances ..	20,677 (18,363)	33,120 (30,847)	53,797 (50,329)
Admissions ..	16 (21)	51 (41)	67 (62)
Discharges ..	9 (17)	15 (22)	24 (39)
Places Provided	142 (124)	177 (177)	319 (301)

(1968 figures in brackets)

PREVENTION AND CONTROL OF INFECTIOUS DISEASE

The incidence of infectious disease at various ages is shown in Tables 'A' and 'B'. For the growth year there has been no case of poliomyelitis in the City nor of diphtheria which has occurred in 1955. However, anti-immunization rates indicate that the present level of community immunity is still at a level at which these diseases be imported.

Measles

There was no epidemic occurrence of measles during the year but past experience would suggest that an epidemic is due early in 1956.

IV—INFECTIOUS DISEASE

Whooping Cough

Notifications of whooping cough in 1955 were the lowest in twenty years. The disease remains under control despite the fact that in recent years one of the strains of whooping cough has been isolated from the strains of the epidemic.

Dysentery

There were 30 dysentery notifications during the year, mainly in individuals and households and one outbreak occurred in residential institutions.

PREVALENCE, PREVENTION AND CONTROL

Public notification during 1955 was very low. This disease is notifiable locally but not nationally.

PREVENTION AND CONTROL OF INFECTIOUS DISEASE

The incidence of infectious disease at various ages is shown in Tables 'A' and 'B'. For the seventh successive year there has been no case of poliomyelitis in the City nor of diphtheria which last occurred in 1958. However, until immunisation rates improve from the present levels the community remains at risk of spread should these diseases be imported.

Measles

There was no epidemic occurrence of measles during the year but past experience would suggest that an epidemic is due early in 1970.

During the year 1969 25% of infants were vaccinated against Measles compared with 25% in 1968 and 15% in 1967.

As part of the Medical Research Council trial of intensive measles vaccination particular notice was taken of those children who were vaccinated but subsequently developed measles. There have been 21 such cases, four in 1966, nine in 1967, seven in 1968 and one in 1969.

Whooping Cough

Notifications of whooping cough in 1969 were the lowest in eleven years. The disease remains under control despite doubts expressed in recent years about the efficacy of whooping cough vaccine against current strains of the organism.

Dysentery

There were 30 dysentery notifications during the year, mainly in individuals and households and no outbreaks occurred in residential institutions.

Rubella

Rubella notifications during 1969 were very low. This disease is notifiable locally but not nationally.

Notifications have been as follows:—

1960	—	120	1965	—	148
1961	—	405	1966	—	683
1962	—	773	1967	—	237
1963	—	475	1968	—	414
1964	—	180	1969	—	41

Typhoid and Paratyphoid Fevers

A case of typhoid infection occurred in the City in a passenger from a ship on which a number of cases had been found after landing at Southampton from Australia. The family contacts were investigated and no other cases arose.

A number of contacts of typhoid and paratyphoid were followed up during the summer and autumn as a result of importation of these diseases by returning holiday makers from North Africa and the Continent. Once again these cases underline the importance of T.A.B. vaccination for all those who go on holiday to Southern European, Mediterranean as well as tropical countries.

Food Poisoning

In July information was received from the Medical Officer of Health of a neighbouring authority that a chef in a Newcastle hotel had a salmonella typhimurium infection. This man was immediately excluded from work and investigations were carried out to identify other cases and the source of the infection. Fourteen staff handling food in the hotel were found to be infected and were excluded from work but were subsequently cleared of the infection. The phage type was one linked with infections in poultry and the investigation showed that this particular phage type had been connected with ducks supplied to the hotel from Norfolk. It was six weeks before the hotel could be considered clear of infection.

In September an outbreak of food poisoning due to a staphylococcal toxin affected 87 children and adults who took school lunches. Bacteriological evidence suggested that the infection came from one of two large cans of processed peas. It is known that very occasionally a can may be imperfect, allowing staphylococcus in the hands of a food handler to be sucked in during the cooling process and this was considered to be the cause of the outbreak.

Infectious Hepatitis

(*Dr. M. Y. Walls*)

In 1969 there were 139 notifications of infectious hepatitis, and the following table gives a breakdown by sex and age. The age incidence follows the normal pattern with regard to this disease, that it is a disease of children and young adults.

Infectious Hepatitis in Newcastle, 1969

	Male	Female	Total
Under 1 year ..	—	—	—
1 year ..	2	—	2
2—4 years ..	13	11	24
5—9 ..	23	34	57
10—14 ..	10	17	27
15—19 ..	2	1	3
20—24 ..	4	6	10
25—34 ..	4	2	6
35—44 ..	3	—	3
45—54 ..	3	2	5
55—64 ..	1	—	1
65—74 ..	—	1	1
75 and over ..	—	—	—
Total ..	65	74	139

Notifications throughout the year show a pattern of an increase in the autumn and early winter period.

When a case is notified the family are visited by a health visitor; this visit serves two purposes—

- (a) to give general advice to contacts of the case;
- (b) to find out if there is any known source of the disease.

As a result of these visits, out of 93 cases visited, 33 gave a history of previous contact with the disease.

Own house (brother, sisters, etc.) ..	..	..	..	..	11 cases
Neighbours or playmates ..	..	..	..	..	11 cases
Cases in surrounding area ..	..	..	..	..	3 cases
School ..	..	..	..	..	8 cases

TABLE A
 CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS
 EXCLUSIVE OF TUBERCULOSIS

AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1969

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 over		Age unk'n		1969		1968	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acute Meningitis ..	—	—	3	—	—	—	—	—	—	—	1	—	—	—	—	—	4	—	7	2
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	1	—	12	—	7	—	2	—	1	—	2	—	1	—	—	—	26	—	42	—
Enteric Fever ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
Food Poisoning ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Infective Jaundice ..	—	—	26	—	84	—	13	—	9	—	6	—	1	—	—	—	139	—	52	3
Measles ..	13	—	76	—	28	—	—	—	—	—	—	—	—	—	—	—	117	—	38	—
Ophthalmia Neonatorum ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1998	—
Rubella ..	4	—	18	—	13	—	2	—	3	—	—	—	—	—	—	—	40	—	414	—
Scarlet Fever ..	—	—	15	—	22	—	1	—	1	—	—	—	—	—	—	—	39	—	29	—
Whooping Cough ..	—	—	4	—	3	—	—	—	—	—	—	—	—	—	—	—	7	—	22	—
Totals	19	—	154	—	157	—	18	—	15	—	9	—	2	—	—	—	374	—	2603	5

TABLE B
WARD DISTRIBUTION OF INFECTIOUS DISEASES (CITY CASES)

WARD	Acute Meningitis	Acute Poliomylitis	Dysentery	Enteric Fever	Food Poisoning	Infective Jaundice	Measles	Ophthalmia Neonatorum	Rubella	Scarlet Fever	Tuberculosis (All Forms)	Whooping Cough
St. Nicholas	—	—	—	—	—	2	1	—	—	—	2	—
Blakelaw ..	—	—	3	—	—	7	5	—	—	4	5	—
Kenton ..	—	—	1	—	—	8	2	—	4	5	7	2
Scotswood	—	—	4	—	—	6	9	—	1	3	2	2
Stephenson	—	—	—	—	—	7	7	—	2	—	2	1
Armstrong	2	—	—	—	—	4	19	—	1	—	12	—
Elswick ..	1	—	6	—	—	1	6	—	7	—	3	—
Westgate ..	—	—	—	—	—	9	—	—	1	2	7	—
Arthur's Hill	—	—	—	—	—	14	4	—	2	1	11	—
Benwell ..	1	—	1	1	—	2	2	—	4	2	6	—
Fenham ..	—	—	1	—	—	4	2	—	8	2	2	—
Sandyford..	—	—	—	—	—	6	10	—	—	6	4	—
Jesmond	—	—	—	—	—	8	9	—	1	1	4	—
Dene ..	—	—	—	—	1	—	5	—	—	—	5	—
Heaton ..	—	—	1	—	—	3	16	—	4	—	6	—
Byker ..	—	—	—	—	—	10	3	—	—	—	2	—
St. Lawrence	—	—	2	—	—	20	9	—	2	1	5	—
St. Anthony's	—	—	3	—	—	14	1	—	—	7	4	—
Walker ..	—	—	1	—	—	8	4	—	3	1	2	1
Walkergate	—	—	—	—	—	6	3	—	1	3	6	—
Total 1969 ..	4	—	26	1	1	139	117	—	40	39	101	7
Total 1968 ..	—	—	42	—	52	*38	1998	1	414	29	95	22

*Notifiable from 15th June, 1968.

SPECIAL TREATMENT CENTRE

(Dr. G. Hamilton Whalley)

This purpose built centre is situated in the Ambulance Service Headquarters in Blenheim Street. A male and a female orderly are in attendance for appointments between 11.00 a.m. and 3.00 p.m. from Monday to Friday.

Attendances (see tables below) totalling 584 against 671 in 1968, comprised 353 males and 231 females. Persons treated totalling 513 (487 for scabies and 26 for pediculosis) showed a fall of 11% over 1968. Three scabies cases also had fleas and two pediculosis.

The largest and increasing source of referrals (see Table II) totalling 225 for City cases (and most of the 79 non-City cases) came from 44 family doctors. A high proportion of cases come in a family group which facilitates treatment, whether symptoms are present or not, and follow up is mainly needed for members not attending.

The 79 patients from 36 referrals from 13 other adjacent local authority areas, were nearly a sixth of total cases treated, and like the City figures showed a reduction as against the previous year.

There were 155 failed appointments (267 in 1968) which were largely for scabies, but this did not interfere with the work of the centre.

Area child health clinics also treat cases of scabies and pediculosis.

The attendants are again to be commended for their work.

TABLE I

Age Groups	1964	1965	1966	1967	1968	1969				
						Total	Scabies	Pediculosis		
								Head	Body	Pubis
0-1	3	14	23	7	12	4	4	—	—	—
1-4	16	54	79	95	86	73	70	2	1	—
5-14	34	84	110	157	155	172	160	6	6	—
15+	185	151	205	242	323	264	253	10	1	—
Totals	238	303	417	501	576	513	487	18	8	—

TABLE II

Sources of Cases Treated	SCABIES			PEDICULOSIS			
	Single Attenders	Family Mem- bers	Total	Single Attenders	Family Mem- bers	Total	
Family Doctors	37	179	216	—	9	9	
City Hospitals	33	71	104	2	—	2	
Health and Social Services Department	18	55	73	5	—	5	
Non City residents	15	64	79	11 (included in numbers given)	—	—	
Other sources	6	9	15	10	—	10	
Totals {	1969	109	378	487	17	9	26
	1968	112	406	521	26	29	55
	1967	91	367	458	22	21	43
	1966	107	269	376	27	18	45

TABLE III

Year	Total Persons Treated (Extra treatments in brackets)				Total No. of Treat- ments Given
	Scabies	Pediculosis	Others	Total	
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
1968	521	55	—	576	671
1969	487	26	—	513	584
City cases	408 (52)	15 (3)	—	413 (55)	568
Non-city	79 (13)	11 (3)	—	98 (16)	114

VENEREAL DISEASE

(*Dr. A. S. Wigfield*)

In 1969 Newcastle upon Tyne residents accounted, as usual, for less than half the total number of new patients attending Ward 34, at the Newcastle General Hospital. The total new registrations were 3,496 of whom 1,540 gave Newcastle addresses and these are analysed in the table below. The figures relate to diagnoses rather than individuals. When one person presents with two separate conditions he is registered twice. The figures in brackets relate to 1968.

	Grand Total	Male	Female
New Registrations Total ..	1,540 (1,480)	1,009 (956)	531 (524)
Gonorrhoea	322 (381)	201 (240)	121 (141)
Syphilis—Early infectious ..	2 (3)	2 (2)	— (1)
Syphilis—Late non-infectious ..	16 (18)	8 (14)	8 (4)
Non-gonococcal urethritis ..	266 (189)	266 (189)	—
Trichomonas vaginalis infestation	113 (122)	—	113 (122)
Non-venereal treated	305 (344)	198 (206)	107 (138)
Non-venereal and not requiring treatment	393 (311)	236 (208)	157 (103)
Desired reassurance and no infection found	123 (112)	98 (97)	25 (15)

Total new registrations were up by 4% mainly to be accounted for by an increase in the number of patients with non-venereal conditions requiring no treatment. This is usually taken as an index of the public's readiness to use the services available for an opinion following possible risk and is therefore probably a measure of the amount of extramarital sexual intercourse generally.

There has been a welcome downward swing in the gonorrhoea curves, both male (16% down) and female (14% down), but there is as yet no cause for rejoicing for the percentages for Northumberland and Durham, insofar as the Newcastle Clinic is concerned, are up on 1968 (52% and 38% respectively). The contribution of female teenagers also is up 7%.

Syphilis remains a matter of no immediate concern, there being no infectious pool of this disease within the City. Two infectious cases in 1969 were acquired overseas.

Non-gonococcal urethritis, generally thought but not proven to be a sexually acquired disease affecting males, shows a marked rise over 1968, but only the usual moderate rise over 1967, when there were 230 cases. The low 1968 figure was probably occasioned by the criteria for diagnosis being excessively strict in the absence of a physician in overall charge of the Clinic.

Teenagers

Teenagers accounted for 13% of all male registrations (943) and 32% of all female registrations (418), apart from babies brought for blood testing prior to adoption. They represented 8% of male and 33% of female gonorrhoea cases, the latter figure being a 7% increase over the 1968 percentage. The 17 male teenagers out of 201 Newcastle males and the 40 female teenagers out of 121 Newcastle females who acquired gonorrhoea would still appear only to represent an overall gonorrhoea rate of 0.36% amongst Newcastle teenagers. This figure is 0.5% when applied to girls only. The steadily increasing involvement of young people in sexual matters, including venereal diseases, is part of the every day concern of many people. The teenage contribution to V.D. of 11% in 1943 has risen to over 30% in 1969. Dispassionate observers might wonder where the figure will stop. Whether only one case in 200 is just cause for newspaper headlines is a matter of opinion. "The young bird sings after the old". For those who care to moralise, judge, criticise or even just comment it is the mores of the adult population, the permitter rather than the permitted, to which and to whom attention should be directed.

Newcastle's Infectious Pool of Gonorrhoea

Of 445 male gonorrhoea cases from all areas, 143 alleged that their infections were acquired in Newcastle, and were interrogated about their contacts. Thirty-six were unable to give helpful information. One hundred and seven supplied information to correlate their infections with 95 women, 79 of these attended the Clinic, 52 by persuasion of their consorts and 27 by persuasion of contact tracers. Of these 79, 69 had gonorrhoea and the remaining 10 had either been wrongly accused or had been treated elsewhere before attendance. Most of these 69 female gonorrhoea patients were

promiscuous but some may well have been "innocently" infected secondary contacts of male cases. Likewise the remaining 52 Newcastle residing female cases may not all have been "innocently" infected secondary contacts. Promiscuity remains immeasurable and can only be guessed at by V.D. figures. On the same count, the size of the infectious pool is unknown but is undoubtedly kept to a minimum by the efforts of the social workers. The promiscuous of both sexes continue to make their chance (or deliberate) acquaintance mostly in public houses and night clubs.

CHEST CLINICS MASS RADIOGRAPHY

TUBERCULOSIS

There was a slight decrease in the number of residents of Cambridge with tuberculosis, 31 cases, from 35 last year, 400 notified, giving an attack rate of 0.25 per 1,000 population. Nine cases of non-pulmonary tuberculosis occurred as compared with nine in 1962 the attack rate being from 0.001 to 0.011.

The number of deaths from the disease fell to eight, one less than in 1962, all but two being due to pulmonary tuberculosis giving a death rate of 0.001 per 1,000 population. 1962 pulmonary and

V-TUBERCULOSIS

Sources of notification were:-

General Practitioners	24
Chest Physicians	75
Health Visitors	21
	120

In addition, 10 notifications were received of cases previously notified elsewhere which had moved into the City during the year.

CONTACT CLINICS

TUBERCULOSIS

There was a slight decrease in the number of new cases of pulmonary tuberculosis, 83 cases, three less than last year, were notified, giving an attack rate of 0.35 per 1,000 population. New cases of non-pulmonary tuberculosis numbered 18 as compared with nine in 1968 the attack rate rising from 0.037 to 0.075.

The number of deaths from the disease fell to eight, nine less than in 1968, all but two being due to pulmonary tuberculosis; giving a death rate of 0.03 per 1,000 population (0.025 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>
83	18	101

Sources of notification were:—

General Practitioners	..	..	..	..	14
Chest Physicians	..	..	..	..	76
Hospital Medical Staff	..	..	..	..	11
					<hr/> 101 <hr/>

In addition, 10 notifications 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												
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Persons not notified before death ...	4	4	5	7	8	5	1	4	7	7	4	3	—
Persons notified under 1 month ...	1	4	4	2	1	3	—	—	—	2	—	3	4
Persons notified between :—													
1 and 3 months ...	—	2	2	3	—	1	—	—	1	—	—	—	—
3 and 6 months ...	2	—	—	—	—	1	—	—	—	—	1	—	—
6 and 12 months ...	—	1	3	1	—	1	—	—	—	2	—	—	—
12 and 18 months ...	4	—	—	—	—	—	—	—	2	—	1	—	1
18 and 24 months ...	1	—	—	—	—	—	—	2	—	—	—	—	—
2 and 3 years ...	3	1	2	4	2	3	1	—	1	—	—	—	—
Over 3 years ...	20	16	12	7	10	8	7	8	8	9	5	7	1
Totals ...	35	29	28	24	21	22	9	14	19	20	11	14	6

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

	1962		1963		1964		1965		1966		1967		1968		1969*	
	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	Death Rate	Attack Rate
Newcastle upon Tyne	0.09	0.69	0.05	0.56	0.06	0.64	0.06	0.66	0.08	0.48	0.04	0.46	0.07	0.39	0.03	0.42
England and Wales...	0.06	0.44	0.06	0.40	0.05	0.38	0.05	0.48	0.05	0.32	0.04	0.28	0.04	0.27	0.04	0.25
Glasgow ...	0.19	1.00	0.21	0.95	0.15	0.93	0.15	0.82	0.11	0.75	0.11	0.68	0.10	0.62	0.11	0.55
Scotland ...	0.09	0.61	0.09	0.55	0.07	0.50	0.07	0.46	0.06	0.46	0.05	0.43	0.04	0.40	0.04	0.38

*Provisional figures

REPORT OF THE COMMISSIONER OF THE LAND OFFICE FOR THE YEAR 1901

LAND NOTIFICATIONS AND DEATHS SINCE 1901

Year	Month	Day	Section	Acres	Value	Owner	Agent	Remarks
1901	Jan	1	1	1.00	100.00	John Doe	John Doe	Land purchased
1901	Jan	2	2	2.00	200.00	John Doe	John Doe	Land purchased
1901	Jan	3	3	3.00	300.00	John Doe	John Doe	Land purchased
1901	Jan	4	4	4.00	400.00	John Doe	John Doe	Land purchased
1901	Jan	5	5	5.00	500.00	John Doe	John Doe	Land purchased
1901	Jan	6	6	6.00	600.00	John Doe	John Doe	Land purchased
1901	Jan	7	7	7.00	700.00	John Doe	John Doe	Land purchased
1901	Jan	8	8	8.00	800.00	John Doe	John Doe	Land purchased
1901	Jan	9	9	9.00	900.00	John Doe	John Doe	Land purchased
1901	Jan	10	10	10.00	1000.00	John Doe	John Doe	Land purchased
1901	Jan	11	11	11.00	1100.00	John Doe	John Doe	Land purchased
1901	Jan	12	12	12.00	1200.00	John Doe	John Doe	Land purchased
1901	Jan	13	13	13.00	1300.00	John Doe	John Doe	Land purchased
1901	Jan	14	14	14.00	1400.00	John Doe	John Doe	Land purchased
1901	Jan	15	15	15.00	1500.00	John Doe	John Doe	Land purchased
1901	Jan	16	16	16.00	1600.00	John Doe	John Doe	Land purchased
1901	Jan	17	17	17.00	1700.00	John Doe	John Doe	Land purchased
1901	Jan	18	18	18.00	1800.00	John Doe	John Doe	Land purchased
1901	Jan	19	19	19.00	1900.00	John Doe	John Doe	Land purchased
1901	Jan	20	20	20.00	2000.00	John Doe	John Doe	Land purchased
1901	Jan	21	21	21.00	2100.00	John Doe	John Doe	Land purchased
1901	Jan	22	22	22.00	2200.00	John Doe	John Doe	Land purchased
1901	Jan	23	23	23.00	2300.00	John Doe	John Doe	Land purchased
1901	Jan	24	24	24.00	2400.00	John Doe	John Doe	Land purchased
1901	Jan	25	25	25.00	2500.00	John Doe	John Doe	Land purchased
1901	Jan	26	26	26.00	2600.00	John Doe	John Doe	Land purchased
1901	Jan	27	27	27.00	2700.00	John Doe	John Doe	Land purchased
1901	Jan	28	28	28.00	2800.00	John Doe	John Doe	Land purchased
1901	Jan	29	29	29.00	2900.00	John Doe	John Doe	Land purchased
1901	Jan	30	30	30.00	3000.00	John Doe	John Doe	Land purchased
1901	Jan	31	31	31.00	3100.00	John Doe	John Doe	Land purchased
1901	Feb	1	1	1.00	100.00	John Doe	John Doe	Land purchased
1901	Feb	2	2	2.00	200.00	John Doe	John Doe	Land purchased
1901	Feb	3	3	3.00	300.00	John Doe	John Doe	Land purchased
1901	Feb	4	4	4.00	400.00	John Doe	John Doe	Land purchased
1901	Feb	5	5	5.00	500.00	John Doe	John Doe	Land purchased
1901	Feb	6	6	6.00	600.00	John Doe	John Doe	Land purchased
1901	Feb	7	7	7.00	700.00	John Doe	John Doe	Land purchased
1901	Feb	8	8	8.00	800.00	John Doe	John Doe	Land purchased
1901	Feb	9	9	9.00	900.00	John Doe	John Doe	Land purchased
1901	Feb	10	10	10.00	1000.00	John Doe	John Doe	Land purchased
1901	Feb	11	11	11.00	1100.00	John Doe	John Doe	Land purchased
1901	Feb	12	12	12.00	1200.00	John Doe	John Doe	Land purchased
1901	Feb	13	13	13.00	1300.00	John Doe	John Doe	Land purchased
1901	Feb	14	14	14.00	1400.00	John Doe	John Doe	Land purchased
1901	Feb	15	15	15.00	1500.00	John Doe	John Doe	Land purchased
1901	Feb	16	16	16.00	1600.00	John Doe	John Doe	Land purchased
1901	Feb	17	17	17.00	1700.00	John Doe	John Doe	Land purchased
1901	Feb	18	18	18.00	1800.00	John Doe	John Doe	Land purchased
1901	Feb	19	19	19.00	1900.00	John Doe	John Doe	Land purchased
1901	Feb	20	20	20.00	2000.00	John Doe	John Doe	Land purchased
1901	Feb	21	21	21.00	2100.00	John Doe	John Doe	Land purchased
1901	Feb	22	22	22.00	2200.00	John Doe	John Doe	Land purchased
1901	Feb	23	23	23.00	2300.00	John Doe	John Doe	Land purchased
1901	Feb	24	24	24.00	2400.00	John Doe	John Doe	Land purchased
1901	Feb	25	25	25.00	2500.00	John Doe	John Doe	Land purchased
1901	Feb	26	26	26.00	2600.00	John Doe	John Doe	Land purchased
1901	Feb	27	27	27.00	2700.00	John Doe	John Doe	Land purchased
1901	Feb	28	28	28.00	2800.00	John Doe	John Doe	Land purchased
1901	Feb	29	29	29.00	2900.00	John Doe	John Doe	Land purchased
1901	Feb	30	30	30.00	3000.00	John Doe	John Doe	Land purchased
1901	Feb	31	31	31.00	3100.00	John Doe	John Doe	Land purchased

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1931

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
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
1968	86	14	0.06	0.35	9	3	0.012	0.04	95	17	0.07	0.39
1969	83	6	0.025	0.35	18	2	0.008	0.07	101	8	0.03	0.42

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING 1967, 1968 and 1969

		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—	1969	—	—	1	4	1	4	3	10	6	14	6	7	1	57
	1968	—	—	1	2	1	5	2	6	8	13	12	9	4	63
	1967	—	—	1	2	—	—	5	8	5	20	10	8	4	63
Females—	1969	—	—	1	3	—	—	1	5	3	4	4	4	1	26
	1968	—	—	3	3	1	2	1	1	2	5	2	2	1	23
	1967	—	—	—	2	—	2	2	9	6	4	5	1	—	31
Non-Respiratory—															
Males—	1969	—	—	—	—	—	—	—	1	1	1	—	—	—	3
	1968	—	—	1	—	—	1	—	2	1	—	—	—	—	5
	1967	—	—	—	—	1	1	—	1	3	1	—	—	—	7
Females—	1969	—	—	1	2	1	2	1	3	1	2	2	—	—	15
	1968	—	—	—	—	1	—	—	1	—	—	—	1	1	4
	1967	1	—	—	—	1	—	—	2	4	1	1	3	2	15
Totals	1969	—	—	3	9	2	6	5	19	11	21	12	11	2	101
	1968	—	—	4	5	3	8	3	9	12	18	14	12	6	95
	1967	1	—	1	4	2	3	7	20	18	26	16	12	6	116

AGE DISTRIBUTION OF DEATHS DURING 1969

		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	2	1	—	4
Females	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Non-Respiratory—															
Males	—	—	—	—	—	—	—	—	—	—	2	—	—	2
Females	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	—	—	—	—	—	—	—	—	—	1	4	2	1	8

TUBERCULOSIS IN CHILDHOOD

Fourteen children aged 0-14 years in ten families were notified as cases of tuberculosis during the year. The number of child contacts of newly notified adult cases was less than in 1968 and the percentage of tuberculin positive school children amongst those seen at contact clinics was smaller than ever before.

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 1964-1969

Notifications	1964	1965	1966	1967	1968	1969
All Forms ..	13	20	11	8	12	14
Meningitis ..	-	-	1	1	1	-
<i>Deaths</i>						
All Forms ..	-	-	1	-	-	-

TABLE 1A

NUMBER OF CHILDREN TREATED WITH CHEMOTHERAPY 1965-1969

	1965	1966	1967	1968	1969
Under 5 years	29	16	5	4	1
5-9 years	16	13	9	17	6
10-14 years	9	3	5	9	11
TOTAL	54	32	19	30	18

TABLE 2

THE RESULTS OF ROUTINE TUBERCULIN TESTING IN SCHOOLS 1964-1969

	1964	1965	1966	1967	1968	1969
<i>Leavers</i> age 11 years + %						
tested	61	73	86	80	82	95
Number tested	2,781	2,355	6,982	2,497	2,532	3,004
Had B.C.G.					381	553
% Positive (unvaccinated) ..	16*	16*	0.6	0.8	1.8	0.4
<i>Juniors</i> age 8 years + % tested	80	74	78	86	89	81
Number tested	3,081	2,693	3,268	2,641	3,025	2,270
Had B.C.G.					518	734
% Positive (unvaccinated) ..	1.6	1.7	0.7	0.5	0.0	0.2
<i>Infants</i> age 5 years + % tested	80	66	79	88	93	80
Number tested	3,507	2,949	3,045	3,580	3,441	2,603
Had B.C.G.					527	523
% Positive (unvaccinated) ..	0.4	0.3	0.3	0.3	0.0	0.1

*Figures for these years include children who had had B.C.G.

TABLE 3

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AND THE NUMBER FOUND TO BE TUBERCULIN POSITIVE 1964-1969

	1964	1965	1966	1967	1968	1969
Number Seen ..	1,395	1,314	1,281	1,175	1,019	1,143
Number Tuberculin Positive	21	29	14	5	4	4
% Positive	1.5	2.2	1.0	0.4	0.4	0.35

TABLE 4

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF NEWLY DIAGNOSED PATIENTS 1964-1969

	1964	1965	1966	1967	1968	1969
Number Seen	195	168	167	97	68	48
Number Tuberculin Positive	18	18	4	5	2	1
% Positive	9.2	10.8	2.4	4.9	2.9	2.1

TABLE 5

THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1964-1969

	1964	1965	1966	1967	1968	1969
Chest & Contact Clinics ..	875	1,089	875	769	1,370	715
Newcastle General Hospital	224	225	178	169	134	97
Princess Mary Maternity Hosp.	326	240	342	202	74	77
Hexham Maternity Hospital ..	—	—	—	5	—	—
School Children	2,369	1,488	5,771	3,082	2,515	2,553
Further Education Students ..	—	—	—	—	92	—
Students Medical Rm., Civic Cen.	—	—	—	—	—	8
TOTAL ..	3,794	3,042	7,166	4,227	4,185	3,450

TUBERCULOSIS

(Dr. J. R. Lauckner)

In 1969 there was a very small reduction in new cases of respiratory tuberculosis, and an increase over the previous year in cases of non-respiratory tuberculosis. This does not imply any alteration in the general downward trend, but since total numbers are now relatively small, random fluctuations are more likely to occur.

The accompanying graph (Fig. 1) shows that in recent years the incidence of respiratory tuberculosis (rate per 1,000 of population) has followed the same curve for Newcastle upon Tyne County Borough as for the whole Tyneside Conurbation. Figures for Tyneside have been obtained from Annual M.O.H. Reports for all 15 Local Authorities concerned. The Tyneside curve is smoother than that for Newcastle County Borough, because of random fluctuations in the latter. The decrease in the rate has been about 10% per annum during the whole period 1953 to 1968. It will also be observed that the curve for England and Wales lies at a lower level and roughly parallel. It also shows a decrease of about 10% per annum. In any year the incidence rate for Tyneside is a little less than twice that for England and Wales; or looked at another way,

FIG. 1

RESPIRATORY TUBERCULOSIS — ALL AGES

1953-68

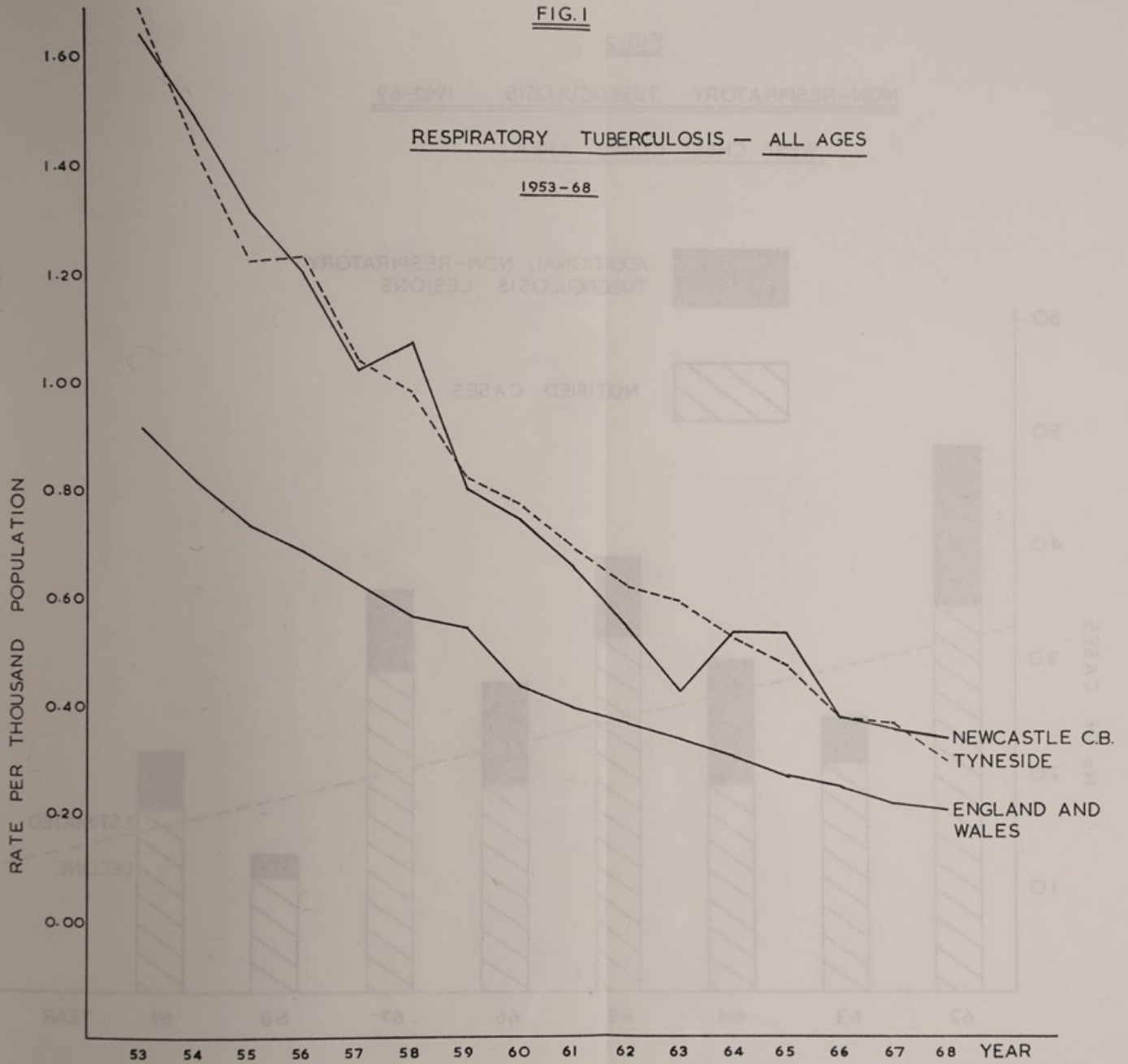
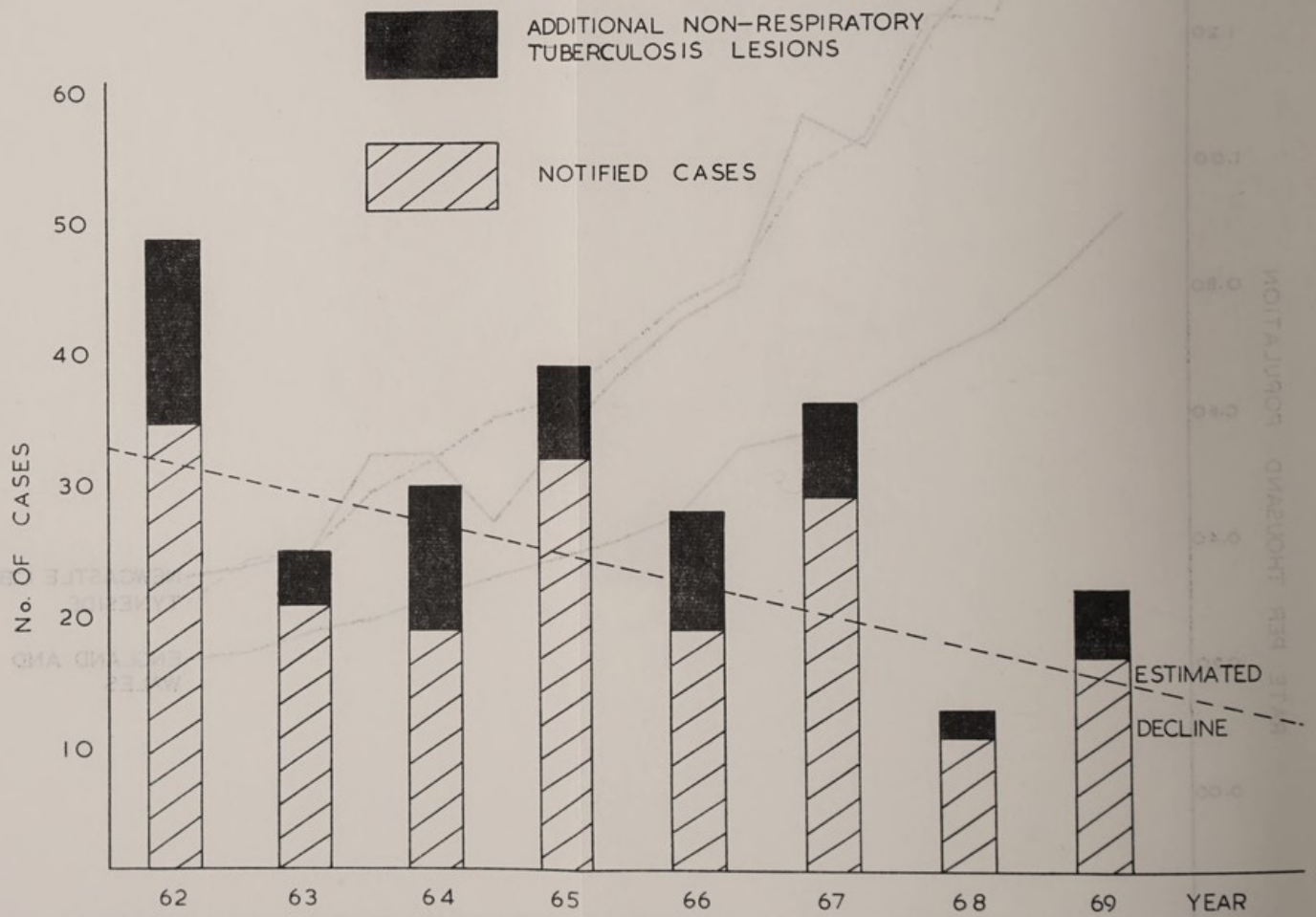


FIG. 2

NON-RESPIRATORY TUBERCULOSIS 1962-69

WEST CHEST CLINIC AREA



Tyneside is roughly 5 years behind England and Wales—5½ years in the mid-fifties reduced to about 4 years in the late-sixties.

Respiratory Tuberculosis 1969

The cases of respiratory tuberculosis notified in the City during the year were as follows:—

	<i>Inward Transfer</i>	<i>New</i>	<i>Relapse</i>	<i>After Death Notification</i>	<i>Total</i>
Primary Intrathoracic ..	—	11	—	—	11
Mediastinal Glands ..	—	2	—	—	2
Pleura	—	7	—	—	7
Adult Pulmonary ..	12	63	8	1	84
	12	83	8	1	104

New cases, relapsed cases and inward transfers are all down. Only one case was notified after death (the smallest number recorded).

The data relating to cases of adult pulmonary tuberculosis, classified according to type of case and degree of infectivity are as follows:

	<i>Inward Transfer</i>	<i>New</i>	<i>Relapse</i>	<i>After Death Notification</i>	<i>Total</i>
Smear positive	—	31	5	1	37
Culture positive	1	16	2	—	19
Culture negative	11	15	1	—	27
No information	—	1	—	—	1
	12	63	8	1	84

The active cases arising in the City during the year (new cases plus relapsed cases) were thus 71, compared with 78 last year and 94 in 1967. Of these, 54 (76%) were potentially infectious. The total of new foci of infection in the City during the year was 56, compared with 60 last year and 67 in 1967. The amount of infection abroad in the City thus continues to decrease by approximately 10% per annum.

The data for the two Chest Clinic areas separately are 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	..	—	14	—	14	—	17	5	22
Culture positive	..	—	6	1	7	1	10	1	12
Culture negative	..	7	7	—	14	4	8	1	13
No information	..	—	1	—	1	—	—	—	—
		7	28	1	36	5	35	7	47

The systematic differences between the two clinics persist. On the West side the figures are almost identical with the previous year—on the East side “culture negative” new cases are down from 13 to 7.

Non-respiratory Tuberculosis

This is more difficult to review annually, because total numbers are small and fluctuate markedly. There are also several different clinical forms, which present through different parts of the hospital service. Overall, there is no doubt that non-respiratory tuberculosis, in Newcastle and elsewhere, is under-reported. However, we believe that in several areas very good co-operation has been achieved.

Fairly accurate records are available of all cases of non-respiratory tuberculosis occurring in the whole area served by Newcastle West Chest Clinic from 1962 onwards. These are depicted in histogram form in Fig. 2, which shows the number of patients notified as suffering from non-respiratory tuberculosis only in each year, together with the total number of non-respiratory tuberculosis lesions recorded. Some patients present with more than one non-respiratory lesion, and some patients suffering from pulmonary tuberculosis also have a non-respiratory lesion. The sloping dotted line estimates the decline of cases of non-respiratory tuberculosis, which it appears may also be about 10% per annum.

The following table shows the numbers of different clinical types of non-respiratory tuberculosis occurring each year.

Year	1962	1963	1964	1965	1966	1976	1968	1969	Total
Meninges & CNS ..	3	3	1	1	2	2	1	3	16
Abdomen and pelvis (incl. female genitalia) ..	6	3	5	4	4	7	2	1	32
Lymph glands ..	19	10	9	16	12	9	7	3	85
Genito-urinary ..	5	3	4	9	5	5	—	7	38
Bone and joint ..	5	2	4	6	2	5	1	3	28
Miliary ..	4	1	2	2	1	4	1	3	18
Other and unspecified ..	6	2	4	—	1	3	—	1	17
	48	24	29	38	27	35	12	21	234

Of 175 patients notified during 1962—69 as suffering from non-respiratory tuberculosis, 44 (or exactly 25%) were immigrants. Since immigrants constitute less than 5% of the population of the area, it is clear that they account for an abnormally large proportion of the cases of non-respiratory tuberculosis.

New Drugs

During the past two years two important new drugs have become available for the treatment of tuberculosis. They are Ethambutol and Rifampicin—both given by mouth in a single daily dose, free of unpleasant side effects, powerful in their action and chemically quite different from earlier drugs. But they are both very expensive. At the present time they have clearly proved their value in the treatment of patients whose germs have become resistant to the standard drugs. The question is now being asked whether either of them should have a place in initial treatment. We are taking part in a trial, arranged by the M.R.C. Tuberculosis and Chest Diseases Research Unit, and designed to answer this question. There is need for another standard drug, because PAS is a weak drug, which has frequent unpleasant side effects.

MASS RADIOGRAPHY

(Dr. J. R. Lauckner)

In December 1969 the Department of Health and Social Security issued a circular regarding the future of Mass Miniature Radiography. It is chiefly concerned with the mobile part of the service, and the main thesis of the circular is that routine radiography of

arge groups of apparently healthy people in industry, commerce and general public surveys is no longer a useful procedure. There is no intention to close static units, which it is suggested should be more closely integrated into hospitals. Neither is there any intention to discontinue screening of "at risk" and "dangerous" groups; such as contacts and inmates of institutions on the one hand, and home helps, school teachers and bus crews on the other.

Regional Hospital Boards are required to consult with Local Authorities and suggest schemes for implementation of the circular. In fact, in the Newcastle Region, a policy similar to that envisaged in the circular was adopted in 1964. In pursuance of that policy the Caravan Unit has been deployed since June 1969 to provide a once-a-week semi-static service in a number of places, which are relatively remote from a static MMR Unit. The large Mobile Unit has continued its usual activities, but it is intended during 1970 to discontinue industrial and general public surveys and deploy this unit in a manner similar to the Caravan Unit. Provision is made in the programme for any special survey that may be required. The only likely effect of the Departmental circular will be that the large Mobile Unit (the only one now on the road in the Region) will be phased out fairly soon.

The tables provide the usual information about work carried out in the City during 1969.

The number of people x-rayed was considerably less than in 1968, due to diminished contributions from the Mobile and Caravan Units, which we have attempted to deploy mainly in areas not served by Static Units.

Static Unit	..	26,598
Mobile Unit	..	2,287
Caravan Unit	..	1,146
		<hr/>
		30,031
		<hr/>

Table I shows some reduction in the number of cases of tuberculosis detected, from 46 in 1968 to 39 in 1969, and a marginal increase in cases of lung cancer, from 101 to 104. As usual the great majority of serious abnormalities were found in people referred by their family doctors. More than 12,000 examinations in Industrial Groups produced very few abnormalities, and this kind of work

appears to be no longer worthwhile. On the other hand, the figures suggest that it is still useful to open Static Units to the general public.

Table II shows that the number of people sent to the Static MMR Unit by general practitioners is well maintained, and the incidence of tuberculosis in this group remains relatively high.

TABLE I
WORK CARRIED OUT IN NEWCASTLE DURING 1969

Examinee Group	Number X-rayed	Referred to Chest Clinic	Active Tuberculosis	Bronchial Carcinoma
Doctors' Patients ..	7,542	886	30	92
General Public ..	6,232	187	5	7
Industrial Groups ..	12,611	145	1	2
Contacts	866	21	—	—
School Children (Tuberculin Positive)	6	—	—	—
Hospital Outpatients and Inpatients ..	921	36	2	1
Others	1,853	30	1	2
Totals	30,031	1,305	39	104

TABLE II
TUBERCULOSIS AMONG PERSONS REFERRED BY GENERAL PRACTITIONERS

Year	Number Referred	Active Tuberculosis	Rate per 1,000
1966	8,099	47	5.9
1967	7,636	31	4.1
1968	7,883	30	3.8
1969	7,542	30	4.0

REPORT OF THE SCHOOL MEDICAL OFFICER

(Dr. H. A. J. J. J.)

General

At a national level the year 1959 opened on a note of heraldic optimism resulting from the Government's announced intention to bring a new and ahead of its time health service to the fore of a number of local authorities, of which the School Health Service is one. The Report on the Administrative Structure of the Medical and Health Services in England and Wales (The Green Paper) published in July 1958 made no mention of the School Health Service. Subsequently the report met with considerable approval and a revised version was due at the end of the year.

There have been no administrative changes in the department during the past year. The School Health Working Group (formerly the School Health Service Committee) came to an end and its work

VI—SCHOOL HEALTH SERVICE

was adapted as a part of 11,245 for the carrying on of minor ailments, immunisation, physiological and the review of boarded-up children, the closing of children, and the inspection of pupils expelled out of school hours. The Dental Department moved to the East End School Clinic, where extensive adaptation was found to be required. The orthodontic clinic was distributed among the East End, Middle Street and Congate Clinics. The hearing examination clinic is now held at Middle Street and Colborne Road Clinics. Speech therapy is mainly conducted in the School Clinic and young children are seen at the Clinic Centre where the Senior Speech Therapist has a room. The small private room for audiology has not been replaced. The rehabilitated services in clinics are as follows—

SYNOPSIS OF REPORT SUBMITTED TO
EDUCATION COMMITTEE

REPORT OF THE SCHOOL HEALTH SERVICE

(*Dr. H. K. Sainsbury*)

General

At a national level the year 1969 opened on a note of financial stringency resulting from the Government's economic difficulties at home and abroad and closed with much speculation as to the fate of a number of local authority services of which the School Health Service is one. The Report on the Administrative Structure of the medical and related services in England and Wales (The Green Paper) published in July 1968 made no mention of the School Health Service. Subsequently the report met with considerable opposition and a revised version was due at the end of the year.

There have been no administrative changes in the department during the past year. The School Health Working Group (formerly the School Health Service Committee) came to an end and its work is now conducted by the Education Committee.

In September 1969 the Central School clinic prematurely closed in order to make the site available for office development. As the new clinic at Arthur's Hill was not due to be completed before Easter 1970 provisional arrangements were made to cover the interim period. The Maternity and Child Welfare Clinic in Osborne Road was adapted at a cost of £2,245 for the carrying on of minor ailments, immunisations, consultations and the review of boarded-out children, the cleansing of children, and the inspection of pupils employed out of school hours. The Dental Department moved to East End School Clinic where extensive adaptation was found to be required. The ophthalmic clinics were distributed among the East End, Middle Street and Cowgate Clinics. The hearing assessment clinic is now held at Middle Street and Osborne Road Clinics. Speech therapy is mainly conducted in the School clinics and some children are seen at the Civic Centre where the Senior Speech Therapist has a room. The sound proofed room for audiometry has not been replaced. The redistributed services in clinics are as follows:—

SCHOOL CLINICS

Atkinson Road	a	b					
Benton ..	a	b	c	g	h		
Blakelaw ..	a	b	g				
Cowgate ..	a	c	e				
East End ..	a	b	c	e	f	g	h
Jesmond ..	a	b	d				
Ravenswood	a	b					
Middle Street	a	b	c	d	e	g	
Kenton ..	a	b	g				

KEY

a Daily Dressings	b Consultations	c Dental
d Hearing Assessment	e Refractions	f Skin Clinics
g Examinations under Section 34 Education Act	h Immigrant children	

It has been possible to maintain a full complement of medical officers throughout the year. In this we have been fortunate indeed for in the present state of uncertainty arising out of impending changes in Local Authority and other services the prospects of recruitment or replacement staff are not good.

An increasing amount of research and survey work is undertaken in the schools throughout the country not merely by individual local authorities to provide the information necessary for the solution of local problems but also by the Department of Education and Science, universities and other sponsors on a national basis. The following projects were pursued in 1969 in Newcastle Schools:

1. Research into the incidence of asymptomatic bacteriuria in girls jointly with the Public Health Laboratory financed by the Medical Research Council.
2. National Child Development Study 1958 Cohort organised by the University of Bristol.
3. A nutritional survey organised by the Department of Health and Social Security.
4. The Prospect House Research Project organised by the University of Newcastle to assess the preventive and medical care of children and the role of the School Health Service.
5. Newcastle Survey of Child Development 1960-62 births organised by Dr. G. A. Neligan, University of Newcastle.

MEDICAL INSPECTIONS

The system of periodic inspection has remained unchanged in 1969, but the difficulties mentioned in the report for last year in connection with pre-school inspections require a review of the arrangements for the examination of school entrants.

The number of re-examinations has fallen in recent years and it will be noted in the statistics that they fall short of the number of children found at inspection to require treatment or observation. All such children should be re-inspected after a suitable interval to ascertain that treatment has been put in hand or in the case of those under observation, to decide whether treatment is or is not now required. Many of these re-inspections are undertaken by a School Nurse in a variety of circumstances rendering the compilation of complete figures difficult. The matter is receiving attention.

The number of special inspections in school has fallen from a high level of 1,000 or thereabouts in the years 1967 and 1968. This also is a significant figure, for it refers to children brought forward by teachers for examination and advice when the doctor is in school, and the number of children so examined is an index of the unspoken regard which schools have for the service.

The closure of the Central School Clinic in the latter part of 1969, has inevitably disrupted certain forms of inspection which were more conveniently conducted in a centrally placed clinic.

The numbers of children inspected by medical officers in schools and clinics were as follows:—

A. Periodic Inspections in Maintained Schools

Entrants	..	..	..	..	..	3,568
Intermediates	..	..	..	..	..	1,450
Leavers	..	..	..	..	..	3,257
Other Age Groups	..	..	..	..	..	86
Total	<u>8,361</u>

Periodic Inspections in Independent Schools

Church High School	132
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B. Re-inspection in Schools

Number Inspected	690
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C. Special Inspections

(a) Inspections in Schools	797
(b) Inspections for Freedom from Infection	478
(c) Examination of pupils for fitness for employment out of school hours	238
(d) Examination of children being taken into Care of the Local Authority	607
(e) Annual Inspection of children in Care of the Local Authority	201

D. Examination of Adults

(a) Teaching Staff on appointment	27
(b) Entrants to Colleges of Education	307
(c) Final examinations at Colleges of Education	212

E. Infestation with Vermin

(a) Number of Inspections conducted in schools	87,158
(b) Number of Individual pupils found to be infested ..	5,070
(c) Number of pupils in respect of whom Notices were issued under Section 54(2) Education Act, 1944 ..	1
(d) Number of pupils in respect of whom Notices were issued under section 54(3) Education Act, 1944 ..	—

The infestation rate remains at the same high level as the two previous years at 13.56%.

The physical condition of the children was reported upon as follows:

PHYSICAL CONDITION OF PUPILS INSPECTED

Nursery and Pre-School	100.00%	satisfactory
Primary—5— 6 years	99.83%	„
7— 8 years	100.00%	„
9—10 years	99.81%	„
Secondary 15 years	100.00%	„
Over 15 years.. .. .	99.24%	„

The following tables show the number and types of defects found at periodic and special inspections in 1969.

PERIODIC MEDICAL INSPECTIONS
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
1965 and later	468	3	41	36
1964	2,783	52	298	270
1963	150	3	16	13
1962	30	—	3	3
1961	44	—	2	1
1960	93	8	13	16
1959	1,450	124	160	226
1958	31	5	4	7
1957	6	—	1	1
1956	49	9	8	14
1955	1,414	132	106	206
1954 and earlier	1,843	168	92	224
Total ..	8,361	504	744	1,017

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	52	36	40	128	130	53	65	248
Eyes—								
Vision	51	312	132	495	33	136	81	250
Squint	64	30	34	128	54	14	29	97
Other	9	4	7	20	30	20	16	66
Ears—								
Hearing	10	13	10	33	42	16	31	89
Otitis Media ..	10	7	10	27	76	25	46	147
Other	9	9	8	26	16	10	9	35
Nose and Throat ..	21	14	12	47	261	62	146	469
Speech	21	5	8	34	122	9	33	164
Lymphatic Glands	3	1	1	5	60	4	25	89
Heart	4	—	4	8	42	20	34	96
Lungs	10	11	6	27	82	24	62	168
Developmental—								
Hernia	5	3	1	9	19	—	12	31
Other	7	12	18	37	98	15	52	165
Orthopaedic—								
Posture	2	9	2	13	30	20	23	76
Feet	33	7	14	54	72	34	39	145
Other	12	20	6	38	67	33	36	136
Nervous System—								
Epilepsy	3	3	1	7	23	5	12	40
Other	2	4	3	9	21	18	15	54
Psychological—								
Development ..	—	—	1	1	32	6	28	66
Stability	—	1	3	4	126	13	54	193
Abdomen	8	—	7	15	32	11	29	72
Other	2	2	6	10	17	17	8	42

NUMBERS AND TYPES OF DEFECTS FOUND
AT SPECIAL INSPECTION

<i>Defect</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
Skin	261	22
Eyes—		
Vision	201	25
Squint	25	1
Other	23	2
Ears—		
Hearing	77	35
Otitis Media	17	6
Other	17	7
Nose and Throat	50	22
Speech	35	15
Lymphatic Glands	5	1
Heart	12	11
Lungs	10	2
Developmental—		
Hernia	4	1
Other	30	30
Orthopaedic—		
Posture	5	6
Feet	18	3
Other	137	23
Nervous System—		
Epilepsy	2	3
Other	10	5
Psychological—		
Development	14	8
Stability	24	5
Abdomen	3	4
Other	406	310

TREATMENT — MEDICAL

Arrangements for providing medical treatment have been similar to those in 1968 in all respects.

Consultations: The numbers of children seen by medical officers for examination or advice in school clinics has remained fairly constant over the last five years and were as follows:—

Number of Consultations 1965-1969

1965	1,955
1966	2,151
1967	1,682
1968	2,215
1969	1,894

The number of such inspections carried out in individual clinics was as follows:—

Atkinson Road	..	..	..	..	208
Bentinck	..	..	..	..	169
Blakelaw	..	..	..	..	200
Central and Jesmond	..	..	..	..	155
East End	..	..	..	..	368
Kenton ..	..	..	..	..	516
Middle Street	..	..	..	..	259
Ravenswood	..	..	..	..	19

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

1. Numbers of Pupils attending Clinics

(a) School Clinics

Atkinson Road ..	..	..	..	..	1,545
Bentinck	..	..	..	..	943
Blakelaw	..	..	..	..	885
Central and Jesmond	198
East End	2,392
Kenton	1,202
Middle Street	809
Ravenswood	321

Total	8,295
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(12,098 in 1968)

(b) Accessory Clinics	585
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THE SCHOOL NURSING SERVICE

(Miss A. C. Emerson)

There has been no change in the staffing arrangements of the School Nursing Service during 1969. The establishment remains at 20 full time school nurses, six part time, i.e. school term nurses and 11 nursing helpers, supervised by the Deputy Superintendent Health Visitor/School Nurse.

Several changes in personnel have taken place, two nurses left to become health visitor students, two retired, one left due to ill health and four for domestic reasons.

Health Education

The bulk of this work in school is carried out by health visitors. One school nurse ran two successful Duke of Edinburgh Award Courses. Several schools were so enthusiastic about these courses

that the children agreed to attend after school hours. Films such as "Quarter Million Teenagers", "Learning to Live", "This is your lung", are a few of those shown and discussed during the year.

Cleanliness of Children

This continues to be a problem in children in certain areas of the City. Routine hygiene inspections are carried out by the nurses in all schools at the beginning of each term. There is a great variation in the rate of infestation from one school to another. In two comprehensive schools on the same side of the City one had an average 17% infestation whilst the other was much lower at approximately 7%.

Staff Training

Four nurses attended refresher courses organised by the Health Visitor Association for Health Visitors and School Nurses in London and Coventry.

Monthly in-service lectures included talks on Diets for phenylketonuria, Coeliac Disease, etc.; the Bacteriuria Survey and the Blind Child at School.

Numerical data concerning the work of school nurses in 1969 appears in the following tables.

Return of Work in School Clinics by School Nurses

Defect or Service	Number of Children	Total Treatments
Skin—Septic	1,696	4,584
Scabies	159	164
Ringworm	11	34
Other	1,616	4,030
Ear Conditions—		
Wax in Ears	35	66
Discharging Ears	33	298
Eye Conditions—		
Conjunctivitis	30	80
Other External Eye Conditions	186	278
Supervision of Spectacles	391	288
Vision Tests	702	847
Tonsillitis	31	19
Acute Infectious Fevers	14	20
Injuries	1,540	1,701
Malaise	391	382
Follow-up Inspections	206	356
Head Inspections	471	662
Cleansing of Head and Body	396	1,259
F.F.I. Examinations	879	906
Miscellaneous	2,707	2,867
Total	11,494	18,841

The number of treatments given was 800 in excess of that of the previous year. Septic skins which include all forms of coccogenic dermatitis and also impetigo fell from 2,225 to 1,696, this may have been due to a larger number of hours of sunshine during the middle months of the year. It is to be noted that 11 children were found with ringworm! This will have to be watched since increased prevalence of this condition has been observed in the Country as a whole.*

**Report of Chief Medical Officer, Department of Education and Science, 1966-68.*

Routine Inspections performed by Nurses in Schools

Hygiene Inspections	59,118
Head Inspections	28,040
Follow-up Inspections	5,384
Total	92,542

The numbers of these inspections have been related to the actual infestation rate. The relationship is a complex one. On the one hand the more frequently a child is inspected the more likely a transient

infestation will come to light. Nurses enhance this tendency by re-inspecting suspicious families. On the other hand the more frequently a group of children are inspected and the parents warned of the presence of infestation the more careful they become. The infestation rate is in a sense an index of parental care.

The Work in Clinics on School Premises

The number of clinics on school premises in 1969 was

Primary Schools	14
Secondary Schools	19

All primary schools are periodically visited by school nurses from the school clinics. Most of the senior schools are visited daily by part-time school nurses. In the larger schools the nurse visits each day and it will be seen in the table following that twice as much work is carried out there than in the school clinics. The change which has come about can be appreciated from these figures.

ATTENDANCES

<i>Year</i>	<i>School Clinics</i>	<i>Clinics in Schools</i>	<i>Total</i>
1955	52,150	15,007	67,157
1960	26,631	21,150	47,680
1969	18,841	33,436	52,277

Return of Work in Clinics on School Premises by School Nurses

Defect or Service	Number of Children	Total Treatments
Skin—Septic	3,543	6,174
Scabies	119	168
Ringworm	1	3
Other	5,937	10,806
Ear Conditions—		
Wax in Ears	117	97
Discharging Ears	120	125
Eye Conditions—		
Conjunctivitis	247	336
Other External Eye Conditions	433	520
Service of Spectacles	210	204
Vision Tests	355	223
Tonsillitis	71	25
Acute Infectious Fevers	24	39
Injuries	5,267	6,692
Malaise	3,229	3,501
Follow-up Inspections	606	235
Head Inspections	2,007	460
Cleansing	73	107
F.F.I.'s	50	40
Miscellaneous	3,802	3,681
Total	26,211	33,436

Two items listed here are interesting as bringing out the value of these clinics namely injuries and malaise. It will be noted that the numbers treated in schools are three and ten times greater than those treated in school clinics.

Duties Performed by School Nurses outside Clinics

Reports on Home Conditions	.. ..	68
For other reasons—		
Failed appointments and follow-up visits, etc.	.. ..	811
Children escorted to clinics or hospitals		62
Children escorted to and from residential schools	.. ..	116
Other	.. ..	32
Total	..	1,089

SPECIAL CLINICS

These have been provided as in previous years.

OPHTHALMIC

Three ophthalmic medical practitioners visit school clinics for the examination of pupils and the prescription of spectacles. The number of sessions provided were as follows:—

Dr. L. W. Davies seconded by the Regional Hospital Board
2 sessions per week

Dr. J. D. Milne employed by the Local Education Authority
1½ sessions per week

Dr. V. G. O'Leary employed by the Local Education Authority
2 sessions per week.

The refraction work was as follows:—

Number of new cases refracted	.. ..	451
Number of old cases refracted	.. ..	1,053
Number of new cases outstanding at the end of the year		50
Number of old cases outstanding	.. ..	91

Although the number of refractions remained much the same as in 1968 more old cases were dealt with resulting in a much reduced number of children awaiting examination, but there were corres-

pondingly fewer new cases examined. This resulted from a change in staff. Miss Marie Taylor, who was responsible for vision screening in schools, left the staff in July. She was an exceptionally competent technician. Miss Jane Milburn took over in September and it is inevitable that the numbers of children screened were smaller than in previous years. In the interval nurses tested children's eyes and a number who failed the test were examined by opticians. The emphasis has been upon the first age group and children in their sixth year. These are the most difficult and time consuming to test. Under ideal conditions it is possible to test 50 children in a two hour session, but this depends upon the socio-economic standing of the area and the consequent mental ability of the pupils, upon the smoothness with which the arrangements in the school can proceed, and upon the number of children available in a school for testing. The numbers actually tested therefore vary considerably as the following figures show:—

<i>Number of Children tested per session</i>	<i>Number of Sessions</i>
under 20	6
25	4
30	5
35	5
40	8
45	2
50	6
55	3
60	3
60 and over	1

Mean number tested per session: 37

The number of children referred to the Newcastle General Hospital on account of squint was 33.

The number of spectacles repaired or replaced in 1969 was 776.

A sum of £344. 10s. 0d. was charged by the Executive Council for the replacement of spectacles which in the opinion of the Council had not received fair treatment.

IMMIGRANT CHILDREN

These were screened on the lines described in my report for the year 1966, at

- (a) *Bentinck Clinic*: Here 33 children were examined, one child was found to be suffering from active tuberculosis.

Another was found to suffer from spastic paralysis and epilepsy and was subsequently admitted to Pendower Hall.

- (b) *East End Clinic:* Here 22 children were examined. The parents tended to be students at the University and their stay in this country was temporary. One parent was found to be suffering from tuberculosis and three children were also given treatment. As the majority of families live in the Jesmond district arrangements were made to examine them at Jesmond Clinic in 1970.

THE SKIN CLINIC

(*Dr. H. M. Dixon*)

The skin clinic continues in the main to handle two chief problems:—

1. Infected skin conditions consisting of impetigo affecting the whole body surface superimposed upon a scabetic infection. The condition will yield to treatment other than with antibiotics by the patient himself in an ordinary bathroom.
2. Intractable verrucas. There may be as many as 1,000 children in the City with verrucas for which local treatment short of excision is not very effective.

Number of attendances	..	..	..	474
New Cases	..	..	..	70
Ringworm	Scalp	..	..	—
	Body	..	..	2
Warts	Boys	..	..	25
	Girls	..	..	56
Other Conditions	..	..	..	411

HEARING ASSESSMENT

(*Dr. B. Buckley*)

During the year under review the work of the Hearing Assessment Clinics continued on the lines of previous years until the end of August, when it became necessary to evacuate the Central Clinic in City Road to allow redevelopment there. Pending the opening

of the Diana Street and Shieldfield Clinics, the work is being carried on from the Jesmond and Scrogg Road Clinics with difficulty, as these premises have not the purpose built facilities which were available at the Central Clinic. As in latter years the greater part of the work has centred on children of school entrance age and under.

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

	1967	1968	1969
A. New cases attending Clinic	311	242	194
B. Cases reviewed	51	67	39
Total	362	309	223
C. Cases discharged	330	279	183
D. Number of Audiograms	338	290	179
E. Number of cases referred to:-			
(a) Hospital or G.P.	159	137	91
(b) Speech Therapy	6	9	3
F. Handicapped Deaf children ascertained ..	7	9	7
G. Number of pupils on register with Hearing Aids.. .. .	43	42	44
H. Number of Hearing Aids issued	8	4	9

No staff changes took place during the year. Liaison was maintained with the Speech Therapy Department and with trainee Health Visitors. Visits were made to St. John's R.C. School for the Deaf and to the Units at Stalyford Lane and Cowgate Schools. In the Senior Unit accommodation is severely taxed and discussions have taken place to relieve the situation. Sufficient new cases have been admitted to the Cowgate Unit to ensure its survival for a further period.

Another feature of 1969, was the issue of the head-worn Hearing Aid O.L. 67, through the hospital hearing aid clinics. Further equipment has been supplied to the Units through the generosity of the National Institute for the Deaf and this is gratefully acknowledged.

The occasion should not pass without thanking the Consultant E.N.T. Surgeons and Mr. Murray, Acting Headmaster of Northern Counties School for the Deaf for their unfailing courtesy and help at all times.

AUDIOMETRY

(Nurse T. Chesterton)

In addition to the weekly Hearing Assessment Clinics Audiometry Sessions have been held in St. Peter's E.S.N. School.

As in previous years hearing aids worn by children attending ordinary Schools have been checked and reported upon to Mr. Munro Black.

Student health visitor nurses and midwives have attended the Hearing Assessment Clinic and have been instructed in the care of the deaf child.

It is hoped that more visits can be arranged to Headlam, Silverhill and Condercum E.S.N. Schools in 1970. In addition it is hoped that yearly visits can be afforded to the Royal Victoria School for the Blind.

REPORT ON THE SCHOOL DENTAL SERVICE

(Dr. J. C. Brown)

General

The Dental Service was operated during the year from a number of static clinics and mobile dental clinics. The static clinics gave a fairly comprehensive service, undertaking most forms of dental treatment including work under general anaesthesia, both for their own patients and for children in areas normally served by the mobile clinics. However, where treatment involved more complicated procedures, such as fitting orthodontic appliances, children were generally as in earlier years referred to the Central Clinic where all forms of treatment were available.

This clinic was closed in September and its functions transferred to the East End Clinic as a temporary measure, pending the completion of the new Arthur's Hill Clinic which will serve the west of the City. A certain amount of re-organisation and adaptation had to be undertaken in connection with this move, but constructional work was kept to a minimum, bearing in mind the temporary nature of the arrangement, and an extra surgery, laboratory, office and X-Ray room were all that had to be added to the clinics existing facilities.

The third mobile dental clinic was purchased in June and was put into operation around the schools in the eastern section of the City. These mobile dental clinics, now three in number, serve a very useful purpose in visiting the schools which are inconveniently situated for attendance at a static clinic, and are ideal for conservative dentistry. As there is no time wasted from broken appointments their output of fillings for example, is much greater than that from a static clinic. Their one weakness is their unsuitability for extractions under general anaesthesia, but as this 'ordeal' is of infrequent occurrence for any individual child it is of no great inconvenience for the child to be referred to a static clinic for this type of treatment.

It is with regret that I record the death of Mr. David Crombie towards the end of the year. Mr. Crombie who retired in May 1967, had been a school Dental Officer in Newcastle for some 43 years, working mostly in the East end of the City and was known to three generations of schoolchildren.

Dental Inspections

The few schools which were not dentally inspected in 1968 were visited by a dental officer in the early months of the year, and in all some 38,000 children were examined either in schools, mobile dental clinics or static clinics. In this connection it is gratifying to see how the dental health of the older pupils in particular has improved over the years since the war and our figures show that for every permanent tooth extracted during the year, six were filled or conserved.

Dental Health Education

We were unfortunately without the services of a dental auxiliary throughout the entire year. These young ladies are trained to teach dental health and hygiene in addition to their clinical work and are of great value in instructing the children in the care of the mouth and the teeth. They are, however, at present trained only in London and although many of them have come from the North East they seem to have no great desire to return to it. Consequently our programme of illustrated talks on dental hygiene in the schools was in abeyance over the year, apart from what little advice and discussion the dental officers were able to give.

Treatment

Most of the dental officer's time was given over to conservation of the second dentition and the employment of the three mobile clinics enabled us to step our figures up considerably. A like increase can be seen in statistics for primary teeth.

Extractions as before, were largely carried out under general anaesthesia and regular sessions were held at each static clinic. In addition daily emergency sessions were held at the Central Clinic in City Road until its closure, after which they were held on alternate days in the East and West sections of the City.

Denture work and orthodontics were carried out mostly at the Central Clinic but in addition the orthodontist visited the mobile units and static clinics at regular intervals. Some sixty children were supplied with artificial dentures over the year, but many of these were filled because of teeth lost through accident or injury and not decay.

Hospital Liaison

Several children were referred to the Sutherland Dental Hospital during the year. These were mostly for consultant advice on treatment for orthodontic cases, although the number also embraced a few children whose general clinical condition made it inadvisable for their treatment to be undertaken in the school clinics.

Figures for the year are as under:—

	Age in Years			
	5—9 years	10—14 years	15 years & over	Total
(a) <i>Attendances</i>				
First Visit	2,573	2,632	337	5,524
Subsequent Visits	6,643	8,720	805	16,168
Emergencies	825	530	36	1,391
Additional courses of treatment commenced	792	974	84	1,850
(b) <i>Treatment</i>				
Number of fillings in permanent teeth	3,121	8,823	1,027	13,062
Number of fillings in deciduous teeth	4,892	1,193	—	6,085
Number of teeth extracted— permanent	392	1,191	175	1,758
Number of teeth extracted— deciduous	2,821	1,233	—	4,054
Number of pupils x-rayed	—	275	—	275
Prophylaxis	—	2,948	—	2,948
Number of teeth otherwise conserved	—	1,222	—	1,222
Number of teeth root filled	—	17	—	17
Number of inlays	—	6	—	6
Number of crowns	—	41	—	41
Number of courses of treatment completed	—	6,726	—	6,726
(c) <i>Prosthetics</i>				
Number of pupils supplied with F.U. or F.L. (first time)	—	—	4	4
Number of pupils supplied with other dentures (first time)	2	29	13	44
Number of dentures supplied	2	39	21	62
(d) <i>Orthodontics</i>				
Cases remaining from previous year	—	—	—	377
New cases commenced	—	—	—	130
Cases completed	—	—	—	130
Cases discontinued	—	—	—	8
Number of removable applian- ces fitted	—	—	—	331
Number of fixed appliances fitted	—	—	—	—
Number of pupils referred to Dental Hospital	—	—	—	7
(e) <i>Anaesthetics</i>				
Number of general anaesthetics given	1,115	667	33	1,815
Number given by Dental Officers	—	—	—	1

INSPECTIONS

Number of pupils inspected for first time at school	..	..	..	33,190
Number found to require treatment	..	..	..	18,183
Number offered treatment	..	..	..	16,838
Number of pupils inspected for first time in clinic	..	..	..	5,091
Number of pupils re-inspected in school or clinic	..	..	..	1,891
Number of re-inspected pupils found to require treatment	..	..	..	1,784

SESSIONS

Number of sessions devoted to treatment..	..	..	..	2,617
Number of sessions devoted to inspection	..	..	..	155
Number of sessions devoted to Health Education	..	..	..	—

TREATMENT — EDUCATIONAL

The Department of Education and Science continues to give close attention to Special Educational Treatment and towards the end of the year published the sixth in a series of Surveys of Education, devoted to Peripatetic Teachers of the Deaf. This service forms the starting point in the education of the deaf child. The survey shows the many ways such teachers can assist children and their parents in the early years of school life and shows how the service should link up with other workers in the field.

In 1965 this Authority employed a peripatetic teacher to meet difficulties in staffing the Senior Partial Hearing Unit, and later in 1967 it was decided to appoint such a teacher in addition to the two teachers in the units. At that time there were only 177 such teachers in the Country and it has not been found possible to fill the appointment.

During the year demands upon Eastview Special School for maladjusted pupils exceeded the accommodation available. This was largely because children were remaining in the school for long periods. Further admissions were suspended and it was decided that an additional school of similar nature should be provided in the west of the City. At the same time it was suggested that a body of teachers should be built up who were trained in work with maladjusted pupils.

Mrs. Colebrook at Silverhill School was seconded to attend a one year course on 'Slow Learning Children' at the Newcastle College of Education and Mr. Brown was seconded to attend a one year course on 'The Education of Handicapped Pupils' at the Institute of Education at the University of Newcastle upon Tyne.

At the end of the year Miss I. Reed retired. She was appointed Headmistress of Jesmond Dene House when the school was opened in September 1954. Her successor has not, as yet, been appointed and her deputy Miss Peacock is temporarily managing the school.

It has not yet been possible to secure the services of a speech therapist required for the unit for pupils with serious speech defect at Kenton Bar.

Plans for the setting up of an Assessment Centre for children with multiple handicaps continue. This Centre will provide for children in the area and Local Authorities in the area have agreed to support it financially. During the year Newcastle agreed to contribute a sum of £4,000.

Children with Multiple Handicaps

The statistics which follow take their usual form, in which children are shown as classified according to their primary handicap. However, it frequently happens that children are handicapped by more than one defect. When recommending a particular type of special school to meet their needs the medical officer is generally indicating the primary handicap. Other defects may be of either of two degrees—those which of themselves require special educational treatment, and those which do not. The extent to which additional handicaps occur is shown in the table below:—

PUPILS ASSESSED IN 1969 : SHOWING ALL HANDICAPS
REQUIRING SPECIAL EDUCATIONAL TREATMENT

	Partially Sighted	Deaf	Partial Hearing	E.S.N.	Maladjusted	Physically Handicpd.	Epileptic	Delicate	Speech
Deaf	1	4				1			
Partial Hearing			3						
E.S.N.				112	3	1		3	
Maladjusted				2	5				
Physically Handicpd.						19			
Epileptic					1				
Delicate								8	
Speech									1

Total 152 Single Handicaps

9 More Handicaps than one

Sometimes the distinction between the importance of co-existing handicaps is a fine one and the precise type of school required constitutes a difficult decision. In such cases a school is required, which is not restricted to any particular class of handicapped pupil, but by a more flexible use of its facilities offers an education 'tailored' to the needs of individual children. Of the children included in the table above one child with defective hearing and sight has been recommended for Condover Hall and is at present in the Nursery Class of the Northern Counties School for the Deaf.

Accommodation for such children is on a scale insufficient to meet current demands and they are often entered for a school which most closely meets their needs. Sometimes special facilities have to be developed within the school to this end. Thus at Chorley Wood Grammar School for the Blind we have a girl who is also deaf, for whom this Authority has provided a loop induction system in the school. Pendower Hall, which provides for partially sighted pupils as well as the physically handicapped, has always coped with the multiple handicapped well.

Turning to the co-existence of less handicapping defects. It has come to our notice that special schools are being graded on the existence of additional handicaps other than that on account of which they were 'ascertained'. For the most part these are similar to those found among pupils in ordinary schools, but they are more frequently found in pupils attending special schools.

EDUCATIONAL TREATMENT—STATISTICS

1. Ascertainment

Pupils classified—Education Act 1944, Sect. 34 (1)

Category	Number of Pupils Classified
Deaf	6
Partial Hearing	3
E.S.N.	102
Maladjusted	16
Physically Handicapped	18
Epileptic	1
Delicate	11
Speech	1

In addition:

Decision was deferred in the case of 21 children.

The number of children found to be unsuitable for education in school was 20.

2. Special Educational Treatment Recommended—

Education Act, Section 33 (i):

Special School—Day	134
Residential	46
Ordinary School	*1
Home Teaching	1
Nursery School—Ordinary	—
Special	2

*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. PUPILS PLACED IN SPECIAL SCHOOLS DURING 1969 — EDUCATION ACT 34 (iv)

Category	Number of Pupils Classified
Deaf	7
Partial Hearing	3
E.S.N.	128
Epileptic	1
Maladjusted	15
Physically Handicapped	15
Delicate	5
Speech	2

Children Provided for under Section 81 of Education Act

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

	Girls	Boys
Day Special Schools	1	7
Residential Special Schools	4	8

**B. NUMBER OF PUPILS BEING EDUCATED IN SPECIAL SCHOOLS
AT THE END OF 1969**

Category	Nursery	Day	Residential	Grammar
Blind	—	—	4	2
Partially Sighted	4	21	—	—
Deaf	9	17	11	2
Partial Hearing	—	24	—	—
Educationally Subnormal	—	562	80	—
Epileptic	—	5	4	—
Maladjusted	—	36	27	—
Physically Handicapped ..	8	128	4	1
Delicate	—	17	1	—

Number of children who received education at
Stannington Hospital School 85

Number of children who received education at
Sanderson Orthopaedic Hospital 91

Number of Children who received education
at the Nuffield Child Psychiatric Unit .. 131

Total number of children who received educa-
tion in other hospitals 451

4. Periodic Review of Handicapped Pupils

The following pupils were reviewed in 1969:

Category	Number of pupils reviewed prior to final examination
Blind	2
Partially Sighted	—
Deaf	1
E.S.N.	244
Maladjusted	6
Physically Handicapped	6
Delicate	2

In addition Dr. Walker and Dr. Thomas have reviewed physically handicapped and delicate children at Pendower Hall School each week.

Of 244 E.S.N. pupils reviewed 172 were seen by educational psychologists in school in collaboration with the headteacher. These children are usually reviewed at the end of their first year in the special school and thereafter as individual cases require. Reviews performed by medical officers consist of cases where decision was

deferred at the initial examination or where circumstances require a re-examination of the pupil prior to school leaving. Arising out of these examinations the original recommendation was varied as follows:—

De-classified and return to Ordinary School	10
Recommended for Notification to the Health Authority under Sect. 57 Education Act	8
Transfer from Day to Residential Special School	20
Transfer from Residential to Day Special School	2
Transfer Denotified under Sect. 11 of Mental Health Act ..	3
Home Teaching to Day Physically Handicapped School ..	1
Transfer from Hospital School to Residential Special School	1

5. Final Examinations

During the last year the child is in school a full physical, mental and educational examination is carried out to determine what after-care may be necessary when the child leaves school, and also to advise the Careers Officer concerning forms of employment which may be prejudicial to their health. The number of pupils examined were as follows:—

Deaf	1
Blind	1
E.S.N.	55
Maladjusted	3
Physically Handicapped	7
Delicate	5
Epileptic	1

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

Deaf	7
Blind	1
E.S.N.	39
Maladjusted	1
Physically Handicapped	1
Delicate	1

The following Residential Schools were visited in 1969:—

All Souls, Pield Heath House, Hillingdon.
 The Beacon School, Lichfield, Staffs.
 Eden Grove School, Bolton, Nr. Appleby.
 Feversham House School, Walbottle, Northumberland.
 Harmeny House School, Balerno, Midlothian.
 Hindley Hall School, Stocksfield, Northumberland.
 Milton Hall School, Hallbankgate, Brampton, Cumberland.
 Royal Victoria School for the Blind, Newcastle upon Tyne.
 St. John's Open Air School, Woodford Bridge, Essex.
 St. John's School for the Deaf, Boston Spa.
 St. Vincent's School for the Blind, Worcester.
 Worcester College for the Blind, Worcester.

SPEECH THERAPY

(Mrs. M. Ainley)

The past year has been one of increasing difficulty for the Speech Therapy Service. There has been no improvement in the staffing situation from the end of last year. August saw the closure of Central Clinic with the consequent loss of therapy room, play-room and waiting-room, and a move to temporary accommodation in the Civic Centre until the opening of Diana Street Clinic. My own prolonged illness from September until the end of the year resulted in a virtual cessation of the Speech Therapy Service.

Clinic sessions during the year were as follows:—

Central Clinic	5
Pendower Hall	3
Atkinson Road	2

The same happy working relationship has been maintained in Pendower Hall School to the benefit of the children. Twelve children received regular therapy for various extremely severe speech problems, and a further four children were seen at intervals to assess progress. However, the opening of a nursery unit has made the need obvious for sessions at Pendower to be increased, although this appears to be impossible in the present staffing situation.

The number of children seen in 1969 were as follows:

Number of New Cases	51
Number Discharged	42
Number of Units Given	913

There has been no further progress in the establishment of the unit for children with severe speech problems, although the need for such a unit appears to be increasing steadily. As our knowledge of those learning problems associated with language problems increases, the need for a closer relationship between education and therapy becomes even more evident.

During the past year contacts and co-operation have been maintained with the following services: school medical officers, educational psychologist, hearing assessment clinic, school nurses, health visitors, headteachers and teachers. My thanks are due to all those who have so readily rendered their help and co-operation.

PREVENTIVE MEASURES AND HEALTH EDUCATION

The maintenance of health in a school population is to be achieved in three ways, namely:—

1. By the treatment of existing disease and physical defects;
2. By protecting children from the commoner infectious diseases;
3. By educating them in the ways of healthy living.

Much of this report has been devoted to the arrangements which continue to be made whereby children receive medical or surgical treatment for physical defects, and psycho-therapy in the case of psychological disorders.

An increasing proportion of the activities of the service is devoted to immunology. Children on entry to school should have received protection against smallpox, diphtheria, tetanus, poliomyelitis and whooping cough. At the time of their initial school medical inspection a letter is sent to each parent offering a comprehensive scheme of protection, which includes:—

- (a) Protection against diphtheria, tetanus, poliomyelitis, measles and smallpox.
- (b) Skin testing to detect exposure of the child to tuberculosis on entry, at 8 years and at 10-12 years.
- (c) B.C.G. vaccination against tuberculosis at 10-12 years.
- (d) Re-vaccination against smallpox and booster protection against tetanus and polio at 14 years.
- (e) Protection against any other serious illnesses as new vaccines are developed and recommended by the Department of Health and Social Security.

In addition children going abroad, either as members of a school party, or whose parents are leaving the country are provided with the necessary cover according to the requirements of the country to which they are travelling. This includes T.A.B. against typhoid and para-typhoid and yellow fever.

The numbers of children protected under these schemes in 1969 were as follows:—

(i) Poliomyelitis — Children aged 5—15	2,117
over 15	80
(ii) Diphtheria and Diphtheria Complex	1,683
(iii) T.A.B.	127
(iv) T.A.B. and Tetanus	227
(v) Tetanus	710
(vi) Yellow Fever—Children aged 5—15	230
(vii) Smallpox—Primary	28
Re-vaccination	654
(viii) Tuberculosis:	

(a) TUBERCULIN TESTING

	Age Group		
	5 years	8 years	10/12 years
No. of parents to whom circulars were sent	3,452	2,808	3,518
No. of children for whom consent was received	3,236	2,575	3,155
No. of children tested and read	3,066	2,464	3,161*
Grades of reactions obtained—			
1	293	249	171
2	118	161	281
3	20	32	77
4	6	8	49

*Including Absentees from 1968

(b) B.C.G. VACCINATION

Number of children protected in Maintained Schools .. 2,087

Number protected in Independent Schools 466

X-Ray is no longer arranged as a routine measure for children who give a positive reaction to a tuberculin test (i.e. grades 2, 3 and 4). Such children are referred to the Contact Clinic for full investigation. The tuberculin test continues to be carried out by school nurses using a heaf multiple puncture apparatus. This form of testing has proved, over the years, to be of a consistently high order of accuracy.

Environmental Hygiene

The sanitation in schools is maintained by school caretakers and is the responsibility of the headteacher, who is advised by the

public health inspector. For the most part headteachers have maintained a high level of hygiene in their schools.

Swimming baths are provided in six senior schools. Periodic samples of the water have been taken by the public health staff and the results were as follows:—

School	Date of Sample taken	Free Chlorine	Total Chlorine	Ph Value	Coliform Bacilli	Bact. Coli.
Rutherford ..	5.2.69	4.0+	4.0+	8.6	0 inlet 0 outlet	0 0
St. Augustine's	11.6.69	1.5	2.0	8.0	1 inlet 0 outlet	0 0
Whickham View	5.2.69	1.5	2.0	7.6	0 inlet 0 outlet	0 0
Whickham View	24.9.69	0.2	1.0	8.0	0 inlet 0 outlet	0 0
Benfield	11.6.69	1.5	2.5	7.8	0 inlet 1 outlet	0 0

Routine maintenance is undertaken by the Buildings Department and this included a complete overhaul of the heating system at Whickham View, renewal of the filters and boilers at Rutherford, and re-tiling of the surrounds at St. Augustine's School.

HEALTH EDUCATION

Headteachers are responsible for arranging the curriculum of health education in individual schools and in this connection they use outside speakers, which include school medical officers and health visitors.

Miss Bell, in the Health Department, co-ordinates health education and allocates the services of health visitors to schools.

Dr. Shaw and Dr. Sainsbury have given talks in senior schools.

The Report of the Curriculum Study Group, 'Education for Health' was published at the end of 1968 and as planned was discussed by school staffs on two occasions during the year, when it was warmly received as a useful guide to headteachers when preparing the school curriculum. Outside Newcastle the Report received a very favourable press and the demand for copies which followed was such that a re-printing became necessary. This provided an opportunity to make certain improvements in the layout of the text.

Three meetings were arranged between representatives of headteachers and members of the school health service during the year.

These meetings provide an opportunity for discussion of mutual problems.

Poster material on health subjects is provided on demand by the school health service and visual aids by Mr. Childs, the advisor in teaching aids.

COMMUNITY DISEASE

1. *Weather Conditions:* Throughout 1969 the amount of sunshine was consistently average and above. A prolonged cold spell extended from mid January to the end of March with above average rainfall in the form of snow. July and August were above average in temperature with a low rainfall resulting in drought. The closing months of the year were cold.

2. *Infectious Disease:* In January, a number of cases of Influenza appeared as had been forecast. The illness was relatively mild and children were not seriously affected.

(i) The official notifications received were as follows:—

NUMBER OF CASES OF NOTIFIABLE DISEASE, 1969
IN PUPILS OF 5-14 YEARS

Age Sex	5—9 years		10—14 years		Total
	Boys	Girls	Boys	Girls	
Measles	18	9	—	1	28
Rubella	6	7	—	—	13
Infective Hepatitis	26	37	12	18	93
Dysentery	3	2	2	—	7
Scarlet Fever	9	7	2	4	22
Whooping Cough	—	3	—	—	3
Poliomyelitis	—	1	—	—	1
Acute Meningitis	1	—	—	—	1
T.B.: Respiratory	4	3	1	—	8
Other	—	2	—	1	3

Notifications of measles fell from 676 in 1968 to 28 for two reasons namely, a certain amount of protection given by inoculation against the disease and possibly also because this was a year in which an epidemic would not normally be expected.

Rubella showed a similar decline from 230 to 13 cases, which is less easily explained. These two diseases do fluctuate in much the same way possibly as a result of confusion in diagnosis.

The figure for infective hepatitis shows a marked increase upon that of last year (93 as against 16), which was the first year of notification and this year probably reflects a more realistic figure. Moreover the climatic conditions prevailing in July and August would be favourable to the spread of the disease.

It will be noted that there were no cases of acute rheumatism. The largest annual figure for this disease was in 1965 when five cases were reported. There were at that time fears that this disease was on the increase, but there have been no cases since 1966.

(ii) Contagious Skin Disease

The number of pupils known to have received treatment for the following conditions were:—

Impetigo	..	..	..	39
Scabies	..	..	..	278 (44 in 1968)
Ringworm—Scalp	..	..	..	—
Body	..	..	..	2

The phenomenal increase in skin conditions classified as scabies in 1969 requires explanation. Reports from other parts of the county of an increase are conflicting. We have always had a number of cases of skin disease clinically resembling scabies in which a mite has been identified which is morphologically similar but not identical with the *Sarcoptes scabiei*, and connection between this condition and the demolition of old property was suspected. However, this explanation is not borne out by an examination of the relevant facts shown below.

SCABIES AND SLUM CLEARANCE 1960-69

Year	SCABIES Number of cases reported	UNFIT HOUSES (Demolition and closures)
1960	75	589
1961	15	421
1962	30	389
1963	6	692
1964	16	640
1965	58	342
1966	20	676
1967	59	788
1968	44	525
1969	278	595

The trends of scabies over the past decade more closely resemble those of pediculosis and suggest perhaps that they represent a falling off of standards of personal hygiene.

An analysis of the cases in terms of time and place suggest another explanation. The figures given below refer to new cases reported from school clinics and account for about half of the year's total. Cases reported from schools were excluded because they include the large comprehensive schools with too great a catchment area for the present purpose. The cases were distributed as follows.

NEW CASES OF SCABIES REPORTED FROM SCHOOL CLINICS

Quarter of the Year	SECTOR OF CITY				Total
	N.W.	S.W.	N.E.	S.E.	
1st	45 (13)	16 (6)	0	7 (3)	68 (22)
2nd	13 (5)	12 (5)	0	9 (2)	34 (12)
3rd	4 (4)	7 (2)	0	5 (2)	16 (8)
4th	20 (7)	8 (5)	0	2 (2)	30 (14)
Total ..	82 (29)	43 (18)	0	23 (9)	148 (56)
Total ..	West 125 (47)		East 23 (9)		

The figures in brackets refer to initial cases. It was thought necessary to distinguish these since total cases include secondary infestation within the family and may be misleading in the case of large families. These figures reveal an outbreak of infestation in the North West of the City during the first quarter of the year. The condition is normally more prevalent in the winter and that of 1968-9 was unusually prolonged, also the onset of winter in the fall of 1969 was early.

(iii) Self Induced Disease

The same problems referred to in previous reports continue to require attention, namely:—

(a) *Drug taking*: There is no evidence pointing to the use of 'Hard Drugs' among school children, but there is more than a suggestion that certain groups of boys in senior schools are smoking marijuana, mainly as an experiment. The extent of the practice is unknown but the fear is that some will go on to hard drugs.

(b) *Venereal disease*: There were no cases of syphilis affecting young people during the year. The number of cases of gonorrhoea

affecting girls and boys was also lower than in 1968, but higher than the average for the past few years. The relevant numbers are as follows:—

NUMBER OF CASES OF VENEREAL DISEASE IN
ADOLESCENTS UNDER 16 YEARS

	1965	1966	1967	1968	1969
Syphilis	—	—	—	—	—
Gonorrhoea—Boys ..	—	—	—	1	—
Girls ..	1	2	—	5	4

VII—Report of the CHIEF PUBLIC HEALTH INSPECTOR

the average for the past five years. The average number of cases in the following years is as follows:

NUMBER OF CASES OF VENEREAL DISEASE IN
MALES AND FEMALES UNDER 16 YEARS

	1961	1962	1963	1964	1965
Male	1	1	1	1	1
Female	1	1	1	1	1

PUBLIC HEALTH INSPECTOR CHIEF VII—Report of the

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1969

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 PUBLIC HEALTH INSPECTORS:

Districts (General)	.. .. .	D. HARWOOD, M.A.P.H.I.
Food Inspection and Control	.. .. .	S. HOLLIDAY, M.A.P.H.I.
Housing and Smoke Control	.. .. .	R. G. PUFFITT, M.A., D.M.A., F.R.S.H., M.A.P.H.I.

SENIOR PUBLIC HEALTH INSPECTORS:

Administration	.. .. .	Vacant
West Division	.. .. .	G. BAILEY, M.R.S.H., M.A.P.H.I.
East Division	.. .. .	T. McCOWIE, M.A.P.H.I.
Central Division	.. .. .	E. T. ARKLESS, M.A.P.H.I.
Food Inspection and Control	.. .. .	H. S. WILSON, M.A.P.H.I.
Housing	.. .. .	Vacant
Smoke Control	.. .. .	L. SMALLEY, M.A.P.H.I.

INSPECTORATE:

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

AUXILIARY STAFF:

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

ADMINISTRATIVE SECTION:

Senior Administrative Assistant	..	Mrs. G. FREEMAN
Clerks	.. ..	10
Shorthand-Typists	.. ..	2

INTRODUCTION

A fundamental, and indeed a primary, function of local government is the protection and promotion of public health. The pre-occupation with personal health is as ancient as the science of medicine itself, but it was not until the middle of the last century that any truly authoritative organisation was created to define the rightful role of environmental rather than personal health.

The survey of 1840, which resulted in the publication two years later of "The Sanitary Condition of the Labouring Population of Great Britain", revealed grossly insanitary living conditions which could be tackled successfully only on a local government basis. Britain today is still indebted to Edwin Chadwick for his immense work and dedication which resulted in the introduction of the first public health act, the forerunner of numerous public health measures which have raised standards of environmental hygiene far beyond anything previously envisaged.

The progress achieved since those early pioneering days—the elimination of large scale epidemic diseases, the abolition of insanitary dwellings, the establishment of codes of hygiene for food and water and similar advances—these have enabled municipalities to divert their resources to cultivate a more refined development of life's environment and made it possible for everyone to benefit from universal education, the enjoyment of the arts and indeed for everyone to lead a fuller and richer life. It is, therefore, not surprising that in some fields, the fundamental importance of such mundane activities as meat inspection, the abatement of nuisances, the abolition of air pollution, the problem of the unfit, sub-standard and multi-occupied houses and other similar environmental tasks has been over-shadowed during the post-war period by the emergence of more dramatic and exciting developments in town planning, higher education, traffic and road systems, computerisation and the like as well as by those various activities which are lumped together under the general appellation "social services".

If, however, the fundamentals of public health are not continually nurtured the achievements of these further refinements in modern living will be imperilled. The maintenance of a wholesome food supply at a time when the sophistication, handling and distribution of foodstuffs have never been more complex; the elimination of the sub-standard house; the abatement of conditions inimical to health; the cleansing

of a polluted atmosphere; the protection of working conditions of employees—all these things are as vital and important to pursue today as they were in July 1842 when Edwin Chadwick published his monumental report.

In pondering on such matters, the value of an annual report on the activities of the Public Health Inspection Services becomes very apparent and it is submitted that such a report should be more than a mere collection of cold (and quite meaningless unless explained) statistics. The presentation of a considered and balanced commentary is a necessary adjunct of a statistical statement and this policy has been followed in the preparation of this report on the state and progress of public health inspection exercised during the year 1969.

As in earlier years staff deficiencies have again made necessary many improvisations in administration and enforcement, but it is, nevertheless, a matter for some congratulation that during the year so much was achieved with such slender resources. A re-appraisal of the Housing Programme and the consequent acceleration of clearance work resulting in a higher rate of representations and more public inquiries stretched the capacity of the Housing Section to the utmost limits but it is gratifying to note that at the end of the year the work was up to the scheduled programme. The difficulties to be faced in this field, however, in 1970 are formidable.

The high standard of meat and food inspection throughout the city which was first achieved in 1963 as a result of statutory regulations introduced at that time has been satisfactorily maintained, but it has been increasingly obvious for some time that the complexity of an increasing volume of food standards legislation will soon demand a re-organisation of resources devoted to food and drugs administration and it is indeed fortunate, that in our deputy chief public health inspector, the department has a dedicated officer who has become an acknowledged expert in this field of food control.

The cause of clean air suffered a severe set back towards the end of the year when there were indications that the production of Gloco may terminate long before the scheduled date. Gloco is the only open-fire solid smokeless fuel which has been available in quantity in our first eight smoke control areas and although an incomprehensible failure to produce a realistic national fuel policy will undoubtedly bring in its train intractable problems during 1970, and possibly in the following year, the easing of the pressure from the smoke control section will enable some overdue attention to be

given to the outstanding tasks in other existing smoke control areas. The Clean Air Act of 1968 brought with it additional problems relating to chimney heights and the provision of grit and dust control equipment in large buildings which measures are very relevant to the city centre development. However, ready consultation and co-operation with the architects and developers have smoothed out many of the difficulties.

The lack of an adequate and balanced inspectorate in the district inspection division still prevents a stable and smooth administration and whilst there was a welcome intake of a small number of newly qualified staff during the year, this did not compensate for the loss, by retirements, of older and long experienced inspectors whose wide knowledge of the city and invaluable expertise were lost to the department.

However, with plans for a staff re-organisation under consideration at the end of the year, the object of which was to secure an effective and economical coverage of all sections of the department, it is hoped that before the next annual report comes to be written the position will be more encouraging.

HOUSING ACTS 1957—1969

During the year the inspection and classification of houses took place in the areas comprised in St. Lawrence, Hunters Road, Shumac Street, Hannington Place, Bolam Street (West), Summerhill Grove, Victoria Street, Cromwell Street and Chirton Street. This work involved the inspection of some 877 houses of which number 609 were found to be unfit for human habitation within the meaning of Section 4 of the Housing Act, 1957. Official representations were made in respect of these areas with the exception of Victoria Street, Cromwell Street and Chirton Street the classification of which was in progress at the end of the year and which areas will form the subject of representations in the early months of 1970.

Compulsory Purchase Orders were also made during the year in respect of 11 areas previously represented and public inquiries were held in respect of the confirmation of 10 orders. During this period 11 compulsory purchase orders were confirmed by the Minister of Housing and Local Government. There was, in addition, a number of individual unfit houses and demolition or closing orders were made or will be made in early 1970 in respect of these dwellings.

Of the houses involved in the public inquiries some 42% were the subject of objections which necessitated the re-inspection of 342 houses for the purpose of the preparation of principal grounds. On the confirmation of the compulsory purchase orders by the Minister a total of 69 houses were transferred from the clearance areas to the added lands, which represented a modification rate of 5.3% as compared with more than 6% in 1968.

Statistical Summary

Areas of Unfit Houses Represented to the Housing Committee

<i>Clearance Area</i>	<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Strachan Street	20	39	94
St. Lawrence	96	183	327
Hunters Road	28	50	150
Shumac Street	27	26	85
Hannington Place	8	10	26
Bolam Street (West)	158	292	843
Summerhill Grove	22	18	61
Totals	359	618	1,586

Compulsory Purchase Orders Made

	<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Gordon Road C.P.O.			
Clearance Areas	313	582	1,477
Added Lands	78	132	345
Rye Hill C.P.O.			
Clearance Areas	163	299	692
Added Lands	35	81	186
Durham Street C.P.O.			
Clearance Areas	29	49	167
Added Lands	6	9	18
Emmerson Villas C.P.O.			
Clearance Areas	6	16	45
Added Lands	—	—	—
Mill Lane North C.P.O.			
Clearance Areas	18	19	62
Added Lands	—	—	—
Strachan Street C.P.O.			
Clearance Areas	20	39	94
Added Lands	1	1	2
Hunters Road C.P.O.			
Clearance Areas	28	50	150
Added Lands	5	6	12
Roger Street C.P.O.			
Clearance Areas	12	11	29
Added Lands	—	—	—
Stephen Street C.P.O.			
Clearance Areas	29	57	137
Added Lands	7	14	41
Crawhall Terrace C.P.O.			
Clearance Areas	14	27	68
Added Lands	—	—	—

Compulsory Purchase Orders Made (continued)

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Sopwith Street C.P.O.							
Clearance Areas	..	..	..	..	86	166	452
Added Lands	..	..	..	..	6	10	32
Totals	..	..	..	..	856	1,568	4,009

Public Local Inquiries Held

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Denmark Street No. 2 C.P.O.							
Clearance Areas	..	..	..	..	154	283	826
Added Lands	..	..	..	..	58	67	163
Pont Street C.P.O.							
Clearance Areas	..	..	..	..	67	127	294
Added Lands	..	..	..	..	7	15	43
Rye Hill C.P.O.							
Clearance Areas	..	..	..	..	163	299	692
Added Lands	..	..	..	..	35	81	186
Gordon Road C.P.O.							
Clearance Areas	..	..	..	..	313	582	1,477
Added Lands	..	..	..	..	78	132	345
Durham Street C.P.O.							
Clearance Areas	..	..	..	..	29	49	167
Added Lands	..	..	..	..	6	9	18
Emmerson Villas C.P.O.							
Clearance Areas	..	..	..	..	6	16	45
Added Lands	..	..	..	..	—	—	—
Mill Lane (North)							
Clearance Areas	..	..	..	..	18	19	62
Added Lands	..	..	..	..	—	—	—
Strachan Street C.P.O.							
Clearance Areas	..	..	..	..	20	39	94
Added Lands	..	..	..	..	1	1	2
Roger Street C.P.O.							
Clearance Areas	..	..	..	..	12	11	29
Added Lands	..	..	..	..	1	—	—
Stephen Street C.P.O.							
Clearance Areas	..	..	..	..	29	57	137
Added Lands	..	..	..	..	7	14	41
Totals	..	..	..	..	1,003	1,801	4,521

Orders Confirmed by the Minister

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Gill Street C.P.O.							
Clearance Areas	..	..	..	..	103	195	540
Added Lands	..	..	..	..	59	108	299
Brandling Place (East Front) C.P.O.							
Clearance Areas	..	..	..	..	4	4	8
Added Lands	..	..	..	..	—	—	—
Buddle Road C.P.O.							
Clearance Areas	..	..	..	..	320	609	1,883
Added Lands	..	..	..	..	147	283	660
Heaton Park Road C.P.O.							
Clearance Areas	..	..	..	..	9	7	23
Added Lands	..	..	..	..	2	4	8

Orders Confirmed by the Minister (continued)

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Burnaby Street C.P.O.							
Clearance Areas	..	..	..	..	88	156	384
Added Lands	..	..	..	..	30	48	112
Pont Street C.P.O.							
Clearance Areas	..	..	..	..	62	99	221
Added Lands	..	..	..	..	15	28	73
Denmark Street No. 2 C.P.O.							
Clearance Areas	..	..	..	..	142	263	766
Added Lands	..	..	..	..	52	90	218
Rye Hill C.P.O.							
Clearance Areas	..	..	..	..	153	326	669
Added Lands	..	..	..	..	40	88	201
Durham Street C.P.O.							
Clearance Areas	..	..	..	..	28	48	166
Added Lands	..	..	..	..	7	10	19
Emmerson Villas C.P.O.							
Clearance Areas	..	..	..	..	6	16	45
Added Lands	..	..	..	..	—	—	—
Mill Lane (North) C.P.O.							
Clearance Areas	..	..	..	..	17	18	46
Added Lands	..	..	..	..	1	1	1
Totals	..	..	..	..	1,285	2,401	6,342

Individual Unfit Houses

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Number represented	..	..	..	..	24	39	117
Demolition Orders Made	..	..	..	..	1	1	6
Closing Orders Made (Part of House)	..	..	..	..	11	13	50
Closing Orders Made (Whole House)	2	1	3
Totals	14	15	59

Undertakings Given

To Close or Demolish	18	17	56
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The Sub-Standard House

During the year provisions in the Housing Act, 1964 providing for the compulsory improvement of the sub-standard house were repealed by the Housing Act, 1969, and replaced by a policy of area improvement to be pursued on a basis of the persuasion and voluntary co-operation of house owners. During the previous five years compulsory improvement on a national basis had met with very limited success and the protracted and tortuous procedure involved undoubtedly contributed to this lack of progress. It can be confidently expected that the new policy of area and environmental improvement will show striking and dramatic progress before

the end of next year but, in the meantime, the public health inspectorate will continue to be concerned mainly in dealing with the improvement of the individual privately owned sub-standard house. In this field, too, the Housing Act, 1969, enables a much more flexible and higher standard of improvement to be secured and for the first time certain repair works associated with improvement can now be grant-aided. This wider and more generous application of grant-aid through the new Act will undoubtedly increase the cost of improvement work both to the owner and to the local authority, but this is inevitable and very well worth while if such improvement and repair of unsatisfactory houses will prevent the creation of large numbers of unfit houses which otherwise would have been the clearance areas of the future.

The effect of the new provisions permitting higher standards of improvement were of course barely perceptible at the end of 1969, but it is significant that the average discretionary grant was £309 and standard grant £106 during 1969 as compared with £273 and £98 respectively during the previous year.

Details of grant-aid improvement during the year are as follows:—

(a) Discretionary Grants

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average grant
39	40	—	4	32	£9,899	£309

(b) Standard Grants

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average grant
189	170	5	14	176	£18,644	£106

Houses in Multiple Occupation

The draft registration scheme for houses in multiple occupation which was under consideration at the beginning of the year encoun-

tered further delay as a result of certain new provisions for registration incorporated in the Housing Act, 1969. These new provisions, although of more restricted application, are, nevertheless, similar to those included in the Corporation Act of 1968.

Although multiple occupation appears to be increasing in certain districts of the city, in respect of which registration and adequate staff would afford more effective control, the really intractable problems are still mainly to be found in the west end. Multiple occupation in the Rye Hill area is perhaps becoming easier to control because of large scale clearance and redevelopment, but many of the problems are now appearing in the area north of Elswick Road comprising the Grove, Malvern, Meldon and Crown Streets and even further north.

A disturbing feature of this unsatisfactory form of housing is the apparent increase in the number of large houses being let to groups of friends or students as a single tenancy with the occupants allegedly living as one household, thus apparently escaping the registration and control requirements which it is expected will be in operation in 1970.

Contraventions during the year of Sections 15 and 19 of the Housing Act, 1961, resulted in two cases of legal proceedings in which the defendants were fined a total of £50 and ordered to pay £9. 3s. 0d. costs.

Houses in Multiple Occupation—Statistics

Number of inspections of houses	1,236
Notices served, Section 15, Housing Act, 1961	6
Notices served, Section 90, Housing Act, 1957	—
Notices served of Intention to give a Direction	6
Directions made	8
Variations of a Direction Order	8
Section 15, Housing Act, 1961, notices complied with ..	10
Section 15, Housing Act, 1961, notices in default ..	—
Applications under Section 18 (2) for local authority to do the work	—
Houses or parts of houses submitted for Demolition or Closing Orders	2
Prosecutions in respect of contraventions of—	
(a) Section 15, Housing Act, 1961	1
(b) Section 19, Housing Act, 1961	1
Houses forming the subject of Appeal—	
Section 15, Housing Act, 1961	—

Unfit Houses—Demolitions and Closures

During the year there was a substantial increase in the number of houses demolished in clearance areas with a relatively smaller decrease in individual houses dealt with in this way. Unfit houses demolished totalled 595 as compared with 525 in 1968. These unfit premises comprised the following:—

	Houses
In clearance areas	526
Individual unfit houses	16
On undertakings by owners (not in clearance areas)	18
On certificates of unfitness (Corporation properties)	35
	<hr/> 595

Unfit Houses—Rehousing

The number of families rehoused during 1969 was the highest for some years, the greatest increase being from clearance areas as indicated below.

	Families
Clearance Areas	1,138
Individual Unfit Houses	15
On undertakings by owners (not in clearance areas)	17
On certificates of unfitness (Corporation properties)	59
	<hr/> 1,229

RENT ACTS 1957 AND 1968 AND THE HOUSING ACT, 1969

Prior to the operation of the Housing Act, 1969, in August of that year the rents of controlled tenancies had been governed by the provisions of the Rent Acts. The maximum controlled rent was equivalent to twice the gross value plus a sum equivalent to $12\frac{1}{2}\%$ per annum of the cost of any works of improvement which may have been carried out. Because the gross value used in calculating the controlled rent was that fixed in November 1956 it has for some time been increasingly obvious that such a basis of rent assessment was, in certain cases, inequitable, particularly in respect of those houses of a satisfactory standard and in a condition of good repair.

Part III of the Housing Act, 1969, now contains provisions which enable a controlled tenancy to be changed, subject to compliance

with three prescribed conditions, to a regulated tenancy and thus bring into operation the fair rent procedure provided for in the Rent Act of 1968. However, before an application can be made by an owner for the registration of a fair rent, a local authority must issue a qualification certificate certifying that (a) the house possesses the five standard amenities; (b) that the house is in good repair having regard to age, character and locality; and (c) that the house is in all respects fit for habitation on the basis of the Housing Act, 1957.

The introduction of these new provisions, which enables the rents of many privately rented dwellings to be increased to a satisfactory level on the "fair rent" basis, resulted in some 194 applications for qualification certificates being received during the last quarter of 1969, but there are indications that, as the effectiveness and advantages of these new measures become more widely known, there will be a very substantial increase during next year in the work of inspection and negotiations with owners for the issue of qualification certificates.

Machinery is provided in the Act to enable a combined application to be made for an improvement grant and a qualification certificate as it is clear that the arrangements to enable a controlled tenancy to be changed to a regulated tenancy will encourage owners to improve their houses to a minimum of the five standard amenities. The statistical position in relation to qualification certificates at the end of 1969 was as follows:—

Improvement Cases

No. of applications for Qualification Certificates under Section 44(2) under consideration at end of period	25
No. of Certificates of Provisional Approval Issued	14
No. of Qualification Certificates issued under Section 46(3)	—

Standard Amenities Already Provided

No. of applications for Qualification Certificates under Section 44(1) under consideration at end of period	169
No. of Qualification Certificates issued under Section 45(2) in respect of—	
(i) Dwelling with rateable value of £60 or more	—
(ii) Dwellings with rateable value of £40—£60	1
(iii) Dwellings with a rateable value of less than £40	—

Although the Housing Act, 1969, includes new provisions for dealing with controlled rents, the existing provisions under the Rent

Act, 1968, relating to the issue and cancellation of certificates of disrepair are still extant, although, as mentioned in previous reports, the Rent Act of 1968, which replaces earlier provisions, is for all practical purposes fast becoming a dead letter so far as controlled rent restriction is concerned. Support for this view is revealed in the following statistical statement.

Certificates of Disrepair

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

Cancellation of Certificates of Disrepair

	1954 Act Certificates	1957 & 1968 Acts Certificates	Total
Number of Applications for revocation or cancellation of Certificates of Disrepair	2	—	2
Certificates revoked or cancelled	2	—	2
Cancellation refused	—	—	—
Decisions pending	—	—	—
Certificates remaining extant.	—	—	—

Certificates of Disrepair—Position as at 31st December, 1969

	1954 Act	1957 Act	Total
Number issued	542	439	981
Number revoked or cancelled	366	245	611
Number remaining in force (as in register)	176	194	370

PUBLIC HEALTH ACTS 1936—1961

Nuisances

The number of complaints made in respect of nuisances during the year was 3,190 as compared with 3,204 for 1968. Over the past 10 years there has been a gradual decrease in complaints and the number made annually to the office is now some 400 less than it was 10 years ago. This is, in part, no doubt due to the removal of unfit houses and the fall in population of the city, but while the

number of complaints may be decreasing the nature of those complaints is becoming more intractable and less easy of solution. In many cases there is no remedy at hand and the inspector is faced often with the task of being a peace-maker while at the same time ensuring that the main source or cause of the nuisance is removed. The time spent on investigation, conciliation and persuasion is considerable and not infrequently the patience of the inspector is tried to the utmost before a satisfactory outcome is achieved.

The most frequent cause of complaint continues to be the dissatisfaction felt by the occupants of houses which have become subject to procedure under the Housing Acts. It has been reported before that the interval of time between an official representation of unfitness and rehousing from the area extends sometimes over a period of years and during that time it is inevitable that the living conditions in the area should deteriorate. This is due to the reluctance of property owners to spend money upon houses which are to be demolished and the depredations of vandals who are not slow to move into a recently vacated house for the purpose of removing anything of value. The result is that those occupants who, for one reason or other, are compelled to reside in the area until suitable accommodation can be found are not only living in an area of semi-dereliction but are fearful of damage to their own life and limb. They have just cause for complaint and are never turned away without some effort being made to alleviate the dreadful conditions under which they are forced to live during the transitional period of removing from the old to the new.

Effluvia

The Public Health Act, 1936, imposes a duty upon local authorities to cause their district to be inspected for the detection of nuisances amongst which are enumerated nuisances arising from the effluvia of any trade, business, manufacture or process. Fortunately, in this city, we do not have many trades or processes carried on from which an effluvium arises, but we have one on the east side of the city in respect of which many complaints were made during the summer months of the year.

The firm complained about processes putrescible organic material for the manufacture of glues and chemicals and the nuisance which occurred on this occasion arose as a result of a combination of circumstances not all of which could be readily foreseen. These

circumstances included power failures and mechanical breakdowns which resulted in large quantities of putrescible matter accumulating within the premises over a prolonged period of warm weather.

After protracted negotiations proposals were submitted to improve conditions at the works and these were expected to be completed by mid-1970. It is hoped that the nuisance will not then recur but odours from offensive trades are extremely difficult to deal with and a great deal of forbearance is needed by those who are called in to adjudicate upon the justness of the complaint and the reasonableness of enforcing a remedy.

Noise

By virtue of the Noise Abatement Act, 1960, noise is made a statutory nuisance for the purposes of the Public Health Act, 1936. The number of complaints about noise have increased from 16 in 1968 to 50 in the present year.

While in many instances the nuisances complained about under this heading could be described as "annoying noises" arising as a result of thoughtlessness or lack of consideration of one section of the community for another, some were of a more serious nature and in the interests of public health are worthy of much more careful consideration than they receive at present.

The most frequently recurring complaint is the noise which arises from the use of road drills and their attendant compressors. Rarely are these pieces of equipment muffled to reduce noise to a minimum and it is not surprising that 20 of the 50 complaints made during the year concerned their use.

Within the close confines of the city streets the nerve shattering noise becomes intolerable to office workers. Investigations have revealed, however, that with a little more consideration by contractors and consultation with occupiers of business premises adjacent to the site of operations some mutually satisfactory arrangement could have been made as to the time and duration of the noise and thus the necessity for complaint to this office would have been obviated.

It would seem that our architects and builders must give some further consideration to the siting of lift shafts in tall blocks of flats. A number of complaints have been received during the year from people whose dwelling is in close proximity to the lift shaft. The nuisance arises from the opening and closing of lift doors, and from

the noise of the machinery by which the lifts are worked. It is virtually impossible to alter or silence equipment of this kind once it is installed in the building and while the nuisance is not an excessively noisy one it is nevertheless irritating in a high degree and a potential health hazard to those who are compelled to tolerate it at all hours of the day and night.

A noise which one person considers an unbearable nuisance another will find pleasant and interesting. The distinction between noise and music thus becomes difficult to define. Numerous complaints have been made about the loudness of the sound emanating from halls and clubs where so-called "pop" groups have been employed to entertain. The complainants call the sound "noise" while the perpetrators of the sound are at a loss to understand why anyone should call their kind of "music" noise.

Whether the sound produced by electronically operated instruments is merely "noise" or is "music" is immaterial. The fact is that its loudness is an intrusion into someone else's privacy preventing them from deriving the full enjoyment of their home and in consequence it is a nuisance. It is regrettable that a hard worked staff has had to spend their evening hours in investigating complaints and seeking a remedy to mollify the parties in dispute rather than have recourse to law.

In the same category of thoughtlessness can be placed those people about whom, too, we have had numerous complaints, who persist in practising musical instruments and playing radios until the early hours of the morning to the annoyance of their neighbours but who, unfortunately, see nothing wrong or unneighbourly in what they are doing and take umbrage at the district inspector or the police calling upon them to ask that they show some restraint.

Noise from trade and industry is not a major source of complaint in this city although we have had complaints where trade processes such as shot-blasting have been carried on through the night to complete orders. A noise nuisance arising from the operation of a launderette reported upon in the last annual report was satisfactorily abated during the present year.

Statutory Notices Served

(a) Public Health Acts, 1936—1961	.. .. .	1,072
(b) Corporation Act, 1935	.. .. .	248
(c) Final letters sent	.. .. .	271

Legal Proceedings

(Under Public Health Acts and Newcastle Corporation Act)

Hearings pending at end of 1968	..	..	..	..	..	6
Complaints and Informations laid	..	..	..	..	..	27
Summonses withdrawn (nuisances abated)	..	..	..	..	..	9
Orders made (Corporation Act, 1935)	..	..	..	..	..	3
Nuisance Orders made	..	..	..	..	..	5
Informations proved	..	..	..	..	..	17
Hearings pending at end of year	..	..	..	..	..	7

Places of Public Entertainment

During the year another leisure centre was opened in the city bringing the total to four. Bingo continues to hold the premier place in the world of entertainment and there are now 16 halls operating daily. Frequent visits are made to ensure that legislative measures in regard to hygiene are carried out and it is pleasing to report that managements of all places of public entertainment co-operate most willingly with the department.

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

Billiard Halls	..	..	..	..	..	2
Bingo Halls	..	..	..	..	..	16
Bowling Alleys	..	..	..	..	..	1
Cricket Grounds	..	..	..	..	..	4
Concert Halls	..	..	..	..	..	1
Cinemas	..	..	..	..	..	11
Dance Halls	..	..	..	..	..	5
Football Grounds	..	..	..	..	..	2
Greyhound Stadiums	..	..	..	..	..	1
Lawn Tennis Clubs	..	..	..	..	..	2
Leisure Centres	..	..	..	..	..	4
Music Halls	..	..	..	..	..	1
Theatres	..	..	..	..	..	5
Temporary Theatre Licences (Church Halls, Schools, etc)	..	..	..	..	..	45

Offensive Trades

All of the unsatisfactory offensive trades premises have now been closed and this work is concentrated in premises suitable for the purpose. Gut scraping, tripe boiling and fell mongering are centralised in the municipal abattoir buildings.

<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
Tripe Boiler	..	..	..	..	1	
Fell Monger	..	..	..	..	1	1

Tents, Vans and Sheds

In general, the caravan problem in Newcastle is not a serious one except on the Town Moor during Temperance Festival Week. From time to time those who lead a nomadic way of life do arrive in the town and take up residence in their caravans parked on some odd site, usually one which has been cleared following Housing Act procedures. This is in contravention of the Newcastle upon Tyne Corporation Act, 1926, and after service of notice and having the matter explained to them the caravanners move on within the period allowed, presumably because they do not wish to be in conflict with authority but possibly also because the sites chosen are most unsuitable for any prolonged stay, being devoid of water supplies and not within a conveniently accessible distance of public sanitary conveniences.

At Festival time provision is made for the showmen and their caravans on the Town Moor. As most of these people are members of the Showmen's Guild no trouble is ever experienced with them. Their approach to any problem which may arise is always courteous and correct and members conduct themselves with a due sense of responsibility. The same, unfortunately, cannot be said for the "hangers-on"—caravanning holiday makers, horse dealers, dealers in scrap metal and the like who bring on to the site considerable amounts of litter and other waste materials. During the past two years an attempt has been made to separate these people from the showmen by directing them to the north end of the Moor, and this has had the effect, at least, of keeping the main festival site more tidy.

The number of show people seems to be decreasing and the decline in the number of caravans taking up positions on the site continued during the present year. There were 368 caravans as compared with 379 last year. There were, in addition, 61 unauthorised caravans as compared with 71 last year.

At the end of the year legal proceedings were pending in respect of one caravan illegally parked in contravention of Section 33 of the Newcastle upon Tyne Corporation Act, 1926.

Common Lodging Houses

The Salvation Army Men's Hostel is the only registered common lodging house in the city. It is a well conducted establishment registered to accommodate 187 lodgers and there is the utmost co-operation with the local authority in matters appertaining to the hygiene of such premises.

New Buildings and Alterations

Co-operation with the City Engineer's Department in the examination of plans submitted for Building Regulation approval has continued during the year and this arrangement has worked very satisfactorily. The number of plans examined during 1969 was 1,302.

THE EXAMINATION OF WATER SUPPLIES

The Supply of Water

During the year 48 samples of water were taken at random for chemical analysis and the reports indicated that the water supply in the city was of satisfactory organic purity, did not have any plumbo-solvent action and was in every way satisfactory for use as a public water supply. At the end of the year the supply of water to domestic dwellings was as follows:—

(a) Total number of dwelling houses supplied	82,536
(b) Population supplied from public mains—	
(i) direct to dwelling houses	240,340
(ii) from stand pipes	7

Fluoridation of Water

The addition of fluoride to the water supplies in the city which commenced in October 1968 continued throughout the year. A total of 488 samples were taken and during the first five months of 1969 the target figure of 1.0 p.p.m. was rarely reached. Indeed, the general average during that period was of the order of 0.59 p.p.m. These low levels of fluoride content were caused by mechanical difficulties in connection with the treatment plant as well as the unsatisfactory condition of the sodium silico fluoride in which

form the fluoride is added to the water. In mid-year these difficulties were, however, more or less overcome and for the last six months of 1969 the average fluoride content was 0.89 p.p.m.

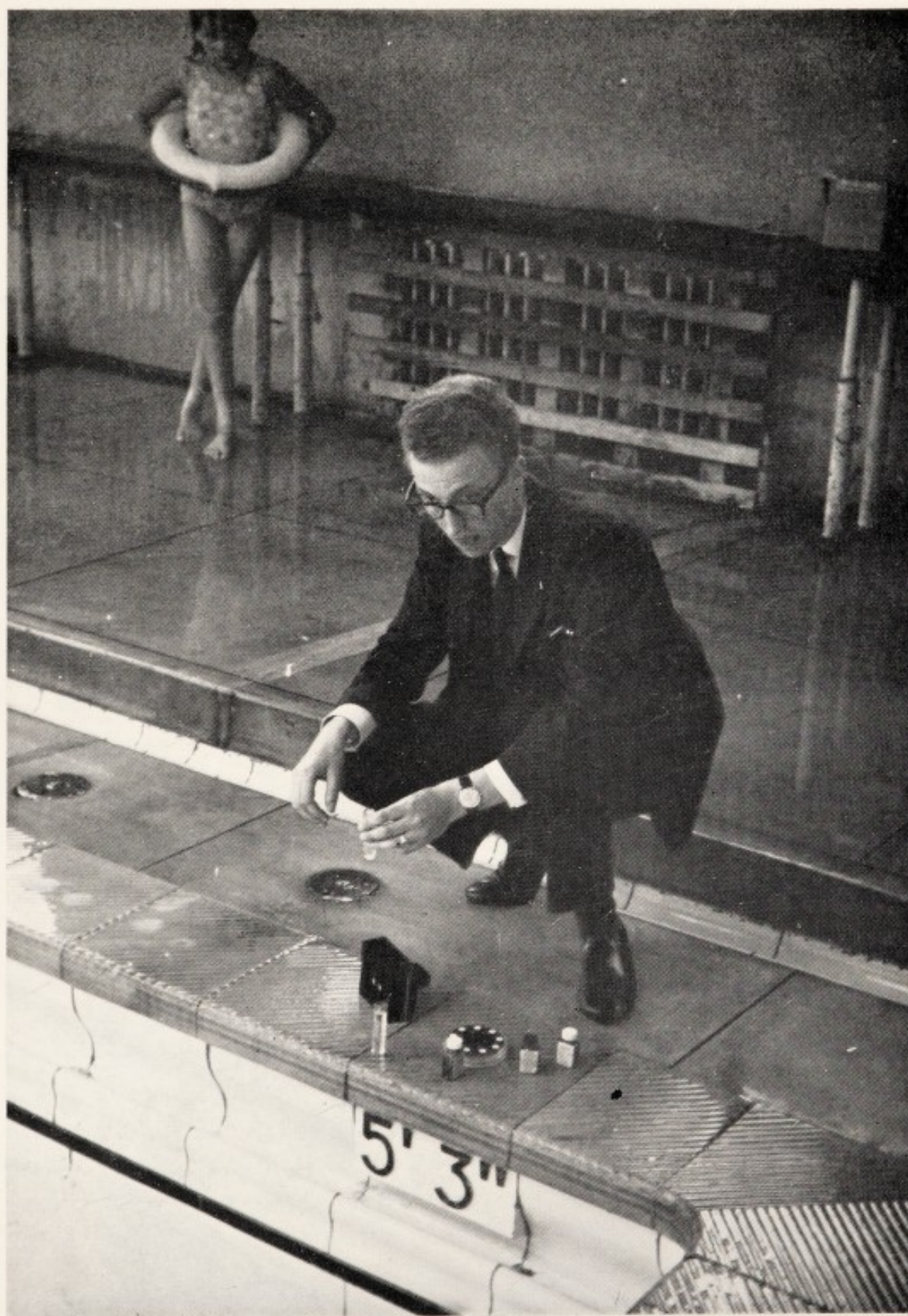
Bacteriological Examination of Water

In 1934 the first edition of Report No. 71 entitled "The Bacteriological Examination of Water Supplies" was published by H.M. Stationery Office. This report was a result of deliberations by a small office committee of the Ministry of Health together with representatives from the Lister Institute of Preventive Medicine, the London School of Hygiene and Tropical Medicine and the Counties Public Health Laboratories. This report has been revised from time to time and the most recent edition was published in 1969. This latest edition is the fruit of work carried out by the Public Health Laboratory Standing Committee on the bacteriological examination of water supplies.

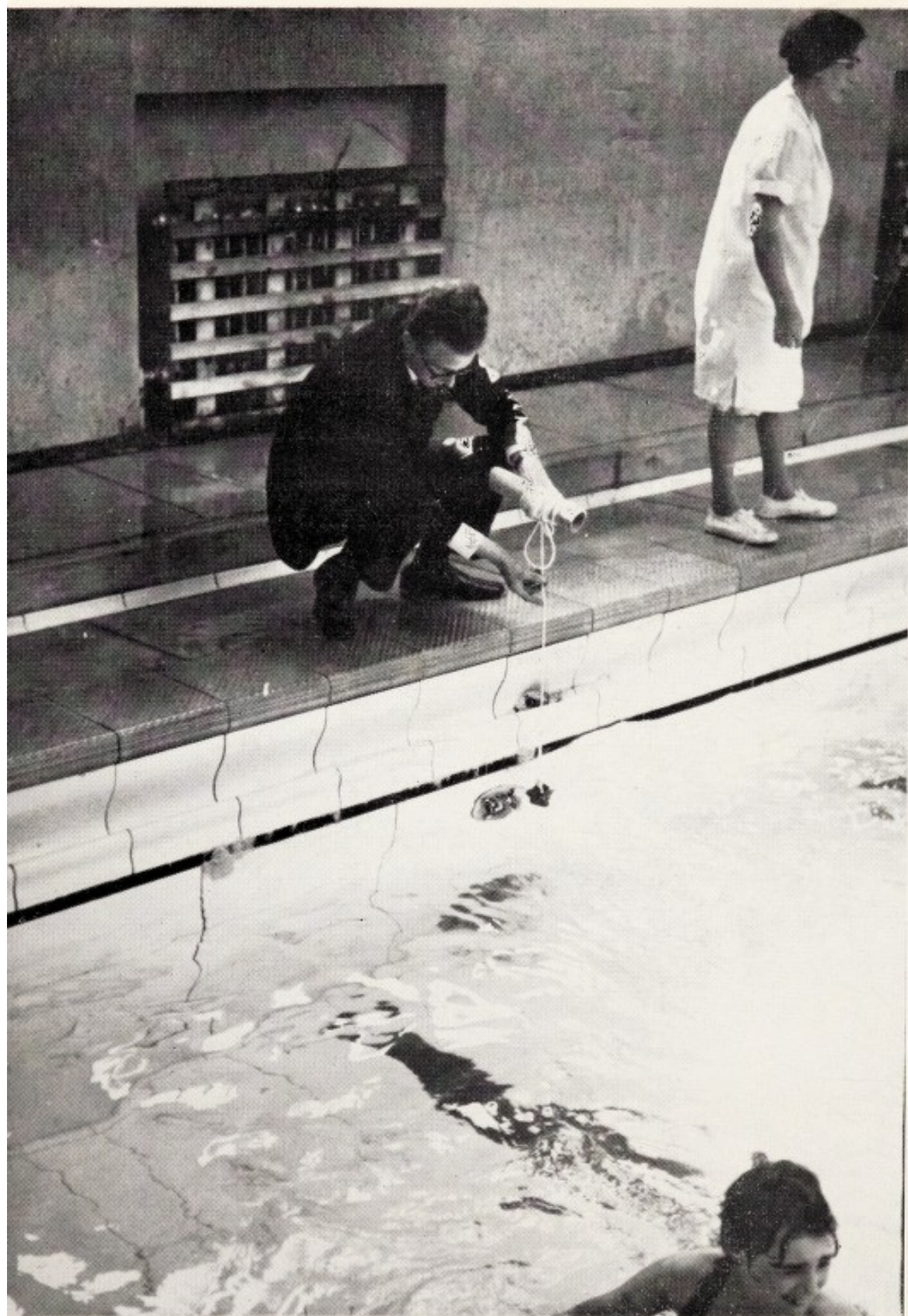
These reports are published on an advisory basis, although it is expected that all bodies concerned will adopt the recommendations relating to, among other things, bacteriological investigations and the adoption of the standards of bacterial quality. Whereas previous reports had recommended the classification of the bacterial quality of waters on a basis of coliform counts per 100 ml with the classifications "excellent", "satisfactory", "suspicious" and "unsatisfactory" being employed, no such numerical basis is contained in the current report.

Although ideally all samples taken from the distribution system should be free from coliform organisms, this, in practice, is not always attainable and the report recommends the following standard to be adopted.

- (1) Throughout any year 95 per cent of samples should not contain any coliform organisms or *E.coli* in 100 ml.
- (2) No sample should contain more than 10 coliform organisms per 100 ml.
- (3) No sample should contain more than 2 *E.coli* per 100 ml.
- (4) No sample should contain 1 or 2 *E.coli* per 100 ml in conjunction with a total coliform count of 3 or more per 100 ml.
- (5) Coliform organisms should not be detectable in 100 ml of any two consecutive samples.



Swimming Baths—Bath-side test for Free and Total Chlorine and pH value.



Swimming Baths—Sampling from inlet position for Bacteriological quality.

When any coliform organisms are found the minimum action is immediate re-sampling. The persistence of 1-10 coliform organisms or 1 or 2 E.coli, or the single appearance of higher numbers of either, suggests that undesirable material is gaining access to the water and measures should at once be taken to ascertain and remove the source of pollution.

Discussions have taken place with the Chief Chemist of the Newcastle and Gateshead Water Company, to whom the Health and Social Services Department is indebted for invaluable guidance and assistance in this matter, and the application of the new standards will be brought into operation in early 1970 to maintain a uniformity of the old system of classification during 1969.

During the year 305 samples of water were taken from mains sampling points in addition to 20 samples from domestic taps. All of these samples were satisfactory as indicated in the following table.

	Class 1 Highly Satis- factory	Class 2 Satis- factory	Class 3 Suspicious	Class 4 Unsatis- factory	Number Taken
Mains Sampling Points ..	305	7	—	—	312
Domestic Taps	20	—	—	—	20
Totals ..	325	7	—	—	332

Public and School Swimming Baths

All the bath waters in the 16 swimming baths in the city are changed by re-circulation and were regularly sampled during the year for bacteriological examination and to estimate the amounts of free chlorine and pH value. Of these 16 baths, 10 are open for public use and 6 are attached to schools and in all 22 visits were made for the purpose of taking 46 samples which were submitted to the Public Health Laboratory. All the samples were satisfactory.

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.	
45	1	—	—	46

RESIDUAL CHLORINE AND pH VALUE TESTS

Chlorine p.p.m.	pH VALUE									Total
	7.3	7.4	7.5	7.6	7.7	7.8	7.9	8.0	8.6	
0.2								1		1
0.4						1				1
0.5								1		1
1.0						1				1
1.5			2	2		2				6
2.0					1		1			2
2.5				4				1		5
3.0			1	2						3
3.5	1			1						2
4.0		1								1
4.0+									1	1

SUMMARY OF VISITS CARRIED OUT BY PUBLIC HEALTH INSPECTORS FOR THE YEAR 1969

Complaints received	..	..	..	..	..	..	..	..	3,190
Nuisances found on District in addition to above	..	..	..	..	..	..	..	..	152
									3,342

Dwellinghouses

1. Under Housing Acts :

(a) On inspection of district and under any Regulations made under Acts	..	..	..	..	..	..	..	155
(b) Individual Unfit Houses								
(i) Repairable at reasonable cost	..	..	..	..	..	..	..	65
(ii) Not repairable at reasonable cost	..	..	..	..	..	..	..	572
(c) Houses let in lodgings	..	..	..	..	..	..	..	1,236
(d) Clearance and redevelopment areas	..	..	..	..	..	..	..	7,331
(e) Overcrowding provisions	..	..	..	..	..	..	..	100
(f) Certificates of Unfitness	..	..	..	..	..	..	..	31
(g) Improvement Grants	..	..	..	..	..	..	..	903
(h) Other visits..	..	..	..	..	..	..	..	1,701

2. Under Rent Acts :

(a) In connection with Certificates of Disrepair	..	..	..	..	..	..	..	17
(b) In connection with other certificates	..	..	..	..	..	..	..	73
(c) Other visits..	..	..	..	..	..	..	..	5

3. Under Public Health Act and Water Act :

(a) Water closets	2,569
(b) Common courts, yards and passages	29
(c) Filthy and verminous premises	130
(d) Dustbins	397
(e) Statutory nuisances	11,615
(f) Water supplies	911
(g) Disinfestation	3,132
(h) Infectious Diseases (other than food poisoning)	91
(i) Drains and Sewers	2,020
(j) Other visits	3,462

Other Premises

1. Under Public Health Acts :

(a) Premises used for the keeping of animals	7
(b) Places of Public entertainment	227
(c) Public conveniences	77
(d) Offices	20
(e) Schools	47
(f) Shops	17
(g) Offensive trades	
(i) Blood boiler and blood drier	1
(ii) Bone boiler	3
(iii) Fat extractor and fat melter	4
(iv) Fell monger	1
(v) Glue maker and size maker	—
(vi) Gut scraper	—
(vii) Rag and bone dealer	2
(viii) Soap boiler and tallow melter	1
(ix) Tripe boiler	—
(h) Baths and wash-houses	31
(i) Common lodging houses	4
(j) Watercourses, ditches, ponds, etc.	10
(k) Tents, vans, sheds	17
(l) Exhibition	10
(m) Hide and skin depot	—
(n) Other visits	126

2. Food and Drugs Act :

(a) Bakehouses—Mechanical	119
(b) Bakehouses—Non-Mechanical	22
(c) Butchers	488

(d) Premises used for the preparation of sausages or potted, pressed, pickled or preserved food	327
(e) Catering premises	1,354
(f) Confectioners (sweet shops and bakers shops)	570
(g) Dairies	50
(h) Fishmongers	100
(i) Food factories	116
(j) Fried fish shops	172
(k) General dealers and supermarkets	933
(l) Greengrocers	165
(m) Grocers	214
(n) Ice cream factories	21
(o) Ice cream retail premises	514
(p) Ice cream vehicles	72
(q) Licensed Premises	
(i) Public houses and Hotels	443
(ii) Clubs	176
(iii) Off Licences	151
(r) Milk retail premises	579
(s) Mobile shops	46
(t) Street traders	711
(u) Food poisoning	360
(v) Unsound food	469
(w) Other visits.. .. .	840
3. Under Clean Air Act and Regulations and Orders made thereunder :	
(a) Smoke observations (half-hour)	150
(b) Smoke observations (eight-hour)	3
(c) Visits to boiler and other plant (routine)	260
(d) Visits to boiler and other plant (smoke, grit and dust emissions)	22
(e) Smoke Control Areas	4,506
(f) Smoke nuisances	143
(g) Air pollution survey	1,119
(h) Other visits.. .. .	431
4. Offices, Shops and Railway Premises Act, 1963 :	
(a) General inspections	
(i) Offices	2,305
(ii) Shops (retail)	2,494
(iii) Wholesale departments or warehouses	626
(iv) Catering establishments open to the public	297
(v) Staff canteens	22
(vi) Fuel storage depots	5
(b) Other visits.. .. .	1,128

5.	Factories Act, 1961 :					
(a)	Factories without mechanical power	..	..	..	..	194
(b)	Factories with mechanical power	..	..	..	..	2,556
(c)	Other premises where Section 7 is enforced by Local Authority (excluding outworkers' premises)	..	..	..	..	71
(d)	Outworkers' premises	..	..	..	..	32
6.	Other Miscellaneous Acts, Orders and Regulations					
(a)	Burial Act, 1857 (Exhumations)	..	..	..	..	1
(b)	Merchandise Marks Act	..	..	..	..	—
(c)	Hairdressers (Corporation Act, 1956)	..	..	..	..	246
(d)	Tents, vans and sheds (Caravan Sites and Control of Development Act, 1960 and Corporation Act, 1926)	..	..	..	..	103
(e)	Corporation Act, 1935 (drains, etc).	..	..	..	..	421
(f)	Pet Animals Act, 1951	..	..	..	..	70
(g)	Riding Establishments Act	..	..	..	..	29
(h)	Animal Boarding Establishments Act, 1963	..	..	..	..	6
(i)	Prevention of Damage by Pests Act, 1949	..	..	..	..	64
(j)	Pharmacy and Poisons Act, 1933	..	..	..	..	38
(k)	Noise Abatement Act, 1960	..	..	..	..	286
(l)	Rag Flock and Other Filling Materials Act, 1951	..	..	..	..	20
						<hr/> 93,334 <hr/>

AIR POLLUTION

The National Survey

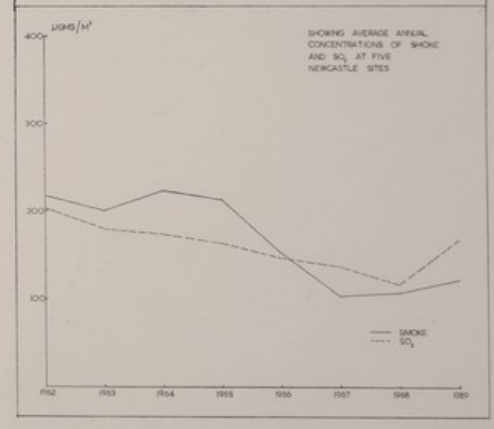
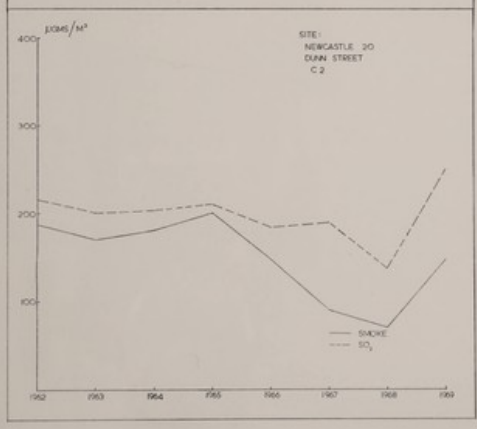
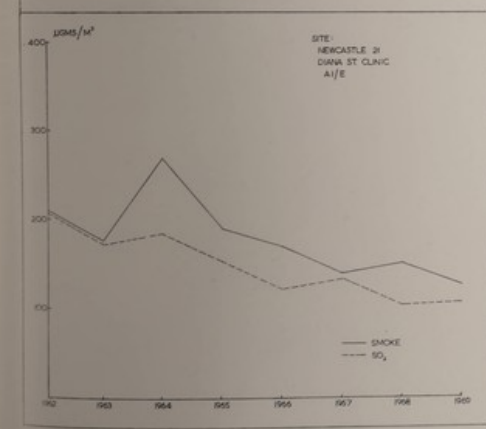
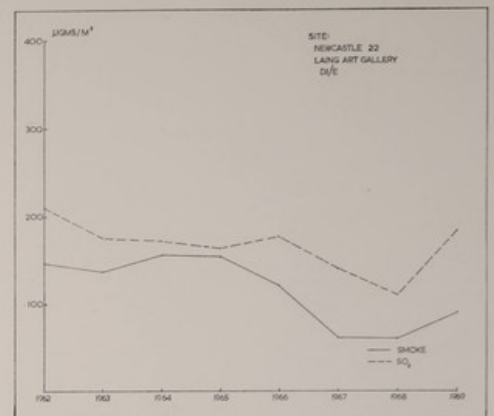
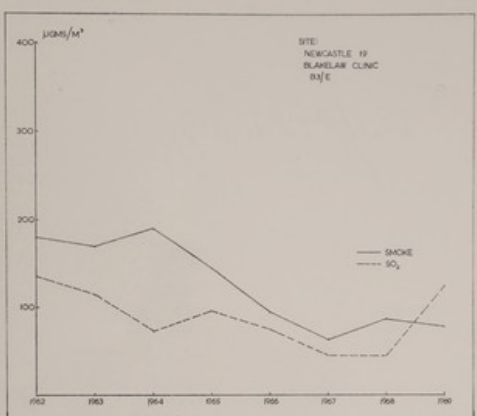
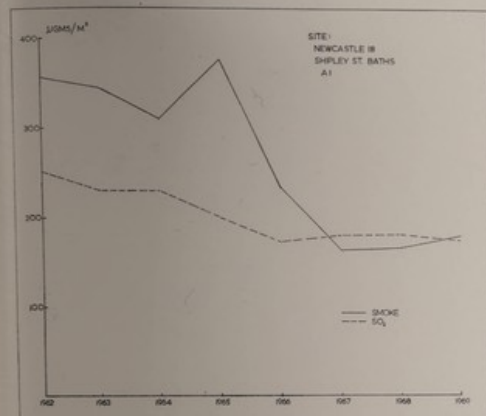
The work of measurement carried out as part of the National Air Pollution Survey was continued during 1969 in connection with which two changes were made in the sites of the gauges. With the demolition of Elswick Baths the instrument was transferred to premises in Dunn Street in March and with the demolition of the Central Library the gauge was transferred to the Laing Art Gallery at the same time.

It is to be regretted that there was no improvement in the amount of smoke and SO₂ in the atmosphere during 1969. The average concentrations, taking the city as a whole, were 169 microgrammes per cubic metre of SO₂ and 133 microgrammes of smoke compared with 138 microgrammes and 124 microgrammes respectively for the previous year.

National Survey

The following table shows the average smoke and SO₂ concentrations, given in microgrammes per cubic metre, for the seven sites during 1969.

<i>Gauge Site</i>	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Average During 1969	Average During 1968
<i>Blakelaw Clinic</i>														
SO ₂ ..	208.1	146.4	178.3	76.8	82.0	86.7	82.4	72.2	88.0	100.0	150.0	213.4	123.69	47.0
Smoke ..	183.7	84.4	103.0	53.8	56.0	42.9	14.4	19.9	42.0	81.0	30.0	147.5	71.5	86.0
<i>Diana St. Clinic</i>														
SO ₂ ..	168.5	135.4	112.9	79.0	109.0	92.2	77.7	73.6	88.0	87.0	127.7	128.4	106.6	104.5
Smoke ..	333.3	200.5	206.7	118.1	106.0	71.0	35.4	33.7	97.0	161.0	56.0	93.2	125.9	151.9
<i>Dunn Street</i>														
SO ₂ ..	311.7	417.9	206.8	171.0	148.0	170.3	159.0	153.4	186.0	200.0	359.4	517.1	250.0	135.9
Smoke ..	373.1	254.0	208.8	97.5	118.0	83.0	34.3	50.6	122.0	195.0	77.6	159.4	147.7	68.8
<i>Laing Art Gallery</i>													*10mths.	
SO ₂ ..	—	—	264.9	138.3	158.0	162.5	127.0	95.0	129.0	152.0	195.3	351.7	177.4	111.25
Smoke ..	—	—	99.5	78.1	114.0	63.0	23.4	66.9	72.0	118.0	44.9	218.0	89.7	62.25
<i>Shipley St. Baths</i>														
SO ₂ ..	272.5	156.9	193.8	139.0	105.0	125.3	134.0	93.1	137.0	153.0	292.3	286.0	174.4	186.0
Smoke ..	579.6	161.0	247.4	145.7	175.0	93.3	38.9	70.1	126.0	202.0	139.0	351.5	177.4	166.9
<i>Heaton Baths</i>														
SO ₂ ..	265.8	166.6	180.0	138.2	120.0	130.0	89.4	157.5	163.0	200.0	254.2	364.3	185.7	208.8
Smoke ..	417.9	251.2	182.8	175.3	154.0	56.8	17.5	45.1	115.0	63.0	288.0	339.4	175.5	172.9
<i>Walkergate Clinic</i>														
SO ₂ ..	306.8	213.7	176.6	141.0	124.0	113.3	97.3	61.2	169.0	130.0	163.1	361.8	171.4	176.6
Smoke ..	367.9	257.5	200.0	150.3	111.0	54.9	18.8	36.9	85.0	61.0	92.4	335.4	147.5	163.1



Smoke Control Programme

The Smoke Control Area No. 12 came into operation on the 1st October, the Order having been confirmed 18 months previously in March 1968. This area which covers 537 acres in the west end of the city involves 4,207 premises of which 4,031 are dwellinghouses. During the nine months period from the start of the year to the date of coming into operation of the Order 570 applications for approval of proposed works and 909 claims for grant were dealt with in connection with private houses in the area. When the Order came into operation there were few houses in which necessary fireplace conversions had not been carried out and it was necessary to serve notice under Section 12 of the Clean Air Act in only a few instances.

A report on the Smoke Control Area No. 13 was presented to the Health and Social Services Committee on 10th March and the Order was made by the Council on 28th July.

The allocation of finance for smoke control purposes continued to be limited to £50,000 per annum and all of the amount allocated for the financial year 1969/70 was required for the completion of Smoke Control Area No. 12. In consequence of this and also because of the estimated cost of the area being £76,000 it was necessary to spread the period for the coming into operation of the Order No. 13 over 18 months. Accordingly arrangements were made with the Minister of Housing and Local Government to have the Order confirmed towards the end of the financial year 1969/1970 with the object of having the operative date on 1st October, 1971. The Smoke Control Area No. 13 covers 346 acres and adjoins the No. 11 area in the east end of the city. There are involved 4,075 premises of which 3,947 are dwellings, and of these 2,159 are owned by the Council. Conversions of the fireplaces in council houses are to be carried out by the Housing Department simultaneously with the works of improvement in these houses as was the case in the areas Nos. 11 and 12 both of which also contained a considerable number of houses involved in the modernisation programme.

At the Health and Social Services Committee meeting held on the 9th June a report was submitted relating to the progress of the smoke control programme in recent years. It was pointed out that after ten years since the commencement of the programme approximately only one-third, in terms of premises involved, had been completed and at the rate of progress then being accomplished, the

target date of 1975 for the completion of the programme would not be attained. A proposal was made that instead of being financed from revenue a loan with repayment instalments spread over 20 years, to cover the cost of the remainder of the programme, be obtained. By this method, at the rate of doing two areas per year, the programme could be completed in 1978 only three years after the original target date, or, at the rate of one area per year, in 1984. The sequence for bringing the areas into operation which had obtained since the last programme was formulated in 1964 was revised for the purpose of this new proposal, so as to balance out more evenly the number of houses to be dealt with year by year.

Supplies of solid smokeless fuel were maintained throughout the year and assurance was given by the official representative of the solid smokeless fuel industry that in connection with the proposed Smoke Control Area No. 13 adequate supplies of both Sunbrite and Premium smokeless fuels would be available when the Order comes into operation in October 1971. However, at the end of 1969 there were growing indications that the gas industry would close down certain coal carbonisation plants and therefore cease to produce "Gloco" earlier than had been expected. In this event, during the year 1970, some difficulty will arise in the overall supply position, because neither the Coal Board nor the private manufacturer is expected to be able to make up the deficiency.

In the event of "Gloco" going off the market over 5,000 houses in the Smoke Control Areas Nos. 1 to 8, which were based on the availability of soft coke, will be unable to comply with the orders, and consideration will need to be given to the suspension of these Orders to permit the burning of coal or other unauthorised fuel.

The Clean Air Act, 1968 (Commencement No. 2) Order, 1969, was made on the 22nd July. The Order had the effect of bringing into operation the remaining sections of the Act, none of which, however, relates to smoke control areas.

The Smoke Control Areas (Authorised Fuels) Regulations 1969 published in December declare two new authorised fuels, "Coziglo Nuts" and "Rexco Ovoids", both of which are to be produced in relatively small quantities for distribution in the south.

The Smoke Control Areas (Exempted Fireplace Order) 1969 was made on the 13th February. This Order has the effect of permitting for use in smoke control areas a wood waste burning furnace and a coal burning room-heater known as the "Housewarmer".

This appliance is in the form of a stand-in room-heater with a high output back boiler providing domestic hot water and operating a small central heating system. Reports on the operation of this appliance, which has been installed in a few areas in small numbers, have not been encouraging and the invention of a cheap, simple and efficient appliance able to burn raw coal smokelessly, which can replace the widely used domestic coal-burning fire, still remains a dream.

At the end of the year the progress of the smoke control programme was as indicated 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. 13	346	3,947	4,075	28.7.69	—

(b) *Orders Made and Confirmed*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 13	346	3,947	4,075	28.7.69	—

(c) *Position at 31st December, 1969*

	<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	1.10.1969
Area No. 13	346	3,947	4,075	1.10.1971
Totals	5,440	26,304	33,202	

(d) *Formal Action During 1969*

No. of Approvals of Proposed Works dealt with	..	..	570
No. of Claims for 70% grant approved	..	..	839
No. of Claims for 100% grant approved	..	..	70
No. of Section 12 Notices served	..	..	7
No. of Section 12 Notices complied with	..	..	—
No. of Section 12 Notices work still outstanding	..	..	7
Works carried out in default	..	..	—

OFFICES, SHOPS AND RAILWAYS PREMISES ACT, 1963

Submission of Annual Reports

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 certain prescribed statistical material for inclusion in the report the Minister suggests that narrative reports giving information about problems and difficulties encountered during the year would prove most useful and special reference has, therefore, been made in the report to certain matters. In particular, in a letter received in July 1969 from the Department of Employment and Productivity special reference was made to the administration of the Act and inspection arrangements in local authorities' areas. The Minister asked that comments on our own inspection arrangements be included in the narrative report in respect of 1969 and subsequent years. This would enable the Minister, should he deem it desirable so to do, to circulate to other authorities information on inspection arrangements and, in particular, to use it, if suitable, as a basis for planning inspection programmes. The procedure on inspection and enforcement has, therefore, been dealt with at length in the body of the following report.

Introduction

During 1969 the success of departmental work patterns became noticeable inasmuch as the second complete survey of all the premises registered under this Act was completed and that this survey had taken a much shorter period of time to complete than did a similar survey carried out shortly after the commencement of the Act. In the main, the contraventions found were of a minor nature and were quickly put right. This is very gratifying, particularly in view of a letter received from the Department of Employment and Productivity, concerning the methods of enforcement of the Offices, Shops and Railway Premises Act and offering guidance to Local Authorities on the procedures to be adopted by their inspectors. In particular comments on inspection arrangements were asked to be included in this report and these are set out under the appropriate headings. Probably the greatest additional single item of work during 1969 was in connection with the regulations

concerning hoists and lifts which came into operation on the 28th May. As a result of these Regulations lifts and hoists have to be examined at least once in every period of six months and the result of such examination kept readily available for inspection by Local Authority Inspectors. In the event of an adverse report a copy of this report is sent to the Local Authority. In this city there are numerous lifts and hoists particularly in the central area and, consequently, many inspections have been carried out. It is pleasing to report that these Regulations have been well received and have not presented major difficulties to the department. However, as always, some problems have arisen and these will be referred to under the appropriate heading in this report.

Referring to the statistics set out in this report, it will be noticed that the emphasis is on the number of general inspections carried out, which is greater than in any previous year, and it is worthy of note that only 1,128 inspections, other than general inspections, have been carried out. In fact, this means that any contraventions found were remedied promptly and, consequently, this reduces the number of re-visits made to ensure compliance. The contraventions found follow a similar pattern to that in previous years and are mainly concerned with temperatures, sanitary conveniences, floors, passages and stairs, first aid provisions and the failure to display the abstract of the Act.

Inspection Arrangements

Shortly after the commencement of the Act four Technical Assistants were appointed to supplement the staff of the Public Health Inspectorate and after a short period of in-service training these Technical Assistants started the first survey of the city. The work details adopted at that time have changed little during the ensuing years and have proved to be very satisfactory. It is also pleasing to be able to report that no difficulty has been experienced in obtaining Technical Assistants for these duties and on the occasion of a vacancy arising a most suitable person has been appointed. The work method adopted is as follows:—

- (1) With the exception of food premises (these premises will be referred to later) on all occasions the Technical Assistant carries out the general inspection of the Registered Premises and reports all contraventions found to the appropriate

District Public Health Inspector who then authorised the sending out of a letter enumerating the contraventions. (Any verbal notices are always confirmed by letter.)

- (2) After a period of time not exceeding 28 days the Technical Assistant revisits the premises and if the contraventions are still outstanding these are notified to the District Inspector who will then take personal control of ensuring that compliance with the Act is obtained.
- (3) The District Inspector will visit the premises and check that the contraventions still exist and interview the responsible person and, in the event of no satisfactory explanation being given, he will send a letter informing this person that a report will be submitted to the Health and Social Services Committee and consideration will then be given to the institution of legal proceedings in respect of a contravention of the Act.
- (4) A further re-inspection will be carried out within 7 days of the next meeting of the Health and Social Services Committee and if the contraventions still exist a report will be submitted and on almost every occasion legal proceedings will be authorised. The briefs of evidence are prepared by the Divisional Inspector responsible for the enforcement of this Act and the District Inspector is the principal witness.

In practice the majority of contraventions are put right between the first and second visits of the Technical Assistant and consequently a very small number are passed through to the District Inspector for enforcement action which may involve legal proceedings.

Because of the importance of the Food Hygiene (General) Regulations, the District Public Health Inspector carries out all duties under the Offices, Shops and Railway Premises Act in respect of food premises and, consequently, he will carry out the general inspection and all general enforcement procedure as indicated above.

Office Procedure

The Clerical Section of the Public Health Inspectors' Department is responsible for the preparation of all statistics and information received from the Technical Assistants and District Public Health Inspectors and obtained at the time of inspection. This data is

passed to the Clerical Section on cards, one card being related to each registered premises and after each visit to such premises the card is endorsed accordingly. The cards are thus readily transferred from person to person.

As with most Acts, particular problems arise from time to time and these are referred to the Divisional Public Health Inspector who, if necessary, will consult with the Senior Factory Inspector of the Department of Employment and Productivity appointed to act as Liaison Officer between the Factory Inspectorate and Local Authorities. In the event of new regulations being brought into operation the Divisional Inspector prepares the work method and, if necessary, gives general instructions to all staff carrying out duties under this Act.

In practice the above system has worked very well and has enabled this Authority to carry out two complete surveys of all registered premises between 1964 and 1969. It is envisaged that general inspections of all registered premises, other than food premises, will be carried out at approximately three yearly intervals, provided that the existing staff of Technical Assistants and Public Health Inspectors can be retained. The food premises will, of course, be inspected at more frequent intervals as this is necessary under the Food Hygiene (General) Regulations and it is convenient for the inspector during one visit to make a complete inspection under all relevant legislation.

Registrations

Registrations followed a pattern similar to that in previous years, a certain number of occupiers registering with this authority on taking up new premises, but many others being asked to register after being found during general surveys of the city. It is rather surprising that after five years there are still many people in business who do not appreciate the need to register with the Local Authority. New registrations totalled 383, a figure higher than in any of the previous three years and while some of the premises are new and being registered for the first time many more of the registrations concern premises where the occupation has changed.

General Provisions of the Act

Contraventions found followed patterns similar to those in previous years. In particular, there were 136 contraventions con-

cerning temperature, but it must be remembered that many of these were due to the failure to provide a thermometer and a relatively small number concerning too low temperatures. There were 177 contraventions concerning sanitary conveniences and in the main these were for relatively minor items such as defective seats, defective flushing tanks or lights not working satisfactorily. Floors, passages and staircases continue to be a source of concern and this year there were 143 contraventions found. The problem, to a large extent, is cleanliness and minor items of repair and does not exist to any significant extent in well managed premises. The first-aid provisions produced 135 contraventions and on 157 premises the abstract of the Act was not displayed. As can be seen these are relatively minor contraventions and are often due to forgetfulness.

Generally speaking the level of compliance has, once again, been high and matters brought to the attention of the various owners and occupiers of registered premises within this city have usually had prompt attention.

Lifts and Hoists Regulations

A considerable number of visits have been carried out under these Regulations and, as yet, major difficulties have not been found. The inspections, as required by the Regulations, are being carried out progressively and a high proportion of the lifts examined have been found to be satisfactory.

Two main problems have presented themselves, one of which concerns the smaller type of lift which, in the past, has often not been inspected or indeed covered by insurance but now must be inspected under the terms of these Regulations. Many owners of such lifts were not aware of these requirements and thus it has been necessary for the inspectors to find these lifts, classify them under the Regulations and, if necessary, remind the owners of their responsibility concerning them. The second problem concerns the reports of the lift inspection. These reports must be kept readily available for inspection by any inspector for some two years after the date of the signing of the report. On many occasions, particularly where large blocks of offices are managed by agents with offices in this city or with offices a considerable distance away, the reports have not been available at the premises where the lift is installed. In my view, if the report is to be readily available it should be at the

premises where the lift is. I am pleased to be able to report that after correspondence with several agents and large companies on this particular subject agreement on the keeping of these reports to the satisfaction of this Department has been reached.

Accidents

During the year 158 accidents were reported and 50 of these were investigated. By far the majority were relatively trivial matters and could have been avoided if some care had been taken by the person who sustained the accident. A very small percentage was due to the conditions existing at the premises and in no case did these conditions justify legal proceedings. A fatal accident, resulting in the death of a young girl, occurred in the kitchen of a large hotel. This girl appeared to slip on the floor and in falling struck her head against a metal fitting. Investigations carried out could find no reason to account for this person having slipped and after a post mortem examination it was suggested that the girl had collapsed due to natural causes.

There is clearly room for accident prevention work in registered premises and in an effort to promote this the inspectors are taking every opportunity to investigate even minor accidents and to point out simple precautions that can be taken to prevent them. It would also be a good practice if occupiers of large stores and offices would follow a continuing programme of accident prevention as these accidents do result in a considerable amount of time being lost by employees.

Prosecutions

In 1969 there were three prosecutions for contraventions of Sections 4, 9, 10, 12, 16 and 50. In all cases the contraventions were relatively minor but the persons concerned appeared to be most reluctant to comply with the relevant provisions of the Act and thus legal proceedings became necessary. Fines totalling £51 were imposed and costs totalling 12 guineas were awarded and it is a sobering thought that this money would, in some of the cases referred to above, have been more than enough to pay for the necessary work required under the Act to be carried out satisfactorily.

Ministerial Publications

During the year the following regulations and circulars were issued by the Department of Employment and Productivity.

Circulars

L.A. Circ. 4 (Supp. 3)	Relates to Exemption Order No. 8
L.A. Circ. 7 (Supp. 16)	Machinery—air circulating fans
L.A. Circ. 8 (Rev.) (Supp. 3)	Classification and Statistical Recording of Accidents
L.A. Circ. 9 (Supp. 7)	Lighting in Offices, Shops and Railway Premises
L.A. Circ. 9 (Supp. 8)	Noise in Offices and Shops
L.A. Circ. 11 (Supp. 6)	Training in First-Aid Treatment
L.A. Circ. 11 (Supp. 7)	Training in First-Aid Treatment
L.A. Circ. 17 (Supp. 3)	Reported Decisions of Courts of Summary Jurisdiction
L.A. Circ. 18 (Supp. 2)	Examination of Lifts
L.A. Circ. 19	Disclosure of Information to the Distributive Industry Training Board
L.A. Circ. 20	Use of Radioactive Luminous Compounds
L.A. Circ. 21	Establishment of Post Office as a Public Authority

Statutory Instruments

O.S.R.P. (Exemption No. 8) Order 1969. Exempts manually operated switch rooms in public telephone exchanges.

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	194	1,902	2,280
Retail Shops	139	2,116	2,315
Wholesale shops, warehouses	26	464	534
Catering establishments open to the public, canteens	23	374	319
Fuel storage depots ..	1	4	5
Totals	383	4,860	5,453

(b) Number of visits of all kinds by Inspectors to Registered Premises 6,877

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

Class of workplace	Number of persons employed
Offices	27,268
Retail Shops	18,158
Wholesale, departments, warehouses	5,986
Catering establishments open to the public	4,121
Canteens	330
Fuel storage depots	56
Total	55,919
Total Males ..	25,808
Total Females	30,111

(d) *Exemptions*

Class of premises	No. of current exemptions at end of year	During the year				
		No. of exemptions			No. of applications	
		newly granted	Ex-tended	expired or w'drawn	refused	opposed by em'ees
SPACE	—	—	—	—	—	—
TEMPERATURE ..	—	—	—	—	—	—
SANITARY CONVENIENCES						
Offices	1	1	—	—	—	—
Retail Shops ..	1	—	—	—	—	—
Wholesale shops, warehouses ..	—	—	—	2	—	—
Catering establishments open to public, canteens ..	1	—	—	1	—	—
Fuel storage depots ..	—	—	—	—	—	—
WASHING FACILITIES						
Offices	2	1	—	—	—	—
Retail Shops ..	1	—	—	—	—	—
Wholesale shops, warehouses ..	—	—	—	2	—	—
Catering establishments open to public, canteens ..	1	—	—	1	—	—
Fuel storage depots ..	1	—	—	—	—	—

(e) *Prosecutions*

Prosecutions instituted of which the hearing was completed in the year		
Section of Act or title of Regulations or Order (1)	No. of Informations Laid (2)	No. of Informations leading to a conviction (3)
Sec. 10	1	1
Sec. 4	2	2
Sec. 9	1	1
Sec. 12	1	1
Sec. 16	1	1
Sec. 50	1	1

No of persons or companies prosecuted 3

No. of complaints (or summary applications) made under Section 22 .. —

No. of interim orders granted.. .. . —

(f) *Staff*

No. of inspectors appointed under Section 52(1) or (5) of
the Act 25

No. of other staff employed for most of their time on
work in connection with the Act 1 Clerk (part-time)

(g) *Analysis of Contraventions*

Section	Number of Contra-ventions found		Section	Number of Contra-ventions found	
4	Cleanliness	33	14	Seats (Sedentary Workers)	—
5	Overcrowding	2	15	Eating Facilities	3
6	Temperature	136	16	Floors, passage and stairs	143
7	Ventilation	5	17	Fencing exposed parts machinery	7
8	Lighting	7	18	Protection of young persons from dangerous machinery	—
9	Sanitary Conveniences	177	19	Training of young persons working at dangerous machinery	—
10	Washing facilities	41	23	Prohibition of heavy work	—
11	Supply of Drinking water	—	24	First Aid—General provisions	135
12	Clothing Accommodation	5	49	Failure to Register with Local Authority	70
13	Sitting Facilities	—	50	Abstract of Act not displayed	157
				Total	921

(h) Accidents notified during the year 158

FACTORIES ACT, 1961

Although there was a further reduction in the number of factories on the register at the end of the year (960 as compared with 1,111 at the end of 1968), the number of inspections increased from 2,459 to 2,821. Virtually all of these inspections were of mechanical factories as very few premises are on the register where no mechanical power is used.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF
THE FACTORIES ACT, 1961

PART 1 OF THE ACT

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

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by Local Authorities	99	194	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	826	2,556	7	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises)	35	71	—	—
Total	960	2,821	8	—

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. In-spector (4)	By H.M. In-spector (5)	
Want of Cleanliness (S1)	1	—	—	—	—
Overcrowding (S2) ..	—	—	—	—	—
Unreasonable Temperature (S3) ..	—	—	—	—	—
Inadequate ventilation (S4)	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7)	—	—	—	—	—
(a) Insufficient ..	—	—	1	—	—
(b) Unsuitable or defective	16	5	2	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	2	4	7	—	—
Total	19	9	10	—	—

Outworkers

The number of outworkers notified to the department under the provisions of the Factories Act, 1961 fell to 16. In all of these cases the premises in which the work was being carried on were inspected to ensure that the standard of working conditions was not less than those required in factory premises. Such inspections carried out during the year totalled 32.

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Nature of work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel : Making, etc. ..	16	—	—	—	—	—
Total	16	—	—	—	—	—

FOOD AND DRUGS ACT 1955

Meat Inspection

The steady decrease in the total number of animals slaughtered in the city, which had been apparent for some years, continued during 1969. The figure of 97,177 animals in that year was the lowest figure since records were kept. These animals produced a total number of inspection units of 439,989 as compared with 550,195 in 1968 (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).

Meat inspection was carried out on 100% basis during the year without any difficulty although it was necessary for a total overtime of 1,391 hours to be worked in 1969 compared with 2,053 hours in the previous year. The income from meat inspection charges permitted by the Meat Inspection Regulations, 1963, fell from £6,877. 8s. 9d. to £5,499. 17s. 3d. Slaughtering hours at the abattoir continued as in previous years with no slaughtering on Sundays and half day slaughtering on Saturdays. Research and other educational

establishments were supplied from time to time during the year with specimens of diseased and healthy animal organs. Those supplied included the Department of Agriculture, Newcastle University; the Veterinary Investigation Centre of the Ministry of Agriculture, Fisheries and Food; the Royal Victoria Infirmary; the General Hospital; College of Further Education and the Royal Society of Health for examination purposes.

A feature of increasing importance during the year was the growing number of lectures and demonstrations at the abattoir given by the meat inspection staff to medical and agricultural students, school meals staff of the Education Authority, student and district nurses and numerous other educational bodies.

TABLE I
WHOLE CARCASSES CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease or Condition	Cattle	Sheep	Pigs	Calves	Total
<i>Septic Conditions:</i>					
Septicaemia ..	1	3	8	—	12
S. Arthritis ..	4	—	4	—	8
S. Peritonitis ..	1	—	1	1	3
S. Pleurisy ..	5	—	4	—	9
S. Pneumonia ..	2	4	1	1	8
Jaundice ..	1	1	—	—	2
Oedema and Emaciation ..	4	88	2	—	94
Traumatism ..	3	8	4	—	15
Blackquarter ..	1	—	—	—	1
Pyæmia ..	1	—	19	—	20
Anaemia ..	9	—	—	—	9
Gangrene ..	—	1	1	—	2
Arthritis ..	—	1	1	—	2
Emaciation ..	—	9	—	—	9
Multiple Abscess ..	—	1	5	—	6
Cyst. Ovis ..	—	1	—	—	1
Lymphosarcoma ..	—	1	—	—	1
Necrosis ..	—	1	—	—	1
Anaemia and Emaciation ..	—	4	—	—	4
Immaturity ..	—	3	—	1	4
Moribund ..	—	1	—	1	2
Extensive Bloodsplashing ..	—	1	—	—	1
Pyrexia ..	—	—	5	—	5
Imperfect Bleeding ..	—	—	1	—	1
Erysipelas ..	—	—	1	—	1
S. Pneumonia and Multiple Abscesses ..	—	—	1	—	1
S. Pneumonia and Pyrexia ..	—	—	1	—	1
Arthritis and Emaciation ..	—	—	2	—	2
Oedema ..	—	—	—	1	1

TABLE II

PART CARCASE OR ORGANS CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease or Condition	Cattle	Sheep	Pigs	Calves	Total
Johnes Disease ..	25	—	—	—	25
Actinobacillosis ..	99	—	—	—	99
Actinomycosis ..	16	—	9	—	25
Abscess ..	1,429	180	221	1	1,831
Pericarditis ..	92	202	958	—	1,252
Pneumonia ..	137	678	2,548	1	3,364
Pleurisy ..	1,050	973	1,683	3	3,709
Angioma ..	13	—	—	—	13
Peritonitis ..	494	124	517	1	1,136
Enteritis ..	40	8	118	—	166
Mastitis ..	201	—	160	—	361
Nephritis ..	173	63	174	—	410
Fascioliasis ..	12,234	7,884	5	—	20,123
Metritis ..	19	—	—	—	19
Congestion ..	17	5	24	—	46
Melanosis ..	13	5	—	—	18
Necrosis ..	31	—	—	—	31
Arthritis ..	1	79	239	—	319
Traumatism ..	126	83	384	—	593
Decomposition ..	4	5	—	—	9
Emphysema ..	47	—	—	—	47
Telangiectasis ..	654	—	—	—	654
Cirrhosis ..	517	58	187	—	762
Contamination ..	34	34	11	—	79
Hydronephrosis ..	36	—	62	—	98
Neoplasms ..	4	1	—	—	5
Echinococcus ..	43	32	—	—	75
Haematoma ..	19	—	—	—	19
Cyst. Bovis ..	108	—	—	—	108
Gangrene ..	1	2	—	—	3
Infarcts ..	2	—	29	—	31
Retention Cysts ..	33	2	51	—	86
Epicarditis ..	2	—	—	—	2
Pylonephritis ..	2	—	—	—	2
Brucellosis ..	2	—	—	—	2
Sarcocystitis ..	—	1	—	—	1
Pleurisy and Peritonitis ..	—	69	248	—	317
Muellarius Capillaris ..	—	196	—	—	196
Parasites ..	—	1,945	63	—	2,008
Pentastomes ..	—	516	—	—	516
Parasitic Pneumonia ..	—	276	—	—	276
Cyst. Ovis ..	—	108	—	—	108
Oedema ..	—	8	—	—	8
Tenuicollis ..	—	52	—	—	52
Blood Splashing ..	—	42	—	—	42
Ecchymosis ..	—	2	—	—	2
Ascariasis ..	—	—	3,189	—	3,189

TABLE II (continued)

Disease or Condition	Cattle	Sheep	Pigs	Calves	Total
Hypostasis ..	—	—	12	—	12
Pleurisy and Pericarditis ..	—	—	50	—	50
Bruising ..	—	—	2	—	2
Ascites ..	—	—	5	—	5

Bovine Tuberculosis

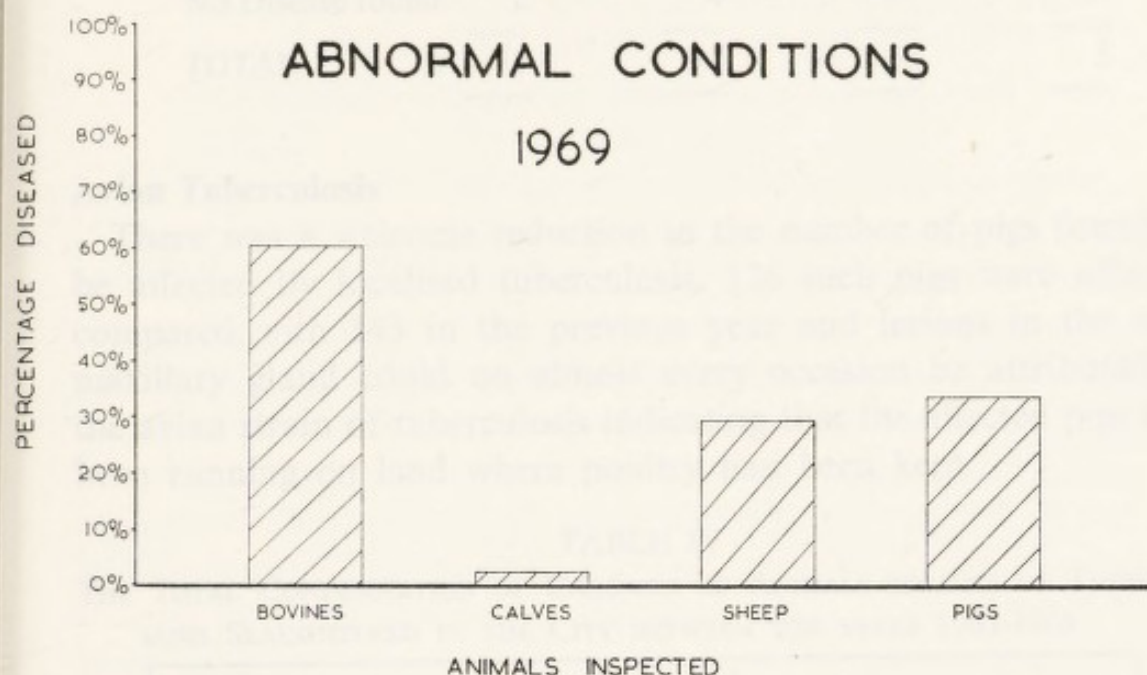
A fact worthy of comment is that four carcasses of beef were condemned for bovine tuberculosis during 1969. This compares with two in 1968 and none in 1967. There was also an increase in the number of carcasses partially affected by tuberculosis when the figure rose from 27 in 1968 to 40 in 1969. These figures must be taken as a warning and as evidence that bovine tuberculosis is still a possible danger and that vigilance must never be relaxed. Full details of tuberculosis in cattle were reported to the Ministry of Agriculture, Fisheries and Food to enable the tracing of the source of infection. During 1969, 38 cattle were sent into the abattoir under the Tuberculosis (Slaughter of Reactors) Regulations, 1950, as compared with only 17 in the previous year. Of the 38 reactors inspected three were found to be suffering from generalised tuberculosis, 29 had localised disease and in 6 cases no disease was found.

TABLE III

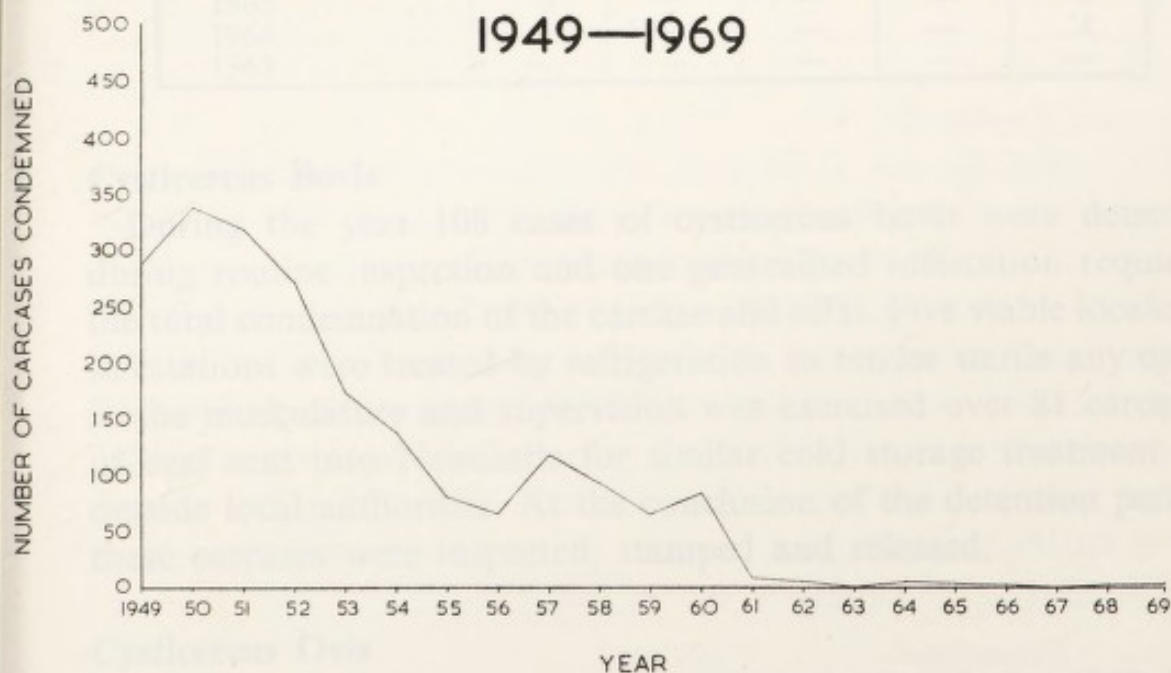
Animals Slaughtered	No.	Post-Mortem Evidence		
		Advanced	Other than Advanced	No Visible Evidence
Under Tuberculosis Orders ..	Nil	—	—	—
Under Tuberculosis (Slaughter of Reactors) Order, 1950 ..	38	Generalised	Localised	No disease found
		3	29	6

INSPECTED ANIMALS FOUND TO BE AFFECTED WITH DISEASED OR ABNORMAL CONDITIONS

1969



DECLINE IN THE NUMBER OF CARCASSES CONDEMNED BECAUSE OF TUBERCULOSIS 1949—1969



TUBERCULOSIS REACTOR ORDER, 1950

	<i>Steers</i>	<i>Cows</i>	<i>Heifers</i>	<i>Calves</i>
Localised . . .	11	13	5	—
Generalised . . .	—	1	1	1
No Disease found	2	4	—	—
TOTAL . . .	13	18	6	1

Avian Tuberculosis

There was a welcome reduction in the number of pigs found to be affected by localised tuberculosis. 126 such pigs were affected compared with 143 in the previous year and lesions in the sub-maxillary gland could on almost every occasion be attributed to the avian strain of tuberculosis indicating that the affected pigs had been running on land where poultry had been kept.

TABLE IV

THE TOTAL CONDEMNATION OF CARCASSES OF ANIMALS BECAUSE OF TUBERCULOSIS SLAUGHTERED IN THE CITY BETWEEN THE YEARS 1963-1969

Year	Cattle	Calves	Sheep	Pigs	Total Animals
1969 . . .	4	—	—	—	4
1968 . . .	2	—	—	—	2
1967 . . .	—	—	—	—	—
1966 . . .	1	—	—	—	1
1965 . . .	3	—	—	—	3
1964 . . .	1	—	—	—	1
1963 . . .	—	—	—	—	—

Cysticercus Bovis

During the year 108 cases of cysticercus bovis were detected during routine inspection and one generalised infestation required the total condemnation of the carcass and offal. Five viable localised infestations were treated by refrigeration to render sterile any cysts in the musculature and supervision was exercised over 81 carcasses of beef sent into Newcastle for similar cold storage treatment by outside local authorities. At the conclusion of the detention period these carcasses were inspected, stamped and released.

Cysticercus Ovis

There was 108 cases of cysticercus ovis in mutton during 1969, but all were found to be localised and degenerated and after condemna-

tion of minor portions, the carcasses were allowed to be passed for food.

TABLE V

INSPECTION OF SLAUGHTERED ANIMALS, 1969
CARCASSES AND OFFALS INSPECTED AND CONDEMNED IN
WHOLE OR IN PART

	Bovine	Calves	Sheep and Lambs	Pigs
Animals killed	27,235	217	42,187	27,538
Animals inspected	27,235	217	42,187	27,538
<i>Tuberculosis:</i>				
Carcasses condemned	4	—	—	—
Part carcasses or organs condemned	40	—	—	126
% affected by Tuberculosis	0.101	—	—	0.457
<i>Cysticercosis:</i>				
Carcasses affected	108	—	109	—
Carcasses condemned	—	—	1	—
Part carcasses or organs condemned	108	—	108	—
Carcasses treated by refrigeration	6	—	—	—
<i>Diseases or Abnormal Conditions other than Tuberculosis or Cysticercosis:</i>				
Carcasses condemned	17	5	147	61
Part carcasses or organs condemned	17,646	6	13,545	10,949

Imported Foodstuffs

There was greater activity on the Quayside in 1969 when the total imports of foodstuffs rose from 30,917 tons in 1968 to 42,105 tons in 1969 whilst the number of ships discharging food rose from 74 to 96. One unusual import during the year was 166 tons of African peanuts unloaded at the Quayside, most of them not in shell. Samples were, however, taken because peanuts, particularly when in shell, can be very harmful to man if affected by a particular mould growth. However, in this particular case all samples proved to be satisfactory. The total weight of food imported and subject to sampling and inspection was as follows:—

Bacon Sides	667,956	} Weight 42,105 tons
Cases of Canned Foods	395,667	
Poultry Packages	15,787	
Offal Packages	146,394	

Meat and Other Foodstuffs Condemned (Other than at the Abattoir)

In the wholesale meat depots and shops the following imported overseas meat was condemned.

BEEF	5,238 lbs., 309 lbs. ox kidneys, 458 lb. ox livers.
MUTTON	362 lbs., 980 lbs. sheep livers.
PORK	55 lbs., 3,220 lbs. pig kidneys. 168 lbs. maws - 134 lbs. Chinese rabbit.

The system of packaging imported meat is undergoing considerable change at the present time. The familiar quarter of beef from the Argentine has disappeared completely, not only because of the Foot and Mouth Regulations which prohibit the import of bone-in meat, but also because there is a general trend for the producer to carry out much more of the preparatory work immediately prior to export. Thus most of the imported meat now arrives in a chilled or frozen condition in easily handled cartons. A large trade is still carried on in the Newcastle wholesale meat shops in home killed meat brought into the area from Ireland, Scotland, Durham, Yorkshire and other parts of Northumberland. Of this "imported" meat and offal the following was condemned during routine inspection.

BEEF	2 carcasses plus 5,754 lbs., 1,928 lbs. heads, 113 lbs. kidneys, 123 lbs. lungs, 207 lbs. livers.
MUTTON	30 carcasses plus 1,943 lbs., 183 lbs. lungs, 10 lbs. kidneys, 436 lbs. liver.
PORK	12 carcasses plus 2,843 lbs., 202 lbs. heads, 30 lbs. lungs, 8 lbs. livers. 1,396 lbs. mixed offal.

The total weight of meat and other foodstuffs condemned during 1969 was 123 tons 19 cwt. 0 qtrs. 0 lbs. as compared with 189 tons 0 cwt. 1 qtr. 5 lbs. during the previous year.

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Beef, Veal, Mutton and Pork	16	11	1	17
Offals	74	7	3	10
Fish	—	18	—	—
Provisions and Tinned Goods	31	17	0	13
Fresh Fruit and Vegetables	—	4	2	16
	123	19	0	0

These condemnations involved the issue of 1,866 certificates.

TABLE VI
POULTRY AND GAME, FRUIT AND VEGETABLES, PROVISIONS,
ETC., DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION
DURING THE YEAR 1969

POULTRY AND GAME		TINNED GOODS		TINNED GOODS— <i>Continued</i>	
	lbs.		Tins lbs.		Tins ll
Chicken	1,558	Baby Foods	48 —	Vegetables	678
Rabbit	80	Baked Beans	857 —	Vienna Sausages	2
Turkey	137	Beans	584 —	Meat Paste	5
Fowl	150	Chicken	58 —	Meat Paste, jars	2
Fish	20	Chicken, jars	144 —	Pie Filling	13
		Cream	140 —	Kidney	3
		Cream, jars	9 —	Curried Food	7
		Fish	557 60	Jam, jars	748
		Frankfurters	207 —	Mince Meat	15
		Fruit	8,160 —	Peas	3,527
		Fruit, bottled	92 —	Jelly	48
		Fruit Pulp	355 —	Spinach	2
		Fruit Juice	431 —	Sweet Corn	3
		Ham	8,520	Mushrooms	2
		Hanburgers	2 —	Pease Pudding	39
		Irish Stew	92 —	Pickles, jars	385
		Meals	7,939	Chestnut Puree	2
		Mixed Grill	552 —	Hot Dods	534
		Mixed Vegetables	16 —	Beetroot, jars	177
		Milk, powder	56	Yogurt, cartons	44
		Milk	572 —	Canned Drinks	240
		Milk Puddings	804 —		
		Ravioli	20 —		
		Sausage	31 —		
		Soup	428 —		
		Spaghetti	47 —		
		Steak & Kidney	33 —		
		Stewed Steak	485 —		
		Syrup	1 —		
		Tomatoes	2,064 —		
		Tomato Juice	87 —		
		Tomato Puree	11 —		
		Biscuits, kpts.	125 —		
		New Potatoes	608 —		
FRUIT AND VEGETABLES					
Barley	1 bag				
PROVISIONS					
	lbs.				
Bacon	10,140				
Butter	73				
Cheese	583				
Cheese, pkts.	52				
Confectionery, pkts.	883				
Frozen Foods, pkts.	11,487				
Preserves, jars	4,849				
Preserves, tin	1				
Lard	212				
Sauce, jars	10				
Sausages	110				
Sausages, tins	11				
Sugar	274				
Currants	504				
Sultanas	275				
Raisins, sacks	10				
Corn Oil, tin	1				
Mixed Dried Fruit	168				
Dried Egg	55				
Eggs, whole	200				

Bacteriological Examinations

On occasion during the course of routine inspection post mortem lesions are found to be obscure and not readily identifiable and specimens are, therefore, required to be submitted to the Ministry of Agriculture, Veterinary Investigation Centre, for examination while the carcasses are detained until the report is available. During 1969 four such specimens were reported on, three of which were found to be satisfactory and one unsatisfactory requiring the total condemnation of the carcase and of the organs as indicated below.

Type of Animal	Disease Suspected	Bacteriological Report	Action Taken
Sheep	Obscure	Generalised parasitic condition	Carcase condemned
Cow	Salmonellosis	No pathogens	Carcase passed
Pig	Septicaemia	No pathogens	Carcase passed
Bull	Septicaemia	No pathogens	Carcase passed

Slaughterhouse Act, 1958

There are no licensed slaughterhouses within the city. The Abattoir, owned and controlled by the City Council, does not require a licence.

Imported Food Regulations, 1968

These Regulations, in addition to controlling the import of food generally, are designed to accommodate the container method of transporting food. Newcastle is the receiving Authority for large numbers of these containers which arrive sealed, and the responsibility for the inspection of the contents rests on the Public Health Inspectorate. Large quantities of container meat arrive in Newcastle wholesale shops almost daily.

Meat (Sterilization) Regulations, 1968

These Regulations require all condemned meat and all meat from knackers yards to be sterilised before leaving the premises. Some exceptions are permitted to allow raw meat to go under certain conditions to processing plants, research establishments and menageries. There are no knackers yards in the city and as there is a by-products plant at the abattoir, no problems arise there.

FOOD INSPECTION AND CONTROL

Analysis of Food and Drugs

The following statistical table shows that of 330 samples submitted for analysis the Public Analyst reported adversely upon 21 or

6.3% of the total. This compares with 540 samples submitted in 1968 of which number 8.3% 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) ..	17	—	17	—	—	—
(b) Milk— (Presence of Antibiotics) ..	—	60	60	—	—	—
(c) Ice Cream ..	—	—	—	—	—	—
(d) Other Foods (Chemical Analysis) ..	18	225	243	3	18	21
Pesticide Residues ..	—	8	8	—	—	—
(e) Drugs ..	—	2	2	—	—	—
Total ..	35	295	330	3	18	21

The number of samples submitted for analysis is alarmingly small due to a combination of circumstances over which the department has had little or no control. Food sampling and analysis has been subject to the same financial restrictions as other functions and this has resulted in less money being available for the purchase of samples. In the same period, not only has the price of food increased but public analysts fees have also increased. To keep within estimated expenditure, therefore, sampling has had to be done on a very restricted scale and the present situation is somewhat disturbing.

Since 1959 the number of samples purchased annually has decreased steadily from 811 to the present 330. Furthermore, the proportion of samples showing some irregularity has increased in the same period from 1.72% to 6.3% indicating that there is a continuing need for vigilance and greater coverage of food control. While increased costs and strained financial resources have been shown to be an important factor in this diminution of the work, by far the most serious deficiency is in the dearth of experienced staff to perform the duties of the office.

The food industry today is a vast complex of diversified industries and interests amongst which are included the food processing, conservation, preserving and packaging industries, the technology of which trades has developed at a rapid pace over the past few years. Food sampling, therefore, must not be seen to be merely a matter of purchasing samples. It is a duty which must be performed by men who have a wide knowledge of the food trades and the sophisticated processes carried on in those trades. By virtue of that knowledge they must be able to select those foods which are most likely to contain harmful ingredients or chemicals leached from packaging materials or used in excess of permitted amounts, or which are most likely to be deficient in standards of composition, or labelled in such a way as to mislead the purchasing public.

The duties call for the services of men skilled in their knowledge of the marketing of food merchandise and the harvesting periods of fruits, vegetables, fish and shellfish; of the dangers attendant upon the use of fertilisers and pesticides used in horticulture and agriculture and the possibility of these substances remaining in or on the foodstuffs when they come on to the market for sale. They must be acquainted with the diseases and infestations attendant upon the preparation of food in foreign lands and the hazards of transport to this country. Expertness in all of these facets of the work is necessary if the consumer of food is to be adequately protected and while the function needs only a small number of officers in relation to population those officers need to be highly specialised and of wide experience.

How far the city has fallen behind in this aspect of the work is shown by the fact that, for the greater part of the year, because of staff shortage, the work has had to be performed on a part-time basis by a district inspector. On the accepted basis of three samples per thousand of population the number of samples taken annually should be at least 700, but, for the reasons outlined above there seems to be little likelihood of any improvement in the situation taking place in the near future.

Comments upon 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 comments, where appropriate, as to compositional quality of the products.

(a) Milk

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 milk must contain not less than 4% fat. From the table following it will be seen that these standards are well maintained.

Designation	Number Samples Taken	Average Composition	
		Fat %	S.N.F. %
Untreated Milk (Farm Bottled) (Channel Islands)	7	4.96	8.90
Pasteurised Milk	6	3.7	8.61
Pasteurised (Channel Islands) Milk	1	4.40	9.08
Sterilised Milk	3	3.60	8.58
Total	17	—	—

(b) Antibiotics in Milk

A total of 60 samples of milk were submitted to the Public Analyst for examination of antibiotic residues. Insignificant traces of antibiotic were found in only two samples.

(c) Other Foods

(i) **Cheese.**—Two samples of cheese were not labelled in accordance with the Cheese Regulations, 1965. In one case the cheese was withdrawn from sale and in the other case the importers were notified and amendments to the labels were immediately put in hand.

(ii) **Sea Salt.**—The declaration on the label of a sample of sea salt stated that the product contained magnesium carbonate. This was found to be incorrect and the matter was taken up with the importers.

(iii) **Sausages.**—A number of samples of beef and pork sausages were taken and while these were found to be compositionally satisfactory 4 were found to contain sulphur dioxide as a preservative and this was not declared in accordance with the Preservatives in Food Regulations, 1962. One sample contained an excess of sulphur dioxide.

- (iv) **Drinking Chocolate.**—A sample of this product was labelled in an unsatisfactory manner and this was notified to the manufacturer.
- (v) **Meat Products.**—A sample of canned meat and egg was not labelled in accordance with the Canned Meat Products Regulations, 1967, and this was notified to the importer.
- (vi) **Fruit Cocktail.**—The list of ingredients had been omitted from the label and in this case the retailer withdrew from sale all remaining stock of this product.
- (vii) **Meat Pies.**—All other unsatisfactory samples related to meat deficiencies in meat pies. Briefly stated, the law requires pies to contain 25% meat, but there is a tolerance allowed depending upon the weight of the pie. In the cases reported upon by the Public Analyst it was considered that there had not been any deliberate attempt to defraud the public as the deficiencies in meat content had been only marginal. While the manufacturers of the pies were notified of the deficiencies the difficulties of complying with the Regulations were fully appreciated and towards the end of the year a report was in course of preparation in the department for submission to the Food Standards Liaison Committee of the Ministry of Agriculture, Fisheries and Food on some of the difficulties encountered in the enforcement of the Meat Pie and Sausage Roll Regulations, 1967.

Miscellaneous Comments

There were no statutory instruments issued during the year which significantly altered food and drugs legislation.

At the end of the year the use of cyclamates in food and drink was forbidden by the Artificial Sweeteners in Food Regulations, 1969.

Bacteriological and Other Examination of Food

Milk

There was a slight improvement in the bacteriological quality of milk as compared with 1968 although the unsatisfactory samples from milk dispensers continued to give cause for concern particularly during the early part of the year. During 1968 more than 40% of

milk samples had been found to be unsatisfactory and towards the end of that year and in early 1969 this matter was the subject of exhaustive investigation.

The total demand for milk from dispensers depends upon the season of the year and other conditions and varies between 100 and 250 gallons each day. Approximately 10% of this quantity is in the form of untreated milk the remaining 90% being pasteurised homogenised milk used in polythene packs or pasteurised milk used in the conventional way. There are three main suppliers of dispenser milk, two of which are dairies situated within the city where some of the milk is pasteurised before being delivered to the snack bars, etc., in bottles, churns or Pergall polythene packs. The remainder of the milk is supplied from farms outside the city and is delivered to the snack bars, etc., as untreated milk in bottles or churns. The factors which were found to affect the bacteriological quality of milk sold from dispensers were (a) milk which is unsatisfactory before it arrives in the city; (b) the handling, treatment and storage at the dairy; (c) the storage and handling of milk at the retail premises and (d) the dispenser and its maintenance and operation.

All of these matters were examined in detail and it was concluded that probable causes of unsatisfactory samples were (a) poor bacteriological quality of the milk arriving in the city; (b) unsuitable storage conditions in relation to time period and temperature at the vending premises (milk should be used within 24 hours of delivery and not, as has been known, kept three or four days, a practice which is not uncommon when using the "Milkpak"); (c) failure to assess demand, which means overbuying, resulting in extended storage; (d) the improper operation of a dispenser by leaving milk in overnight thus preventing adequate sterilisation and cleansing and (e) the transfer of milk into the container or dispenser by means of a jug or similar vessel frequently leading to contamination as often the jug or vessel had not been sterilised.

During the early months of 1969 special attention was directed to dispensers in operation in catering establishments and it was gratifying to note not only a dramatic improvement in the actual handling of milk sold in this way but also a greater awareness of the importance of hygiene in this particular trade. Undoubtedly press publicity at that time had a most encouraging effect so far as the sale of milk for immediate consumption was concerned and this improvement was more or less maintained throughout the rest of

the year during which only 7% of dispenser samples were found to be unsatisfactory as compared with 43% in 1968.

BACTERIOLOGICAL EXAMINATION OF MILK					
Designation of Milk	Samples Taken	Satisfactory	Unsatisfactory	Void	% Unsatisfactory
Untreated (Farm Bottled) ..	57	54	3	—	5.3%
Untreated (From Dispenser)	33	23	10	—	30.3%
Pasteurised (Bottled) ..	124	120	2	2	1.6%
Pasteurised (From Dispensers)	144	139	2	3	1.4%
Pasteurised (From Churns)	48	33	15	—	31.3%
TOTALS ..	406	369	32	5	—

Tubercle Bacilli

During the year 22 samples of milk were submitted for examination for tubercle bacilli and all were found to be negative.

Brucella Abortus

Thirty samples were examined for brucella abortus comprising 26 farm bottled and 4 from dispensers. Seven samples failed the Ring (or screening test) and another one was doubtful, but on further examination only two of these were found to contain the organism of brucella abortus. Appropriate notifications were sent in respect of the positive samples.

Ice Cream

The ice cream manufacturers are acutely conscious of the necessity to produce a bacteriologically pure product and the greatest care is taken to ensure that the consumer receives a wholesome food free from the organisms of disease. While 22 of the 66 samples taken during the year were placed in the "unsatisfactory" category closer

investigation would reveal that this was due, probably, to post pasteurisation contamination, that is to say, contamination after the ice cream has left the factory either, as in the case of milk, through coming in contact with unclean surfaces or through carelessness in handling.

Provisional Grade	BACTERIOLOGICAL EXAMINATION OF ICE CREAM		
	Classification	No. of Samples	Percentage
1	Satisfactory	41	62.13
2	Reasonably satisfactory	3	4.54
3	Unsatisfactory	5	7.58
4	Unsatisfactory	17	25.75
		66	100.00

Other Foods

During the year a cargo of bacon imported from abroad came under suspicion and samples were submitted for bacteriological and other examination. Pathogenic organisms were not found and after trimming away contaminated surfaces the cargo was released.

Registrations

(a) Milk and Dairies (General) Regulations 1959,

Applications were received from 45 persons for registration as distributors of milk. At the end of 1969, the fourth year of the quinquennial registration period, the total number of distributors on the register was 634.

(b) Milk (Special Designations) Regulations, 1963

All licences issued under the above regulations are for quinquennial periods and will be required to be renewed on 1st January, 1971. There were 634 licences in force at the end of the year and of this number 45 had been added during the year in respect of the sale of designated milk.

(c) Registration of Food Premises

During the year there were 36 applications made under the provisions of the Newcastle upon Tyne (General Powers) Act, 1935, by persons who wished to manufacture or sell ice cream within

the city. In addition there were eight applications made under the provisions of Section 16 of the Food and Drugs Act, 1955, for registration of premises upon which sausages or potted, pressed, pickled or preserved foods were to be prepared.

At the end of the year there were 539 premises registered for the manufacture or sale of ice cream and 336 premises registered for the preparation of other foods.

Food Hygiene

The regular inspection of such a large number of registered premises becomes a major problem when staff is depleted. Nevertheless, efforts have been made in the interests of public safety to ensure a reasonable standard of hygiene in all food premises, whether registerable or not and, as will be seen from the following table, this amounts to no less than 2,294 places which should be visited routinely to ensure compliance with the Food Hygiene (General) Regulations, 1960/62.

FOOD PREMISES SUBJECT TO THE FOOD HYGIENE (GENERAL) REGULATIONS 1960

GROUPED INTO CATEGORIES OF TRADE

Type of Premises	Total Number
Abattoir	1
Bakehouses	52
Bingo Halls	2
Butchers	182
Catering	303
Chemists	45
Cinema and Theatres ..	18
Confectioners	351
Dairies	10
Fish Fryers	70
Fishmongers	45
Food Manufacturers ..	32
Food Packers	14
Food Storers	42
General Dealers	361
Greengrocers	140
Grocery and Provisions	202
Leisure Centres	1
Licensed Premises ..	422
Sugar Boilers	1
Total	2,294 Premises

Poultry Processing

There are no poultry processing premises in the city.

Fertilisers and Feeding Stuffs Act, 1926

During the year four samples of fertilisers and four samples of feeding stuffs were submitted to the Agricultural Analyst. In all samples the Statutory Statements were correct within the limits of variation.

DISEASES OF ANIMALS

Foot and Mouth Disease

There was no case of foot and mouth disease reported in the United Kingdom during 1969.

Tuberculosis

No animal was dealt with under the Tuberculosis Order 1964, but 38 bovine animals were sent for slaughter under the Tuberculosis (Slaughter of Reactors) Regulations, 1950.

Anthrax

No case of anthrax was reported in the city during the year, but 234 cases occurred elsewhere in the country.

Swine Fever

No case of swine fever was notified in the United Kingdom during 1969.

Fowl Pest

There were during 1969, 43 outbreaks of fowl pest in this country but fortunately none occurred in the city.

Brucellosis (Accredited Herds) Scheme

As a result of the operation of the above scheme 31 positive reactors were dealt with at the abattoir during 1969. The carcasses after the rejection of certain parts were passed for food.

Rabies

One case occurred in the United Kingdom in 1969 which led to an increase in the period of quarantine, but the city was not affected.

Psittacosis

One case of psittacosis occurred during the year in a parakeet kept by a resident in the city. The bird was removed by the Ministry of Agriculture, Fisheries and Food and kept under observation for the requisite period.

Abattoir, Livestock Market and Transit of Animals

There is now no livestock market within the city boundary. When the Newcastle cattle market closed in October 1968 it was replaced by the Tyneside Market, an undertaking which is carried on in premises in the Newburn Urban District just outside the western city boundary. This market is now supervised for the purposes of the Diseases of Animals Acts by the Northumberland County Police.

The abattoir continues to run much below capacity owing to the prolonged shortage of stock going through and is, in fact, supplying butchers meat to little more than half the meat trade of the city. Modern methods of carcase dressing have now been fully accepted and a much higher standard of meat hygiene has been achieved in the abattoir than was possible when working in the old slaughterhouses in former years.

During the year six animals comprising two heifers, one cow, one calf and two pigs were found dead in the abattoir lairage as compared with 12 in 1968 and 41 in 1967. This improvement is almost certainly due to the more settled state of stock throughput, the better care of the animals, closer and more immediate supervision by the inspection staff and the shorter period during which animals are kept in an abattoir lairage as required by the Slaughterhouses (Hygiene) Regulations. This shorter lairage period assists in the prevention of a build-up of infection on the premises. Of the six dead animals found it was thought advisable to bring in as a precautionary measure, the veterinary consultants in relation to four of the cases.

On one occasion during the year suspicious lesions were detected during routine meat inspection and it was necessary to stop production and inform the Minister of Agriculture, Fisheries and Food of a suspected scheduled disease. Movement restrictions were immediately placed on the abattoir, but fortunately these precautions were found to be unnecessary and the restrictions were withdrawn after a few hours.

An encouraging development emerging during 1969 was the establishment of an export trade in meat from the abattoir. During the year 320 carcasses of beef, 972 carcasses of sow pork, 3,620 carcasses of pork pigs and 2,037 carcasses of lamb were dealt with and exported to France, Belgium and Switzerland. This meat which is specially pre-conditioned is collected from the abattoir by a refrigerated container van which crosses to Europe by ferry and completes the entire journey without the meat ever having been handled.

PEST CONTROL

Rodent Control

The number and degree of rat infestations remained much the same during 1969 as in previous years. This appears to be more or less a situation which exists nationally and it may quite reasonably be submitted that there should be a definition of rodent control policy declared at Ministerial level. During the last 40 or 50 years there have been rat destruction campaigns from time to time but it is doubtful whether the rat population is substantially smaller than it was in pre-war years. The efforts of most local authorities appear to result in the preservation of the status quo so far as the rat population is concerned and if any truly effective measures are to be employed on rodent eradication work it seems clear that a much wider and more intense technique and policy should be adopted. House improvement areas and smoke control areas are accepted means of dealing with a widespread problem by a concentrated effort and an approach of this kind might be used with advantage in dealing with rodent control.

The "rat free area" technique has recently been employed in certain rural parts of the country but there appears to be no overwhelming obstacle to the application of a similar policy in urban areas. Having regard to the health hazards and economic loss associated with an uncontrolled rodent population, any additional expenditure involved in pursuing a "rat free area" policy must surely be well worth while and could by the suitable application and enforcement of the Prevention of Damage by Pests Act, 1949, go a long way to ensuring success.

RAT AND MICE INFESTATIONS DURING 1969

	Dwelling Houses	Other Premises	Total
Number of properties inspected	2,514	1,486	4,000
Number of visits (including revisits)	7,483	4,922	12,405
Number of properties found to be infested:			
Rats ..	362	176	548
Mice ..	834	257	1,091
Number of infested properties treated by Local Authority:			
(a) On complaint	1,196	455	1,651
(b) Under contract	—	87	87
"Block Control" schemes	85	—	85

Feral Pigeons

Demolition work in the city centre, particularly in the neighbourhood of the Laing Art Gallery and Eldon Square has substantially interfered with the operation of pigeon traps which had been erected in these neighbourhoods which almost entirely accounts for the fact that during 1969 only 372 pigeons were caught as compared with 805 during the previous year.

Disinfestation (Slum Clearance)

During the year there was a further increase in the disinfestation of household effects prior to removal into council houses from unfit houses when 1,137 cases were dealt with compared with 1,109 in 1968. The work involved the spraying of 2,381 rooms and the disinfestation of bedding on 50 occasions. Most of the houses from which rehousing took place and in respect of which disinfestation was carried out were in the Buddle Road, Grace Street and Gill Street areas.

Disinfestation (General)

A total of 896 premises were dealt with during the year comprising 875 houses and 21 business premises. Most of the infestations were

of cockroaches, fleas and bugs. In dealing with these infestations 122 lbs. of insect powder, 455 gammexane smoke generators and 570 gallons of liquid insecticide was used. Two men are engaged on disinfestation work and are also responsible for carrying out disinfection after cases of infectious disease. The number of visits for disinfestation purposes during the year was 3,122. The table below shows the different kinds of insects, etc., in respect of which disinfestation measures had to be taken during the years.

PREMISES DISINFECTED

Premises infested with cockroaches	..	..	607
Premises infested with fleas	..	..	84
Premises infested with bugs	..	..	74
Premises infested with red mite	..	..	Nil
Premises infested with plaster beetles	..	..	23
Premises infested with bees	..	..	11
Premises infested with wasps	..	..	40
Premises infested with woodworm	..	..	8
Premises infested with flies	..	..	2
Premises infested with maggots	..	..	6
Premises infested with slugs	..	..	10
Premises infested with lice	..	..	6
Premises infested with ants	..	..	20
Premises infested with earwigs	..	..	3
Premises infested with bluebottles	..	..	2
Total			896
Premises fumigated	..	..	79
Premises disinfected —Tuberculosis	..	..	4
—Scabies	..	..	26
Total			109
Grand Total			1,005

MISCELLANEOUS MATTERS

During the year the following legislation affecting the work of the department came into operation.

The Public Health (Recurring Nuisances) Act, 1969

The Public Health Act, 1936, enables a local authority to seek the abatement of a statutory nuisance but contains no provisions for ensuring that, once abated, the nuisance would not recur. The above Act makes good this omission by enabling a local authority to require a person causing a nuisance to take such steps as may be necessary for preventing its recurrence.

The Housing Act, 1969

The provisions of this Act are extensive and in the main extend or amend the provisions of earlier "Housing" and "Rents" Acts.

Increased grants are provided for those who wish to improve their dwellings by conversion or the addition of "standard" amenities, i.e. a bath, wash-hand basin, sink, hot and cold water and a water closet.

Powers are conferred upon local authorities to secure area improvement in their districts and the law is strengthened in regard to those houses which are in multiple occupation by, amongst other things, including prescribed control provisions in registration schemes.

The law is amended with regard to rent payable for certain dwellings which are in good repair and is extended in connection with payments for houses which have been well maintained but are nevertheless unfit within the meaning of the Act. It amends, in some measure, the matters to be taken into account in the assessment of unfitness.

The Offices, Shops and Railway Premises Act, 1963 (Exemption No. 7) Order, 1968

A previous Order (Exemption No. 3), made under the Offices, Shops and Railway Premises Act, 1963, exempted certain buildings used for retail sales from the requirements of the Act relating to the installation of sanitary conveniences provided that there were public or other sanitary conveniences nearby which persons employed in the exempted premises could use.

The exemption was for a period of three years from 1st January, 1966. The new 1968 Order came into force on 1st January, 1969, and continues, without limitation of time, the exemption granted by the No. 3 Order to small buildings and structures situated in public open spaces or near beaches.

The Clean Air (Height of Chimneys) (Exemption) Regulations, 1969

Under the Clean Air Act, 1968, a person having possession of a boiler or industrial plant attached to a building or installed on any land is required to obtain the approval of the local authority as to the height of the chimney if he proposes to construct a new chimney or enlarge the furnace. Certain boilers and plant are exempted from this provision, however, if they are used for a "prescribed purpose" and the above Regulations set out the meaning of "prescribed

purpose". This must be taken to mean temporary provision of heat or power during replacement or maintenance of permanent equipment, building operations, engineering construction, investigation or research and agricultural operations.

The Clean Air (Height of Chimneys) (Prescribed Form) Regulations, 1969

These Regulations set out the form to be used and the particulars to be given when application is made to the local authority under Section 6 of the Clean Air Act, 1968, for approval of chimney height.

The Clean Air (Arrestment Plant) (Exemption) Regulations, 1969

The Clean Air Act, 1968, requires certain kinds of furnaces to be provided with plant for arresting grit and dust. Certain classes of furnaces are exempted from this requirement and the above Regulations prescribe such classes of furnace and the purposes for which they are used.

The Clean Air (Emission of Dark Smoke) (Exemption) Regulations, 1969

The Clean Air Act, 1968, makes it an offence to emit dark smoke from any industrial or trade premises but the Minister of Housing and Local Government is given power to make Regulations which would exempt the emission of dark smoke caused by the burning of any prescribed matter.

The above Regulations set out the materials which are exempted from the dark smoke provisions of the Act and these include timber and other waste matter from the demolition of a building; explosives which have become waste; matter which is used in training in fire fighting or research into cause of fires; tar, pitch and asphalt burnt in connection with the laying of roads; carcasses of diseased or moribund animals and birds; pesticides and other noxious substances used in agriculture, etc. While these matters are exempted, certain conditions as to safety and the minimising of smoke are laid down.

The Meat (Sterilisation) Regulations, 1969

These Regulations require all knacker meat and meat which is imported otherwise than for human consumption, as well as butchers' meat or imported meat which in either case is unfit for human

consumption, to be sterilised before entering the chain of distribution. Similarly, imported meat without an official certificate or meat inspection stamp must be sterilised or bear a notice that it is not fit for human consumption. Provision is made for zoos, medical and veterinary schools and similar institutions to receive unsterilised unfit meat provided it is conveyed in properly sealed vehicles and suitably labelled.

The Canned Meat Product (Amendment) Regulations, 1968

These Regulations amend the Canned Meat Product Regulations, 1967, by exempting canned sliced bacon from the requirement that the "lean meat content" shall be not less than 60 per cent of the minimum meat content of the product.

A separate standard is set for the meat content of chopped or minced meat which is suitable for slicing and some restriction is placed upon the use of the expression "ready meal" on the label of a canned meat product.

The Sausage and Other Meat Product (Amendment) Regulations, 1968

This amending regulation provides that the principal regulations do not apply to a canned meat product after removal from its container.

SUMMARY OF LEGAL PROCEEDINGS

Case No.	Contravention of	No. of Offences Proved	Fines Imposed and Orders Made	Costs Ordered to be paid
1	Newcastle upon Tyne Corporation (General Powers) Act, 1935, Sec. 10	Withdrawn	Property conveyed to Corporation	
2	Public Health Act, 1936, Secs. 93/94	1	Nuisance Order 3 months	
3	Newcastle upon Tyne Corporation (General Powers) Act, 1935, Sec. 10	1	Order 3 months	
4	do.	1	Order 28 days	4 0
5	do.	Case dismissed	Defendant in hands of official receiver	

SUMMARY OF LEGAL PROCEEDINGS—*continued*

Case No.	Contravention of	No. of Offences Proved	Fines Imposed and Orders Made	Costs Ordered to be paid
6	Public Health Act, 1936, Secs. 93/94	1		£2 1 8
7	Food and Drugs Act, 1955, Sec. 2	1	£15 0 0	£18 10 0
	Food & Drugs Act, 1955, Sec. 14	1		
	Food Hygiene (General) Regs., 1960	4	£30 0 0	£4 19 0
8	Housing Act, 1961, Sec. 19	2	£30 0 0	
9	Public Health Act, 1936, Sec. 95	1	£20 0 0	
10	Food Hygiene (General) Regs. 1960	3	£24 0 0	£5 5 0
11	Public Health Act, 1936, Sec. 93/94	1	Nuisance Order 14 days	
12	Food Hygiene (General) Regs. 1960	6	£90 0 0	£5 5 0
13	Food & Drugs Act, 1955, Sec. 2	1	£30 0 0	£4 4 0
14	Newcastle upon Tyne Corporation (General Powers) Act, 1935, Sec. 10	1	Nuisance Order 1 month	
15	Offices, Shops and Railway Premises Act, 1963, Sec. 10	1	£10 0 0	£4 4 0
16	Offices, Shops and Railway Premises Act, 1935, Sec. 4, 9, 12, 16 and 50	5	£31 0 0	£4 4 0
17	Public Health Act, 1936, Secs. 93/94	Withdrawn		4 0
18	Public Health Act, 1936, Sec. 45	1	£3 0 0	£4 4 0
19	Housing Act, 1961, Sec. 15	1	£20 0 0	£4 4 0
20	Public Health Act, 1936, Secs. 93/94	Withdrawn		4 0
21	Offices, Shops and Railway Premises Act, 1963	1	£10 0 0	£4 0 4
22	Food & Drugs Act, 1955, Sec. 2	1	£35 0 0	£4 4 0
23	Food Hygiene (General) Regs., 1960	2	£20 0 0	£4 4 0
24	Public Health Act, 1936, Secs. 93/94	Withdrawn		4 0
25	do.	do.		do.
26	do.	do.		do.
27	Public Health Act, 1936, Secs. 39, 45, 93/94	3	£4 0 0 Nuisance Order 28 days	£4 4 0
28	Public Health Act, 1936, Sec. 39	1		4 0
29	Food & Drugs Act, 1955, Sec. 2	1	£40 0 0	£4 4 0
30	do.	1	£20 0 0	£4 4 0
31	Public Health Act, 1936, Secs. 39 and 93/94	1	£2 0 0	£4 0 0
32	Public Health Act, 1936, Sec. 93/94	Withdrawn		4 0
33	Public Health Act, 1936, Secs. 45 and 93/94	1	£2 0 0	£4 0 0

SUMMARY OF LEGAL PROCEEDINGS—*continued*

Case No.	Contravention of	No. of Offences Proved	Fines Imposed and Orders Made	Costs Ordered to be paid
34	Food & Drugs Act, 1955, Sec. 3	1	£20 0 0	£4 0 0
35	do.	1	£25 0 0	£5 5 0
	Food Hygiene (General) Regs., 1960	6	£55 0 0	
36	Food & Drugs Act, 1955, Sec. 2	1	£25 0 0	£5 5 0
37	do.	1	£25 0 0	£4 4 0
38	Public Health Act, 1936, Secs. 45 and 93/94	With-drawn		12 0
39	Food & Drugs Act, 1955, Sec. 2	1	£25 0 0	£5 5 0
40	do.	2	£20 0 0	£6 14 0
41	Food Hygiene (General) Regs., 1960	13	£65 0 0	£5 0 0

Hairdressing Establishments

There were 25 new applications for the registration of hairdressing premises approved during 1969 and six premises ceased to operate bringing the total of registered premises at the end of the year to 260. Unfortunately, it was possible to make only 246 inspections of hairdressing establishments during the year.

Rag Flock and Other Filling Materials Act, 1951

At the end of the year the number of licensed and registered premises in the city was as follows:—

Registered premises at the end of the year	..	13
Licensed premises at the end of the year	..	2
No. of inspections	.. .. .	20
Samples taken	.. .. .	10

All of the samples taken were satisfactory and comprised the following:—

SAMPLES TAKEN

Coir Fibre	.. .. .	3
New Wool Felt	.. .. .	2
Cotton Felt	.. .. .	1
Rag Flock	.. .. .	1
New Cotton Felt	.. .. .	1
Loose Flock	.. .. .	1
Layered Washed Flock	.. .. .	1
Total	.. .. .	10

Pharmacy and Poisons

During the year five new registrations were approved and in 22 instances sellers ceased to sell Part II poisons. At the close of the year Part II of the Poisons Act list comprised the following sellers:—

General Dealers	..	..	..	..	90
Hairdressers	..	..	..	..	4
Druggists	..	..	..	..	7
Hardwaremen	..	..	..	..	7
Seedsman etc.	..	..	..	..	5
Chemical and disinfectant manufacturers	..	..	..	..	2
Ironmongers	..	..	..	..	6
Motor Factors	..	..	..	..	1
Total	..	..	..	..	122
New registrations	..	..	..	..	5
Ceased to sell Part II poisons	..	..	..	..	22

Pet Animals Act, 1951

During the year 18 licences were granted to persons to keep pet shops in the city. A total of 17 inspections of the premises concerned were carried out and the conditions generally were found to be reasonably satisfactory.

Staff Appointments

The year 1969 produced many staff changes brought about by resignations and retirements. Mr. S. Holliday was promoted from the Senior Public Health Inspector to Divisional Public Health Inspector (Food Inspection and Control) following the retirement of Mr. G. F. Phillips to which reference is made below. Mr. H. S. Wilson, a former District Public Health Inspector, was promoted to Senior Public Health Inspector (Food Inspection and Control) to fill the vacancy thus created. A vacancy for a Senior Public Health Inspector (General) was filled by the promotion of Mr. E. T. Arkless, a former District Inspector. Only one inspector was recruited from outside sources when Mr. J. A. Gradwell was appointed. Mr. Gradwell had trained and qualified with a nearby authority but as that authority enjoyed a full establishment he made himself available to join the depleted ranks of the Newcastle Department.

Messrs. N. Clark, B. Davies and D. Fox were appointed as district public health inspectors after passing the Final Diploma Examination during the year. In mid-year Mr. E. Shearer was

appointed as an authorised meat inspector and Mr. D. Ward as a Technical Assistant (Housing) while Mr. C. Hardy took up duties as a rodent operator. Vacancies in the clerical section were filled by Miss H. Kay and Miss M. A. Fox. Vacancies in the pupil training section were filled towards the end of the year by Messrs. D. W. Robinson and E. Slicer.

Staff Resignations

The only member of inspectorial staff who resigned during the year was Mr. D. G. Jones, Senior Public Health Inspector (Admin.), who took up a post in Zambia in a teaching appointment. Mr. R. Croudace left his post as a rodent control operator to take up a position in industry and Mr. J. Secombe and Mesdames Dees and Golightly obtained posts in other departments of the Corporation.

Retirements

Undoubtedly 1969 was the worst year from the staffing point of view in respect of retirements when three long-experienced and outstandingly capable inspectors retired. Mr. G. F. Phillips, Divisional Public Health Inspector (Food Inspection and Control), retired after 43 years' service in the Health and Social Services Department. During almost the whole of this period he was concerned with meat and food inspection and he will be long remembered for his activities in training public health inspectors, meat inspectors and others who are now serving in districts spread widely throughout the country. The Health and Social Services Committee marked his departure with a presentation of a gold watch.

A severe loss to the department was also the retirement of Mr. J. G. Simpson, who had served the Corporation for 22 years, the last 14 years of which period was served as a Senior Public Health Inspector in the Housing Section. His detailed and exhaustive knowledge of housing conditions throughout the city were invaluable to the prosecution of the slum clearance programme with the formulation of which in 1955 he was closely associated.

The district inspection division also lost an outstanding officer when Mr. A. Ibbitson retired towards the end of the year after 37 years of service with the Corporation, the last 24 years of which had been served as a Senior Inspector. Mr. Ibbitson had acquired a well deserved reputation in North Eastern circles as an authority on

insect pests and his departure will mean a loss to the department of much local information on pest control.

Special Leave

In September Mr. R. G. Puffitt, Divisional Public Health Inspector (Housing and Smoke Control) returned from attending Kent University where he was successful in obtaining his M.A. Degree in Local Government.

Conclusion

Acknowledgment of the friendly assistance of various members of the Council and particularly members of the Health and Social Services and the Housing Committees is gratefully offered. I am particularly indebted to the loyal and hard working staff who have faced the difficulties of 1969, particularly problems arising from staff deficiencies, with ready co-operation.

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. Up to 31st March 1969 these services were known as the 'supplementary ophthalmic services' but from 1st April 1970 following the coming into operation of the relevant section of the Health Services and Public Health Act 1968, are now known as 'the general ophthalmic services'.

On 1st April 1970, there were 195 doctors (109 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors' lists was 246,077, 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.

1,718,236 prescriptions were dispensed during the year by City chemists and appliance contractors of which at 31st March 1970, there were 76. The total cost of these prescriptions to the National Health Service after deduction of patients charges (introduced on 10th June 1968), was £1,074,824.

During the year, 2,653 claims were submitted by doctors for maternity services rendered to their patients. The gross fees paid for these services amounted to £24,394. The Acting Medical Officer of Health is a member of the Local Obstetric Committee.

At the 31st March 1970, there were 59 principal practitioners providing general dental services in the City. 79,210 courses of treatment were given during the year 1st April 1969 to 31st March 1970, as compared with 83,951 the previous year.

Under the general ophthalmic service, 52,341 sight tests were given during the year, 1,091 to children under arrangements made with the Local Authority. 41,827 persons were supplied with glasses during this period. Approximately 39.7% of the applicants for glasses resided outside the City boundaries.

The total expenditure on the various services administered by the Council during the year ended 31st March 1970 was as follows:—

	£
General Medical Services	668,258
Pharmaceutical Services	1,075,875
General Dental Services	280,946
General Ophthalmic Services	121,207
Administration	34,789
	<hr/>
	£2,181,075

Based on the Registrar General's estimate of population at 30th June 1969, this represents an expenditure of £9 1s. 6d., per head but it should be remembered, particularly of the general dental services and the general 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, 1969 to 31st March, 1970, viz. Counc. B. Abrahams, Ald. Mrs. V. Grantham, Coun. Mrs. O. Kaer, Dr. R. C. M. Pearson, Coun. Mrs. M. E. Rogerson, Coun. Mrs. A. L. Storey, M.B.E., Coun. Mrs. A. I. Telford, Coun. J. W. Thomlinson, Ald. Dr. M. Thompson and Dr. D. L. Wilson.

APPENDIX II

OCCUPATIONAL HEALTH SERVICE

During 1969 the treatment side of this service has again increased, with members of the Civic Centre staff attending for 3,500 treatments. Over one third of treatments were for colds, sore throats, influenza, etc., and many staff are able to remain at work because such treatment is available.

Pre-employment questionnaires numbered 3,199 and medical examinations 1,133 of which 750 were routine examinations of Corporation Transport employees, and other drivers. The number of employees referred for special examination as a result of sickness increased slightly to a total of 710.

TABLE I
PRE-EMPLOYMENT MEDICALS

	<i>Sick Pay</i>	<i>Superannuation</i>	<i>Total</i>
Questionnaires	2,153	1,046	3,199
Accepted without examination ..	1,098	868	1,966
Medical examinations:			
(a) Routine	660	90	750
(b) Selected	295	88	383
Fit for employment but unfit for superannuation and sick pay schemes	78	8	86
Unfit for employment	67	10	77
Resigned	25	15	40

TABLE II

SPECIAL EXAMINATIONS

Number referred	..	..	439
Medical examinations			
(including 97 home visits)			710
Fit	..	..	301
Fit for light work	..	..	9
Retired on medical grounds	..		67
Resigned	..	..	11
Died	..	..	4

TABLE III

WORK OF MEDICAL CENTRE

(1968 figures in brackets)

Medical examinations:

Sick pay and superannuation schemes	..	..	..	1,133	(1,881)
For other authorities	..	..	..	37	(25)
Children in Care	..	..	..	23	(15)
				<u>1,193</u>	<u>(1,921)</u>

Vaccinations and immunisations:

Poliomyelitis boosters	..	..	..	..	..	16	(68)
Smallpox	..	..	..	..	..	13	(72)
T.A.B.	..	..	..	..	..	63	(55)
Other	..	..	..	..	..	142	(44)
						<hr/> 234	<hr/> (239)

Treatments*:

Staff: Industrial Conditions (injuries)	..	..	..	572	(345)
Non-Industrial conditions	..	..	..	3,202	(2,655)
General public	..	..	..	71	(45)
				<u>3,845</u>	<u>(3,045)</u>

* 182 persons were seen by a doctor.

APPENDIX III

REPORTS TO

HEALTH AND SOCIAL SERVICES COMMITTEE

Each month during the year reports on various subjects have been submitted to the Health and Social Services Committee. One of these reports are given in full in the following pages.

SERVICES FOR THE PHYSICALLY HANDICAPPED

NOVEMBER

This report reviews the community care and residential care provisions of the Health and Social Services Department for physically handicapped persons excluding the blind and deaf and concentrating mainly on those of working age. Many of these services are, of course, available to persons with any type of handicap, as well as to the elderly and it is difficult to isolate the provisions exclusively for physically handicapped or disabled persons. Physically handicapped persons who are "substantially and permanently handicapped by illness, injury or congenital deformity" include a great diversity of disability both in type and severity, having varied underlying causes and differing prognoses for the future. Very roughly, there are four main types:—

1. Young handicapped persons—many of whose disabilities are congenital and these are likely to increase as a result of advances in medical and surgical care.
2. Adult handicapped persons with progressive diseases such as multiple sclerosis, arthritis or chronic bronchitis.
3. Adult accident cases—severe disability as a result of road accidents being on the increase.
4. Permanent disabilities of the middle-aged or elderly, many of these—such as hemiplegia—come on suddenly and leave the patient with varying problems.

REGISTRATION

Under the National Assistance Act, 1948, the local authority is required to keep a register of handicapped persons who apply for assistance. This register, classified in certain diagnostic groups, consists of those who have been in contact with the department and is not a comprehensive list of physically handicapped persons living in the community, nor does it imply any regular or frequent contact with the department.

Increasing contact with handicapped persons is indicated by the building up of this register. There were 90 new registrations in 1968 of whom 39 were under the age of 65 and at the end of 1968 there were 998 handicapped persons registered in the City of whom 666 were under 65. Five years ago there were 455 handicapped persons registered of whom two-thirds were under 65.

The total of 998 registered physically handicapped persons is equivalent to 4.1 per 1,000 population, rather higher than the national average registration of 3.8 per 1,000 population. Registration in different places varies very widely and in some towns even amounts to 8 to 10 per 1,000.

Table I gives a detailed breakdown in different age groups and in the various diagnostic groupings of persons on the register at the end of 1968 and Table II the percentage in each diagnostic group on the Newcastle upon Tyne register and in England and Wales as a whole.

TABLE I

ANALYSIS OF PERSONS IN THE GENERAL CLASSES REGISTER
AT 31ST DECEMBER 1968 ACCORDING TO AGE AND HANDICAP

Major Handicap	Under 16	16-29 years	30-49 years	50-64 years	65 years and over	Total
Amputation	1	3	4	31	41	80
Arthritis or rheumatism ..	—	1	13	48	112	174
Congenital malformations or deformities	2	11	18	19	7	57
Diseases of digestive and genito-urinary systems; of heart or circulatory system; or respiratory system (other than tuberculosis) and of skin ..	—	6	23	100	78	207
Injuries of head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of limbs and of spine ..	—	6	20	33	29	88
Organic nervous diseases— epilepsy, multiple sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	2	32	110	121	42	307
*Neuroses, psychoses and other nervous and mental disorders not included above	1	—	5	9	7	22
Tuberculosis (respiratory)	—	—	3	3	4	10
Tuberculosis (non- respiratory)	—	3	12	3	1	19
Diseases and injuries not specified above	—	3	5	15	11	34
TOTALS:	6	65	213	382	332	998

* Not physically disabled but included in this register.

The major group—31% on the City register—suffer from organic nervous diseases and their problems vary greatly; those arising from epilepsy being very different from those of residual paralysis resulting from poliomyelitis or of the fluctuating but progressive effects of multiple sclerosis. Half the under 50's come within this group. While registration in the City is above average the proportion of persons with arthritis or rheumatism is much lower than the national average and registration of persons disabled by diseases of the digestive, genito-urinary, heart and respiratory systems is higher than the national average. The latter may reflect the high incidence of chronic bronchitis in this area. The level of registration in an area may be a measure of what is available in various services as much as the actual incidence of handicap. The apparent low incidence of persons disabled by arthritis or rheumatism in the City is surprising.

TABLE II

PERCENTAGES IN EACH DIAGNOSTIC GROUP ON THE NEWCASTLE
UPON TYNE REGISTER AND IN ENGLAND AND WALES

Major Handicap	Newcastle upon Tyne 1968 %	England and Wales 1967 %
Amputations	8	6
Arthritis or rheumatism . .	17	27
Congenital malformations or deformities	6	4
Diseases of digestive and genito-urinary systems; of heart or circulatory system; of respiratory system (other than tuberculosis) and of skin	21	14
Injuries of head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of limbs and of spine . .	9	11
Organic nervous diseases— epilepsy, multiple sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	31	30
Neurosis, psychoses and other nervous and mental disorders not included above	2	2
Tuberculosis (respiratory) . .	1	1
Tuberculosis (non- respiratory)	2	1
Diseases and injuries not specified above	3	4
TOTALS:	100	100

Estimates of the total disabled in various communities have been reached as a result of surveys. A Danish survey established that around 6% of adults were physically handicapped with a rapidly increasing rate of disability in the '50 plus' age groups. A recent survey in the London Borough of Tower Hamlets indicated that 3.7% of the population were disabled in that they had difficulty in performing basic physical movements relating to domestic duties and personal care.

The Government Social Survey is undertaking a study of adults living at home who are substantially and permanently handicapped by limitations in their movements and the extent to which they receive and need help from local authority services. The results of this survey should give some clear indication of the national problem.

Social Welfare

The accepted functions of a local authority under the National Assistance Act 1948 to meet the needs of the handicapped should include the following:—

1. Assistance to handicapped persons to overcome the effects of their disability.
2. Advice and guidance on personal problems and in connection with any services available to them.
3. Encouragement to take part in the activities of social centres, clubs, etc.
4. Arrangements for volunteers to visit and give assistance to handicapped persons.
5. Endeavours to achieve access to and suitable provision in public buildings, for handicapped persons and especially those in wheelchairs.
6. Provision of practical assistance for handicapped persons in their homes.
7. Provision of recreational facilities and outings.
8. Assistance with transport to and from their homes to participate in the services provided.
9. Adaptations and provision of facilities for handicapped persons in their homes.
10. Holiday schemes.
11. Social and occupation centres.
12. Assistance in obtaining suitable employment.
13. Residential hostels.

The extent to which these functions are carried out in the City can be seen in the review of the various services which follows:—

Social Workers

Social workers have a vital part to play in assessing the needs of handicapped persons in relation to the various services which are available, in aiding handicapped persons to adjust to handicap, in advising and supporting parents and families, in assisting with problems of occupation or employment and in supporting them over crises.

In the Health and Social Services Department there are at present 21 trained social workers and 13 welfare assistants who are deployed in four area teams undertaking social case work with individuals and families having a wide variety of problems among which are the physically handicapped. During 1968, 14,795 visits were paid by social workers at least 25% of which were in connection with problems of physical handicap.

The main areas in which assistance can be given are:—

1. Community care services
2. Housing
3. Occupation
4. Transport
5. Residential accommodation.

1. COMMUNITY CARE SERVICES

District Nursing

Many severely disabled persons require and receive nursing care in their own homes plus the assistance of ancillary staff—bath orderlies and dressing attendants—and the loan of nursing equipment. During 1968 district nurses attended 262 patients with hemiplegia of whom 51 were under 65 years of age. These form 7% of cases nursed in the year. The number of paraplegics is increasing and they need a great deal of nursing care. At present there are at least 16 such cases who require on average a daily visit by a district nurse.

Domestic Help

While the vast majority of persons assisted by the Home Help Service are elderly, physically handicapped persons are also eligible and at a recent count 274 persons under the age of 65 were receiving service from home helps.

Table III shows a breakdown by age and type of handicap.

TABLE III
HOME HELP SERVICE—LONG TERM CASES UNDER 65

Major Handicap	Under 30	30-49	50-64	Total
Amputation	—	1	8	9
Arthritis	—	5	36	41
Congenital malformations	—	2	12	14
Diseases of various systems	—	12	109	121
Injuries	—	2	13	15
Organic nervous diseases	—	11	13	24
Other nervous and mental disorders	—	2	16	18
Tuberculosis (respiratory)	—	—	3	3
Tuberculosis (non-respiratory)	—	4	3	7
Others	—	3	19	22
TOTALS:	—	42	232	274

Meals on Wheels

The Meals on Wheels service is primarily for elderly persons living alone, housebound and unable to prepare cooked meals for themselves and only a few younger disabled persons are assisted with meals since many are members of households where meals are provided for them.

Chiropody

At the end of 1968, 167 handicapped persons were receiving chiropody at local authority clinics and 40 were provided with a domiciliary service.

Holiday Scheme

A number of physically handicapped persons under 65 have holidays at St. Abb's, where the benefit of a holiday is often as much for their relatives as for themselves. In 1967, of 328 persons who had holidays at St. Abb's, 23 were handicapped persons under 65; and in 1968, of 336 persons, 14 were handicapped persons under 65. Holiday periods have also been arranged at Matfen Hall which can care for very disabled persons.

2. HOUSING

Difficulties in the housing sphere are frequent. These may be met by improving the present housing environment by adaptation and the use of aids but the house may be basically unsuitable and rehousing needed. For wheelchair cases in particular specially designed housing may be the answer.

Aids and Adaptations

The need for aids and adaptations increases and priorities have to be decided after careful assessment as to what will assist the handicapped person most

effectively. The range of aids and adaptations provided includes handrails in toilets, bathrooms and on stairs, aids which assist in using the toilet or bath, ramps so that persons in wheelchairs may get in and out of their homes and concrete bases and runways for the garages provided by the Department of Health and Social Security for motorised tricycles. Many adaptations are relatively inexpensive but some can be very costly, such as the highly sophisticated Possum equipment, adaptations for artificial kidney machines and adaptation of several aspects of a house for the more severely handicapped.

A system of financial assessment of ability to contribute to the cost and a scale of contributions is in operation, but the full cost is met in most cases since the majority of applicants are in receipt of supplementary benefit.

Of the 65 aids and adaptations provided in 1968, 35 were for persons under 65, as detailed in Table IV.

TABLE IV
AIDS AND ADAPTATIONS PROVIDED IN 1968

	Under 30	30-49	50-64	Total under 65	Over 65	Total all ages
Handrails	2	2	5	9	13	22
Toilet Aids	—	—	—	—	3	3
Bath Aids	—	3	9	12	12	24
Ramps	1	2	2	5	1	6
Garage bases and runways	—	—	2	2	—	2
Downstair toilets	—	—	2	2	—	2
Kidney machine	—	1	—	1	—	1
Special adaptations	—	1	—	1	—	1
Others	1	1	1	3	1	4
TOTALS	Under 65	..... 35			Over 65	..... 30
	All ages	..... 65				

Of the 35 people under 65:—

- 8 suffered from amputations,
- 6 from arthritis and rheumatism,
- 7 from diseases of various systems,
- 3 from the result of injuries, and
- 11 from organic nervous diseases.

Medical Rehousing

Many applicants for priority rehousing on medical grounds or for transfers to alternative Council housing are physically handicapped although not necessarily registered as such. 75% of those granted priority have locomotor, respiratory or cardiovascular factors affecting their mobility. In 1968, 311 recommendations were made for priority rehousing or transfer and during that year 268 were rehoused or transferred by the Housing Department.

Special Housing

A number of disabled people, particularly wheelchair users, require specially adapted houses with wide doors, suitable toilet and bathroom accommodation,

raised electric sockets and special kitchen fittings. While the latter may have to be individually designed to suit the handicapped housewife, wide doors, a large toilet and absence of steps suit any wheelchair user. Some groundfloor flats suitable for wheelchair users have been built amongst ordinary housing accommodation by the Housing Architect. It is helpful to have a number of such flats within the general housing pool and if there is no suitable handicapped tenant when the house becomes available it can be let to an ordinary tenant and subsequently let to a family with a handicapped person. This policy should be continued in all new housing developments.

3. OCCUPATION

Assistance in obtaining employment is primarily the function of the Department of Employment and Productivity and special assistance is available to the disabled through Disablement Resettlement Officers, Industrial Rehabilitation Units, Government Training Centres and the Remploi factories. Domiciliary rehabilitation, occupational and social activities should be available at local authority day centres.

The *social and occupational centre* now has adequate premises in Jubilee Road with facilities for woodwork, sewing, various crafts, games, library, etc. The Health and Social Services Centre in Shieldfield is scheduled for completion in 1972. In this building the centre for handicapped persons on the first and second floors will be served by two large lifts and will comprise woodwork, dressmaking and general craft rooms on the "occupation floor" and on the "social floor" a library, T.V. lounge, meeting room, rehabilitation kitchen and a meeting hall with stage and kitchen attached. There will be provision for chiropody, for bathing and for the display and demonstration of various aids to living.

In addition to the supervisor, the present centre is staffed by two craft instructors, one of whom and the supervisor have been on short courses of training for persons engaged in this work. The aim in a wide range of crafts is to achieve individual work of quality and good standard at whatever level the handicapped person can achieve and the production of articles which stimulate demand by merit rather than through the sentimental appeal of work by disabled persons. The centre is provided to meet the needs of all handicapped persons and groups of blind and deaf/blind persons also attend. The present policy is for integration of persons with different handicaps but deaf/blind persons with their special communication handicap attend as a group.

Whilst a number of people reach the centre on their own the majority require transport and the number of persons attending the centre depends on what transport can be provided. Like other local authority and hospital centres this transport need comes at the period of peak morning and afternoon demands on the abulance service. The collection of disabled persons from their homes is slow and if the journey is not to be too prolonged the number in a vehicle must be limited. The present transport arrangements are to collect up to 30 persons a day in two vehicles from a different area of the City each day of the week.

The full value of the social and occupational centre particularly in respect of domestic rehabilitation has not yet been achieved. As well as providing regular occupation, social contact and activities for permanently handicapped people there is a need for domestic rehabilitation particularly for the more recently handicapped who can be guided and taught to cope with the activities of daily living and helped to maintain their independence and self respect. More could be done for handicapped school leavers too by way of assessment and training perhaps as a preliminary to industrial rehabilitation—a group of this age attended during 1967.

Finally the Shieldfield centre should become a focus for information on services and aids for the disabled and for linking with the voluntary organisations for disabled persons and their families.

Percy Hedley Centre

A number of handicapped persons attend Percy Hedley Centre Workshops for spastics. At present the Committee are responsible for 16 persons of whom 6 live in Chipchase Hostel associated with the Workshops. Those attending daily require special transport.

4. TRANSPORT

Car Badges for severely disabled drivers

The purpose of this scheme is to assist severely disabled drivers who cannot walk more than a short distance by easing their difficulties in finding suitable parking places. The display of the special badge on their vehicle enables disabled drivers to be readily identified by the police, traffic wardens, parking attendants, etc., who can advise and assist them in parking, depending upon traffic conditions. In Newcastle upon Tyne badge holders are exempt from parking meter charges and permitted to park in recognised parking bays for an unlimited period of time.

Only the following are eligible for badges:—

1. Drivers of invalid vehicles supplied by the Government,
2. Drivers of vehicles specially adapted for persons with defects of locomotion,
3. Drivers who have amputations which cause considerable difficulty in walking or who suffer defects of the spine or central nervous system which make control over the lower limbs difficult,
4. Drivers who have some other permanent and substantial disability which causes severe difficulty in walking.

Car badges are for identification only and confer no legal rights or privileges. They should not be used to relieve the parking difficulties of anyone other than the disabled driver. Badges have been issued as follows:—

In 1962 badges were granted to 21 applicants
 In 1963 badges were granted to 19 applicants
 In 1964 badges were granted to 34 applicants
 In 1965 badges were granted to 33 applicants
 In 1966 badges were granted to 41 applicants
 In 1967 badges were granted to 56 applicants
 In 1968 badges were granted to 54 applicants

The number of car badge holders is currently 173.

Concessionary bus travel facilities

Under the Travel Concessions Act, 1964, concessionary travel permits are issued to City residents who are unemployed and have a permanent disablement seriously impairing ability to walk. Persons who qualify for this concession are placed on the register of physically handicapped persons and, for a fare of 2d. per single vehicle journey, are able to travel anywhere within the City boundaries at "off peak" periods.

Under the Transport Act, 1968 local authorities have wider discretionary powers to arrange travel concessions on non-municipal transport provided that journeys are between places in the area of the local authority or its vicinity and that the local authority reimburses the cost of the concessions to the operator. Since the Corporation transport department provides a service throughout the City it would not seem necessary to make arrangements for travel concessions

with non-municipal undertakings and in any case the Passenger Transport Executive will in due course have to consider its policy on travel concessions.

In 1966 permits were granted to 166 qualified applicants

In 1967 permits were granted to 113 qualified applicants

In 1968 permits were granted to 249 qualified applicants

The number of permits currently in issue is 467.

5. RESIDENTIAL CARE

It is the duty of the local authority under Section 21 of the National Assistance Act to provide residential accommodation in homes managed by the authority or by other local authorities or voluntary organisations for persons who, by reason of age, infirmity or other circumstances, are in need of care and attention which is not otherwise available to them.

There are a number of physically handicapped residents in the residential homes for the elderly who are under 65 but mainly over 50. The Committee has accepted financial responsibility for a number of other handicapped persons placed in homes run by other local authorities or voluntary organisations such as Matfen Hall, Chipchase Hostel and some Epileptic Homes. These include some younger handicapped. The numbers are shown in Table V.

TABLE V
PHYSICALLY HANDICAPPED PERSONS UNDER 65 YEARS
IN RESIDENTIAL CARE 1964-1968

Year	Under 30	30-49	50-64	Total
1964.. Residential homes	—	2	15	17
Other homes	3	4	4	11
<i>Total</i>	3	6	19	28
1965.. Residential homes	—	4	15	19
Other homes	4	5	3	12
<i>Total</i>	4	9	18	31
1966.. Residential homes	—	1	30	31
Other homes	5	5	5	15
<i>Total</i>	5	6	35	46
1967.. Residential homes	—	—	26	26
Other homes	5	5	4	14
<i>Total</i>	5	5	30	40
1968.. Residential homes	—	1	24	25
Other homes	6	6	5	17
<i>Total</i>	6	7	29	42

The hostel for the physically handicapped included in the Capital Works programme for Shieldfield Neighbourhood Centre is scheduled for completion in 1973. This will be linked at first floor level with the handicapped persons' centre allowing easy access for those living in the hostel to the centre and the link will also function as a fire escape for both premises. The opportunity has been taken to visit new purpose-built hostels for physically handicapped persons at Hull and Maryport and sketch plans for the 30-bed hostel are being prepared. This hostel should cater for the younger handicapped and a number of places should be used for short-term stay for holidays and the relief of relatives.

Voluntary Organisations

A large number of voluntary organisations provide for physically handicapped persons. Some of these are concerned with persons suffering from particular diseases such as the Multiple Sclerosis Society, the Infantile Polio-myelitis Fellowship, British Rheumatic and Arthritic Association, British Epilepsy Association, etc. Some organisations are concerned with research, others with welfare activities for their members, others are pressure groups for the improvement of services. The assistance of the Young Volunteer Force has been enlisted to give a variety of assistance to handicapped persons, and the British Red Cross Society run a club for handicapped persons.

The Newcastle upon Tyne Council of Social Service has set up a working party to consider how the needs of handicapped persons are met in the area and what part voluntary and statutory organisations are playing. The Acting Medical Officer of Health is a member of this working party which has been meeting under the chairmanship of Dr. Graham Grant, Senior Medical Officer of the University Health Service.

CONCLUSION

In conclusion a few points should be made. In the first place, no allusion has been made in this report to handicapped children. It has long been accepted that their identification including early diagnosis, assessment and continuing care are prime aims of the Child Health/School Health services. Health visitors and school nurses play a large part in this field and more recently social workers are becoming involved, for instance with some Pendower Hall pupils and their families, before they leave school.

Secondly, this report clearly demonstrates the variety of assistance given to disabled persons as part of the total social services effort with the aim of achieving and maintaining physical independence and integration into society to whatever extent is possible.

Thirdly, where a service is developing and need is increasing it is realistic to accept a situation in which the assessment of priorities is essential. The implications in terms of finance, staffing, transport, etc., must be noted for consideration with other services.

It is RECOMMENDED that:—

- (a) the Committee accept this report as a basis for its policy,
- (b) further consideration be given to the social and occupational centre transport,
- (c) the Housing Architect be asked to include some flats suitable for wheel-chair users in all future developments, and
- (d) the theme of the Health and Social Services exhibit at the Tyneside Summer Exhibition in 1970 be "Helping the Handicapped".

APPENDIX IV

NEW PREMISES OPENED DURING YEAR

Cragston House

Official Opening by

Alderman Dr. C. Lipman, M.A., B.Sc., Ph.D., F.R.I.C.
on Tuesday, 5th August, 1969.

Cragston House is the fourteenth home provided for the elderly by the City and County of Newcastle upon Tyne, and is the sixth purpose built home. Designed by the City Architect it is sited in the north east corner of the new Blakelaw Neighbourhood Centre off Blakelaw Road. This centre will include facilities for the use of the elderly and handicapped housed in traditional housing within the Blakelaw development.

Accommodation is provided for 48 men and women in 40 single and four double rooms. Cragston House is a two storey building with a single storey kitchen adjoining the south wing. This shape enables 20 bedrooms to be arranged around three short corridors on each of the two floors. By restricting the corridors in length and the use of crystal wall lights it has been possible to achieve a more intimate atmosphere than is usually found in such homes. The details in the building, such as the staircase handrails and door frames, have all been designed to give a feeling of security which is so important for elderly persons.

The home looks out to a main pedestrian route to the nearby shops and the lounges, the sitting areas and landscaping has been designed to enable the residents to have a good view of what goes on outside. The dining room has an attractive waffle plan ceiling and has been designed for 48 residents but the kitchen is large enough to cater for the Meals on Wheels service. Separate staff accommodation is provided above the dining room for the matron and assistant matron, together with a small personal kitchen.

Architect:	City Architect
Main Contractor:	Edor Construction Ltd.
Quantity Surveyor:	Quantity Surveyor's Section
Total Floor area	15,566 sq. ft.
Cost of the Building	£85,841

WINCOMBLEE

Official Opening by

Professor Martin Roth, M.D., F.R.C.P., D.P.M.
on Wednesday 3rd December, 1969

This is the first psychogeriatric hostel in Newcastle upon Tyne developed by the Health and Social Services Committee. The home is included in the overall plan for the Walker Redevelopment Scheme, sited adjacent to Walker Park and has been designed to accommodate 35 residents and staff. The plan comprises three main elements.

1. An 'L'-shaped bedroom block with 27 single rooms and 4 double rooms. Each bedroom is provided with a built-in cupboard and wash hand basin. Quiet rooms are located adjacent to the bedrooms at ground and first floor level in the main block and residential staff are accommodated at first floor level at the end of the bedroom block.
2. A low level block contains the entrance hall, the offices and toilets and a television room and dining room positioned to give easy access from the bedrooms and overlooking a central court.
3. A separate block contains a boiler house and staff facilities at ground floor level.

The cost of the building, including fees etc., is £85,618, furnishings etc., cost £5,000 making a total of £90,618.

Architect	Messrs. A. A. E. Trofimov & Associates.
Contractor	Messrs. Edor Construction Ltd
Quantity Surveyor	John G. Hellowell & Partner.

