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HEALTH AND SOCIAL SERVICES
OF THE
CITY AND COUNTY OF

NEWCASTLE UPON TYNE



REPORT OF THE MEDICAL OFFICER OF HEALTH

1970



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CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1970



CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1970

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HEALTH AND SOCIAL SERVICES COMMITTEE

(As at December, 1970)

Chairman:

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

Vice-Chairman:

ALDERMAN N. COOPER BAILEY, F.C.A.

Ald. K. W. Normanton, J.P.	Coun. Mrs. R. McVain
Coun. B. Abrahams	Coun. A. F. Stabler
Coun. E. R. Ball	Coun. D. Thomas
Coun. Mrs. A. A. Davison	Coun. J. W. Thomlinson
Coun. Mrs. A. M. Evans	Coun. Mrs. A. I. Telford
Coun. Mrs. V. H. Grantham	Coun. T. W. Yellowley

STAFF OF HEALTH AND SOCIAL SERVICES DEPARTMENT

(As at 31st December, 1970)

Medical and Dental Staff:

Medical Officer of Health and Principal School Medical Officer

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

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.

(Resigned 28.2.70)

Child Welfare Medical Officer

Shirley M. Livingstone, M.B., B.S.

(Retired 31.1.70)

Doris Story, M.B., B.S., D.P.H.

(Commenced 1.6.70)

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*)

Medical Officers in Department

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.

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

S. M. Payling, M.B., B.S. (*Apptd.* 8.9.70)

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

J. L. Thomas, M.B., B.S., D.P.H. (*Resigned* 30.4.70)

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. (*Resigned* 31.3.70)

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.
(Resigned 30.11.70)

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.

46 Health Visitors, 5 Assistant Nurses, 7 Students,

1 Immigrant Liaison Officer (*Part-time*)

9 Clerks, 2 Shorthand Typists

Non-Medical Supervisor of Midwives:

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

Assistant Supervisor, 17 Midwives, 1 Clerk

District Nursing Superintendent:

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

44 District Nurses (9 Male, 35 Female), 6 Assistant Nurses,

13 Bath Orderlies, 2 Clerks

Home Help Organiser:

Mrs. I. E. Moulton

Assistant Organiser, 3 Area Organisers, 3 Area Assistants,

5 Clerks (1 Part-time), 531 Home Helps (full and part-time)

Day Nurseries:

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

3 Play Therapists (part-time)

Welfare Foods Distribution Supervisors:

Miss D. C. Brown (*Retired* 10.1.70)

Mrs. O. B. Henderson (*Apptd.* 29.1.70)

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.

2 Divisional Inspectors, 5 Senior Inspectors, 8 Inspectors, 13 Tech-

nical Assistants, 1 Improvement Grant Administrator, 5 Authorised

Meat Inspectors, 7 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

11 Welfare Assistants

Social and Occupation Centre:

1 Supervisor

2 Craft Instructors

Residential Care:

Chief Welfare Officer:

H. Craig (*Deceased* 8.1.70)

A. E. Reynolds (*Acting*)

14 Residential Homes each with Superintendents, Matrons and other staff

4 Psychiatric Hostels with Wardens, Deputy Wardens and Domestic Staff

Administrative Staff:

1 Senior Administrative Assistant

2 Administrative Staff 12 Clerical Staff (1 *Part-time*)

Mental Health Staff:

Training Centres

1 Manager

1 Deputy Manager

2 Centre Supervisors, 1 Senior Craft Instructor, 16 Craft Instructors, 12 Teachers, 4 Trainees, 1 Nurse, 2 Clerk/Typists

Ambulance Staff:

Chief Ambulance Officer:

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

23 Administrative, Supervisory and Clerical Staff, 142 Operative Staff (Drivers, Attendants, Maintenance Staff, etc.)

General Administration—Staff:

Principal Administrative Assistant:

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

2 Senior Administrative Assistants, 1 Administrative Assistant
12 Clerks, 4 Typists (1 *Part-time*)

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

MY LORD MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting my Annual Report for 1970, being the ninety-eighth of the series of Annual Reports of the Medical Officer of Health of this City.

Vital Statistics

One can again draw encouragement from the vital statistics of 1970. Although not achieving the record low level of the previous year, the infant mortality rate was lower than for any other former year. The further fall in the perinatal death rate to 20 per 1,000 total live and stillbirths—a level substantially below the national rate (23)—indicates continuing improvement in the care achieved by the maternity services, both hospital and community.

The birth rate while rising marginally from 13·8 to 14, remains below the national rate. As births have decreased over the last decade there has been a selectively greater decrease in births to older women and to those who already have four or more children; those that is whose babies are at greater risk of death in the perinatal period. This trend so desirable in terms of the health, care and development of children and of family wellbeing should be encouraged by readily available family planning, including the opportunity where the family is complete, of sterilisation of one or other parent. It has been common in this City for high parity mothers to be offered tubal ligation and a number now specifically request sterilisation. Vasectomy is becoming acceptable, although available so far to relatively few men.

Community Health Services

The year has seen the opening of the City's first health centre, providing accommodation for five general practitioners and local authority staff. All appreciate the closer relationships which have resulted and other doctors have been impressed with the design and facilities of the centre. Its location close to new flat blocks in the Walker redevelopment allows the district nurse to arrange treatment of some of her patients in the health centre rather than by home visits. The experience gained from this relatively straight-

forward project is proving useful in planning other health centres in the City.

Before health centre development was a possibility, plans were afloat for a main clinic in Arthur's Hill. This new clinic now replaces old school buildings used in Diana Street and Bentinck Road while the dental clinic and child guidance clinic replace services formerly in the Central School Clinic in City Road and these are conveniently sited to serve all the west of the City.

The work load of midwives which has been falling with the birth rate and with the trend towards hospital confinement has now stabilized. Actual home deliveries form only part of the job of today's domiciliary midwife whose main task is the antenatal and postnatal care of mothers delivered in hospitals. The next step must be the establishment of a unified service as recommended by the Peel Committee.

With fewer children in recent years health visitors have been able to improve their service to other groups and to absorb the increased work load of practice attachments, but this shift has also stabilized. The increase in the older population and of severely disabled persons nursed at home increases the pressure on the district nurses.

On all the nursing services falls the privilege of providing training in or observation and experience of the community services to an increasing number of students both of nursing and other disciplines. There will be further increases from the 1969 General Nursing Council syllabus which envisages community placements as an option for student nurses. The trend to include wide community experience for all who train for the health and caring professions is encouraging but places heavy responsibilities on the services of a University City which are also coping with the social and health problems of an industrial area.

Epidemiology

The measles epidemic in the first half of the year was disappointingly large, exceeding those of 1967 and 1969 by more than 20 per cent. The efficacy of measles vaccination is not in any doubt and very few children protected by immunisation have subsequently developed measles. Unfortunately, too few mothers take the opportunity of having their child immunised against measles and so avoiding the inevitable attack of measles later on.

The limited trial of the new rubella vaccine in schoolgirls as a research project has shown how many mothers wish to have their daughters protected. Use of this vaccine on girls aged 11-13 has now been officially recommended by the Department of Health and Social Security and will become routine practice.

Cases of gonorrhoea have increased so that the improvement gained in 1969 was lost. When contemporary mores lead to increased risks of venereal disease the tracing of women contacts is of special importance. The relative success of contact tracing in the City indicated by the local high ratio of female to male cases is a credit to the painstaking work of the Consultant Venereologist and his staff and of the health visitors selected for this work.

Ambulance Service

The North East Training School set up to meet the training needs of Ambulance Services in the region has made good progress in providing training courses for ambulancemen with some experience in the service. This would not have been possible without the co-operation and assistance provided by other authorities and the support and approval of the Local Government Training Board. Once full-time instructors are appointed, courses for new entrants will be offered.

After a long period of detailed work study a productivity bonus scheme was agreed with the Unions, the major change being the introduction of a ten-hour day over a four-day week. Apart from 24 hour cover for emergencies the ambulance service must meet the total demand from health and welfare services over a longer period than the normal working day. The ten-hour day facilitates economic manning of the service to match these demands.

Environmental Health

It was regrettable that eight smoke control areas had to be suspended because of the shortage of smokeless fuel suitable for burning in open grates, as a result of changes in the gas industry and the shutdown of local plant before other supplies of alternative fuels were available. The consequence was a return to coal fires and smoke levels recorded in those areas rose by 10-20%. The position would have been worse had not so many of those originally using smokeless fuel on open grates subsequently changed to

heating by gas or electricity. By contrast levels of smoke recorded in Heaton and Walkergate improved. Although much is still to be achieved in smoke control it is hoped that this will prove only a temporary setback of the process in cleaning the air of the City.

With the technical problems resolved the water supply is now consistently fluorated to the optimum level and improvements can now be expected in the dental health of children.

Too many people still live in unsatisfactory housing but the slum clearance programme is producing a steady improvement. A new feature is the increasing interest in housing improvement which will be encouraged by the newly established Revitalisation Agency served by staff from all the Corporation departments involved in order to increase publicity as well as advise and assist applicants for grants.

Social Care Services

The wide range of social services was maintained while staff began to prepare for the setting up of the new Social Services Department in 1971. New developments have included the transfer of the psychiatric day centre to a purpose-built building alongside St. Nicholas Hospital in Gosforth, the opening of the first hostel for mentally handicapped adults and the completion of Bolam House residential home which will further increase the beds provided for the care of the elderly.

Henry Craig

The death of Henry Craig, Chief Welfare Officer, is recorded with regret. He died in post after a six-month illness following over 30 years' experience in welfare services including almost ten years as Chief Welfare Officer. His great interest was in developing modern residential care and much was achieved in his time.

The Future

The passing of the Local Authority Social Services Act during the year laid down the pattern proposed by the Seebohm Committee for separate all-purpose Social Services Departments. Following the appointment of a Director of Social Services planning commenced for the starting of a Social Services Department in 1971 which will include social and welfare services provided by the Health

and Social Services Department, the Children's Department and the Education Department. Proposals for the reorganisation of the National Health Service were carried a stage further by the issue in February of the second Green Paper. The new Government has published its white paper on the reorganisation of local government and its proposals for the National Health Service are awaited, but it seems clear that all health service functions will be unified under Area Health Authorities and that the necessary co-ordination between health services and social services will only be achieved if the responsible authorities have the same areas. In the interim period strong links should be forged between the two departments within the local authority.

Acknowledgments

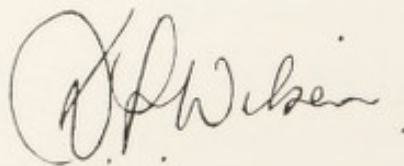
I should like to thank the Chairman, Vice-Chairman and Members of the Health and Social Services Committee for their interest and support, which is appreciated by all staff in the department.

I am most grateful to those who contributed to this Report, many of whom are named and to all members of staff for their loyal support.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,



Medical Officer of Health.

*Health Department,
Civic Centre,
Newcastle upon Tyne, NE1 8PB.
September 1971.*

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 1/71)

Live Births	..	..	..	..	3,336
Live Birth Rate (Crude)	..	..	..	..	14.09 per 1,000 population
Live Birth Rate (Corrected)	..	..	..	..	14.09 per 1,000 population
Illegitimate Live Births per cent of total Live Births	..	..	..	..	12.0
Stillbirths	..	..	..	..	39
Stillbirth Rate	..	..	..	..	11.56 per 1,000 live and stillbirths
Total Live and Stillbirths	..	..	..	..	3,375
Infant Deaths	..	..	..	..	68
Infant Mortality Rate—					
Total	..	..	..	..	20.38 per 1,000 live births
Legitimate only	..	..	..	..	20.10 per 1,000 legitimate live births
Illegitimate only	..	..	..	..	22.50 per 1,000 illegitimate live births
Neonatal Mortality Rate	..	..	..	..	12.59 per 1,000 total of live births
Early Neonatal Mortality Rate	..	..	..	..	8.99 per 1,000 total live births
Perinatal Mortality Rate	..	..	..	..	20.44 per 1,000 total live and still births
Maternal Deaths (including abortion)					—
Maternal Mortality Rate	..	..	..	..	0.00 per 1,000 live and stillbirths

OTHER STATISTICS

Population	..	..	..	..	236,730
Area	..	..	..	..	11,401 acres
Deaths	..	..	..	..	3,166
Death Rate (Crude)	..	..	..	..	13.37 per 1,000 population
Death Rate (Corrected)	..	..	..	..	14.71 per 1,000 population
Tuberculosis Death Rates—					
All Forms	..	..	..	..	0.051 per 1,000 population
Pulmonary	..	..	..	..	0.038 per 1,000 population
Non-Pulmonary	..	..	..	..	0.013 per 1,000 population
Cancer Death Rates—					
All Forms	..	..	..	..	2.92 per 1,000 population
Lung and Bronchus	..	..	..	..	0.92 per 1,000 population
Other Sites	..	..	..	..	2.00 per 1,000 population
Marriage Rate	..	..	..	..	20.65 per 1,000 population
Inhabited Houses	..	..	..	..	83,050
Rateable Value	..	..	..	..	£12,883,254
Product of 1d. Rate	..	..	..	..	£50,939

GENERAL STATISTICS

Population

The population, as estimated by the Registrar General, was 236,730, a decrease of 3,610 since 1969.

Births

There were 3,336 live births recorded, representing a crude birth rate of 14.09 per 1,000 population, as compared with a rate of 13.77 in 1969. The City Birth rate continues to be lower than that for England and Wales—16.0.

In addition there were 39 stillbirths, representing a rate of 11.56 which is lower than the 1969 rate of 14.59.

The England and Wales rate was 13.0.

LIVE BIRTHS				STILL BIRTHS		
Sex	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male	1,519	215	1,734	12	2	14
Female	1,417	185	1,602	24	1	25
Totals	2,936	400	3,336	36	3	39

BIRTH RATE per 1,000 POPULATION

Year	England and Wales	Newcastle upon Tyne (corrected)	Northumberland (corrected)
1970	16.0	14.1	14.1
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

Deaths

The net deaths amounted to 3,166 equivalent to a crude rate of 13.37 per 1,000 population, as compared with a rate of 13.24 for 1969. The death rate for England and Wales for 1970 was 11.8.

Infantile Mortality

Sixty-eight infants died before completing the first year of life, representing a rate of 20.38 per 1,000 live births, last year the rate was 16.32. The England and Wales rate for 1970 was 18.0.

Of the 68 infant deaths, 42 occurred before attaining the age of one month, making a neo-natal mortality rate of 12.59 as compared with the England and Wales rate of 12.0.

Thirty children died before reaching the age of one week, and this figure together with the stillbirths gave a peri-natal mortality rate of 20.44 per 1,000 total births. This rate is slightly lower than the 1969 rate of 21.74 and lower than the England and Wales rate of 23.0.

Maternal Mortality

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

Tuberculosis

Twelve persons died from various forms of tuberculosis during the year, nine being pulmonary and three non-pulmonary, giving death rates of 0.038 and 0.013 respectively, a total of 0.051 for all forms. The provisional national rate for all forms of tuberculosis is 0.037 per 1,000 population.

Marriages

2,444 marriages took place during the year, representing a marriage rate of 20.65 per 1,000 population, compared with 18.50 in 1969.

Cremation

During 1970, there were 3,532 cremations carried out in the City, 12 more than last year. Of the cremations performed, 1,860 were in respect of Newcastle residents, this figure being 53% of the total.

The percentage of City residents who died in 1970 and were cremated was 59.

The Medical Referee required 12 post-mortem examinations, 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 1970 was drier than in the previous year. Hours of sunshine in the City were only slightly above those in 1969. June was the warmest month, January and February the coldest.

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

METEOROLOGICAL RECORDS 1970					
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 ..	33.2	39.9	3.65	40	32
February ..	90.3	94.6	1.72	42	30
March ..	140.3	151.2	1.18	45	33
April ..	139.4	136.5	1.64	49	36
May ..	161.1	151.2	0.77	60	46
June ..	226.2	231.7	1.73	67	50
July ..	159.6	129.8	3.27	65	53
August ..	173.4	166.5	1.36	67	53
September ..	120.6	118.3	0.91	64	30
October ..	98.3	88.7	1.62	56	44
November ..	63.0	67.4	2.88	48	38
December ..	50.2	56.8	2.21	43	36
Totals ..	1455.6	1432.6	22.94	—	—
Averages ..	121.3	119.4	1.91	54	40
1969 Averages	114.1	110.7	2.59	54	41

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 181).

Sewerage

There are 488.32 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, 1970	6,996	890	7,886
December, 1970	6,053	865	6,918

Inhabited Houses

There were 83,050 inhabited houses which, on the estimated population, showed an average of 2.9 persons per dwelling.

Rateable Value

A penny rate produced £50,939, the gross rateable value being £12,883,254 compared with £12,732,709 in 1969.

Vital Statistics of Whole City during 1970 and previous years

YEAR	Population estimated Mid-Year	LIVE BIRTHS			TOTAL DEATHS REGIST- ERED IN THE CITY	TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE CITY			
		Uncor- rected Number	Net			of Non- resi- dents regis- tered in the City	of Resi- dents not reg- istered in the City	Under 1 Year of Age		At all Ages	
			Number	Rate				Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12
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
1970	236,730	6,159	3,336	14.1	4,326	1,452	292	68	18 20	3,166	13.4

§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.

CANCER DEATHS AND DEATH RATES FROM 1943
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
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
1970	691	2.92	—	4	96	81	181	—	2	12	22	36

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1970

(REGISTRAR GENERAL'S RETURN)

Causes of Death	Sex	All ages	under four weeks	Four weeks and under 1 year	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over
Enteritis and Other Diarrhoeal Diseases ...	M	1	—	1	—	—	—	—	—	—	—	—	—
	F	4	1	1	—	1	—	—	—	—	—	—	1
Tuberculosis of Respiratory System	M	8	—	—	—	—	—	—	—	1	4	2	1
	F	1	—	—	—	—	—	—	—	—	—	—	1
Other Tuberculosis ...	M	1	—	—	—	—	1	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	1	1	—	—
Meningococcal Infection ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective & Parasitic Diseases	M	2	—	—	—	1	—	—	—	1	—	—	—
	F	2	1	—	—	—	—	—	—	1	—	—	—
Malignant Neoplasm—Stomach	M	37	—	—	—	—	—	—	—	4	10	14	9
	F	34	—	—	—	—	—	—	—	2	3	11	18
Malignant Neoplasm—Lung and Bronchus	M	181	—	—	—	—	—	1	3	27	69	55	26
	F	36	—	—	—	—	—	—	2	5	7	12	10
Malignant Neoplasm—Breast	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	48	—	—	—	—	—	1	5	6	15	12	9
Malignant Neoplasm—Uterus	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	23	—	—	—	—	—	—	2	4	4	9	4
Leukaemia ...	M	6	—	—	—	—	1	—	1	—	2	2	—
	F	3	—	—	—	—	—	—	1	—	1	—	—
Other Malignant Neoplasms ...	M	186	—	—	—	—	—	5	5	20	38	60	58
	F	136	—	—	—	1	1	1	5	16	30	38	44
Benign and unspecified Neoplasms ...	M	2	—	—	—	—	—	—	—	1	1	—	—
	F	4	—	—	—	—	—	1	—	—	—	1	2
Diabetes Mellitus ...	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	12	—	—	—	—	—	—	—	—	2	6	4
Avitaminoses etc. ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	1	—	1	—
Other Endocrine etc. Diseases ...	M	3	—	—	—	—	—	1	—	—	—	1	1
	F	7	—	1	—	—	—	—	—	—	1	1	4
Anaemias ...	M	5	—	—	—	—	—	—	—	—	—	2	3
	F	5	—	—	—	—	—	—	—	—	—	—	5
Other Diseases of Blood etc. ...	M	2	—	—	—	—	—	—	—	—	1	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—
Mental Disorders	M	4	—	—	—	—	1	—	—	—	—	1	2
	F	3	—	—	—	—	—	—	—	—	—	—	3
Meningitis ...	M	2	—	—	—	—	1	—	—	—	—	1	—
	F	2	—	—	—	—	—	—	—	—	—	1	1
Other Diseases of Nervous System	M	19	—	—	—	—	—	—	—	5	8	3	3
	F	17	—	—	—	1	—	—	2	1	3	3	7
Chronic Rheumatic Heart Disease	M	18	—	—	—	—	—	1	—	2	4	4	7
	F	36	—	—	—	—	—	1	2	6	6	11	10
Hypertensive Disease ...	M	9	—	—	—	—	—	—	—	—	1	5	3
	F	28	—	—	—	—	—	—	—	1	5	6	16
Ischaemic Heart Disease ...	M	418	—	—	—	—	—	1	6	42	122	124	123
	F	335	—	—	—	—	—	—	1	5	50	101	178
Other Forms of Heart Disease	M	45	—	—	—	—	1	—	1	1	5	11	26
	F	64	—	—	—	—	—	—	1	1	—	12	50

Causes of Death at different periods of life for 1970—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	164 220	— —	— —	— —	— —	2 —	— 1	1 1	15 11	25 10	43 69	78 128	
Other Diseases of Circulatory System	M F	53 90	— 2	— —	— —	— —	— —	— —	— —	4 3	6 4	15 13	28 68	
Influenza ...	M F	15 10	— —	— —	— —	— —	— —	— —	— 1	2 —	— 1	6 —	7 8	
Pneumonia ...	M F	101 103	— 1	— 1	— —	— —	— —	— 2	1 —	4 —	11 10	27 19	58 70	
Bronchitis and Emphysema ...	M F	159 58	— —	— —	— —	— —	— —	— —	1 1	7 4	43 11	60 16	48 26	
Asthma ...	M F	6 2	— —	— —	— —	— —	2 —	— —	— —	— —	1 1	— 1	3 —	
Other Diseases of Respiratory System	M F	28 22	— —	10 6	1 1	— 1	— —	— —	1 —	3 2	6 1	2 3	5 8	
Peptic Ulcer ...	M F	10 5	— —	— —	— —	— —	— —	— —	— —	1 1	3 —	2 2	4 2	
Appendicitis ...	M F	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1	
Intestinal Obstruction & Hernia	M F	11 11	1 —	1 —	— —	— —	— —	— 1	— —	— 3	— —	2 2	7 5	
Cirrhosis of Liver	M F	7 5	— —	— —	— —	— —	— —	— —	1 1	2 —	2 1	1 3	1 —	
Other Diseases of Digestive System	M F	14 26	— —	— —	— —	— —	— —	— —	— 2	1 —	3 2	4 8	6 14	
Nephritis and Nephrosis ...	M F	7 11	— —	— —	— —	— —	— —	1 —	— —	— 3	2 1	3 2	1 5	
Hyperplasia of Prostate	M	6	—	—	—	—	—	—	—	—	—	1	5	
Other Diseases of Genito-Urinary System	M F	9 16	1 1	— —	— —	— —	— 1	— —	1 1	2 1	1 2	1 3	3 7	
Diseases of Skin	M F	— 1	— —	— —	— —	— —	— —	— —	— —	— 1	— —	— —	— —	
Diseases of Musculo-Skeletal System	M F	2 9	— —	— —	— —	— —	— —	— —	— 1	— —	— —	1 1	1 7	
Congenital Abnormalities	M F	10 12	6 6	1 4	— —	— —	— —	— —	— —	— 1	— —	3 —	— 1	
Birth Injury, etc.	M F	7 5	7 5	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
Other Causes of Perinatal Mortality	M F	6 3	6 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
Ill Defined Conditions ...	M F	1 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1	1 2	
Motor Vehicle Accidents ...	M F	27 14	— —	— —	1 1	4 1	7 1	5 —	2 —	1 —	1 1	1 2	5 8	
All Other Accidents ...	M F	38 57	— —	— —	1 —	— —	7 —	2 1	2 —	3 —	3 2	6 7	14 47	
Suicide ...	M F	12 8	— —	— —	— —	— —	2 1	1 —	— 1	5 2	1 2	2 1	1 1	
Other External Causes...	M F	10 7	1 —	— —	— —	— —	1 —	1 3	3 —	— 1	1 2	1 —	2 1	
Total All Causes ...	M F	1658 1508	22 20	13 13	3 4	5 5	26 3	19 12	32 30	154 85	376 181	467 378	541 777	

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES 1970

	Newcastle upon Tyne	Gateshead	South Shields	Sunderland	Tynemouth	Northumberland	Durham
Registrar General's estimated population ..	236,730	100,060	104,600	217,630	71,680	512,600	823,720
Comparability factor :							
(a) Births	1.00	0.97	0.98	0.93	0.98	1.01	1.00
(b) Deaths	1.10	1.14	1.16	1.18	1.07	1.03	1.16
Crude birth rate per 1,000 population	14.09	16.00	13.7	17.6	15.53	13.98	15.6
Birth rate as adjusted by factor	14.09	15.50	13.4	16.4	15.22	14.12	15.6
Crude death rate per 1,000 population	13.38	12.10	12.9	11.9	12.51	12.54	11.8
Death rate as adjusted by factor	14.72	13.80	15.0	14.0	13.39	12.93	13.7
Illegitimate live births per cent. of total live births	12.00	8.00	10.0	8.0	9.61	5.71	6.0
Infant mortality rate per 1,000 live births ..	20.38	9.00	27.0	21.0	26.06	16.05	19.0
Neonatal mortality rate per 1,000 live births ..	12.59	5.00	19.0	12.0	10.78	10.88	13.0
Perinatal mortality rate per 1,000 total births ..	20.44	14.00	34.0	28.0	26.46	21.22	25.0
Stillbirth rate per 1,000 total births	11.56	11.00	17.0	17.0	18.52	12.81	13.0
Maternal mortality rate per 1,000 total births	—	—	—	—	—	—	0.15
Tuberculosis rates per 1,000 population:							
Primary Notification :							
(a) Respiratory	0.346	0.27	0.27	0.3	0.39	0.17	0.21
(b) Non-Respiratory	0.072	0.05	0.05	0.03	0.04	0.03	0.04
Deaths :							
(a) Respiratory	0.038	0.08	0.00	0.05	0.06	0.03	0.04
(b) Non-Respiratory	0.013	—	0.00	0.00	—	—	0.00
Death Rates per 1,000 population from :							
Cancer :							
all forms (including Leukaemia and Aleukaemia)	2.92	2.64	2.55	2.21	2.79	2.37	2.25
Lungs and Bronchus only	0.92	0.92	0.77	0.58	0.93	0.55	0.55
Meningococcal Infections	—	—	0.00	0.00	—	0.006	0.01
Whooping Cough	—	—	—	—	—	—	—
Influenza	0.106	0.23	0.10	0.28	0.10	0.16	0.14
Measles	—	—	0.00	—	—	—	0.00
Acute Poliomyelitis and Encephalitis	—	—	—	—	—	—	—
Diarrhoea (under two years)	0.013	0.00	0.00	0.00	0.07	—	0.01
Diarrhoea (under two years) per 1,000 live births	0.899	0.61	0.00	0.01	4.49	—	0.39

(— indicates no deaths).

II—NATIONAL HEALTH SERVICES ACTS

II—NATIONAL HEALTH
SERVICES ACTS

MATERNAL AND CHILD HEALTH AND NURSING SERVICES

(*Dr. D. Story, Child Welfare Medical Officer
and Miss F. E. Hunt, Chief Nursing Officer*)

CONGENITAL MALFORMATIONS

The information to compile the following table relating to congenital malformations detectable at birth is obtained on a voluntary basis from hospital doctors, general practitioners and local authority staff.

The slight increase over the period is probably a reflection of more accurate notification rather than a change in the incidence of congenital abnormalities observable at birth.

Congenital Malformations Notified, Newcastle upon Tyne

	1965	1966	1967	1968	1969	1970
0. Central Nervous System	14	38	23	21	15	19
1. Eye, Ear	1	3	—	2	2	7
2. Alimentary System	19	8	11	5	10	8
3. Heart and Great Vessels	3	2	2	5	4	4
4. Respiratory System	4	3	2	—	2	2
5. Urogenital System	9	2	1	7	14	6
6. Limbs	23	14	12	19	20	28
7. Other Skeletal	—	1	—	2	2	1
8. Other Systems	7	3	1	3	2	4
9. Other Malformations	3	2	6	3	3	4
TOTAL DEFECTS	83	86	60	67	74	83
No of Children with Defects	63	54	47	56	55	58
Total Births	4,456	4,239	3,939	3,707	3,395	3,415
No. of Children with Congenital Defects per 1,000 Live and Still Births	14.2	12.8	11.9	15.1	14.7	16.9
No. of Children with Congenital Defects per 1,000 Live and Still Births (England and Wales)	15.8	15.8	16.6	20.0	N.A.	N.A.

REGISTER OF HANDICAPPED CHILDREN

The Sheldon Committee reporting on Child Welfare Centres, considered that there was a need for registration of children with handicapping conditions, which might be either physical, mental or emotional. It was decided to start such a register in Newcastle in June 1970, using Dr. Mary Sheridan's definition of a handicapped child as "one who suffers from any continuing disability of body, intellect or personality which is likely to interfere with his normal growth, development and capacity to learn".

The children may be notified to the Local Authority in the early weeks of life by the hospital doctors or midwives or if the handicap is discovered later they may be notified by the health visitor or the general practitioner.

The aim is to make this a 'live' register and to keep the children under constant review, with the object of assessing the degree of handicap and the ability of the child to benefit from special education or training. To make this assessment it is necessary to co-operate with hospitals, and also with other departments of the Local Authority and with the schools and nurseries. Good progress along these lines has been made in six months.

The children are visited in their homes, to find whether there is a need for help and relief within the family and their ultimate potential is assessed with the aid of specialists in various fields. They are given whatever help they require in the way of therapy so far as this is available, and are placed in schools or institutions suitable to their physical and mental capacity. After they are placed they are still followed up to ensure that they are making satisfactory progress, and if they show sufficient improvement transfer to another type of school is recommended.

There are now 71 children on this register born in the years shown.

1966	1967	1968	1969	1970
19	19	11	9	13

The types of handicap among these 71 children are as follows:

Mainly mentally retarded	31
Mainly physically handicapped ..	28 (including Spina bifida 14)
Blind or partially sighted	3
Deaf or partially hearing	6
Epileptic	1
Maladjusted	2

STATISTICAL INFORMATION

Births

Of the 3,415 City births notified, 3,218 occurred in hospital, nursing homes, etc., as shown below:—

	1970	1969
Hopedene Maternity Home	31	40
Princess Mary Maternity Hospital	669	677
Newcastle General Hospital	2,096	1,934
Hexham Hospital	8	17
The Green, Wallsend	258	269
Willington Quay Maternity Home	34	47
Preston Hospital, North Shields	109	125
Queen Elizabeth Hospital, Gateshead	1	6
Others	12	6
	<u>3,218</u>	<u>3,121</u>

ATTENDANCES AT LOCAL AUTHORITY ANTE-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)
1970	28	28	152	4
1969	51	51	162	3

ATTENDANCES OF CHILDREN AT CHILD HEALTH CENTRES

	Number of children who attended during the year	Number of children who first attended Centres during the year		Total number of attendances made by children included in Col (2) during the year		Average sessional attendances 0-5 years
(1)	(2)	Under 1 year (3)	Over 1 year (4)	Under 1 year (5)	Over 1 year (6)	(7)
1970	9,149	3,011	366	29,744	18,676	32
1969	9,626	2,749	372	32,962	21,163	34

Reference for Consultant Advice

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

Newcastle General Hospital	..	..	..	112
Royal Victoria Infirmary	..	..	..	41
Sanderson Orthopaedic Hospital	..	..	..	95
Fleming Memorial Hospital	..	..	..	—
Hearing Assessment Clinic	..	..	..	24
Percy Hedley School	..	..	..	—
Speech Therapy	..	..	..	16
Dental Hospital	..	..	..	1

Welfare Foods

The amount of National Dried Milk and Cod Liver Oil distributed was again considerably less than in previous years, but there was a slight increase in the uptake for Vitamin A and D Capsules and Orange Juice.

	National Dried Milk	Cod Liver Oil	Vitamin A & D Capsules	Orange Juice
Paid	15,649	1,995	2,967	48,409
Free	6,863	1,002	130	4,679
At 4/-	2,397	—	—	—
Day Nurseries	33	258	—	673
Total	24,942	3,255	3,097	53,761

Cash Received: £6,109. 14s. 4d.

The amount of cash taken for sales of proprietary foods was £7,645. 7s. 6d.

Cervical Cytology

City Clinics carried out 156 more smears than in 1969. Four women, all of whom were under 35 years of age were referred for further investigation.

	1970	1969
Attendances	738	582
Referrals for further investigation ..	4	12
Proved malignant	1	3

Nursing Homes

No. registered	3
No. of beds provided	66
Maternity ..	4
Others	

All Nursing Homes were visited by medical and nursing officers during the year and were found to be of a reasonably good standard.

PLAY THERAPY AND CLINIC PLAY GROUPS

The twelve play groups held in clinics during child welfare sessions and sewing classes were well attended and appreciated by both health visitors and parents.

The two play therapy classes at East End and Blakelaw Clinics cater for children with behaviour problems and mothers having difficulty with their children. A new play therapy class was opened at Arthur's Hill Clinic in November and a further class is planned for Kenton in January 1971.

The problems dealt with during the past year varied. Several children were also helped with speech difficulties. It is now more widely recognised that pre-school groups greatly benefit children who start under the handicap of an unfavourable social environment.

Number of Play Therapy Groups, 1970

	East End	Blakelaw
No. of play therapy sessions ..	52	51
Cases continued from 1969 ..	9	7
New cases	14	11
Total attendance	480	313

DAY NURSERIES

The five nurseries operating within the City continue to give a service required for the caring of children outside their own home. It would appear that the need for mothers working has increased, and the demand for nursery places has correspondingly increased.

During the year 469 people applied and were offered places; 258 children were admitted. 261 children were discharged for various reasons, and 147 children attended as casual users. Specially assessed cases for the year totalled 66 and of these 46 were discharged. At the end of December, 20 children were attending at special rates. Twelve physically or mentally handicapped children attended, two of whom were over five years of age.

As in previous years a great number of people visited the day nurseries for various reasons—many of them with a view to taking up Nursery Nursing or who were already at Nursery Nurse Training Schools.

Figures below show the total number of children in the nurseries at the end of 1970 and the reason for their admission:—

Unmarried mothers	49
Widows	6
Separated or Divorced	62
Mother ill	10
Financial	23
Confinement	5
Special recommendations	32
Students	9
Teachers	7
Teachers Training Course	1
	<hr/> 204 <hr/>

DAY NURSERIES

Nursery	Total Capacity	Children on Register 31.12.70	Children on Register during the year	No. of attendances		Total Attendances	Average daily Monday - Friday	Admissions during year	Discharges during the year	Casual users No. of ½ day attendances
				0-2 yrs	2-5 yrs					
Willow Avenue...	50	47	106	1710	7695	9405	37	57	59	770
Renwick Street ...	50	46	97	1652	7301	8953	35	50	51	501
Woodland Cresc.	25	21	54	663	3187	3850	15	27	33	575
West Parade ...	50	40	106	1832	6828	8660	34	68	66	593
Gosforth Street ...	50	50	102	1978	6393	8371	33	56	52	567
Total ...	225	204	465	7835	31404	39239	154	258	261	3006

Nurseries and Child Minders Regulation Act 1948 (Amended 1968)

	Position at 31st Dec., 1969		Registrations Terminated or Lapsed		New Registrations		Position at 31st Dec., 1970	
	Regis- trations	No. of Places	Regis- trations	No. of Places	Regis- trations	No. of Places	Regis- trations	No. of Places
Premises	26	591	4	102	7	173	29	662
Child Minders								
Groups	13	139	1	16	8	56	20	179
Single	8	10	4	4	7	15	11	21

IMMUNOLOGY

SMALLPOX VACCINATION

NUMBER OF INDIVIDUALS SUCCESSFULLY VACCINATED AGAINST SMALLPOX
1969 figures in brackets

January—December 1970

	Under 1 year	1—4 years	5—15 years	16 years and over	Total
<i>Clinics</i>					
Primary ..	7 (5)	1069 (1023)	17 (32)	— (21)	1093 (1081)
Re-vaccina- tions ..	—	5 (8)	870 (604)	158 (57)	1033 (669)
<i>General Practitioners</i>					
Primary ..	1 (44)	401 (555)	94 (62)	279 (221)	775 (882)
Revaccina- tions ..	—	16 (21)	80 (73)	1019 (879)	1115 (973)
Totals					
Primary ..	8 (49)	1470 (1578)	100 (94)	279 (242)	1868 (1963)
Revaccina- tions	—	21 (29)	950 (677)	1177 (936)	2148 (1642)

NUMBER OF PERSONS INOCULATED AGAINST
TYPHOID, CHOLERA, Etc.

	Under 1 year	1—4 years	5—15 years	16 years and over	Total
Typhoid—Primary	—	5	56	122	183
Typhoid—Booster	—	3	6	36	45
Typhoid—Tetanus Primary	—	2	31	170	203
Typhoid—Tetanus Booster	—	—	9	5	14
Cholera—Primary	—	4	29	129	162
Cholera—Booster	—	3	3	34	40
Typhoid—Cholera Primary	—	—	2	45	47
Typhoid—Cholera Booster	—	2	—	37	39
Yellow Fever	4	121	119	1,918	2,162

DIPHTHERIA IMMUNISATION 1970

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR RE-IMMUNISATION DIVIDED INTO AGE GROUPS (1969 figures in brackets)

	Under 5 years	5—15 years	Total
<i>Primary Immunisation</i>			
Clinics	1,615 (1,404)	1,323 (1,081)	2,938 (2,405)
General Practitioners ..	453 (1,183)	11 (18)	464 (1,201)
<i>Re-Immunisations</i>			
Clinics	1,315 (954)	239 (629)	1,554 (1,583)
General Practitioners ..	183 (404)	123 (117)	306 (521)
Totals			
Primary	2,068 (2,587)	1,334 (1,099)	3,402 (3,686)
Re-Immunisations ..	1,498 (1,358)	362 (746)	1,860 (2,104)

DIPHTHERIA IMMUNISATION

NUMBER OF CHILDREN UNDER 16 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
1970	—	34	2,161	1,207	1,156	3,402	2,161	4,524
1969	1	50	2,811	825	856	3,686	2,812	4,492

RE-IMMUNISATIONS

Year	Per- tussis	Diph- theria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diph- theria	Total Pertussis	Total Tetanus
1970	6	32	186	1,642	994	1,860	192	2,822
1969	—	28	458	1,618	148	2,104	458	2,124

NUMBER OF CHILDREN WHO HAVE BEEN
IMMUNISED AGAINST MEASLES 1970
(1969 figures in brackets)

		Under 1 Year	1—4 Years	Over 5 Years	Total
Child Health Centres ..		— (—)	1,387(1122)	7 (2)	1,394(1124)
School Clinics .. ..	..	— (—)	—	32 (—)	32 (—)
General Practitioners ..		— (6)	447 (430)	36 (8)	483 (444)
Total		— (6)	1,834(1552)	75 (10)	1,909(1568)

ORAL POLIOMYELITIS VACCINATION

NUMBER OF INDIVIDUALS WHO RECEIVED PRIMARY (THREE
DOSES) OR BOOSTER DOSE
(1969 figures in brackets)

Completed Primary Course (3 doses)	Under 5 Years	5—15 Years	16—24 Years	25 Years & over	Total
Child Health Clinics ..	1,625	2	1	—	1,628 (1,525)
School Clinics	—	768	—	—	768 (257)
G.P. Surgeries ..	454	68	84	—	606 (1,225)
Medical room Civic Centre ..	—	—	113	—	113 (16)
Total	2,079	838	198	—	3,115 (3,023)
Booster Doses					
Child Health Centres ..	626	96	4	—	726 (936)
School Clinics	—	2,069	—	—	2,069 (812)
G.P. Surgeries ..	175	134	82	—	391 (716)
Medical Room Civic Centre ..	—	—	—	—	— (—)
Total	801	2,299	86	—	3,186 (2,464)

LOCAL AUTHORITY/GENERAL PRACTITIONER LIAISON SCHEMES

During 1970 further progress was made in the attachment of local authority staff to family doctors particularly in the field of health visitors. The following table shows the number of health visitors and district nurses working in such attachment schemes.

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Total No. of District Nurses	47	45	46	47	47	48	48	45	44	50
Health Visitors	49	49	49	46	46	49	49	46	48	50
<i>No's in attached schemes:</i>										
Health Visitors	1	2	2	3	7	8	10	12	18	22
District Nurses				1	5	9	14	15	17	17

Reference was made in the previous report to the possibility of cross boundary attachments. During the year after consultation with the County of Northumberland Health Department a reciprocal cross boundary attachment scheme came into operation involving two family doctor practices. In one the attached City health visitor and district nurse looked after the practice patients in the County area and a similar arrangement was made whereby the County health visitor and district nurse looked after the City patients of the other practice. By arranging such a scheme in consultation with the County of Northumberland Health Department the need for financial re-adjustment was avoided. Initial reactions to the scheme were encouraging.

On looking at the overall position within the City with regard to attachment schemes it seems that the majority of the larger family doctor practices are involved in liaison schemes but further progress with regard to the single-handed and two doctor practices is required.

HEALTH CENTRES

The first purpose-built health centre in the City opened in October 1970. This health centre in the Walker redevelopment area includes accommodation for five general practitioners and the attached local authority staff.

During the year the planning of a further two health centres was completed, one in the Shieldfield Health and Social Centre and the other designed to accommodate 10 family doctors in four practices whose current premises in the West End of the City will be affected by clearance and redevelopment.

In addition to these definite projects discussions took place with the Executive Council and interested family doctors and dental practitioners about further health centres in the Gill Street and Shields Road areas of the City.

FAMILY PLANNING

CASES REFERRED BY LOCAL AUTHORITY STAFF FOR FAMILY PLANNING ADVICE

	Medical	Social
1966	48	—
1967	50	—
1968	49	90
1969	13	71
1970	42	60

NURSING SERVICES

The community Nursing Services are now more affected by staff mobility. Nurses seem to be changing their jobs more frequently than in the past and whilst this always involved difficulty in maintaining continuity of work it has now become more critical with increasing attachment to general practitioners. Also for those not attached very wide geographical areas are involved and this problem is unlikely to be resolved until complete attachment has been achieved.

A pilot scheme for working across the boundary between Newcastle upon Tyne and Northumberland commenced in January with a district nurse and health visitor attached to a group practice in Jesmond visiting practice patients in Gosforth and a district nurse and health visitor attached to a group practice in Gosforth visiting patients of a practice in the City. The advantages of such attachments to doctors and patients is clear and it is hoped to develop a further "cross boundary" attachment in the near future.

Each year the number of students both nursing and of other disciplines who spend periods with the local authority observing or participating in the community services is increasing. Although the advantages of increasing their knowledge of these services are obvious, the demands on staff are becoming heavy.

Students

We have reached saturation point both from the administrative and field worker level and further commitments cannot be undertaken without increased staff.

Primarily the work of the community nursing service is to care for the people of the community, but in addition there is the need to teach. There is an increasing number of people from many disciplines and from national and international bodies becoming aware of care given to people in the community, and consequently there is a constant demand for people wishing to observe what kind of care is given.

Following the lines suggested in the Mayston Report, three senior members of the nursing staff were seconded to take Middle Management Courses. This will be of benefit when the long awaited re-organisation of Community Nursing Services takes place.

MIDWIFERY

With 93.5% of confinements in hospital a further drop in home confinements occurred with 220 domiciliary confinements being 87 less than in 1969, however the number of hospital confinements discharged to the care of midwives increased by 143 and the earlier discharges between one and three days increased by 226.

Three midwives attended approved refresher courses in 1970. The Royal College of Midwives again held a refresher course in

Newcastle, and once again the midwives who attended visited some of the Health and Social Services establishments.

The Integrated Training Course for Pupil Midwives continues and 25 pupils undertook their community care training during the year. Nurses undertaking the obstetric course also spent a day with the domiciliary midwives during their training.

Although arrangements were made for midwives to deliver patients being admitted to hospital under general practitioner care, in very few cases was it possible for the midwife to be present at the confinement within the hospital.

Comparative data for the years 1968-70 is given below.

	Home Confinements			Hospital Confinements Discharged (in days)				
	Live	Still	B.B.A.	1-3	4-6	7-10	11+	Total
1968	409	2	26	668	484	1,350	135	2,637
1969	272	3	32	695	586	1,466	247	2,994
1970	194	3	23	921	534	1,435	217	3,107

During this period domiciliary births have fallen by 52% from 411 to 197, whilst early (1 to 3 days) discharges have risen by 38.5%, from 668 to 921. Discharges after the third day have also risen but they are slightly less in 1970 than in 1969.

Taking the figure of 60 confinements or the equivalent in nursing duties as the work load for one midwife per year the midwifery staff necessary would be:—

1968	Births	..	..	..	411
	Discharges 1-3 days	668 x $\frac{1}{2}$	..	334	
	4-6 days	484 x $\frac{1}{4}$	..	121	
	7+ days	1,485 x $\frac{1}{8}$	..	186	
				<u>1,052</u>	

At 60 births per annum = 17.5 midwives

1969	Births	..	..	..	275
	Discharges 1-3 days	695 x $\frac{1}{2}$	..	348	
	4-6 days	586 x $\frac{1}{4}$	..	147	
	7+ days	1,713 x $\frac{1}{8}$	..	214	
				<u>984</u>	

At 60 births per annum = 16.4 midwives

1970	Births	..	..	..	197
	Discharges	1-3 days	921	$\times \frac{1}{2}$	456
		4-6 days	534	$\times \frac{1}{4}$	134
		7+ days	1,652	$\times \frac{1}{8}$	207
					<hr/> 994

At 60 births per annum = 16.5 midwives

The number of midwives in post on the 31st December, 1970, excluding the Acting Non-Medical Supervisor of Midwives, was 17. During the three years 1971 to 1973, seven midwives will attain statutory retiring age as follows:—

1971	March	June	October
1972	January	November	
1973	March	June	

It would appear that the trend towards early discharge, helped by the policy of encouraging general practitioners to deliver in hospital is tending to stabilise the domiciliary work load (there was an increase of 0.1 between 1969 and 1970). It may well be that in twelve months' time the service with only 13 midwives in post will be under-staffed.

Premature Infants born at home

Live Births	..	..	18
Stillbirths	..	..	1
			<hr/>
Total	..	..	19

Admitted to Hospital—9 Nursed at Home—9

Hospital Discharges needing the care of the Specialist Premature
Infant Midwives—199

Live Births Nursed at Home

Weight Up to and including	Total	Survived 28 days	Died
Up to 2lb. 3oz. ..	—	—	—
2lb. 3oz. to 3lb. 4oz. ..	—	—	—
3lb. 4 oz. to 4lb. 6oz. ..	—	—	—
4lb. 6oz. to 4lb. 15oz. ..	1	1	—
4lb. 15oz. to 5lb. 8oz. ..	8	8	—
Total	9	9	—

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 Booked Dr. * present at time of delivery	Dr. not present at time of delivery	
1970	5,496	2,464	5	12	69	237	34,773
1969	7,061	2,678	2	10	52	211	33,988

* Either booked doctor or another.

DISTRICT NURSING

The district nurse is securely established as an important worker in the domiciliary nursing team. Primarily her work is that of caring for sick people in their own homes and today these are mostly geriatric patients, but in addition she has to be a teacher to students and a health educator to the family and patient. She is also responsible for securing the help of ancillary workers. Attachment of district nurses to group practices has been carried as far as possible within the staffing establishment.

	1970	1969
Visits paid during the year ..	149,781	156,317
New cases during the year ..	4,008	4,042

During the year three S.R.Ns' and two S.E.Ns. undertook the district nurse training at the Newcastle Polytechnic and all gained their National Certificates. Five nurses attended various courses, including Practical Work Instructor Courses and Group Practice Attachment Courses.

Ancillary Services

There are six part-time morning and evening dressers. During the year they paid 6,508 visits to 73 patients. Their assistance is greatly appreciated by the helpless and handicapped people of the City and nowadays there is a greater demand for their service than can readily be supplied.

The Marie Curie Night Sitting Service is designed to help in the relief of families caring for their sick relatives at night. Nineteen patients (25 in 1969) were attended on 93 occasions.

The loan equipment service plays an important part in helping patients nursed at home. During the year there has been an increased demand for hoists, ripple beds and incontinent pads.

46 patients benefited from the laundry service.

HEALTH VISITING SERVICE

The changing pattern of work is more evident in this community nursing field due to the greater attachment of health visitors to group practice. The scope of their work increases with the knowledge of problems brought to them. Problem and potential problem families always require a large part of health visitor time.

It is interesting to note that during the year the number of special reports required from health visitors has increased. These are for medical rehousing (362) and for paediatricians (81). The value of the health visitor's knowledge of family life is being used more by a wider circle of people in the medical and social fields than hitherto.

Group Advisers

During the year the two Group Advisers were relieved of the small case load of families for whom they had been responsible. Because of this they have been able to give more time for help and guidance to newly qualified staff and students. Health education has become more and more part of group adviser work and it is gratifying to know that the demand for their service in the educational and voluntary fields of the City has increased.

Geriatric Visitors

Three full time and one part time state registered nurses are employed for the purpose of visiting the elderly who continue to give valuable help to the health visitors in the care of this group.

Immigrant Liaison Officer

A new Immigrant Liaison Officer was appointed in August. Her training as a state registered nurse has proved of great value in the short space of time she has been employed in the department. Since August she has made the following visits:

Visits to Chest Clinic	12
Family or Single person (visited once only)	25
Visits to hospitals	16
Family Planning—West End	3
Collingwood Clinic	2
Bentinck Road School	4
G.P.'s Surgery	4
Re-visits to families	39
Total Visits to Families	101
Child Welfare Clinics	14
Ponteland College for Teachers	1

Field Work Instructors

There was an increase of two in the establishment making a total of eight.

These health visitors undertake the additional duties of practical teaching of health visitor students and nurses undertaking the Diploma Course at the Polytechnic. Even with the increase it is impossible to undertake the responsibility for training all the diploma students.

Student Health Visitors

All the six student health visitors sponsored by the Corporation in October 1969 to undertake training were successful in their examinations. Four of them were appointed to the staff, one transferred to Hertfordshire and one could not take up work due to pregnancy. In October 1970, seven student health visitors sponsored by the Corporation commenced training.

Refresher Courses

Two health visitors undertook the Field Work Instructor Course at Durham, and six attended refresher courses in various parts of the country.

Home Advisers

Home advisers continue to help in families presenting varying problems. It is gratifying to know that in some instances a marked improvement has been observed in some of the families they have served.

	1970	1969
Number of new cases	12	15
No. of cases carried over from previous years	18	11
No. of cases assisted at end of year	30	21
No. of cases withdrawn during the year	12	16
Approximate number of visits paid during the year: 2,500		

Bath Orderlies

An additional female bath orderly was appointed during the year.

This service has become an essential part of the domiciliary nursing service, resulting in many more people seeking their assistance.

		1970	1969
Number of Cases	..	1,075	976
Number of Visits	..	16,332	17,186

Wardens

Regular visits to the isolated aged:—

		1970	1969
Number of cases	.. ..	142	120
Number of visits	.. ..	6,401	6,252

Home Visits Paid by Health Visitors

			1970	1969
Births and Children under 1 year	.. ..	..	17,648	17,896
Children over 1 year	.. ..	..	48,977	49,105
Infectious Diseases (other than T.B.)	.. ..	..	198	107
Expectant Mothers	.. ..	..	952	863
Aged Persons	.. ..	..	19,412	18,249
Tuberculosis Cases	.. ..	..	230	268
Tuberculosis Contacts	.. ..	..	168	183
Hospital Cases	.. ..	..	89	81
Special Visits	.. ..	..	3,110	3,823
Housing Reports	.. ..	..	256	199
Venereal Diseases—Contacts	.. ..	..	248	194
Home Accidents	.. ..	..	8	10
Sanitary Defects	.. ..	..	24	22
Totals	.. ..	..	91,320	91,000
No. of Households Visited	.. ..	..	14,777	13,757

In addition to the total shown there were 22,134 ineffective visits compared with 21,278 in 1969.

In-Service Training

Two Study Days on Genetics were held during April in which all nursing staff participated. With the increasing knowledge of the part that genetics play it is necessary to keep nursing staff up to

date in medical and nursing knowledge. In addition to these study days, monthly meetings were held with speakers of varying disciplines giving lectures to the various nursing sections.

REPORT ON THE MATERNITY AND CHILD WELFARE DENTAL SERVICE

(Dr. J. C. Brown)

The dental service for nursing and expectant mothers and children under school age was undertaken as in former years by the staff of the School Dental Service. Routing work was carried out at all the school clinics, including the mobile dental clinics where practicable, but treatment of a more specialised nature, such as extractions under general anaesthesia or the provision of dentures was generally given at the East End Centre and towards the end of the year at the new Arthur's Hill Clinic, as well. The dental service was withdrawn from St. Anthony's Clinic in August and its work divided being more conveniently deployed from the other two centres in the east end of the City.

There was a slight fall in output of work this year due in part to the fact that we were unable to recruit one full-time dental officer and a dental auxiliary for long periods, but chiefly due to the replacement of the static clinics by mobile units. These mobile units moving from school to school are ideal for the school service but are not unfortunately of much use in the treatment of pre-school children and mothers. However, the possibility of using one or more in conjunction with a welfare centre is being studied, but might be quite uneconomic.

Figures for the year are given below:—

No. of Visits for Treatment During Year	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	680	8
Subsequent Visits	350	10
Total Visits	1,030	18
Number of Additional Courses of Treatment other than the First Course commenced during year	3	—
Treatment provided during the year—		
Number of Fillings	504	15
Teeth Filled	425	10
Teeth Extracted	81	5
General Anaesthetics given	49	1
Emergency Visits by Patients	28	3
Patients X-Rayed	—	—
Patients Treated by Scaling and/or Removal Stains from the teeth (Prophylaxis)	18	3
Teeth Otherwise Conserved	9	—
Teeth Root Filled	—	—
Inlays	—	—
Crowns	—	—
Number of Courses of Treatment Completed during the year	320	3
Prosthetics		
Patients Supplied with F.U. or F.L. (1st time)		1
Patients Supplied with Other Dentures		—
Number of Dentures Supplied		2
Inspections		
Number of Patients given First Inspections During Year	680	8
Number of Patients who required Treatment	247	6
Number of Patients who were offered treatment	236	6
Sessions		
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare Patients:		
For Treatment		107
For Health Education		—

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

(Mrs. W. Bell, Secretary)

Central Co-ordinating Committee

Four meetings of the Committee as constituted in 1969 were held during the year, continuing its agreed function to discuss matters of policy. During the year further thought was put into the keeping of a register. The production of a record card and what information it should contain, whether a register should be kept centrally or within each Area Committee was referred to a sub-committee but no final decision has yet been reached.

With the intention of resolving difficulties arising from unpaid gas and electricity accounts and the subsequent cutting off of supplies, representatives from the Gas and Electricity Boards were invited to one meeting. They explained the Boards' position and means of contact were agreed between officers of the Boards and voluntary or statutory workers to prevent breakdown. The dangers of prostitution and young offenders were discussed in full when two senior members of the Women's Police Force attended a meeting by invitation. Other matters considered were Urban Aid, the Chronic Sick and Disabled Persons Act 1970 and confidentiality of information.

At each meeting a report on one of the Area Committees was introduced by its Chairman and discussed. Interest and enthusiasm in bringing forward current subjects of doubt and future legislation and policies continued and attendance at meetings remained high.

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

Atkinson Road Area Co-ordinating Committee

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

No. of meetings held .. 6

No. of new cases 11 (including referrals by School Nurses,
Health Visitors, Head Teachers and
Education Welfare Officers)

Total cases considered during year .. 30

A number of families were removed from the agenda because either their problems were permanently or temporarily resolved or because they were subject to intensive case work by one agency alone.

With particularly difficult cases conferences between workers most intimately involved were arranged. All workers appreciate these meetings as a means of getting observations of other trained people who come into contact with the families and who are alert to changes occurring in them.

Blakelaw Area Co-ordinating Committee

(Chairman: Dr. H. Hindmarsh)

No. of meetings held . . . 5

No. of new cases . . . 15 (including referrals by Head Teachers, School Nurse, School Medical Officers, Health Visitors and N.S.P.C.C.)

Total cases considered during year . . 44

Meetings were held every two months when there were on average about 17 persons present. During the year Miss P. Young, Health Visitor and Secretary of the Area Committee since it commenced in 1964 retired. Her services will be greatly missed. Miss Chambers, Health Visitor, was appointed Secretary in her place. Most of the families discussed appear to be chronic problem families for which the Area Committee can only continue to co-ordinate supportive help. At the meeting in May, Mr. Lawrence, National Children's Home, gave a talk on the activities of the Society both locally and nationally.

Diana Street (Now Arthur's Hill) Area Co-ordinating Committee

(Chairman: Mr. Thirlaway, Area Children's Officer)

No. of meetings held . . . 6

No. of new cases . . . 7 (including referrals by Health Visitors, Psychiatric Social Worker, Children's Department, Head Teacher and Toc H Community Worker)

Total cases considered during year . . 56

The Area Committee has focussed attention on the problems of particular families and co-ordinated work with them. There has been increased involvement of Head Teachers and other workers as a result of circulating a letter explaining the functions of the Committee. The Committee is vital for sharing information between agencies and it is hoped the Committee can be used increasingly to rationalise the use of workers in the area with many cases being discussed only at first referral.

East End Area Co-ordinating Committee

(Chairman: R. Kirkwood, Assistant Children's Officer)

No. of meetings held	..	4	
No. of new cases	..	7	(including referrals by Probation Officers, Health Visitors, Head Teachers and Education Welfare Officer)

Total cases considered during year .. 41

The group has been a very useful forum for stimulating discussions on a variety of topics such as the nature and problems of certain parts of the East End. Information from the Housing Department on plans for certain parts of the area were valuable. The giving of material aid to families inevitably raised the question of gas and electricity supplies being cut off. There were discussions on the advisability of informing other agencies where social workers were involved with families and this raised the theory and problem of confidentiality. Although it was agreed in principle that clients have a right to know with whom we are sharing confidential information, opinions differed as to the application of this principle to the Area Co-ordinating Committees.

Kenton Area Co-ordinating Committee

(Chairman: Dr. M. Y. Walls)

No. of meetings held	..	6	
No. of new cases	..	6	(including referrals by Head Teachers and Education Welfare Officers)

Total cases considered during year .. 60

Most of the problem families in this area are living in one street of flats which are to be modernised with conversion into smaller flats. When the Kenton Social Forum run by the five churches was disbanded during the year the Area Committee was approached by the churches for representation on the Committee. One clergyman was invited to attend one meeting and will be attending meetings in 1971.

AMBULANCE SERVICE

(Mr. H. M. Roberts—Chief Ambulance Officer)

A summary of the patients carried and mileage recorded 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
1970	158,978	626,947	2,067	29,010	27,551	83,141	185,993
1969	163,586	644,083	2,483	37,125	26,267	91,196	208,529
Diff.	-4,608	-17,136	-416	-8,115	+1,284	-8,055	-22,536

Year	Total	
	Cases	Mileage
1970	244,186	869,501
1969	257,265	916,004
Diff.	-13,079	-46,503

Persons Carried

There is a further reduction in the total figures when compared with the previous year and, whilst there is a general trend in this direction, these figures are considerably aggravated by the fact that during the year under review there was a national dispute over wage negotiations which lasted for a period of over four weeks during which time only urgent medical cases were dealt with, which meant that there were over 8,000 requests for transport which, unfortunately, we were unable to meet.

Mileage

The reduction in mileage is proportional to the reduction in cases, and the mile per case figure is comparable to last year.

Co-ordination (with other Authorities)

Liaison with ambulances of other local authorities visiting the City has remained satisfactory, and in most instances when a patient is travelling any distance out of the City arrangements are made with the authority where that person resides for them to provide accommodation in one of their returning vehicles.

This year these arrangements have accounted for 17,753 persons, which has meant a considerable saving of manpower and mileage.

Welfare and Miscellaneous Transport

Again this year we have not been able to meet the total demands of this section of the service and there is still quite considerable pressure for additional transport facilities from the day centres, particularly from the geriatric units.

Maintenance

Year	Overhauls 12,000 miles	Inspection 3,000 miles	Miscellan- eous Repairs	Rebuilt Components	Vehicle Repaints
1970	60	215	898	7	14
1969	59	223	952	10	20
Diff.	+1	-8	-54	-3	-6

The maintenance table shows a reduction in the overall work carried out by the workshop, this being accounted for by the reduction in miles travelled during the year.

The number of miscellaneous repairs carried out is high indicating the cost of maintaining in good condition, vehicles which are past their economic life. During the year some in-roads were made on this as six new vehicles were put into commission replacing six of the oldest vehicles in the fleet.

Training

Excellent progress has been made under this heading and the demand for places from students within the region has been most encouraging.

During the year the Training Centre was transferred from the Headquarters to premises in Jubilee Road, which had been vacated as a result of the opening of the Welford Centre in Gosforth. These premises, although temporary, are most suitable for this purpose and it has been possible to run six courses of two weeks duration during the year, at which 110 students attended, including 21 from the Newcastle Service.

Staff

During 1970, 24 members of the staff left for various reasons and new entrants into the service were deliberately kept down to 11

To compensate for this reduction in staff planned overtime was organised.

The reason for this policy was that during the year it was decided that the work study team should investigate the feasibility of introducing a productivity scheme within the Ambulance Service.

It was realised at the outset that the only possibility of introducing a scheme would be by changing the existing traditional working pattern of the eight hour five day week as this has always been a weakness within the organisation and has inevitably resulted in a certain amount of over-lapping.

The recommendation was that working conditions should be changed to a ten hour day and a four day week for certain sections of the staff and if these arrangements were acceptable to the staff it would be possible to effect a reduction in the numbers required to meet existing commitments and, as a consequence, there would be some savings which could be translated into a bonus payment.

The negotiations were successful and in December the new structure was introduced with a minimum disruption of staff due to this policy.

The Consultative Committee has continued to operate throughout the year and has played an important part in maintaining good relations between management and staff, and this is particularly gratifying especially as the year is one that has been beset by national problems.

Sickness

It is particularly worrying to note that there were 2,755 days lost by operational staff, which is an increase of over 1,000 for the 12 months. Fortunately the administrative staff have remained fairly stable at 303 days.

Safe Driving Awards

71 members of the driving staff qualified for the 1970 awards.

Accidents

There were 48 accidents reported to vehicles in the service and of this number six necessitated claims on the Insurance Company, others being of a minor nature.

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.

<i>January—March</i>	Home Safety
<i>April—June</i>	Vaccination and Immunisation
<i>July—September</i>	Help the Handicapped
<i>October—December</i>	Personal Hygiene

Tyneside Summer Exhibition

Each year the Health and Social Services Committee stages an exhibition as part of the Tyneside Summer Exhibition which is held in the Exhibition Park for one week in August. This year the subject of the exhibition was "Helping the Handicapped".

Representatives of the Disablement Income Group, and the British Red Cross Society assisted in planning the exhibition which was divided into the following sections:—

1. *Introduction*: giving the purpose of the Exhibition and a number of National and Local statistics.
2. *Education*: the problems of education, special schools, etc., and pre-school children.
3. *Employment*: details of the service provided by the Disablement Resettlement Officer.
4. *Recreation*: Recreational activities available to the handicapped, gardening, holidays, sports, driving, etc.
5. *Personal and Domestic*: this section showed the various aids which are available for the handicapped and included a special gas cooker.
6. *Access*: this section dealt with access to buildings and adaptations to premises.
7. *Social and Occupation Centre*: display of work and photographs of the Centre.
8. Closing message and action that individuals can take and a list of organisations which can help.

A modern colour film produced by the Spastics Society was shown at regular intervals and social workers from the department were available to answer questions from the public attending.

The exhibition was extremely well attended.

Drug Collection Campaign

The Newcastle upon Tyne Health and Social Services Department organised a drug collection fortnight from 19th to 31st October, 1970, in co-operation with the Pharmaceutical Society.

Publicity

During the two weeks immediately before the campaign specially designed posters were displayed on Corporation buildings, i.e., the Civic Centre, clinics, libraries, etc., and on school meals' vehicles, and public notice boards throughout the City.

In addition a letter was written to Headteachers of City schools informing them of the campaign so that teachers could draw the attention of schoolchildren to this and use the occasion to talk about the hazards of unused medicines and drugs in the home. Press and B.B.C., television publicity was also obtained.

During the week preceding the campaign all 66 pharmacists in the City were issued with ballot boxes, in which the drugs and medicines collected could be kept, and a notice to be displayed in some prominent place. Collections of drugs were made from the pharmacists twice during, and at the completion of the campaign.

Comment

The success of the campaign can be judged by the fact that five tea chests full of drugs and medicines were collected, many of which were potentially dangerous, and of some there were considerable amounts. The whole collection was destroyed in the Corporation destructor during the week following the campaign.

It is felt that regular campaigns of this nature are a useful means of bringing home to the public the dangers of unused medicines in the home and could well be reinforced with a leaflet available beside the collection boxes advising on the better care of unwanted medicines and other poisons in the home and the best means of normally disposing of these.

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.

Talks and Publicity

Talks on many subjects were given to various organisations and to school children in senior schools; in most cases cine films were also shown.

Posters were displayed on notice boards throughout the City, on the back of school meals vehicles, in clinics, public libraries, schools and colleges. Many subjects in addition to the normal quarterly campaigns were covered.

III—SOCIAL SERVICES

The Health and Social Services Committee is concerned with the
Northumbria and Durham Area Health Authority and
makes an annual grant to the Royal Society for the Prevention of
Accidents.

Public and Political
Topics on many subjects were given to various organisations and
to school children in senior schools in most cases also films were
also shown.

Posters were displayed on notice boards throughout the County
the back of school meals vehicles in clinics public libraries, schools
and colleges. Many subjects in addition to the normal quarterly
campaigns were covered.

The photographs shown were selected by the
Committee and were of interest to the public and
the staff of the County Council and the Health Authority.
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III—SOCIAL SERVICES

CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

(Dr. Joyce Grant)

The Elderly

Good standards of geriatric care are being achieved through the development of local authority, family doctor, hospital and voluntary services with a high level of co-operation between them. The Newcastle Council for the Care of the Elderly has maintained the expansion of visiting schemes, and they opened a day centre in the west of the City in addition to the one established in Jesmond. A number of new luncheon and social clubs have been started and transport is available in three areas. The Council is also involved in Food Acceptability Tests designed by the Geriatric Nutrition Unit, Queen Elizabeth College, London, and participated in the investigation into voluntary visiting services carried out by Political and Economic Planning. There are training schemes available to voluntary workers in all areas. The staff of the department has continued to benefit from advice readily available from hospital consultants specialising in geriatric medicine and psychiatry which is having a steady and, in some instances, quite dramatic results on the quality of community care. The expansion in out-patient and day-patient facilities, however small, brings considerable benefit to the patients concerned and adds a new dimension and quality to the work undertaken by field staff and the staff of residential homes. Most general practitioners, recognising the particular difficulties of health problems presenting in old age, are turning to the hospital consultant for advice earlier in the process of long-term deterioration in the senium. It is unfortunate that the shortage of geriatric hospital beds which will not be remedied until the new hospital is built in Freeman Road, results in very heavy use of nursing and social services for elderly persons waiting for hospital admission, quite apart from its effect in terms of human suffering. The convalescent facilities offered at Wooley Hospital are most valuable and a number of Newcastle residents are offered an extended stay in this hospital while they await residential accommodation.

The Committee continued to offer accommodation for 486 persons in 14 Homes and to maintain 69 persons in voluntary

or other local authority Homes representing 17 places for 1,000 of the population over 65 years. In addition there are 310 places in registered private homes within the City.

Approximately 40 persons attended residential homes each week for the day, transport being provided for 32 on four days.

Quarterly meetings between superintendents of the department's residential homes and hostels were held in the Civic Centre, some addressed by speakers but most were concerned with the running of the establishments and the well-being of their residents.

Superintendents attended in-service training courses and attendants completed the course arranged for them in the South East Northumberland Technical College.

Waiting List for Residential Care

Only persons for whom, after both social and medical assessment, community services are inadequate are included on this list, which does not include persons who wish to be added merely because they fear that they may be unable to care for themselves at some future date. The waiting list, therefore, reveals the true need for residential care at 31st December 1970.

	MEN			WOMEN			Total
	Under 65	65-84	85 & Over	Under 65	65-84	85 & Over	
Own Home	1	12	—	—	26	9	48*
Private Homes	—	—	1	—	1	2	4
In Hospital:							
Geriatric Unit							
N'cle General Hospital ..	2	4	1	—	4	—	11
Wooley Hospital	—	8	—	—	11	4	23
St. Nicholas Hospital ..	—	4	—	—	—	—	4
Acute Hospitals	1	—	—	—	2	—	3
Total	4	28	2	—	44	15	93

*N.B.—Among the 48 persons living in their own homes 20 (one man and nineteen women) urgently needed residential care.

**Summary of Assessments for Residential Care, Day Care,
Supervised Accommodation, etc.**

	Men	Women	Total
In City Hospitals (other than geriatric and psychogeriatric wards which are visited weekly)	50	71	121
In Own Homes	121	257	378
In Residential Homes	243	431	674
In Occupational Centre	10	16	26
In Civic Centre	26	6	32
In Private Homes	—	4	4
Total	450	785	1,235

The Physically Handicapped

The Chronically Sick and Disabled Persons Act formulates an ideal towards which the department has been striving for years. It is unfortunate that the publicity given to this well-intentioned Act seemed to take little account of services already provided and of the local authority's limitations.

One hope of expansion lies with the general public itself in supporting voluntary societies. The report of the working party set up by the Newcastle upon Tyne Council of Social Service to look into local needs of the physically handicapped and the scope of voluntary societies, may lead to better organisation and co-ordination of their work. Already organisations such as the Disablement Income Group are providing support for the disabled, guidance for relatives of bedfast and chairfast persons and information on the wide range of aids that is now available. A welcome development in the hospital service lies in the provision of a permanent caravan outside the Physiotherapy Department of the Royal Victoria Infirmary, to be used for the assessment of personal aids to daily living. Occupational Therapy is well established in the Newcastle General Hospital and at Wooley and Wylam hospitals.

A considerable number of persons were medically assessed in the community by the Senior Medical Officer (Geriatrics) assisted by a departmental medical officer who consider the need for residential

care or day care through community services. 42 applicants for Disabled Drivers Car Badges were also seen together with 26 persons attending the Social and Occupation Centre. In the latter group were some individuals who have not been seen either by their general practitioner or by a hospital consultant for some time, though medical help seemed indicated. It is hoped that routine medical assessment of this and other groups of physically handicapped persons may lead to an improvement in the quality of their lives, as it undoubtedly has for the many elderly citizens whose needs have thus been brought to the attention of the medical profession.

Teaching

Students of varying disciplines have received lectures and seminars from the Senior Medical Officer (Geriatrics) throughout the year. These include medical, nursing and social studies students as well as participation in a regional post-graduate study day for occupational therapists. In addition, a number of medical practitioners from this and other countries visit the City to study the geriatric services, including those provided by the department.

The Future

The Director-designate of the Social Services Department has expressed the wish that established patterns of co-ordination between the medical and social work professions existing in the Department should continue once the Health and Social Services Departments become separate entities on April 1st, 1971. It is envisaged that the Senior Medical Officer will work closely with the Social Services Department in medical assessment for social services and in the co-ordination of community and hospital services in the interest of the City's elderly and physically handicapped citizens.

SOCIAL WORK

(Miss M. Clark)

With the passing of the Local Authority Social Services Act, 1970, great changes lie ahead for the Social Work Section. From April 1st, 1971, it will become part of the new Social Services Department and thus face new challenges and opportunities. It was in anticipation of this development that the section was re-organised in 1967

into multi-purpose teams and the experience gained since then should prove invaluable in the new department. The close working relationships with colleagues in the Health Department will be an added advantage in helping clients to use health services effectively.

A further major piece of social legislation was The Chronically Sick and Disabled Persons Act, 1970. Some sections of this Act came into force on August 29th and received maximum publicity in the press and on television. This resulted in a large number of enquiries from disabled people, some of whom had not previously been known to the department. The full benefits of the Act will not be felt for some time but already voluntary and statutory authorities are examining ways of implementing the Act in order to improve the quality of life for those who are now limited by their handicap.

One small group whose handicap is particularly limiting are the deaf-blind. During the year the local Voluntary Society reported that they were no longer able to run a club for this group because of a lack of volunteers who were able to communicate with them. A group of the social workers in the department took over the running of the club in the Voluntary Society's premises and the Society pays for the mini-bus transport. The highlight of the year was a visit to a Chinese restaurant for an evening meal which took the place of the traditional Christmas party.

Other members of staff continue to run the two evening psychiatric clubs which have been so successful since their establishment. These clubs provide a valuable form of community support and since club members are involved in running the clubs, they are flexible in meeting the needs of changing groups.

The opening of the Welford Day Centre involved social work staff in assessing clients for admission and supporting them subsequently.

A further new project in the mental health field was the establishment of a second "Rose Cottage". Following the pattern of the existing project the Housing Department allocated the tenancy of a house, this time in the West End, for a group of long-term patients from St. Nicholas Hospital.

The social work staff were introduced to the patients in the course of their rehabilitation, and later helped them in establishing their home and continued to support them in adjusting to life outside the hospital.

Training of students from the University Child Care Course continued to be an important part of the work of the section. Similarly the programme of nursing students from St. Nicholas' and Northgate and District Hospitals continued. Most of the staff continue to be involved in giving talks and lectures to various organisations and training courses.

The staffing situation improved slightly this year and this is reflected in the increase in the following figures.

In 1970, 13,137 visits were made and 13,162 office interviews took place as compared with 12,294 and 2,815 respectively in 1969. These included the following:—

Mentally ill	..	..	1,848
Mentally subnormal	..	..	1,444
E.S.N. School Leavers	..	..	101
Elderly	..	..	4,682
Blind	..	..	1,008
Deaf	..	..	1,095
Physically handicapped	..	..	1,774

(These figures relate to visits, not numbers of cases)

The balance of visits, etc., relate to a variety of problems including chest clinic cases, illegitimacy, family problems, etc.

Adaptations and Provision of Facilities in the Homes of Handicapped Persons

Adaptations carried out in the homes of handicapped persons in the City were as follows:—

Handrails	..	..	29
Toilet Aids	..	..	8
Bath Aids	..	..	39
Ramps	..	..	10
Garages and Runways	..	..	4
Visible Indicators for the			
Deaf	..	..	8
Others	..	..	9
			<hr/>
			107 (72 in 1969)

Car Badges for Severely Disabled Drivers

Car Badges were issued to 36 new cases. The total number in use is now almost 200.

Concessionary Travel for Disabled Persons

Travel permits were issued to 209 City residents who were unemployed and were substantially or permanently handicapped, which enables them to use public transport at reduced rates.

Unmarried Mothers

Maintenance was arranged for 22 unmarried mothers. Their ages are shown in the following table (1969 figures in brackets).

Under 16 years	..	..	..	..	—	( 3)
16—21	..	..	..	..	17	(26)
22—30	..	..	..	..	5	(8)
Over 30	..	..	..	..	—	( 1)
					22	(38)

Convalescence

The following table shows the ages of the 135 patients for whom convalescence was arranged.

Age	Male	Female	Total
Under 15	7	5	12
15—19	—	—	—
20—29	1	1	2
30—39	—	6	6
40—49	4	10	14
50—59	7	5	12
60 and over	37	52	89
Total	56	79	135

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 16	14	12	1	15	26	44	5
16 and under 65	198	79	11	139	51	75	605
65 and over	349	83	6	41	19	251	400
Totals	561	174	18	195	96	379	1,010
Totals 1969	594	181	20	188	92	214	943

Services for the Physically Handicapped (General Classes)

The number of registered handicapped persons at 31st December, 1970, was 1,010 made up as follows:—

Amputations	78
Arthritis and Rheumatism	178
Congenital malformations and deformities	60
Diseases of the digestive and genito-urinary systems, heart, circulatory system, etc.	215
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, limbs, spine, etc.	90
Organic nervous diseases disseminated sclerosis poliomyelitis, etc.	310
Neurosis, Psychoses, etc.	20
Tuberculosis (non-respiratory)	16
Tuberculosis (respiratory)	9
Diseases and injuries not specified above (asthma, diabetes, etc.)	34
	<hr/> 1,010 <hr/>

RESIDENTIAL CARE

The number of elderly and handicapped persons maintained in residential accommodation at 31st December, 1970, was:—

	Males	Females	1970	1969
Residential Homes	152	324	476	(480)
In other L.A.'s Homes	1	—	1	(5)
In Voluntary Homes	20	49	69	(63)
	<hr/> 173 <hr/>	<hr/> 373 <hr/>	<hr/> 546 <hr/>	<hr/> (548) <hr/>

Analysis by age:				
Under 65	27	34	61	(72)
65—74	43	74	117	(109)
75—84	70	140	210	(217)
85 and over	33	125	158	(150)
	<hr/> 173 <hr/>	<hr/> 373 <hr/>	<hr/> 546 <hr/>	<hr/> (548) <hr/>

Analysis by Major Disability:	Under 65	65 & over
Blind	4	25
Deaf	—	25
Epileptic	10	8
Mentally disordered	16	212
Other Persons	31	215
	<hr/> 61 <hr/>	<hr/> 485 <hr/>

New admissions—254 plus re-admissions—85
Deaths and discharges—319

Admissions	Males	Females	Total
Short term	8	11	19
From Hospital	61	98	159
From own Homes	35	49	84
	<hr/> 104 <hr/>	<hr/> 158 <hr/>	<hr/> 262 <hr/>

St. Abb's Holiday Home

During the year 384 persons were provided with holiday breaks at Whitley Bay for periods from one to six weeks duration.

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, 44 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.

Meals on Wheels supplied from the homes	79,540
Meals to Luncheon Clubs	7,929
Meals to day visitors to residential homes	4,960
Total Meals supplied	92,429

WINCOMBLEE

(*Dr. G. Blessed*)

The Residents

Fifty-five residents have been treated during this period and the diagnosis of the patients is as follows:—

Senile Dementia	28
Subnormality	9
Chronic schizophrenia ..	8
Depression	6
Personality Disorder ..	3
Other	1

Just over half the residents have suffered from some form of senile dementia, but in most cases this has been complicated by restless or disturbed behaviour, or disturbed emotional reactions occurring in association with this disorder, and most of these patients come from other residential homes where their behaviour had caused problems in management. These patients had a higher death and transfer rate than the other groups, in that, four patients died while still resident in the home, and nine had to be transferred to hospital for further medical or psychiatric care. Fifteen of the current residents suffer from senile dementia, just under half of the total resident population.

Nine mentally subnormal residents have been treated and eight are currently resident in the home. Two have been transferred to hospital, one for serious physical disease that recovered, and one for investigation of disturbed behaviour. This patient is still undergoing psychiatric treatment.

This group has presented few problems in management and have formed a focus of interest in the home because of their good preservation, and their daily attendance at a day centre.

There was one unexpected death among the group of chronic schizophrenics but most have remained as residents continuously since the home opened. One was transferred temporarily to hospital and returned with good relief of symptoms and another was transferred, first temporarily, and then permanently back to St. Nicholas Hospital because of intractable schizophrenic symptoms, which were causing considerable difficulty in management.

There were six residents suffering from depression and four are still resident. Without exception they have associated physical

disease, usually cardiovascular in type. Two such residents were admitted temporarily and returned to their own homes.

Three patients can be said to be suffering from personality disorder, one of whom had to be transferred to hospital because of disturbed behaviour.

There have been five deaths in total—four occurring in residents with senile dementia, and one, in a schizophrenic.

Nine patients were transferred to St. Nicholas Hospital and three to the General Hospital, two of the latter to Brighton Clinic.

One patient has been transferred permanently to Sunnycrest, and three patients have returned to their own homes.

Objects and Activities in the Home

The main object has been to create an atmosphere in which abnormalities of behaviour arising from psychiatric disturbances would be observed, reported, discussed, and an effort made to give the staff insight and understanding, so that abnormal behaviour would not lead to rejection and further aggravation of psychiatric disabilities. To this end, a weekly conference has been useful, at which problem patients are discussed with the staff.

In an attempt to maintain activity and interest simple occupational therapy has been introduced, and a great deal of social activity has been organised by the Matron.

We believe that the effects of these measures have been to create a happy and hopeful atmosphere among a group of patients whose prognosis is normally regarded as being poor, and whose management in ordinary residential homes is usually regarded as difficult and associated with disturbed behaviour.

I feel however, that it would be useful if an independent person, perhaps a trained social worker, could set up a group of patients within the home, and, after winning confidence, could draw attention to other areas where thought needs to be given to the quality of life which is offered, since I think lessons learned at Wincomblee, could well be profited by in other homes in the City to the benefit of the residents.

Mrs. Chater and all the staff without exception, have worked extremely hard to create what I think may be a unique atmosphere of kindly understanding, which has made my contact with this home a very pleasant one.

HOME HELP SERVICE

(Mrs. I. E. Moult)

There has been an increase in referrals for Home Help; the increasing number of elderly patients making the greatest demand on this service. The majority of the cases receive help once or twice per week to do the heavy chores, which the patients themselves are unable to do, but more assistance is provided for those with greater disability.

The case load per week has risen from 1,718 at the end of 1960 to 3,747 at the end of 1970. The weekly hours of service at the end of 1970 were 12,387. Cases of extreme emergency, usually hospital cases being discharged and needing immediate help, increased from 679 in 1969 to 702 in 1970.

Type of Cases attended in 1970

Maternity	..	..	..	..	..	22
Aged 65 years and over	..	..	..	..	..	3,273
Chronic Sick under 65, Tuberculosis	..	..	..	..	..	363
Short Term	..	..	..	..	..	89
						<hr/> 3,747 <hr/>

Sixty five bedfast patients were provided with a week-end service compared with fifty-five in 1969.

Fifty-four very neglected homes were thoroughly cleaned where the elderly person had been living in deplorable conditions. Two home helps are allocated to this type of case, giving each other moral support.

During 1970 – 22,599 supervisory visits were made. Supervision protects the service from abuse and ensures that cases are looked at sufficiently often to regulate the available help.

At the end of the year five full-time and five hundred and twenty part-time Home Helps working between fifteen and twenty hours a week, plus six weekend workers, were employed. During the year 194 Home Helps resigned and 133 were engaged. The average number of Home Helps absent due to sickness was 34.

CHIROPODY

This service is provided by the local authority at weekly clinic sessions of which there are now 13, and is available to elderly and physically handicapped persons at a nominal charge. Ambulance transport is available to take sitting cases to clinic sessions and domiciliary visits are arranged for those patients who are unable to attend clinics.

The number of patients provided with chiropody treatment was slightly lower than in the previous year, mainly due to staffing difficulties. It was, however, possible to start an additional clinic late in the year.

The local authority service is supplemented by treatments arranged by the Women's Royal Voluntary Services and the British Red Cross Society. Grants are made to these voluntary organisations towards the cost of the services they provide.

CHIROPODY SERVICE STATISTICS
(1969 figures in brackets)

	No. of Sessions per week	PATIENTS TREATED			Total Treatments
		Aged 65 years and over	Others	Total	
Local Authority—					
Residential Homes	—	457	33	490	2,002
Clinics	13	1,529	10	1,539	4,417
Domiciliary Service	—	440	39	479	1,688
		2,426	82	2,508	8,107
<hr/>					
Voluntary Organisations—					
B.R.C.S.	2	236	—	236	781
W.R.V.S.	3	178	—	178	1,248
		414	—	414	2,029
<hr/>					
TOTAL ..	18 (17)	2,840 (3,119)	82 (173)	2,922 (3,292)	10,136 (9,138)

SOCIAL AND OCCUPATION CENTRE

(Mrs. B. I. Urwin)

The Centre for physically handicapped persons in Jubilee Road is open on weekdays between 9 a.m. and 4.30 p.m. catering for people with many types of disability, e.g., multiple sclerosis, muscular dystrophy, rheumatoid arthritis, hemiplegia, epilepsy, poliomyelitis, blindness, deafness, etc. There are 129 names on the register with an average weekly attendance of 169. Those who are able are encouraged to use public transport and may attend the centre as often as they are able. Transport through the Ambulance Service and by private hire is available to bring the more disabled to the Centre.

In addition to social and occupational activities the majority are keen to learn more in the way of crafts and achieve great satisfaction in producing articles for sale. This year wood carving has been added to the programme and on the social side, play-reading. The library is well patronised, the books are obtained from the City Library as well as braille books from the National Library for the Blind. The 1970 sales amounted to £1,014 of which £341 was taken at the Tyneside Summer Exhibition. Craft workers received £269 in incentive allowances. Goods are available for purchase at the Centre throughout the year.

During the year social workers have been closely in touch with the centre which they visit regularly and there has also been better liaison with hospital social workers.

HOUSING

Health/Housing Liaison

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

These meetings have proved most valuable to all concerned and it is intended that they should continue in the future between Officers of the Housing Department, the Health Department, and the Social Services Department.

Medical Rehousing

Private tenants who indicate that they may have medical grounds for priority rehousing by the Corporation and Corporation tenants seeking transfer to more suitable accommodation on health grounds are supplied with a medical form on which their doctor makes his recommendation, in confidence, to the Medical Officer of Health. Regular meetings are held with the Director of Housing's representative who advises on the applicant's housing needs, areas of choice and the availability of suitable accommodation. Further information is frequently obtained from health visitors or social workers and priorities are carefully assessed in the light of the needs of the individual and whether this can be met by rehousing.

During the year, 1,900 new applications were considered and 494 old applications were given further consideration. Of the total number of 2,394 applications considered, 1,325 were Corporation tenants. Priority rehousing was recommended for 117 and 285 Corporation tenants were recommended for transfer on medical grounds. During the year 47 priority cases were rehoused and 99 tenants were transferred on a medical recommendation.

Evictions

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

Threats of eviction reported to Housing Dept.	357	(390)
Evictions prevented	100	(121)
Found own accommodation ..	90	(117)
Rehousing by Housing Dept. ..	76	(56)
No further action necessary ..	56	(49)
Cases outstanding and under observation — no immediate threat of eviction	35	(47)
Total	357	(390)

(1969 figures in brackets)

MENTAL HEALTH SERVICES

(Dr. Peter Morgan—Consultant Psychiatrist)

A decade has gone by since the Mental Health Act (1959) became law and during that time considerable progress has been made in the City to implement its recommendations. In 1970, the psychiatric day centre for the mentally ill moved to the new Welford Centre;

Whiteleas, a long stay hostel for mentally subnormal adults was opened, and a second sheltered housing project for five chronic patients from St. Nicholas Hospital was set up in conjunction with the Director of Housing. The services now available include two short stay psychiatric hostels, a psychogeriatric hostel, a hostel for the mentally subnormal, two sheltered housing projects, a junior and an adult training centre, a psychiatric day centre and two clubs for the mentally ill. Plans for the future have been considered consisting of a further three psychogeriatric hostels, two hostels for the mentally subnormal, an adult training centre and a boarding-out scheme. The Local Authority Social Services Act (1970) transfers the responsibility for mental health services to the new Department of Social Services apart from the Junior Training Centre which goes to the Education Department.

Once again there has been a considerable increase during the year in the number of referrals for care in the community which has in fact doubled but the number of home visits by social workers has declined. Part of this discrepancy has been accounted for by the patients attending social work clinics.

The number of admissions both informal and compulsory to psychiatric hospitals remains unchanged and the increase in admissions under Section 136 reported last year has not been maintained. Similarly the work of the psychiatric hostels, training centres and day centres continues without any significant alteration, but the demand on all of these services increases annually and there are no grounds for complacency.

In saying farewell after ten years work in the department, I would like to thank the staff with whom I have been closely associated for their help and efforts in the developments that have been made. The new legislation will put considerable demands upon them, but I have no doubt that difficulties will be overcome and when the dust settles we can look forward to a further decade of progress.

STATISTICS

TABLE I

SOURCE OF REFERRAL	NO.
General Practitioner	78
Hospital In-Patients	187
Hospital Out-Patients	276
Local Education Authority	93
Police Courts	31
Others	374
TOTAL	1,039

TABLE II

AGE DISTRIBUTION OF REFERRALS

AGE	MALE	FEMALE	TOTAL
0 — 4	12	11	23
5 — 14	27	29	56
15 — 24	116	89	205
25 — 34	59	48	107
35 — 44	71	54	125
45 — 54	40	67	107
55 — 64	37	44	81
65 — 74	33	49	82
75 — 84	22	50	72
85 — 95	2	17	19
NOT KNOWN	63	99	162
TOTAL	482	557	1,039

TABLE III

DIAGNOSIS OF REFERRALS

DIAGNOSIS	MALE	FEMALE	TOTAL
Schizophrenia	114	89	203
Manic Depressive	39	81	120
Dementia	28	50	78
Delirium	10	29	39
Neurosis	39	35	74
Psychopathic Disorder	37	67	104
Subnormal	165	145	310
Severely Subnormal	8	8	16
Others	41	54	95
TOTAL	481	558	1,039

TABLE IV
SOURCE OF REFERRAL OF CASES FOR COMMUNITY CARE

SOURCE OF REFERRAL	NO.
General Practitioner	32
Hospital I.P.	136
Hospital O.P.	216
Local Education Authority	87
Police, Courts, etc.	16
Others	323
TOTAL	810

TABLE V
AGE DISTRIBUTION OF CASES REFERRED FOR COMMUNITY CARE

AGE	MALE	FEMALE	TOTAL
0 — 4	11	11	22
5 — 14	25	25	50
15 — 24	90	78	168
25 — 34	42	33	75
35 — 44	43	33	76
45 — 54	31	44	75
55 — 64	26	36	62
65 — 74	25	42	67
75 — 84	18	36	54
85 — 95	2	16	18
NOT KNOWN	57	86	143
TOTAL	370	440	810

TABLE VI
DIAGNOSIS OF COMMUNITY CARE REFERRALS

DIAGNOSIS	MALE	FEMALE	TOTAL
Schizophrenia	75	60	135
Manic Depressive	27	58	85
Dementia	18	37	55
Delirium	8	22	30
Neurosis	29	19	48
Psychopathic Disorder	28	46	74
Subnormal	150	136	286
Severely Subnormal	5	8	13
Others	35	49	84
TOTAL	375	435	810

TABLE VII
NUMBER OF HOME VISITS BY SOCIAL WORKERS

1970	1969	1968	1967	1966	1965
3,560	3,755	4,931	5,267	4,276	4,716

Admissions to Hospitals

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

TABLE VIII

MODE OF ADMISSION				NO.
Section 29	..	..	..	55
Section 25	..	..	..	66
Section 26	..	..	..	13
Section 60	..	..	..	2
Section 136	..	..	..	4
Informal	..	..	..	65
TOTAL	..	..	..	205

TABLE IX

HOSPITAL TO WHICH ADMITTED				NO.
St. Nicholas' Hospital	..			176
Newcastle General Hospital	..			4
Prudhoe and Monkton Hospital				2
Northgate & District Hospital				11
Other Hospitals	..	..		12
TOTAL	..	..	..	205

TABLE X

Admissions	St. Nicholas' Hospital		Newcastle Gen. Hospital		Total		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	
Informal ..	351	465	83	169	434	634	1,068
Section 29 ..	25	26	1	—	26	26	52
Section 25 ..	15	36	—	1	15	37	52
Section 26 ..	3	5	—	—	3	5	8
Section 30 ..	—	—	—	—	—	—	—
Section 60 ..	—	—	—	—	—	—	—
Section 136 ..	22	7	—	—	22	7	29
Total Admissions ..	416	539	84	170	500	709	1,209
Discharges ..	368	501	82	164	450	665	1,115
Deaths ..	50	69	—	1	50	70	120

Outpatient Treatment (Mentally Ill)

TABLE XI

	1970	1969	1968	1967	1966
General Practitioners ..	201	201	216	208	181
Follow-up of discharged Hospital Patients ..	122	130	135	152	130
Probation Officers ..	12	10	12	9	21
Children's Department ..	—	—	—	4	6
Social Workers	—	—	—	—	24

Community Care Clinic (Newcastle General Hospital)

New Patients 83
 Return visits .. 326
 Number of sessions .. 51

Outpatient Treatment (Mentally Subnormal)

TABLE XII

	New Patients	Return Visits
Dame Catherine Scott Centre ..	3	56
Sheriff Lees Centre	10	31
St. Thomas Clinic	—	—
Total	13	87

TABLE XIII

	Sunnycrest Hostel	Summerhill Hostel	Whiteleas Hostel
Admissions	49 (63)	58 (31)	40
	involving 42 persons	involving 43 persons	involving 31 persons
Discharges	47 (52) involving 41 persons	44 (26) involving 34 persons	24 involving 22 persons
Returned to the Community ..	30 (39)	23 (14)	9
Returned to hospital	11 (13)	21 (10)	15
Deaths	— (—)	— (1)	—

Psychiatric Day Centre

Admissions=10

Discharges=3

Attendances=8,219

Places provided=52

Training Centres

TABLE XIV

	Junior	Adult	Total
Attendances ..	19,297 (20,677)	34,393 (33,120)	53,690 (53,797)
Admissions ..	10 (16)	54 (51)	64 (67)
Discharges ..	12 (9)	40 (15)	52 (24)
Places Provided	143 (142)	193 (177)	336 (319)

(1969 figures in brackets)

IV—INFECTIOUS DISEASE

PREVALENCE, PREVENTION AND CONTROL

PREVENTION AND CONTROL OF INFECTIOUS DISEASE

The incidence of infectious diseases in the City and in the various wards of the City are shown in Table A. The City has been free from the plague for eight years. The City was also free from diphtheria which last occurred in 1931. There is, however, always the risk of these diseases spreading should they be imported into the City as long as communication with outside is maintained at its present level.

Measles

The epidemic which was reported occurred in the last spring and early summer, and reached a peak of over 200 notifications in the first week in June.

IV—INFECTIOUS DISEASE

Dysentery

Only one dysentery notification was received during the year. All were notifications of low acute dysentery.

Shells

After a very low notification rate in 1964, when only 15 cases were notified, there was a much higher incidence of the disease, 465 cases being notified.

Notifications in recent years have been as follows:—

1961	52	1966	65
1962	77	1967	71
1963	47	1968	414
1964	15	1969	3
1965	14	1970	42

Typhoid and Paratyphoid Fevers

No cases of typhoid or paratyphoid were notified during the year.

PREVALENCE, PREVENTION AND CONTROL

No serious outbreaks of food poisoning occurred during the year. Nine cases were notified, and although investigations were carried out to identify the source of the infection, it was not possible to establish the cause.

IV—INFECTIOUS DISEASE

PREVALENCE, PREVENTION AND CONTROL

PREVENTION AND CONTROL OF INFECTIOUS DISEASE

The incidence of infectious disease at various ages and in the various wards of the City are shown in tables 'A' and 'B'. Once again no cases of poliomyelitis were notified; the City has now been free from the disease for eight years. The City was also free from diphtheria which last occurred in 1958. There is, however, always the risk of these diseases spreading should they be imported into the City as long as immunisation rates remain at their present low level.

Measles

The epidemic which was expected, occurred in the late spring and early summer, and reached a peak of over 200 notifications in the first week in June.

Whooping Cough

A sharp increase in notifications occurred during the year. This increase is likely to add weight to the doubts expressed in recent years about the efficacy of whooping cough vaccine against current strains of the organism.

Dysentery

Only five dysentery notifications were received during the year. All were individual cases and no outbreaks occurred.

Rubella

After a very low notification rate in 1969, when only 41 cases were notified, there was a much higher incidence of the disease, 468 cases being notified.

Notifications in recent years have been as follows:—

1961	—	405	1966	—	683
1962	—	773	1967	—	237
1963	—	475	1968	—	414
1964	—	180	1969	—	41
1965	—	148	1970	—	468

Typhoid and Paratyphoid Fevers

No cases of typhoid or paratyphoid were notified during the year.

Food Poisoning

No serious outbreaks of food poisoning occurred during the year. Nine cases were notified, and although investigations were carried out to identify the source of the infections, it was not possible to establish the cause.

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 1970

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		1970		1969	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acute Meningitis ..	3	—	3	—	1	—	—	1	—	—	1	—	1	3	—	—	9	4	4	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	—	—	4	—	1	—	—	—	—	—	—	—	—	—	—	—	5	—	26	—
Enteric Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Food Poisoning ..	2	—	1	—	—	—	4	—	2	—	—	—	—	—	—	—	9	—	1	—
Infective Jaundice ..	—	—	10	—	56	—	19	—	13	—	5	—	1	—	—	—	104	—	139	—
Measles ..	137	—	1186	—	1073	—	12	—	5	—	1	—	—	—	—	—	2414	—	117	—
Ophthalmia Neonatorum ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Rubella ..	11	—	118	—	300	—	31	—	7	—	—	—	1	—	—	—	468	—	40	—
Scarlet Fever ..	—	—	11	—	49	—	4	—	1	—	—	—	—	—	—	—	65	—	39	—
Whooping Cough ..	15	—	74	—	42	—	6	—	2	—	—	—	—	—	—	—	139	—	7	—
Totals ..	170	—	1407	—	1522	—	76	1	30	—	7	—	3	3	—	—	3215	4	374	—

TABLE B
WARD DISTRIBUTION OF INFECTIOUS DISEASES (CITY CASES)

WARD	Acute Meningitis	Acute Polymyellitis	Dysentery	Enteric Fever	Food Poisoning	Infective Jaundice	Measles	Ophthalmia Neonatorum	Rubella	Scarlet Fever	Tuberculosis (All Forms)	Whooping Cough
St. Nicholas	—	—	—	—	—	—	30	—	1	—	2	—
Blakelaw ..	—	—	—	—	2	3	169	—	37	6	5	6
Kenton ..	—	—	1	—	—	8	227	—	40	3	6	43
Scotswood	1	—	—	—	—	4	271	—	67	11	2	20
Stephenson	—	—	1	—	—	—	79	—	43	1	5	2
Armstrong	—	—	—	—	—	—	117	—	40	3	2	14
Elswick ..	1	—	—	—	—	3	106	—	46	2	6	7
Westgate ..	—	—	2	—	2	4	82	—	27	1	9	2
Arthur's Hill	—	—	—	—	—	2	68	—	31	2	6	5
Benwell ..	1	—	1	—	1	2	174	2	50	4	3	14
Fenham ..	1	—	—	—	—	—	124	—	39	4	3	5
Sandyford..	1	—	—	—	2	—	51	—	7	3	7	3
Jesmond	1	—	—	—	1	3	108	—	2	1	10	—
Dene ..	—	—	—	—	—	8	98	—	8	3	7	10
Heaton ..	—	—	—	—	—	2	92	—	8	3	2	1
Byker ..	2	—	—	—	1	4	73	—	3	1	2	—
St. Lawrence	—	—	—	—	—	6	117	—	8	9	7	1
St. Anthony's	1	—	—	—	—	13	109	—	1	2	4	—
Walker ..	—	—	—	—	—	26	193	—	6	6	9	1
Walkergate	—	—	—	—	—	10	126	—	4	—	2	5
Total 1970 ..	9	—	5	—	9	104	2414	2	468	65	99	139
Total 1969 ..	4	—	26	1	1	139	117	—	40	39	101	7

INFECTIOUS HEPATITIS

(Dr. M. Y. Walls)

In 1970 there were 104 notifications of Infectious Hepatitis compared with 139 in 1969. The following table gives the breakdown by sex and age.

	Male	Female	Total
Under 1 year ..	—	—	—
1 year ..	—	1	1
2—4 years ..	7	2	9
5—9 „ ..	13	24	37
10—14 „ ..	9	10	19
15—19 „ ..	6	6	12
20—24 „ ..	4	3	7
25—34 „ ..	4	4	8
35—44 „ ..	1	4	5
45—54 „ ..	1	1	2
55—64 „ ..	2	1	3
65—74 „ ..	—	1	1
75 and over ..	—	—	—
Total ..	47	57	104

Again this year the Health Visitors visited each of these patients in an effort to trace contacts and almost half gave a history of previous contact with the disease.

Most of the cases occurred in the early months of the year.

The following table is a breakdown of the cases in wards of the City.

St. Nicholas ..	—	Fenham ..	—
Blakelaw ..	3	Sandyford ..	3
Kenton ..	8	Jesmond ..	8
Scotswood ..	4	Dene ..	2
Stephenson ..	—	Heaton ..	3
Armstrong ..	3	Byker ..	4
Elswick ..	3	St. Lawrence ..	6
Westgate ..	4	St. Anthony's ..	13
Arthur's Hill ..	2	Walker ..	26
Benwell ..	2	Walkergate ..	10
TOTAL 104			

SPECIAL TREATMENT CENTRE

The Centre has continued to provide treatment for cases of scabies and pediculosis.

The table below gives statistics which show that there were increases both in the number of scabies cases treated, and in the number of treatments given. As in previous years, most cases were referred by family doctors, and City hospitals.

Year	Total Persons Treated				Total No. of Treatments 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
1970	556	57	—	613	690

VENEREAL DISEASE

(Dr. A. S. Wigfield)

New registrations at Ward 34 in 1970 amounted to 3,778; 1,575 (42%) of these were Newcastle upon Tyne residents and these are analysed in the table below:—

	Grand Total	Male	Female
New Registrations Total ..	1,575 (1,540)	1,008 (1,009)	567 (531)
Gonorrhoea	379 (322)	223 (201)	156 (121)
Syphilis—Early infectious ..	5 (2)	4 (2)	1 (—)
Syphilis—Late non-infectious ..	9 (16)	5 (8)	4 (8)
Non-gonococcal urethritis ..	240 (266)	240 (266)	—
Trichomonas vaginalis infestation	122 (113)	—	122 (113)
Non-venereal conditions requiring treatment	334 (305)	205 (198)	129 (107)
Non-venereal conditions not requiring treatment	486 (516)	331 (334)	155 (182)

The figures in brackets relate to 1969.

The steady rise in new registrations continues, being 2% up on 1969, but the emphasis in 1970 has been a 17% increase in the number of gonorrhoea cases, males being up by 10% and females by 29%. Female teenagers contributed 33% of the total female gonorrhoea cases. These figures follow the now familiar nationwide pattern. Venereologists have been puzzled by the paradox of a sharp rise in the female gonorrhoea rate and a steady fall in the incidence of gonococcal ophthalmia in the new born. The latter condition, so amenable to treatment, does not cause the alarm or distress that it used to do. It is evident that many cases are not being notified as they should be by law, but it is probable that prompt treatment in a number of cases precludes accurate diagnosis. The introduction of Stuart's Transport Medium into the standard equipment of post-natal wards in some hospitals may confidently be expected to result in an increase in the number of gonococcal ophthalmia cases diagnosed. Two cases of gonococcal ophthalmia were seen in Ward 34 in 1970. These were the first of which the clinic had been aware for several years.

The effectiveness of penicillin in the treatment of early syphilis following its introduction in the mid 1940s continues to be reflected in the paucity of late non-infectious cases which appear to get less each year. There was a marginal increase in early infectious syphilis cases in 1970. All the four male cases acquired their infection outside the Newcastle Region. The one female case was a marital infection.

Non-gonococcal urethritis continues to provide more cases than gonorrhoea. The true incidence is difficult to assess. Many cases are re-registered as fresh infections on the grounds that they admit to recent sexual intercourse but the disease is notoriously chronic and many re-registrations might reasonably be labelled "relapses". The real answer will only come when the cause is discovered. It is nevertheless, true to say that the morbidity engendered by this obscure affliction warrants much research.

Of 501 male gonorrhoea patients from all areas, 202 alleged that their infections were acquired in Newcastle and were interrogated about their contacts. Fifty-nine were unable to help. One hundred and forty three men supplied information to correlate their infections with 113 women of whom 17 were responsible for 47 infections. Of these 113 women, 95 attended the clinic, 48 by persuasion of their consorts, 35 by persuasion of contact tracers

and 12 of their own accord. Of these 95, 79 had gonorrhoea, 15 had no venereal disease and one was found to be suffering from latent syphilis. Of the 18 contacts who did not attend, five were examined elsewhere, 10 were untraced, one was traced but lost sight of, one refused to attend and one promised to attend but failed to do so.

Of the 113 named contacts in Newcastle, 88% were examined either in Newcastle or elsewhere. Of the 113 named, plus the 59 unknown contacts, 58% were examined. It is doubtful if these highly successful figures are excelled anywhere else in the country.

In addition 36 out of 37 subsequent or secondary sexual contacts in Newcastle attended; 31 had gonorrhoea, five did not; one refused to attend. These 37 consisted of 29 wives, three friends, three whose relationship was a steady liaison and one fiancée.

The social unit in Ward 34 continues to play as important a part in the overall fight against venereal disease as the purely medical section of the clinic.

CHEST CLINICS

MASS RADIOGRAPHY

TUBERCULOSIS

There was a slight decrease in the number of new cases of primary tuberculosis in 1944, the rate being 1.2 per 100,000, as against 1.5 in 1943. The rate of increase in the number of new cases of tuberculosis in 1944 was 1.2 per 100,000, as against 1.5 in 1943. The rate of increase in the number of new cases of tuberculosis in 1944 was 1.2 per 100,000, as against 1.5 in 1943.

Further studies from the Chest Clinics have shown that the rate of increase in the number of new cases of tuberculosis in 1944 was 1.2 per 100,000, as against 1.5 in 1943. The rate of increase in the number of new cases of tuberculosis in 1944 was 1.2 per 100,000, as against 1.5 in 1943.

V-TUBERCULOSIS

During the past century, tuberculosis has been a leading cause of death in the United States.

Several methods have been used to control the disease.

1. Isolation of the patient.

2. Treatment with drugs.

In addition, it is necessary to control the spread of the disease by isolating the patient and by treating the patient with drugs.

CONTACT CLINICS

MASS RADIOGRAPHY
CHEST CLINIC

V-TUBERCULOSIS

CONTACT CLINIC

TUBERCULOSIS

There was a slight decrease in the number of new cases of pulmonary tuberculosis, 82 cases, one less than last year, were notified, giving an attack rate of 0.35 per 1,000 population. New cases of non-pulmonary tuberculosis numbered 17 as compared with 18 in 1969 the attack rate falling from 0.075 to 0.073.

Twelve deaths from the disease occurred, three more than in 1969, all but three being due to pulmonary tuberculosis; giving a death rate of 0.05 per 1,000 population (0.038 pulmonary and 0.013 non-pulmonary).

Notifications

During the year, primary notifications were received as follows:—

<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Total</i>
82	17	99

Sources of notification were:—

General Practitioners	..	..	..	..	14
Chest Physicians	..	..	..	..	73
Hospital Medical Staff	..	..	..	..	12
					<hr/> 99

In addition, 11 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												
	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Persons not notified before death ...	4	5	7	8	5	1	4	7	7	4	3	—	2
Persons notified under 1 month ...	4	4	2	1	3	—	—	—	2	—	3	4	3
Persons notified between:—													
1 and 3 months ...	2	2	3	—	1	—	—	1	—	1	—	—	—
3 and 6 months ...	—	—	—	—	1	—	—	—	—	—	—	—	—
6 and 12 months ...	1	3	1	—	1	—	—	—	2	1	—	1	1
12 and 18 months ...	—	—	—	—	—	—	—	2	—	—	—	—	—
18 and 24 months ...	1	—	—	—	—	—	2	—	—	—	—	—	—
2 and 3 years ...	1	2	4	2	3	1	—	1	—	—	—	—	—
Over 3 years ...	16	12	7	10	8	7	8	8	9	5	7	1	3
Totals ...	29	28	24	21	22	9	14	19	20	11	14	6	9

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

	1963		1964		1965		1966		1967		1968		1969		1970*	
	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	0.05	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	0.05	0.42
England and Wales...	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	0.03	0.24
Glasgow ...	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	0.12	0.61
Scotland ...	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	0.05	N.A.

*Provisional figures

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
1970	82	9	0.038	0.35	17	3	0.013	0.07	99	12	0.05	0.42

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING 1968, 1969 and 1970

		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—	1970	—	—	2	3	1	2	2	4	6	11	14	4	5	54
	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
Females—	1970	—	—	1	2	—	1	2	3	8	4	—	3	4	28
	1969	—	—	1	3	—	—	1	5	3	4	4	4	1	26
	1968	—	—	3	3	1	2	1	1	2	5	2	2	1	23
Non-Respiratory—															
Males—	1970	—	—	—	—	—	—	—	3	2	—	1	1	—	7
	1969	—	—	—	—	—	—	—	1	1	1	—	—	—	3
	1968	—	—	1	—	—	1	—	2	1	—	—	—	—	5
Females—	1970	—	—	—	—	—	—	—	2	2	1	2	2	1	10
	1969	—	—	1	2	1	2	1	3	1	2	2	—	—	15
	1968	—	—	—	—	1	—	—	—	1	—	—	1	1	4
Totals	1970	—	—	3	5	1	3	4	12	18	16	17	10	10	99
	1969	—	—	3	9	2	6	5	19	11	21	12	11	2	101
	1968	—	—	5	5	3	8	3	9	12	18	14	12	6	95

AGE DISTRIBUTION OF DEATHS DURING 1970

		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	4	2	1	8
Females	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Non-Respiratory—															
Males	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Females	—	—	—	—	—	—	—	—	—	1	1	—	—	2
Totals	—	—	—	—	—	—	1	—	—	2	5	2	2	12

TUBERCULOSIS IN CHILDHOOD

TABLE 1

NUMBER OF NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) AND OF TUBERCULOUS MENINGITIS, AND THE NUMBER OF TUBERCULOSIS DEATHS IN THOSE AGED 0-15 YEARS IN NEWCASTLE 1965-1970

Notifications	1965	1966	1967	1968	1969	1970
All Forms ..	20	11	8	12	14	9
Meningitis ..	-	1	1	1	-	-
<i>Deaths</i>						
All Forms ..	-	1	-	-	-	-

TABLE 1A

NUMBER OF CHILDREN TREATED WITH CHEMOTHERAPY 1965-1970

	1965	1966	1967	1968	1969	1970
Under 5 years ..	29	16	5	4	1	4
5-10 years ..	16	13	9	17	6	7
11-15 years ..	9	3	5	9	11	15
	54	32	19	30	18	26

TABLE 2

THE RESULTS OF ROUTINE TUBERCULIN TESTING IN SCHOOLS 1965-1970

	1965	1966	1967	1968	1969	1970
<i>Leavers</i> age 11 years + %						
tested	73	86	80	82	95	77
Number tested	2,355	6,982	2,497	2,532	3,004	2,599
Had B.C.G.				381	553	757
% Positive (unvaccinated) ..	16	0.6	0.8	1.8	0.4	0.5
<i>Juniors</i> age 8 years + % tested	74	78	86	89	81	91
Number tested	2,693	3,268	2,641	3,025	2,270	3,077
Had B.C.G.				518	734	677
% Positive (unvaccinated) ..	1.7	0.7	0.5	0.0	0.2	0.2
<i>Infants</i> age 5 years + % tested	66	79	88	93	80	90
Number tested	2,949	3,045	3,580	3,441	2,603	3,200
Had B.C.G.				527	523	415
% Positive (unvaccinated) ..	0.3	0.3	0.3	0.0	0.1	0.1

TABLE 3

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AND THE NUMBER FOUND
TO BE TUBERCULIN POSITIVE 1965-1970

	1965	1966	1967	1968	1969	1970
Number Seen ..	1,314	1,281	1,175	1,019	1,143	1,131
Number Tuberculin Positive ..	29	14	5	4	4	7
% Positive ..	2.2	1.0	0.4	0.4	0.35	0.6

TABLE 4

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF NEWLY
DIAGNOSED PATIENTS 1965-1970

	1965	1966	1967	1968	1969	1970
Number Seen ..	168	167	97	68	48	52
Number Tuberculin Positive ..	18	4	5	2	1	3
% Positive ..	10.8	2.4	4.9	2.9	2.1	5.7

TABLE 5

THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1965-1970

	1965	1966	1967	1968	1969	1970
Chest & Contact Clinics ..	1,089	875	769	1,370	715	830
Newcastle General Hospital	225	178	169	134	97	226
Princess Mary Maternity Hosp.	240	342	202	74	77	70
Hexham Maternity Hospital ..	—	—	5	—	—	—
School Children	1,488	5,771	3,082	2,515	2,553	2,347
Further Education Students ..	—	—	—	92	—	—
Students Medical Rm., Civic Cen.	—	—	—	—	8	8
TOTAL ..	3,042	7,166	4,227	4,185	3,450	3,481

TUBERCULOSIS

(Dr. J. R. Lauckner)

In 1970 there was no change in the number of new notifications of respiratory tuberculosis, compared with the previous year. Relapses were slightly up. There was again only one "after death notification". As pointed out last year, the total numbers are now such that random fluctuations must be anticipated, and no change in the general pattern should be inferred.

Respiratory Tuberculosis 1970

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	..	—	9	—	—	9
Mediastinal Glands	..	—	—	—	—	—
Pleura	.. ..	1	3	—	—	4
Adult Pulmonary	..	10	71	11	1	93
		11	83	11	1	106

These figures show very little change compared with last year.

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	..	..	—	41	4	—	45
Culture positive	..	..	3	14	6	1	24
Culture negative	..	..	7	16	1	—	24
No information	..	..	—	—	—	—	—
			10	71	11	1	93

The active cases arising in the City during the year (new cases plus relapsed cases) were thus 82, compared with 71 last year and 78 in 1968. Of these, 65 (79%) were potentially infectious. The total of new foci of infection in the City during the year was 68, compared with 55 last year and 59 in 1968—a temporary setback to the recuction of infection in the City.

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 ..	—	24	1	25	—	17	3	20
Culture positive ..	1	9	2	12	2	5	4	11
Culture negative ..	6	11	—	17	1	5	1	7
No information ..	—	—	—	—	—	—	—	—
	7	44	3	54	3	27	8	38

These figures show a reduction in the West of culture positive and culture negative cases, and an increase in the East mainly of smear positive cases—hence the overall increase in smear positive cases. These are also presumably random fluctuations.

Five Year Comparison

The following table presents data for the past five years, comparable with that given in 1968.

	1966	1967	1968	1969	1970
Primary intrathoracic	13	7	{ 11 6	11	9
Mediastinal glands }					
Pleura	8	1	4	7	4
Adult pulmonary:					
Inward transfer	12	17	19	12	10
New	80	86	67	63	71
Relapse	10	8	11	8	11
} 90		} 94	} 78	} 71	} 82
New foci of infection (excl. people not notified before death)	68	64	59	55	68

Immigrants

Sufficient data has now been accumulated to permit a more meaningful estimate of the significance of immigrants in the tuberculosis situation. In any one year there are only a handful of cases.

In the total area served by the West Chest Clinic, during the nine years 1962 to 1970 inclusive, for which comparable figures are available, there have been altogether 1,048 cases of tuberculosis (including respiratory and non-respiratory, new, relapse and inward transfer) of whom 154 were immigrants—average 15% of total.

These are distributed as follows in respect of country of origin:—

Ireland	..	24	
West Indies	..	4	
India	..	37	—mainly Sikhs from Punjab.
Pakistan	..	69	—nearly all West Pakistan.
Other	..	20	—includes Hong Kong, Europe and "White Commonwealth".

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The relevant populations, and changes in same over the years, are not known. There is constant movement of all groups, but our impression is that total numbers have not changed appreciably in recent years.

70% of immigrants suffering from tuberculosis were from Asia. During the earlier years 1962/3/4 immigrants provided 62 of 414 cases, or 15%, and during the later years 1968/9/70 they provided 41 of 259 cases, or 16%.

So numbers have decreased *pari passu* in immigrant and indigenous population groups, and the proportion is unchanged. This may not be typical. During 1971, which is a Census Year, the British Thoracic and Tuberculosis Association is carrying out a survey to determine the proportion of cases of tuberculosis occurring in immigrants and to relate this to the size of the various populations. It will also be possible to make comparison with the earlier survey in 1965.

In the West of Newcastle over the years 1962-70 immigrants have provided about 12% of cases of adult pulmonary tuberculosis, 20% of other respiratory cases (due to excess of mediastinal glands) and 25% of cases of non-respiratory tuberculosis (partly due to more complete reporting).

Considering all cases of adult pulmonary tuberculosis in immigrants (new, relapse and I.T.) the bacteriological status was as follows:—

Smear positive	..	33	} 53%
Culture positive	..	11	
Culture negative	..	32	
No information	..	6	
		—	
		82	
		—	

Only 53% were bacteriologically confirmed compared with at least 75% of indigenous cases. The high proportion of culture negative cases is explained mainly by a greater tendency to notify and treat less advanced cases and cases of doubtful activity in immigrants.

MASS RADIOGRAPHY

(*Dr. J. R. Lauckner*)

During 1970 the large Mobile Unit ceased to do industrial and general public surveys, after the first three months, and for approximately the second half of the year was deployed in the same way as the Caravan Unit, providing a semi-static service in a number of places on a once-a-week basis. This is partly in response to the circular from the Department of Health and Social Security of December 1969, partly in pursuance of our own and Regional Hospital Board policy.

The only further policy change which is likely in the near future, is that the large Mobile Unit will be withdrawn from service at the end of June 1971—the last of these units in the region. This will mean a reduction in the number of places where a regular semi-static service can be provided, but will not further affect the service provided in the City.

As a result of the above, the contribution of the Mobile and Caravan Units to work in the City was again reduced during 1970, and fewer people were x-rayed than in previous years.

Static Unit	..	25,474
Mobile Unit	..	1,059
Caravan Unit	..	938
		<hr/>
		27,471
		<hr/>

There is some fall-off in the numbers attending the Static Unit (of the order of 1,000 a year) due to reduction of industrial and commercial groups, which we are no longer encouraging.

Of the nearly 2,000 people x-rayed in the City by the Mobile and Caravan Units, nearly half were in Welfare Homes, all of which we visited during the year. Of 877 examinations (inmates and staff)

67 people were referred to chest clinics and two cases of tuberculosis and one of bronchial carcinoma were discovered—not a very large yield for a great deal of work.

Tables I and II provide the usual information. It must be remembered that not all the people attending the Static Unit belong to Newcastle C.B., but our records make no distinction on the basis of domicile.

The number of cases of tuberculosis detected shows an increase from 39 in 1969 to 48 in 1970. There was a comparable increase in new cases of adult pulmonary tuberculosis. Approximately half of such cases occurring in the City continue to be detected by the Mass X-ray Unit, mainly on the basis of symptoms, via their family doctors or self-referred.

Approximately half the cases of lung cancer occurring in the City are similarly detected by the Mass X-ray Unit on the basis of symptoms. In each of the last three years, the yield falls off very sharply in groups other than Doctors' Patients and General Public.

The number of people referred by general practitioners is again maintained and the yield of cases of both tuberculosis and carcinoma remains high.

TABLE I
WORK CARRIED OUT IN NEWCASTLE DURING 1970

Examinee Group	Number X-rayed	Referred to Chest Clinic	Active Tuberculosis	Bronchial Carcinoma
Doctors' Patients ..	8,034	878	33	84
General Public ..	6,756	173	6	17
Industrial Groups ..	9,448	110	4	1
Contacts	195	14	—	—
School Children (Tuberculin Positive)	1	—	—	—
Hospital Outpatients and Inpatients ..	709	19	—	1
Others	2,328	96	5	1
Totals	27,471	1,290	48	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
1970	8,034	33	4.1

SYNOPSIS OF REPORT SUBMITTED TO EDUCATION COMMITTEE

REPORT OF THE
SCHOOL MEDICAL OFFICER

VI—SCHOOL HEALTH SERVICE

SYNOPSIS OF REPORT SUBMITTED TO
EDUCATION COMMITTEE

REPORT OF THE SCHOOL HEALTH SERVICE

(*Dr. H. S. K. Sainsbury*)

In 1970 the general economic situation in the country was accentuated in this area with the result that there were increasing signs of poverty in the families of lower paid workers. Wages in this part of the country have tended to be somewhat lower than the national average and unemployment rates higher.

A change of government in the middle of the year resulted in a temporary delay in legislative changes recommended in the Maud and Seebohm reports and the Green Paper on the Health Service. Concerning the last of these, there continues to be speculation as to what part the School Health Service will play in the future. This continued uncertainty is prejudicial to the healthy development of the service. It might be mentioned that during the year the Society of Medical Officers of Health found a common ground of agreement with the National Union of Teachers in believing that the School Health Service continues to make a valuable contribution to the welfare of the schoolchild of today. An up-to-date appraisal of the work of the service was conducted by the Society, which has been well received.

A matter of current interest and importance in the daily work of the department is the effect of the Family Reform Act of 1969 which entitles a young person of 16 years of age to give consent to medical, surgical and dental treatment. This applies more particularly to the last form of treatment given by an Education Authority. Immunisation procedures requiring the parents' consent will be unaffected except in the case of parties of senior pupils proceeding on overseas travel organised by schools.

Another matter which is engaging attention is the question of the confidential handling of medical documents and information. This so far as it pertains to the School Health Service was well covered by the Chief Medical Officer to the Ministry of Education in his report for the years 1946-1947. However, the subject would seem worthy of review in the light of subsequent developments since that time and the Secretary of the Medical Defence Union* has recently made a valuable contribution on the problems of Medical Officers serving independent schools, whilst a leading article in the B.M.A.

* Robb, D. F., "*The Practitioner*" 1970—Vol. 205: p. 561

News deals with the matter in more general terms in the light of the emergence of local authority social services departments. There has always been heavy demands upon medical officers for information obtained in the course of clinical work and for access to medical records. Such information is without privilege in the Courts. Neither is Form 2 H.P. regarded as a confidential document, although it touches upon certain highly confidential family matters. Nevertheless the passing of such information to a non-medical third person requires the most careful consideration of all aspects of each individual case, otherwise a loss of confidence on the part of parent or child will be the inevitable result and information vital to the interest of the child will be withheld.

There have been no new administrative changes of importance during the year but changes in the administration of the clerical section, which were referred to in the report for 1968, were given effect when accommodation became available for the clerical staffs of the combined personal health services. This has entailed some re-allocation of the work among the members of the clerical staff.

The erection of Arthur's Hill Clinic was completed early in 1970 and in June Bentinck Clinic transferred to the new premises, which also provides accommodation for the headquarters of the School Dental Service and Child and Family Guidance Service, for refraction work by Ophthalmic Medical Practitioners, for Speech Therapy, and Hearing Assessment Clinics. It is anticipated that when the new clinic at Cruddas Park is completed accommodation will be reserved for minor ailments to enable children to obtain treatment without crossing the Westgate Road. The present school clinic distribution is as follows:—

Arthur's Hill, Diana Street, 4.	Purpose Built	School Health and Child Health
Atkinson Road, St. James's Crescent, 4.	Purpose Built	School Health and Child Health
Blakelaw, Springfield Road, 5.	Purpose Built	School Health and Child Health
East End, 316, Shields Road, 6.	Adapted	School Health and Child Health
Jesmond, 48, Osborne Road, 2.	Adapted	School Health and Child Health
Kenton, Hillview Avenue, 3.	Purpose Built	School Health and Child Health
Middle Street, Langley Road, 6.	Purpose Built	School Health only
Ravenswood, Ravenswood Road, 6.	Purpose Built	School Health and Child Health

The following research was conducted during the year—

1. Research into the incidence of asymptomatic bacteriuria in girls jointly with the Public Health Laboratory Service and financed by the Medical Research Council.
2. The Newcastle Survey of Child Development 1960-62 births organised by Dr. G. A. Neligan, University of Newcastle upon Tyne.
3. A Survey of Physically Handicapped Children in ordinary schools organised by the Department of Education and Science.
4. Research into use of RA/27 rubella vaccine* in conjunction with the Public Health Laboratory and with support from the Wellcome Research Laboratories.

MEDICAL INSPECTIONS

Apart from a gradual return to the former practice of examining pupils in the first age group, immediately after school entry, there has been no change in the arrangements for inspections in schools and clinics during the year.

The number of periodic inspections was:—

Entrants	3,094
Intermediates	1,629
Leavers	3,150
Total ..	<u>7,873</u>

In the intermediate group, that is children in their last year in the primary school, there was an additional 1,672 children considered and found not to warrant a physical examination. The total number of inspections reported each year varies within a range of 10%. The figures given above for 1970 represents 97% of the mean total figure for the past five years.

In addition periodic inspections were carried out at the Church High School on girls in the age ranges 5, 8, and 12 years. The number inspected was 78.

* Wilson, D. L.; Hale, J. H.; Codd, A. A., 1971, Rubella Vaccine trial in Newcastle School girls using RA 27/3 strain—Medical Officer 125, 25, P.320.

The findings at medical inspection were as follows:—

1. Physical Condition of Pupils

Nursery and Pre-School	..	..	100·00%	satisfactory
Primary—5— 6 years	..	..	99·69%	„
7— 8 years	..	..	100·00%	„
9—10 years	..	..	99·69%	„
Secondary—11—14 years	..	..	99·48%	„
Over 15 years	..	..	99·79%	„

It will be seen that no deterioration is discernable in the physical condition of children as reported upon by medical officers after a full physical examination of the child with his clothes removed. These findings are of particular value at the present time with a high unemployment rate, and the controversial government decision to curtail the distribution of milk in schools.

2. Pupils found to require medical treatment at periodic inspection

Age Group (Born)	No. of Pupils Inspected	No. of Pupils found to require treatment		
		Defective Vision	Other Conditions	Total Individ'l Pupils
1966 and later	143	—	14	14
1965	2,673	46	258	263
1964	213	2	24	25
1963	46	1	5	6
1962	9	—	—	—
1961	10	—	—	—
1960	1,595	129	201	279
1959	16	1	1	2
1958	9	—	—	—
1957	9	—	1	2
1956	1,701	181	135	290
1955 and earlier	1,449	140	90	203
Total ..	7,873	500	729	1,084

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	41	58	36	135	103	54	47	204
Eyes—								
Vision	46	300	129	475	24	123	51	198
Squint	62	24	48	134	29	18	20	67
Other	4	2	9	15	20	15	10	45
Ears—								
Hearing	17	8	13	38	32	7	14	53
Otitis Media ..	23	5	13	41	63	22	27	112
Other	6	5	7	18	16	10	2	28
Nose and Throat ..	26	13	8	47	200	36	90	326
Speech	15	3	7	25	102	8	16	126
Lymphatic Glands	5	1	—	6	43	3	11	57
Heart	4	1	3	8	29	17	26	72
Lungs	12	11	14	37	87	29	49	165
Developmental—								
Hernia	7	1	2	10	18	4	2	24
Other	7	22	24	53	108	15	51	174
Orthopaedic—								
Posture	2	12	1	15	27	28	23	78
Feet	31	14	13	58	72	23	29	124
Other	15	21	2	38	53	55	20	128
Nervous System—								
Epilepsy	6	7	5	18	21	5	4	30
Other	5	3	8	16	13	3	8	24
Psychological—								
Development ..	3	3	10	16	13	7	11	31
Stability	8	4	5	17	108	19	44	171
Abdomen	8	6	5	19	26	10	22	58
Other	10	9	7	26	20	9	7	36

Re-Inspections

The number of re-inspections arising out of previous periodic or special inspections in 1970 was 807.

(This figure in recent years has varied between six and seven hundred).

Special Inspections

These were carried out in school or clinic at the special request of a parent, doctor, nurse, teacher or other person. The numbers of inspections for different purposes were as follows:—

(a) Special inspections in schools	1,015
(b)* Inspections for freedom from infection	370
(c) Examination of pupils for fitness for employment out of school hours	241
(d) Examination of children being taken into the care of the Local Authority	614
(e) Annual inspection of children in the care of the Local Authority	171

* These refer to children proceeding to a residential school, or school parties travelling abroad.

The defects at periodic inspections are shown in the table below:—

NUMBERS AND TYPES OF DEFECTS FOUND
AT SPECIAL INSPECTION

<i>Defect</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
Skin	267	16
Eyes—		
Vision	177	6
Squint	44	7
Other	24	9
Ears—		
Hearing	102	16
Otitis Media	30	2
Other	15	3
Nose and Throat	29	14
Speech	43	7
Lymphatic Glands	5	2
Heart	8	16
Lungs	35	19
Developmental—		
Hernia	3	5
Other	29	37
Orthopaedic—		
Posture	3	3
Feet	24	10
Other	149	23
Nervous System—		
Epilepsy	3	—
Other	14	10
Psychological—		
Development	19	13
Stability	26	13
Abdomen	8	2
Other	509	325

Infestation with Vermin

Within the department the word vermin is normally restricted to the presence of adult lice. The following figures, however, include all cases of infestation however slight, e.g. an occasional egg or nit only.

(a) The total number of inspections conducted in schools	..	84,476
(b) Number of individual pupils found to be infested	.. ..	3,856
(c) The number of individual pupils in respect of whom cleansing notices were issued (Sect. 54(2) Ed. Act. 1944)	.. ..	22
(d) Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54(3) Ed. Act 1944)	.. ..	—

On the basis of a school population of 37,000 children, 10.4% of the population were found to be infested at least once during the year. This is not merely an improvement on last year but looks something like the reversal of a trend as shown in the following figures:—

<i>Year</i>				<i>% of school population infested</i>
1966	..	..	..	8.2
1967	..	..	..	13.4
1968	..	..	..	14.2
1969	..	..	..	13.6
1970	..	..	..	10.4

There is a growing conviction throughout the country that the incidence of infestation is on the increase, and that insecticides in present use are becoming less effective in eradicating the louse. Recent reports on the possible use of Carbaryl and Malathion are therefore encouraging, although this pesticide is unlikely to be available for some considerable time.

The recent fall in the incidence of infestation has no doubt been brought about by an increased offensive against the condition, which, however, means the expenditure of an increase in nurse hours on this particular exercise at the expense of other equally valuable work.

The distribution of infestation within the City schools is under close and continuous observation and some of the information available might not be out of place in this report.

1. Analysis of Nurses Returns

Dept.	Number of Children Inspected		Number of Children found infested		
			with nits	with vermin	Total
Infants	Boys	10,656	542	169	711
	Girls	10,440	1,056	176	1,232
	Total	21,096	1,598	345	1,943
Juniors	Boys	17,564	1,068	213	1,281
	Girls	16,871	2,058	284	2,342
	Total	34,435	3,126	497	3,623
Seniors	Boys	14,549	727	126	853
	Girls	14,398	1,702	222	1,924
	Total	28,947	2,429	348	2,777

In the above figures it was noted that the ratio of the numbers of children infested with vermin to those with nits only was rather higher in 1970 than in 1969. This would suggest that whilst the number of infested children was smaller the severity of the infestation was greater.

The compared figures are as follows:—

		<i>Ratio Nits (ova) : Vermin</i>	
		1969	1970
Infants	Boys	6	3.2
	Girls	8	6
Seniors	Boys	18	8
	Girls	36	10

Variations in the incidence of infestation in different schools is shown in the following table:—

% of Pupils Infested	Number of Schools or School Departments							
	Infants (58)		Juniors (55)		Senior (13)		Special (7)	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
0	7	2	3	1	—	—	—	—
less than 1	7	2	6	2	2	—	—	—
„ 5	18	12	25	14	5	3	—	—
„ 10	16	15	14	8	3	4	2	1
„ 15	6	11	2	15	2	1	1	—
„ 20	1	8	3	6	1	4	1	3
„ 25	1	1	—	3	—	—	1	—
„ 30	1	2	11	1	—	—	—	—
over 30	—	5	1	5	—	1	1	3
Overall %	6.6	11.7	7.3	13.8	5.4	11.2	17.4	31.4

The Examination of Adults

The following examinations were carried out:—

(a) Entrants to Colleges of Education	..	..	..	..	370
(b) Final examinations at Colleges of Education	..	..	..	..	274

TREATMENT — MEDICAL

The sources of medical treatment available to children of school age are (i) The Hospital Services; (ii) The General Practitioner Services; (iii) Other services provided by the Executive Council, i.e. dental, ophthalmic, hearing aids, etc.; (iv) Certain forms of treatment provided by the Local Authority; (v) Home treatment at the hand of the parent. It is not possible to obtain a complete picture of all the treatment which is required, or obtained from these various sources. The function of the School Health Service is essentially to make arrangements by which children may secure the treatment they require, and to this end pupils are inspected. The defects which thus come to light are treated in the following ways.

ARRANGEMENTS FOR SECURING TREATMENT PER 1,000 DEFECTS

A. Number of defects observed which require treatment	..	..	320
(a) already under treatment; therefore no action	..	..	130
(b) referred to hospital	..	..	64
(c) treatment provided under Local Authorities scheme	..	..	112
(d) referred to general practitioner	..	..	14
B. Recorded for re-examination	..	..	650
C. Physical defects of such a nature or degree as not to require treatment:			
recorded only	..	..	30

(i) **The Hospital Services:** The relations between the hospital services and the Local Authority have always been good. The five hospitals within the City which provide treatment for children do so without undue delay. During the year children have been referred to the following hospital departments by medical officers.

Medical out-patients	..	116
Surgical out-patients	..	77
Orthopaedic	.. ..	149
Ophthalmic	.. ..	48
Ear, Nose and Throat	..	107
Dermatology	.. ..	17

The hospitals assist the Local Authority by seconding consultants to treat children in Local Authority clinics. The Authority reciprocates by furnishing consultants in the hospital with information concerning the child's school background and by securing the child and parents' attendance at the hospital in cases where difficulty is encountered in this respect.

(ii) **The General Practitioner Service** in Newcastle works closely with the clinics. General Practitioners in this City have always been extremely conscientious, but since the inception of the National Health Service, which provided a family doctor for every school-child, the quality and quantity of medical care has consistently increased. Improved post-graduate paediatric training facilities have helped, as also has the general re-organisation towards group practice. The attachment of health visitors to practices has also added to the value of this service.

(iii) The contribution of the Executive Council in connection with the provision of spectacles, dental treatment, and hearing aids will be dealt with in the relevant sections of this report. There is some overlap in certain areas of treatment provided by the Local Authority, Hospital, and Executive Council, which in practice, operates to the benefit of children whose parents have a choice as to where they obtain treatment.

(iv) The provision of treatment by the Local Authority is permissive and largely supplements that which is provided locally by the National Health Service. With the exception of dental treatment and speech therapy, which are both mandatory upon the Education Authority to provide, this section is concerned mainly with treatment and other services in clinics.

The School Clinics

The premises of all school clinics have been well maintained in equipment, decoration and structural repair throughout the year. Twelve years ago only two school clinics out of seven were purpose built: today only two clinics out of eight are not purpose built. Four have been built since 1961. The facilities offered in the clinics are as follows:—

Arthur's Hill	..	a	b	c	d		f	g
Atkinson Road	..	a	b					g
Blakelaw	..	a	b					g
Cowgate	..	a		c				
East End	..	a	b	c	d	e		g
Jesmond	..	a	b					g
Kenton	..	a	b					g
Middle Street	..	a	b	c	d		f	g
Ravenswood	..	a	b					

KEY

- | | | |
|---|-----------------|----------------------|
| a Daily Dressings | b Consultations | c Dental |
| d Refractions | e Skin Clinic | f Hearing Assessment |
| g Examinations under
Section 34, Education Act | | |

The allocation of responsibility and staffing of the area clinics is as follows:—

Clinic	Responsibility for			Medical Officers Sessions	Staff attached			Clinic Clerk Sessions
	Sch'l Pop.	Schools			Nurses		Nursing Helpers	
		Prim.	Sec'y		F/T	P/T		
Arthur's Hill	4,897	16	2	5	3	—	1	5
Atkinson Rd.	5,289	16	3	5	3	1.0	1	5
Blakelaw	6,308	10	4	5	2	1.5	1	5
East End	2,985	9	2	10	2	0.5	1	5
Jesmond	2,815	6	2	4	1	0.5	1	5
Kenton	4,137	9	2	5	2	0.5	1	5
Middle Street	5,876	14	3	10	3	1.0	1	5
Ravenswood	3,725	8	1	4	2	1.0	1	5

The numbers of children attending the clinics to see the medical officer or nurse in 1970 were:—

(a) School Clinics—

Arthur's Hill	1,281
Atkinson Road	1,257
Blakelaw	1,678
East End	2,897
Jesmond	43
Kenton	1,167
Middle Street	1,564
Ravenswood	313
Total	10,200

(In 1969 — 8,295)

(b) Accessory Clinics—

Ashfield	475
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Consultations: The number of children seen by medical officers for examination or advice in school clinics has remained fairly constant in recent years. The numbers of children in 1970 were:—

Arthur's Hill	65
Atkinson Road	173
Blakelaw	246
East End	496
Jesmond	202
Kenton	580
Middle Street	204
Ravenswood	16

THE SCHOOL NURSING SERVICE

(Miss A. C. Emerson)

The School Health Service, has until recently, enjoyed a relatively slow turnover of staff which has enabled it to retain a core of qualified nurses, who from long experience have come to know the children and to understand the problems in each area of the City. Newly qualified nurses from hospital on entry into the School Health Service have been able to call upon the experience of their senior colleagues.

For a number of reasons, however, this state of affairs is becoming difficult to maintain. Younger nurses often leave early to take additional qualifications. Married nurses leave when their husbands change their place of employment or on account of pregnancy, and older nurses inevitably reach the age of retirement. It is difficult to find suitable replacements to fill the staff vacancies thus created. Married nurses, when their family commitments have become

easier, should make excellent school nurses. Indeed in senior schools where counselling on medical and social problems, and health education form an important part of the work these mature nurses are at an advantage. However, opportunities of work with less responsibility, greater financial reward and better conditions of service are attracting the married nurse away from her traditional role.

The weakness of a frequently changing nursing staff, may to some extent, be mitigated by making it mobile. School nurses should be car users, because the concept of a staff based on a clinic serving a restricted area of the City is no longer accepted. The catchment areas of schools are now less rigidly defined and in the case of comprehensive schools more extensive, rendering school and clinic more remote from the home. A mobile nursing force able on call to reach children whether at home or at school without delay is necessary to meet present day demands.

In other respects the work of school nurses has shown little change. They continue to assist medical officers at periodic and special inspections, and at immunisation sessions in school. They perform multiple puncture tuberculin skin tests, and dispense oral poliomyelitis vaccine. They visit homes and conduct minor ailment clinics. They carry out the eye testing of pupils in the nine and fourteen year age groups. They may be called upon to participate in school based case conferences, or in the various research projects operating within the educational service. It is usually the school nurse who arranges the school health programme with the headmaster of a school.

Health Education in Schools

Health visitors and two of the school nurses have continued to give talks, to organise courses such as that for the Duke of Edinburgh Award, and to present films on health education subjects. Two additional films were acquired during the year, namely, "A Quarter of a Million Teenagers", and "The Five", a short film dealing with feet prepared for the British Medical Association.

In-Service Training

At each of the monthly meetings of the staff it has been possible to engage a guest speaker on a subject of interest, such as "Dental

Health" or "The Local Authority Mayston Structure". It is hoped next year to invite a speaker on handicapped pupils and in view of the increase in the number of nursery schools another on the pre-school child.

Three nurses attended the one week course of training in Audiometry organised by the University of Manchester.

Numerical data concerning the work of school nurses in 1970 is given in the following tables:—

Return of Work in School Clinics by School Nurses

Defect or Service	Number of Children	Total Treatments
Skin—Septic	1,360	3,229
Scabies	123	158
Ringworm	18	39
Other	1,466	3,617
Ear Conditions—		
Wax in Ears	34	45
Discharging Ears	16	180
Eye Conditions—		
Conjunctivitis	42	238
Other External Eye Conditions	182	245
Supervision of Spectacles	407	—
Vision Tests	486	—
Tonsillitis	15	9
Acute Infectious Fevers	19	9
Injuries	1,377	1,743
Malaise	308	294
Follow-up Inspections	320	467
Head Inspections	596	578
Cleansing of Head and Body	698	1,545
F.F.I. Examinations	582	561
Miscellaneous	2,920	3,569
Total	10,969	16,526

These figures are only slightly lower than last year (11,494 and 18,841) whilst the numbers of children treated in schools have increased considerably.

Routine Inspections Performed by Nurses in Schools

Hygiene Inspections	71,904
Head Inspections	17,808
Follow-up Inspections	6,270
Total	95,982

The Work in Clinics on School Premises

The premises available in schools for these clinics vary considerably. Where a medical room has been provided and is being maintained as such, facilities are good, but in certain schools the medical room has long since been put to other uses; in older school buildings such a room never existed. The basic requirements over and above normal furnishings are light, uncluttered space, a sink and means for heating water. Clinics in primary schools are staffed by nurses from the parent school clinic, who visit on an average twice a week, but the frequency of visits depends upon the number of children in the school, the remoteness of the school from the parent clinic and the amount and urgency of the work which needs to be done.

In secondary schools where facilities are good, nurses employed solely for this work visit daily.

Pendower Hall has two nurses and two nursing helpers in order to cope with a large volume of heavy nursing arising out of the severe physical handicaps of the pupils.

The number of these clinics in 1970 was:—

Primary Schools .. 22 Secondary Schools .. 18

Return of Work in Clinics on School Premises

Defect or Service	Number of Children	Total Treatments
Skin—Septic	3,813	6,723
Scabies	104	116
Ringworm	7	18
Other	6,145	11,219
Ear Conditions—		
Wax in Ears	74	52
Discharging Ears	204	237
Eye Conditions—		
Conjunctivitis	222	256
Other External Eye Conditions	546	601
Service of Spectacles	495	—
Vision Tests	379	—
Tonsillitis	166	154
Acute Infectious Fevers	25	19
Injuries	4,893	6,639
Malaise	3,619	4,080
Follow-up Inspections	1,978	555
Head Inspections	2,411	432
Cleansing of Heads	333	402
F.F.I.'s	37	39
Miscellaneous	5,890	4,322
Total	31,341	36,114
<i>Total 1969</i>	<i>(26,211)</i>	<i>(33,436)</i>

Duties Performed by School Nurses—Outside Clinics

Home Visits—

For report on home conditions	82
Other Reason—	
(Failed appointments and follow-up visits, etc.)	844
Children escorted to clinics or hospitals ..	43
Children escorted to and from residential schools	59

SPECIAL CLINICS

Ophthalmic

Three ophthalmic medical practitioners visit school clinics for the examination of pupils and the prescription of spectacles.

The closure of the Central Clinic meant that the work had to be shared out among area clinics i.e. East End, Middle Street and Cowgate and until Arthur's Hill Clinic was opened one year later twice as many eye examinations were able to be carried out in the east of the city as in the west. In Autumn 1970 Mr. Milne was able to offer an extra session of work. Existing arrangements are as follows:—

Mr. Davies : one session at Arthur's Hill and one session at Middle Street Clinics.

Mr. Milne : two sessions at Arthur's Hill Clinic.

Dr. O'Leary : two sessions at East End Clinic.

The refraction work was as follows:—

Number of new cases refracted	1,082
Number of old cases refracted	895
Number of new cases outstanding at the end of the year	5
Number of old cases outstanding	33

Vision Screening : Miss Jane Milburn, who was responsible for vision screening left the staff in July and was replaced by Miss Valerie Hampson.

The number of pupils screened continued to be fewer than in 1968 owing to continued changes of staff. Arrangements have been made to increase the number of screening sessions in order that the six and twelve year age groups may be adequately covered.

The number of pupils referred to the Newcastle General Hospital on account of squint was 48.

The number of spectacles replaced or repaired in 1970 was 738.

A sum of £265.61 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

The number of immigrant children screened before entry to school in 1970 was:—

Bentinck/Arthur's Hill Clinic	21
Jesmond Clinic	29

HEARING ASSESSMENT

(Dr. B. Buckley)

During the year under review the work of the Hearing Assessment Clinic continued on the lines of previous years. Sessions were conducted at the Scrogg Road and Middle Street Clinics in the east of the City and at Jesmond and Arthur's Hill Clinics in the central and western areas. As in latter years the greater part of the work has centred on children of school entrance age and under.

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

	1968	1969	1970
A. New cases attending clinic	242	184	216
B. Cases reviewed	67	39	17
Total ..	309	223	233
C. Cases discharged	279	183	241
D. Number of audiograms	290	179	161
E. Number of cases referred to:			
(a) Hospital or G.P.	137	91	67
(b) Speech Therapy	9	3	5
F. Handicapped deaf children ascertained ..	9	7	6
G. Number of pupils on register with hearing Aids	42	44	41
H. Number of hearing aids issued	4	9	10

At midsummer the primary hard of hearing unit was transferred from Cowgate School to Benton Park School and the overcrowding in the senior unit at Slatyford Lane was resolved in the course of the year. It is noted with regret that Miss Gibbons, who taught the

senior unit at Slatyford Lane so enthusiastically for a number of years, resigned her post in December. Her place is being taken by Mrs. Kidd who assisted her for some time.

The Local Authority has agreed in liaison with other neighbouring authorities to share the services of an organiser for the teaching of the deaf. The appointment will commence on 1st April, 1971. This is a welcome development.

During the year contact was maintained with the Speech Therapy Department and with trainee health visitors. Three school nurses attended Manchester University for training in audiometry and their services are now being used, particularly in the pilot screening scheme which was launched in the schools attached to the Arthur's Hill and Atkinson Road Clinics. It is too early to assess the success of the scheme.

The National Institute for the Deaf has again supplied equipment to the Units and this is gratefully acknowledged. The occasion should not pass without thanking the Consultant E.N.T. Surgeons and Mr. L. Evans, Headmaster of Northern Counties School for the Deaf for their unfailing courtesy and help at all times.

Audiometry and Hearing Aids

During the year Nurse Chesterton took the leading part in providing audiometry at the hearing assessment centre and in the schools. She was assisted by Nurses Tomlinson and Milligan. Audiometry has been provided for pupils attending this Authority's special schools for some years past, and more recently at the request of the headmaster it has been extended to the Victoria School for the Blind.

The annual review of children who have been supplied with a hearing aid has been completed. Those attending the Northern Counties School for the Deaf and the Partial Hearing Units were checked and reported upon by members of the teaching staff. There were in addition fourteen pupils attending ordinary schools, who were reviewed by Nurse Chesterton and the reports sent to Mr. R. G. Chaytor at the end of the year.

The report shows that of the fourteen children reviewed:—

The number of children wearing the aid was	..	..	6
The number of aids which were not working were	..	..	6
The number of children believed to benefit from the aid were	..	..	8

SKIN CLINIC

(Dr. H. M. Dixon)

Current types of skin conditions handled in this clinic have shown a preponderance of parasitic infestations, mostly referred by general practitioners. The incidence of pediculosis remains high in the school population, and severe infestations are seen. The parasite is invariably the *pediculus capitis*. Body lice are never found; they seem to have declined with the increase in the head variety. I have been unable to isolate and identify the *sarcoptes scabiei* from the skin for some considerable time. The typical burrows are no longer seen but similar clinical conditions are frequent and appear to be produced by a similar parasite. Flea infestations are common.

Pityriasis rosea used to be common but I no longer see cases of this condition. Impetigo is on the increase and occurs more frequently on the body. It also occurs on the scalp in association with pediculosis.

With regard to fungal conditions one rarely sees ringworm microsporal lesions, but athlete's foot occurs on the feet where personal hygiene has been neglected.

The problem of verruca is unchanged. It is neither more nor less common than formerly.

To sum up, this clinic is becoming a 'dirty skin' centre dealing mainly with scabies pediculosis, and streptococcal infections which, when they occur on the body are secondary to flea and other insect infestations. Finally, I would like to pay tribute to the conscientious work of Mrs. Wood, our nursing helper, in dealing with an ever increasing volume of work.

The number of children treated were as follows:—

					Boys	Girls	Total
New Cases—	Verruca	..	..	..	36	56	92
	Ringworm	..	..	..	1	4	5
	Alopecia	..	..	..	1	3	4
	Other Skin Conditions	..	..	..	66	59	125
Treatments given	..	..	..	..	..	..	670
Number of children made fit	..	..	..	..	..	..	59
	referred to hospital	..	..	..	..	..	15
	failed further appointments*	..	..	..	..	..	116

*When these children were subsequently followed-up they were found to be fit from which it was concluded that they ceased to attend when they were on the way to recovery.

REPORT ON THE SCHOOL DENTAL SERVICE

(Dr. J. C. Brown)

The first step in the implementation of the plans to provide a comprehensive dental service for both east and west Newcastle was taken when the new purpose built Arthur's Hill Clinic was opened in August. This clinic is well situated to serve the western area of the City and contains all that is necessary to provide modern and fully comprehensive dental treatment.

A feature of the clinic is provision for low seated treatment with the patient in the supine position while, following the modern trend, ample facilities are available for conservation under intravenous anaesthesia for suitable cases. The surgeries, three in number, are well equipped and spacious, and the laboratory has been designed to cope with all the mechanical work for the City. Extractions under anaesthesia are undertaken in a suite consisting of surgery, recovery rooms and post extraction waiting room and patients leave by an adjoining exit, thus avoiding re-entry to the main waiting room.

The East End Clinic as in former years, was run as a fulltime clinic; and orthodontic treatment and extractions under general anaesthesia were available for children in the east end of the City. This arrangement will be maintained until the second purpose-built clinic at Shieldfield is completed in 1972.

The static clinics at Middle Street and Cowgate were maintained on a part-time basis while the three mobile clinics covered the schools in the outlying areas of the City. Sessions at St. Anthony's Welfare Centre were discontinued and the Bentinck School Clinic was closed, the work being distributed between the other clinics including the mobile units.

Dental Inspections

Nearly all schools were visited during the year by a dental officer and some 38,000 children were examined either in school, mobile dental clinic, or static clinic. During these visits instructive talks were given to the children where the opportunity occurred, and in the latter part of the year it was possible to arrange a few illustrated health education sessions for some of the younger classes.

Dental Health Education

Dental Health Education has become a feature of a modern School Dental Service and can play a very important part in its work. The introduction some years ago of dental auxiliaries specially trained to teach dental health and hygiene, in addition to certain clinical duties, has been of great value in the promotion of dental health in the schools. Unfortunately, we have been without the services of an auxiliary for nearly two years but at the beginning of the Autumn term we were able to fill the vacancy, and re-introduce our series of illustrated talks and demonstrations on the care of teeth, etc., to the younger children. It is hoped to extend these in future.

Treatment

Treatment given over the year was fairly comprehensive in its nature and although most of the dental officers' time was spent in conservation of the second dentition it was possible to save over 8,000 deciduous teeth as well.

Regulation work was carried out in the early part of the year mostly at the East End Clinic where x-ray and laboratory facilities were available, but from September on when Arthur's Hill Clinic was opened this service was divided between two clinics.

In addition simple cases were seen and follow-up appointments made at the clinics nearest the patients' homes or at the mobile units visiting the schools.

Extractions were undertaken under gas and oxygen anaesthesia for the most part, and it is interesting to note that the ratio of permanent teeth filled to teeth extracted remains satisfactory at the ratio of 5 : 1.

A few children were referred to the Sutherland Dental Hospital for specialised advice and treatment, but these were principally difficult orthodontic cases, although one or two were for extractions, where the child's general condition called for hospitalisation.

Details of the work carried out over the year are given below:—

Inspections		<i>Inspected</i>	<i>Number of pupils</i>	
			<i>Requiring Treatment</i>	<i>Offered Treatment</i>
1st Inspection—School	.. ..	32,208	21,966	19,922
1st Inspection—Clinic	.. ..	5,657	—	—
Re-inspection School or Clinic	.. ..	6,389	5,914	5,914
Totals	.. ..	44,254	27,890	25,836

Visits to Clinic for Treatment only		<i>Age</i>			<i>Total</i>
		5-9 <i>years</i>	10-14 <i>years</i>	15 yrs. & over	
1st visit in calendar year .. ..	..	3,737	3,378	468	7,583
Subsequent visits .. ..	..	5,109	6,438	957	12,504
Courses of Treatment					
Additional Courses commenced		429	517	155	1,101
Courses completed .. ..	..	—	—	—	7,025
Treatment					
Fillings in permanent teeth ..	..	3,240	7,314	1,433	11,987
Fillings in deciduous teeth ..	..	6,579	1,758	—	8,337
Permanent teeth filled .. ..	..	2,558	5,918	1,163	9,639
Deciduous teeth filled .. ..	..	5,400	1,506	—	6,906
Permanent teeth extracted ..	..	570	1,118	181	1,869
Deciduous teeth extracted ..	..	2,752	1,140	—	3,892
Number of emergencies .. ..	..	847	445	34	1,326
Number of pupils x-rayed ..		..	429		
Prophylaxis .. ..		..	3,202		
Teeth otherwise conserved ..		..	1,034		
Teeth rootfilled .. ..		..	36		
Inlays .. ..		..	3		
Crowns .. ..		..	34		
Orthodontics					
New cases commenced during the year	..	..	..	..	150
Cases completed during the year	..	..	..	..	104
Cases discontinued during the year	..	..	..	..	9
Number of removal appliances fitted	..	..	..	..	367
Number of fixed appliances fitted	..	..	..	..	1
Number of pupils referred to hospital consultants	..	..	..	..	4
Dentures					
		5-9 <i>years</i>	10-14 <i>years</i>	15 yrs. & over	<i>Total</i>
Number of pupils fitted for the first time—					
(a) with full denture .. ..	..	—	6	—	6
(b) with other dentures .. ..	..	5	27	11	43
Number of dentures supplied ..	..	6	35	13	54
Anaesthetics					
Total number of general anaesthetics given	..	..	..	..	1,906
Number of anaesthetics given by Dental Officers	..	..	..	..	150
Sessions					
Number of sessions devoted to inspection at school	..	..	..	..	157
Number of sessions devoted to treatment	..	..	..	..	2,537
Number of sessions devoted to dental health education	..	..	..	..	—

EDUCATIONAL TREATMENT

During 1970 three projects which have figured in previous reports but which have been delayed by difficulties in one form or another were achieved. In the case of the first of these it was possible to

secure the services of a peripatetic teacher of the deaf to supervise the teaching of and to give guidance to partial hearing pupils in ordinary schools.

In the second it was possible to appoint a speech therapist and to open the special unit for pupils with severe speech disability attached to Kenton Bar School.

In the third an agreement was finally reached with the Department of Employment and Productivity in connection with the provision of a work preparation course at the Rehabilitation Unit at Killingworth for handicapped school leavers. It will be recalled that it was not possible to accept the original proposal that pupils should be declassified before attending the course. The intention now is that selected handicapped young persons who have been unable to obtain employment after leaving school should be offered a three months course at the rehabilitation unit. This course has already been operated on an experimental basis by Northumberland County and Tynemouth C.B. and has proved successful.

The Education (Handicapped Children) Act received the Royal Assent in July 1970 and the Secretary of State announced her intention in Circular 15/70 to bring the proposals of the act into operation on April 1st, 1971. This piece of legislation brings within the responsibility of the local education authority all types and degrees of handicapped pupils including those previously notified to the Health Department as unsuitable for education in school. Considerable preparatory work has been necessary to trace all children previously notified under Section 57 of the Education Act of 1944 and also those who were dealt with before reaching the age of ascertainment at two years of age under the Mental Health Act of 1959 and the Health Services and the Public Health Act of 1968.

In the Department of Education and Science considerable thought has been given to the problem of children who are both deaf and blind. Although only a very small group of children they present many difficult problems for a local authority. In July 1970 the Department issued Circular 12/70 which recommends local authorities to review the facilities which they have available to meet the problems of these children and to consider pooling their resources with those of their neighbours. During the year a unit for deaf/blind children was created at the Victoria School for the Blind.

This regional concept as an approach to solving the problems of handicapped pupils is by no means new, and is to be adopted in the further development of provisions for deaf children. An arrangement has been reached with the County of Northumberland and Tynemouth to provide a regional service for hearing impaired children from birth until after school leaving age. The service is to include pre-school provision, teaching and guidance in ordinary school, and provision for children with additional handicaps. For this purpose the services of an organiser are to be made available by Northumberland. Newcastle is to provide an extra school nurse trained in audiometry and the necessary equipment for screening.

During the year an approach was made by the University Authorities asking for support for a course in Educational Psychology. It was proposed that the postgraduate course would extend over a period of one year and lead to the degree of M.Sc. This would enable certain assistant psychologists in local authority service to complete their training and in so doing would improve the recruitment of trainees to ensure and maintain the present satisfactory staffing position in Newcastle. This course has already been arranged for an initial intake of six postgraduate students.

The following provision is available to handicapped pupils in this Authority.

1. Assessment Centres

- A. Local Authority: The Child and Family Guidance Unit at Arthur's Hill Clinic
The Child and Family Guidance Unit at Eastview
Hearing Assessment Unit at Arthur's Hill Clinic
- B. Hospital Service: The Nuffield Child Psychiatry Unit
The Audiology Unit Fleming Hospital

2. Special Schools

- A. Local Authority: Silverhill E.S.N. (senior girls)
Condercum House E.S.N. (senior boys)
Headlam E.S.N. (junior mixed)
St. Peter's E.S.N. (junior mixed)
Jesmond Dene E.S.N. (residential senior girls)
East View Maladjusted (day mixed)
Pendower Hall Physically Handicapped (day mixed)
- B. Voluntary: Feversham House Residential Maladjusted (mixed)
Northern Counties School for the Deaf (mixed all ages)
Victoria School for the Blind (mixed junior)
Percy Hedley School for Spastics (mixed all ages)
Stannington Hospital School

3. Special Units

- | | |
|----------------|---|
| A. Maintained: | Partial Hearing Unit at Slatyford School (senior mixed) |
| | Partial Hearing Unit at Benton Park (junior mixed) |
| | Speech and Language Unit at Kenton Bar (junior mixed) |
| B. Voluntary: | Deaf/Blind Unit at the Victoria School for the Blind. |

During the year there has been considerable pressure upon Headlam and St. Peter's Schools for accommodation. There has for the first time been some pressure upon Pendower Hall.

Handicapped Pupils in Ordinary Schools

Some defects found among children are of a nature which would normally require education in a special school, e.g. deafness, orthopaedic conditions, or maladjustments, but which result in a lesser degree of disability so that they may receive efficient education in an ordinary school. In other cases the condition is of short duration and does not justify a break in the continuity of education in the pupils present school by transfer to another. No specific information about these children has been gathered on a national scale for many years and a survey was initiated by the Department of Education and Science in the early months of 1970. In Newcastle 185 such children came to light and the picture which emerged is worthy of record.

1. Diagnosis

The medical conditions discovered were as follows.

Condition	Number of Pupils in Schools		
	Primary	Secondary	Total
Epilepsy	3	2	5
Cerebral Palsy	10	5	15
Spina Bifida	2	1	3
Myelomeningocele	2	—	2
Hydrocephalus	4	—	4
Congenital defect of:			
Upper Limbs	2	2	4
Lower Limbs	4	6	10
Talipes	2	2	4
Dislocation of Hip	4	3	7
Post Poliomyelitis	2	4	6
Heart—Rheumatic	—	2	2
Congenital	24	14	38
Haemophilia	1	1	2
Christmas Disease	1	—	1
Perthes' Disease	4	1	5
Rheumatoid Arthritis	4	1	5
Dwarfing	3	1	4
Achondroplasia	1	1	2
Osteomyelitis	3	—	3
T.B. Bones and Joints	1	1	2
Asthma and Bronchitis	15	10	25
Major Eye Defects	4	2	6
Injuries—Burns	4	1	5
Paralysis	1	2	3
Tuberculosis	2	1	3
Diabetes	2	2	4
Miscellaneous*	3	8	11

*This included purpura, coeliac disease, nephritis and chronic urinary infection, fibrocystic disease, obesity, Schlatters disease, and a defective palate.

2. Ascertainment

Among these were two pupils who had been formally ascertained, one as a partially sighted and the other as a physically handicapped pupil whose parents had refused to allow them to attend special schools.

3. Assistance Required

The problem of catering for these children is to provide them with the assistance they require over and above that which is normally given in the school. Some schools are better placed to give this

extra attention than others. Certain forms of assistance which they require is given below. All these children attend primary schools.

Condition	Assistance Required in School				
	In Class	Feeding	Dressing	Toileting	On Stairs
Cerebral Palsy ..	1	—	4	2	2
Hemiplegia ..	—	—	—	—	1
Epilepsy ..	1	—	—	—	1
Vision ..	—	—	—	—	1
Heart—					
Congenital ..	1	—	—	—	10
Rheumatic ..	—	—	—	—	1
Bronchitis and					
Asthma ..	1	—	—	—	5
Perthe's Hip ..	1	—	—	—	2
Schlatters Disease	—	—	—	—	1
Talipes ..	—	—	—	—	1
Dwarfing ..	—	—	—	—	1
Osteomyelitis ..	—	—	—	—	1
Rheumatic					
Arthritis ..	—	—	—	—	2
Burns ..	—	—	—	—	1
Other Trauma	—	—	—	—	1
Nephritis ..	—	—	—	—	1
Multiple defects	—	—	—	—	1

4. Transport

Another problem is that of transport to and from school. Twenty-one children were judged by medical officers to require special transport which was provided as follows:—

Provided by Bus ..	10 Children
Provided by Car ..	3 Children
Provided by Taxi ..	1 Child
Provided by Ambulance	2 Children
Not Provided ..	5 Children

5. Treatment

In addition to education medical treatment is usually required, and this frequently entails absence from school regularly once or twice a week. Physiotherapy and speech therapy are the forms of treatment most frequently required. Thirty-three children were thought to require physiotherapy which was provided at hospital for the following conditions.

Condition	Cases Needing Physiotherapy	
Cerebral Palsy	4 required	2 provided
Congenital Defects—Legs	2 ”	2 ”
Hydrocephalus	1 ”	1 ”
Spina Bifida	3 ”	2 ”
T.B. Bones	1 ”	1 ”
Post Poliomyelitis	1 ”	1 ”
Traumatic Paralysis	3 ”	3 ”
Rheumatic Arthritis	1 ”	1 ”
Asthma	13 ”	5 ”
Perthes' Hip	2 ”	2 ”
Burns	1 ”	1 ”
Obesity	1 ”	—

The extent to which speech therapy was required and obtained was as follows:—

One girl, aged 13, with Cerebral Palsy, provided at hospital.

One boy, aged 6, with congenital heart, provided by L.E.A.

One girl, aged 6, with deformity of palate, not provided.

The statistics which follow take their customary form in which children have been allocated to the appropriate category according to their primary handicap.

EDUCATIONAL TREATMENT—STATISTICS

1. Ascertainment

Pupils Classified—Education Act 1944 Section 34(1)

Blind	3
Partially Sighted	1
Deaf	3
Partial Hearing	4
E.S.N.	163
Maladjusted	17
Physically Handicapped	17
Delicate	15

In addition decision was deferred in the case of 13 children. There was an increase in the number of children classified as E.S.N. from 102 in 1969.

The number of children found to be unsuitable for education in school was 11.

2. Special Educational Treatment Recommended

Education Act 1944, Section 33.

Special School—Day	..	..	139
—Residential	..	..	52
Ordinary School—Day	..	..	3
—Residential	..	..	1
Home Teaching	..	..	3
Nursery School—Special	..	..	4

3. Treatment Provided

A. Pupils placed in special schools in 1970—Education Act 34 (IV)

Blind	..	..	..	..	2
Partially Sighted	..	..	..	..	1
Deaf	..	..	..	..	5
Partial Hearing	..	..	..	..	2
E.S.N.	..	..	..	..	79
Epileptic	..	..	..	..	1
Maladjusted	..	..	..	..	9
Physically Handicapped	..	..	..	..	14
Delicate	..	..	..	..	11

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

Day Special Schools	..	..	52
Residential Special Schools	..	..	18

B. Pupils receiving education in special schools in December 1970—

	<i>Nursery</i>	<i>Day</i>	<i>Residential</i>	<i>Grammar</i>
Blind	—	2	2	1
Partially Sighted	—	22	—	—
Deaf	4	24	12	1
Partial Hearing	2	16	—	2
E.S.N.	—	549	77	—
Maladjusted	—	40	39	—
Physically Handicapped	5	127	6	1
Epileptic	—	3	3	—
Delicate	2	17	4	1
Speech	—	13	—	—

Children educated in Hospital in 1970—

Stannington Hospital	..	..	..	..	136
The Sanderson Orthopaedic Hospital School	..	..	..	..	9
The Nuffield Child Psychiatric Unit	..	..	..	..	38
Other Hospitals	..	..	..	..	462

4. Periodic Review of Handicapped Pupils

The following pupils were reviewed in 1970—

Blind	..	..	..	..	3
Partially Sighted	..	..	..	..	10
Deaf	..	..	..	..	2
Maladjusted	..	..	..	..	17
E.S.N.	..	..	..	..	140
Physically Handicapped	..	..	..	..	7
Delicate	..	..	..	..	5
Speech	..	..	..	..	1

Twelve children in whose case decision was deferred at the first statutory examination were re-examined and a decision reached.

Of the 140 educationally subnormal pupils reviewed, in 100 cases the examination was carried out by an educational psychologist and the result of the examination reported to the Senior School Medical Officer.

A number of maladjusted children were seen periodically at the Child Guidance Clinics and the Nuffield Child Psychiatric Unit by the consultant but these cases were not reported and are not included.

Dr. Walker also reviews children at Pendower Hall at regular intervals.

Arising out of these examinations the original recommendation was varied as follows:—

- (a) Declassified and Return to Ordinary School 12 children
- (b) Notified to Local Health Authority as unsuitable for education in school 5 children
- (c) Transfer from Day to Residential Special School .. 10 children
- (d) Transfer from Residential and Day Special School .. 3 children
- (e) Denotified and admit to Special School 2 children
- (f) Suspended from Residential School: recommended home teaching 1 child

5. Final Examinations

Prior to leaving school a final assessment of each pupil is made to determine what support will be needed from the Social Services by the young person. The Careers Department are also informed of any forms of work which would be detrimental to the young workers' health, and also to make any final arrangements where required to preserve the continuity of medical treatment after leaving school. The number of pupils examined was as follows:—

Deaf	..	..	..	..	1
Blind	..	..	..	..	1
E.S.N.	..	..	..	..	63
Maladjusted	..	..	..	..	2
Physically Handicapped	..	..	..	..	6
Delicate	..	..	..	..	6
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	..	..	..	..	1
Blind	..	..	..	..	1
E.S.N.	..	..	..	..	42
Maladjusted	..	..	..	..	1
Epileptic	..	..	..	..	1

PENDOWER HALL

The year 1970 will probably be remembered as the last year of the original "Pendower Open Air School". The school building was a family mansion and pleasure grounds in the Pendower Estate which was acquired by the City Council for housing development in 1920. The school comprising the original building and five open air classrooms was opened by the Education Committee in 1925 at a cost of £10,556, the circumstances attending the project are described in a report by the Principal School Medical Officer at the time in which he noted that more than one fifth of the total death role for Newcastle consisted of persons under 16 years of age. One third of the cases seen at the Health Committees' dispensary were children between 5 and 15 years and 151 new cases had been certified as no longer fit to attend school on account of tuberculosis in one or other of its deadly forms. He concluded—

"To these cases mentioned above must be added the children suffering from malnutrition, rickets, anaemia, debility and various other forms of physical disability.

For all these children the only remedy is abundant fresh air, sunshine, good food, exercise, rest, dry clothing, and personal care, coupled with regular medical supervision.

The conditions on account of which the original intake of pupils were selected were as follows."*

* *Annual Report P.S.M.O. 1926.*

Anaemia and Debility	..	..	52
Malnutrition	..	..	6
Rickets	..	..	3
T.B. Bones and Joints	..	..	11
Cervical Glands	..	..	9
Chest (suspected)	..	..	13
Bronchitis	..	..	24
Gastric Catarrh	..	..	2
Chorea	..	..	1
Rheumatism	..	..	1
Valvular Heart Disease	..	..	4
Haemophilia	..	..	1
Keratitis	..	..	1
Epileptic	..	..	1
Infantile Paralysis	..	..	3

As the school developed there was added a 'Myope' or 'Sight Saving' class which as these names imply was provided for high myopes whose educational conditions were controlled to relieve them from 'eye strain and possible loss of sight'.

The years between the wars saw the development within the City of a very well organised service for the detection, treatment and prevention of deafness, as part of which a Tonsil and Adenoid Surgical Unit was operated at Pendower Hall until the commencement of the National Health Service in 1948.

Improvement in social and economic conditions and the introduction of treatment with antibiotics have all but abolished the conditions on account of which pupils were formerly admitted to the school. Injury and congenital malformations have so far been unaffected by these improvements which now largely predominate in the school. The present composition is as follows:

Physically Handicapped	..	..	120
Delicate	..	..	19
Maladjusted	..	..	16
Epileptic	..	..	3
Speech Defect	..	..	12
Partially Sighted	..	..	22

The Physically Handicapped pupils suffer from the following conditions:—

Cerebral Palsy	..	..	8
Spina Bifida	..	..	24
Muscular Dystrophy	..	..	14
Haemophilia	..	..	2
Post Poliomyelitis	..	..	3
Heart Disease	..	..	13
Congenital Deformities—Limbs	..	..	4
Perthe's Disease	..	..	5
Other Physical Handicaps	..	..	47

Present day pupils are much more heavily handicapped than their predecessors and require considerably more nursing for which the present building is unsuitable. A modern building is now in the process of erection and will probably be completed during 1971.

Admissions and Discharges in 1970

			Boys	Girls	
A. Admissions:	Physically Handicapped ..	..	16	11	
	Delicate .. ..	..	6	3	
	Maladjusted .. ..	..	5	2	
	Partially Sighted .. ..	..	2	2	Total 47
B. Discharges:	to ordinary schools ..	..	5	1	
	to Stannington Hospital	..	1	—	
	left area .. ..	..	2	1	
	to mental hospital ..	..	1	—	Total 11

THE PARTIALLY SIGHTED UNIT

Although the present partially sighted unit at Pendower Hall is derived from the former Myope Class previously referred to, it is based on different fundamental principles. The definition of the Partially Sighted pupil as it appears in the handicapped pupils regulations of 1959 still pays lip service to the idea that these pupils cannot be educated under the normal regime of an ordinary school without detriment to their vision. Of greater importance (although it is recorded almost as an after-thought in the definition), is the modern consideration of possible detriment to the pupils' education if left in an ordinary school. In the case of the pupil with severe myopia it is no longer believed that eye strain aggravates the eye condition, indeed his near vision is normal and myopes often have considerable academic ability. The majority of the children in the unit have greatly impaired near vision so that they cannot see ordinary print without an aid, or write with an ordinary pencil or ball-point pen because they have difficulty in seeing clearly the tip of the instrument or the thin line which it traces. Pupils in the unit no longer occupy specially designed desks. The lighting of ordinary classrooms is now of a standard which cannot be improved upon. The differences of teaching method selected for these children include rather more oral teaching, books with very large print, where necessary the use of a felt pen, and the use of various forms of reading aid. It is no longer necessary to organise the pupils into a

single all-age group. They can be and are integrated with the rest of the school in groups of 1—3 pupils in each class in the school. The smaller size of class pertaining in a special school permits of extra oral teaching for pupils with this form of handicap.

The structure of the unit is as follows:—

(a) Authorities responsible:	Newcastle 7 children; Other 19
(b) Sex ratio:	Boys 17 ; Girls 9
(c) Ages of pupils:	
6 years	5
7 years	1
8 years	4
9 years	3
10 years	2
11 years	—
12 years	1
13 years	1
14 years	4
15 years	5

All these children have been examined and classified by an ophthalmic surgeon. In the case of Newcastle upon Tyne, Mr. Milne is employed by the Education Committee for this purpose. Their range of distant vision is as follows:—

Vision with better eye—

less than	6/60	..	..	..	..	6
	6/60	..	..	..	..	2
	6/36	..	..	..	..	9
	6/24	..	..	..	..	3
	6/18	..	..	..	..	1
	6/9	..	..	..	..	1
	No clear estimate	..	..	..	..	4

The near vision of the children has a similar pattern. The types of defect were as follows:—

(a) Structural:	Cataract	..	..	..	..	7
	Optic Atrophy	..	..	..	..	5
	Albinism	..	..	..	..	4
	High refractive error	..	..	..	..	1
	Retrolental Hypoplasia	..	..	..	..	1
	Coloboma Iris and Choroid	..	..	..	..	2
	Renal Retinopathy	..	..	..	..	1
	Buphthalmos	..	..	..	..	1
	Corneal opacity	..	..	..	..	1
(b) Functional:	Congenital Nystagmus without structural defect	..	..	..	..	3
	Nystagmus occurring with other eye conditions	..	..	..	..	12
	Squint	..	..	..	..	6

The intellectual endowments of these children is most important if they are successfully to overcome their disability. Unfortunately as a class they are less gifted in this respect than other children. They have been graded as follows:—

Above average	..	..	..	..	0
Average (I.Q. 105-85)	..	..	..	..	11
Below Average (I.Q. 85-60)	..	..	..	..	9
Educationally Subnormal (I.Q. below 60)	..	..	..	..	4
No estimate	..	..	..	..	2

The intention is that when Pendower Hall School is reconstituted no special provision will be made for partially sighted pupils, who will be integrated with ordinary schools. However, the majority of these pupils will be found to require education in Pendower Hall on account of other handicaps. The following additional defects were shared by this group of children.

Educationally Subnormal	..	..	..	..	5
Enlarged Liver and Spleen	..	..	..	..	1
Renal Disease	..	..	..	..	2
Speech Defect	..	..	..	..	6
Epilepsy	..	..	..	..	1
Effects of Multiple Injuries and Maladjusted	..	..	..	..	1
Deformity of Leg	..	..	..	..	1
Maladjusted	..	..	..	..	1
Congenital Heart	..	..	..	..	1
Asthma	..	..	..	..	1
Dwarfing	..	..	..	..	1
Unstable Diabetic	..	..	..	..	1

THE SPEECH AND LANGUAGE UNIT

This unit was opened in September 1970 for the intensive treatment of pupils with severe speech defects. The pupils were selected by Mrs. Ainley the Senior Speech Therapist and consist of those with normal intelligence and hearing but who present problems of learning to acquire language.

The unit is incorporated in Kenton Bar Primary School and as in the case of other special units it is the responsibility of the headmaster of the school. The staff consists of a class teacher, Mrs. Tait, and a full time Speech Therapist, Mrs. Waters, who is employed on the educational staff.

The current eight pupils with one exception live in the west of the City and are brought in by school bus. Formal class work is done in the unit but for other activities such as assembly, freeplay, physical

education, school meals, etc., they are integrated with the rest of the school.

It is intended to provide a second class for infant pupils in the near future. Head teachers have been asked to submit the names of any children in their schools who appear to require consideration to Dr. Shaw, the Principal Medical Officer of the Child Health Service. Selection will be undertaken by Mrs. Waters, who may call upon the staff and students of the Sub-department (Speech) of the Department of Education in the University for assistance with the investigation of candidates.

THE DEAF/BLIND UNIT

(Mr. Anthony B. Best—Teacher-in-Charge)

This Class, which is within the school for the blind, proves training and education for deaf/blind children. By deaf-blind we mean children who through their handicap cannot be satisfactorily placed in a school for the deaf, a school for the blind or a junior training school.

The Class at the behest of the Department of Education and Science started in September 1970 with six children, five of whom are rubella children. They vary a good deal in ability from low trainable (adapted Vineland S.M.20) to high educable (S.M.80). The amount of hearing varies from total to 40 db loss over full speech frequencies range. None of the children is totally blind but the extent of what they can see depends on intelligence as well as the physical condition of the eyes and ears.

The classrooms are in a specially adapted hut separate from the main school. The main play area has large toys (slide and see-saw) water and carpeted 'home' area. The floor is hollow to transmit vibrations. The smaller teaching room has some degree of sound proofing and has been kept plain to help the children concentrate on the work in front of them. There are toilet and washing facilities. In addition children are able to use the gym and swimming baths of the main school and play freely in the six acres of grounds surrounding the school.

In the classroom situation communication is the most important skill to learn. We approach this in a variety of ways, each child having an individual programme. Some of the children use a simple

basic signal system. They are taught by repetition to tap their chins if they want something to eat, clap their hands to be lifted up, tap the chest to be put on the slide, and so on. These children are given practice in listening to speech and sound vibration.

All the children have the services of an ophthalmologist, audiologist and paediatrician when needed. Other services such as a school dentist, educational psychologist etc., are available from Local Authorities.

Two Deaf Blind Girls

The histories of two Newcastle children might be recorded here to illustrate the difficulties which have to be overcome in order to provide medical, educational, technical and social help which children with this dual handicap require. One commenced school and one left school during the past year.

Case 1: This girl weighed 2 lbs. at birth and was in an oxygen tent for six weeks. She suffered from anaemia and a congenital dislocation of the hips. At three months she was thought to be mentally retarded ignoring toys and making no response to sound. When five months old her family moved to Newcastle from the south of England and was found at the Newcastle General Hospital to have retrolental fibroplasia with some sight in her left eye, but none in her right. She was also found to be deaf and given a hearing aid, but there was difficulty getting her to use it.

The parents were not particularly co-operative in keeping appointments and her assessment in hospital was considerably delayed. She was referred to the School Health Service when two years three months. At that time she had no speech, had just started to stand and take a few steps. There seemed to be useful vision in her left eye, but she had little hearing even with the help of two hearing aids. It seemed that the bias should be towards deaf education.

She was accordingly referred back to the Audiology unit where her attendance had lapsed, and thence recommended for admission to the Northern Counties School for the Deaf, but was not immediately admitted on account of her blindness. As suitable facilities were not available locally, she was referred to Condover Hall and there regarded as both partially sighted and partially hearing with average mental development. However, in the absence of a vacancy at Pathways School she was admitted to a day nursery for normal children near her home to provide stimulus which she was not

getting in her home. Shortly afterwards when approaching five years of age there was a vacancy for her at the Northern Counties School for the Deaf where her early progress was encouraging.

With the opening of the Deaf Blind Class at the Victoria School for the Blind it was felt that she would be more appropriately placed there. She is now six years old and making good educational and social progress.

Case 2: The second girl was also born prematurely of a Rhesus negative mother, with a birth weight of 2 lbs. which necessitated her being kept in an incubator. Blindness was noted at three months. Her development was slow, walking at 18 months, and managing odd words only at two years.

At 14 months of age she was notified to the Blind Welfare Department and at 2 years 9 months she was certified Blind on account of retrolental fibroplasia so that application might be made by the Local Authority for her admission to one of the 'Sunshine Homes' for blind pre-school children. The mother, however, felt that she was able to give her the care and training she needed at home, before entering the Royal Victoria School for the Blind, and as this was a professional family providing very well for the girl the matter was not pursued.

At five years she was admitted to the Royal Victoria School for the Blind where her initial progress was promising. However, her speech was defective and her hearing suspect. At 5 years 6 months she was examined by an audiologist and found to be deaf. By the time she was nine years old her progress at school was definitely being hampered by deafness and defective speech in spite of the use of a hearing aid and speech therapy. Her hearing loss varied from 40—65 in frequencies 250—8,000.

On the recommendation of Mr. Venters of Cumberland, a Multi-tone Loop induction system was provided in two rooms in her school by the Local Education Authority. The Headmaster described the effect as 'revolutionising her school life'.

At 12 years she was successful in gaining a place at Chorley Wood College for Blind Girls. The equipment for a loop system accompanied her to London where it was found necessary to equip four or five different rooms, and individual amplifiers had to be installed to give the Loop drive the necessary boost. Subsequently Phillips headworn hearing aids were recommended by the Education Officer of the R.N.I.B. and supplied by the Local Authority. She continued

to require speech therapy and also orthodontic treatment whilst at the school.

When just under 17 she was successful in seven subjects in her School Certificate at Ordinary Level, and two years later offered two subjects at 'A' level. She left midsummer 1970 to undertake training as a medical secretary.

Residential Schools Visited in 1970:—

Besford Court, Pershore, Worcester.
The Beacon, Lichfield, Staffs.
Feversham, Walbottle, Northumberland.
Hindley Hall, Stocksfield, Northumberland.
Milton Hall, Nr. Brampton, Cumberland.
Northern Counties School for the Deaf, Newcastle upon Tyne.
Royal Victoria School for the Blind, Newcastle upon Tyne.
Stannington Hospital School, Northumberland.
St. Joseph's, Cranleigh, Surrey.
Windlestone Hall, Durham.

SPEECH THERAPY

(Mrs. M. Ainley, Senior Speech Therapist)

I would like to take the opportunity of this, my last Annual Report as Senior Speech Therapist, to convey to all members of the School Health Service my thanks for their help and co-operation over the past five years.

The past year has, as usual, been beset by the difficulties caused through shortage of staff. Mrs. Waters joined us in February and left in August to take the appointment of Speech Therapist in the Unit for Speech and Language Handicapped Children at Kenton Bar School. The Speech Therapy Service is extremely grateful to her for the interest and insight she has shown in children with severe problems.

Mrs. Gilmour rejoined the service in November for two sessions per week. Many members of the School Health Service will remember her from her previous service with us.

It is with much pleasure that I record the opening in September of this year of the Special Unit for Speech and Language Handicapped Children at Kenton Bar. While the Unit itself is not directly part of this Department much work has been done in selecting the children for admission and close contact has been maintained through its first term.

The clinical sessions have been divided as follows:—

MRS. AINLEY		MRS. WATERS		MRS. GILMOUR	
Ravenswood	1	Atkinson Road	3	Kenton	1
Civic Centre	1	Kenton	3	Arthur's Hill	1
Pendower	2	Pendower	2		
Middle Street	2	Civic Centre	2		
Arthur's Hill	3				

The opening of Arthur's Hill Clinic in September with the re-establishment of a permanent Speech Therapy base has greatly eased the situation with regard to initial assessment and follow-up of children referred. However, it was only possible to make an initial assessment on 113 out of 160 children referred from all sources.

The number of children seen in 1970 were as follows:—

<i>Number of Treatments Given</i>	<i>New Patients</i>	<i>Discharges</i>
1,701	55	38

The administration of the service has been greatly helped by the continued use of a room in the Civic Centre. Access to clerks and typists has eased the almost impossible situation of what amounts to a single handed service within the City. Unless further staff are attracted to the service the increasing demands upon it will not be met.

INFECTIOUS DISEASE : ITS PREVENTION

HEALTH EDUCATION

Weather Conditions

1970 was a year of very average temperatures, with consistently above average amounts of sunlight, and apart from January, low rainfall. None of these had any particular effect upon the health of the population.

1. Infectious Disease

(i) The official notifications of infectious disease were as follows:—

NUMBER OF CASES OF NOTIFIABLE DISEASE—1970

	5 - 9 years		10 - 14 years		Total
	Boys	Girls	Boys	Girls	
Measles	529	513	18	13	1,073
Rubella	111	128	24	37	300
Scarlet Fever	14	19	9	7	49
Whooping Cough	16	22	1	3	42
Infective Jaundice	13	24	9	10	56
Ac. Meningitis	1	—	—	—	1
Dysentery	—	1	—	—	1
Tuberculosis—Respiratory	3	2	1	—	6

The number of notifications of measles is the largest since 1965 and is highlighted by the very small number in 1969. The majority of the cases occurred between February and August, reaching their peak in May. A possible reason for the increase was the accumulation of a large number of susceptibles in the school population which was brought about by the fact that the last epidemic year was 1968 and then the numbers were relatively low. Vaccination had been introduced in 1966 and in that year an effort was made to vaccinate all susceptible children. By the beginning of 1970 there should have been relatively few unvaccinated school entrants, but in fact, the number of school children protected last year was quite inadequate.

(ii) *Contagious Skin Disease*: The numbers of pupils known to have been treated for the following conditions were:—

Impetigo ..	83
Scabies ..	227
Ringworm—Scalp	—
Body	5

The number of cases of scabies whilst less than in 1969 (287), is well above the average in recent years.

(iii) *Venereal Disease*: The number of adolescents under sixteen who contracted venereal disease continues to show a slow but steady increase, although the numbers are still very small:—

1965	1
1966	2
1967	—
1968	5
1969	4
1970	7

During the year 66 adolescents under 16 years attended the clinic and in all seven cases (six girls and one boy) had Gonorrhoea.

2. Preventive Measures

The numbers of children protected against the commoner infectious diseases were:—

(i) Measles	..	..	..	5—10 years	65
				10—15 years	10
(ii) Poliomyelitis	..	..	..	5—15 years	1,913
				16+	854
(iii) Diphtheria and Diphtheria Complex	..	..	..		2,205
(iv) T.A.B.	..	..	..	..	170
(v) T.A.B. and Tetanus	..	..	..	..	222
(vi) Tetanus	..	..	..	..	1,977
(vii) Yellow Fever (children aged 5—15)	..	..	..	..	109
(viii) Smallpox—Primary	..	..	..	..	11
Re-vaccination	..	..	..	..	869

Tuberculosis

(a) Tuberculin Testing

	Age Group		
	5 years	8 years	10/12 years
Numbers of parents to whom circulars were sent	3,219	3,302	2,989
Number of children for whom consent was received	3,013	3,173	2,581
Number of children who were tested and read	2,636	2,874	2,397
Grades of Reaction obtained			
1	195	307	122
2	86	235	300
3	20	73	60
4	2	20	19

(b) B.C.G. Vaccination

Number of children protected in maintained schools	..	1,750	64% of total
Number protected in independent schools	..	459	

Children who show a reaction in grades 2—4 are referred to the Contact Clinic.

A Case of Miliary Tuberculosis in a Primary School

A five year old pupil in a primary school was found to give a grade 2 heaf reaction and was referred to the Contact Clinic. At

periodic inspection there were no abnormal clinical signs. A check mantoux at the Contact Clinic gave a strong positive reaction and the chest x-ray showed miliary spread throughout the lung fields. The child was admitted to hospital where, with treatment, she made a rapid recovery.

At the school all children in the class were re-tested but none gave a positive reaction and it later transpired that the contact of this child was a neighbour.

A Rubella Vaccine Trial in School Girls

Since the occurrence of rubella in the mother in the first two months of pregnancy may result in a deformed child at birth, it is important that women of child bearing age should be immune to the disease. This they normally achieve by contracting the disease in childhood, but some escape this natural process and for them artificial protection should be afforded. A difficulty arises in knowing with accuracy who requires this protection since there is no very close relationship between a previous history of having had rubella and actually being immune to the disease. If immunisation against the disease before girls leave school is to be considered as a recognised procedure, there are fairly close age limits within which protection should be given. The girls should be old enough to have had a reasonable chance of acquiring natural protection, but not old enough for pregnancy to be a possibility at the time of vaccination.

In the summer term an investigation into the efficiency of rubella vaccine RA 27/3 was carried out in certain senior schools in the City. 1,519 girls between the ages of eleven and thirteen were offered protection. Of these 1,318 accepted and were tested for immunity by taking a sample of blood and sending it to the Public Health Laboratory for examination. 409 of the samples were found to have a titre of less than 10 on the haemoagglutination inhibition test. These girls were regarded as susceptible and 398 were vaccinated. Two months later a second test was carried out and it was found that 95% of the girls had acquired protection without any side effects being reported.

Vaccination against rubella with either the Cendehill or RA 27/3 vaccine has now been accepted as a routine procedure and vaccination will start in 1971.

Health Education

Health education falls within the school curriculum for which individual headteachers are responsible. However, in planning the course of health education for each group they often rely on outside sources for assistance, of which, one is the Health Department.

It has been customary for a number of years to arrange periodic meetings between headteacher representatives and members of the health staff, which afford an opportunity for the interchange of information and ideas and the discussion of problems. Three such meetings were held during the year, in the course of which, the following matters relevant to health education were brought up.

The *Family Doctor* booklet on drug addiction: The Report of the Health Education Council: The Tyneside Exhibition, which had for its theme "Helping the Handicapped": The campaign subjects, of which "Personal Hygiene" was suitable for schools.

Health education forms an important part of the work of health visitors and is co-ordinated by Miss Bell and Miss Newton.

The schools use this service because they find that the occasional inclusion of an outside speaker adds considerably to the value of the course. These talks are usually illustrated with lantern slides, and film strips or cassettes. The Health Department also have a number of sound films which are available for showing in schools, in addition to the extensive film library, maintained by the Education Department, which includes a number of films dealing with health subjects.

During the year at least two medical officers gave talks in schools.

School nurses also undertake a certain amount of instruction, mainly on a one to one basis in school and clinic. However, Nurse Chesterton has during the past year organised classes for the Duke of Edinburgh award in Manor Park, La Sagesse and Walker Senior Schools. Nurse Bell also has given instruction in first aid.

Posters for display in school are obtainable from the School Health Department. During the campaign on personal hygiene, material prepared by 'Esoderm', 'Lorexane' and The Milk Marketing Board were distributed on request to schools.

The School Dental Service undertakes Dental Health Education as part of its work in preventative dentistry. Talks by dental officers when they visit schools have been advocated, but the shortage of

dentists did not always permit the use of their time for work in this direction, and a dental auxiliary normally undertakes the work. It is pleasing to note that it was possible later in the year to fill a vacancy for an auxiliary.

At the present time there is some uneasiness in the mind of the public on the content of health education in so far as it includes information on sex and personal relations. No complaints have come to notice in this connection in Newcastle, possibly because headteachers in the City have a good understanding of the feelings of the parents of their pupils and seek to work in co-operation with families.

VII—Report of the
CHIEF
PUBLIC HEALTH INSPECTOR

Chief Public Health Inspector

L. MARR, F.R.S.E., F.W.P.H.I.

Deputy Chief and Divisional Public Health Inspector

(Dining and Sweet Confection)

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

Divisional Public Health Inspectors

Dining (General)

D. H. HARRISON, M.R.S.H.

Food Inspection and Control

S. H. HARRISON, M.R.S.H.

VII—Report of the CHIEF PUBLIC HEALTH INSPECTOR

Chief Public Health Inspectors

Public Health Inspectors

(Food Inspection and Control)

Public Public Health Inspectors

Technical Staff

General Assistant

Improvement Officer (General)

Technical Assistant

Authorized Meat Officers

Disease Control Inspectors

Refectory Clerk of Staff

Shorthand Typewriter

VII—Report of the
CHIEF
PUBLIC HEALTH INSPECTOR

CHIEF PUBLIC HEALTH INSPECTOR:

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

DEPUTY CHIEF AND DIVISIONAL PUBLIC HEALTH INSPECTOR:

(HOUSING AND SMOKE CONTROL)

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.

SENIOR PUBLIC HEALTH INSPECTORS:

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	.. .. .	R. CARVER, M.A.P.H.I.
Smoke Control	.. .. .	L. SMALLEY, M.A.P.H.I.

INSPECTORATE:

District Public Health Inspectors	..	15 (4 vacancies)
Public Health Inspectors	.. ..	1 (1 vacancy)
(Food Inspection and Control)		
Pupil Public Health Inspectors	..	8

AUXILIARY STAFF:

General Assistants	.. .. .	2
Improvement Grant Administrator	..	1
Technical Assistants	.. .. .	10
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 (2 vacancies)
 Shorthand-Typists 2 (1 vacancy)

PROEM

When faced with the task of formulating an annual report, one is tempted to emphasise the favourable aspects of the year just past and to refrain, without appearing deliberately so to do, from mentioning any event or situation which might blemish the glory and success which invests so many accounts of past years' work.

So far as the public health inspection services are concerned, it is a matter for satisfaction that so much was achieved during 1970, but compared with that which remains still to be done in the abatement of air pollution, the clearance of unfit houses, the improvement of the sub-standard house, the raising of standards of food hygiene enforcement, the more effective control of working conditions and other matters, the achievements of 1970 might seem somewhat diminished. Nevertheless, having regard to the slender staffing resources available during 1970, it is a matter for congratulation to all concerned on the progress which was made in that year.

For many years past reference has regularly been made in annual reports to the chronic shortage of public health inspectors, and this problem was given special attention during the year. It will be recalled that the National Joint Council, in their Circular No. N.O. 194 of 1966 declared their support of all efforts made by local authorities and their staffs to achieve the most efficient administration and the most economical use of staff. A meeting of representatives of Tyneside health departments was held shortly afterwards in the Civic Centre when your Medical Officer of Health at that time and your Chief Public Health Inspector outlined the general principles of a scheme of recruitment, training and departmental reorganisation designed to achieve the aims set out by the National Joint Council in Circular No. N.O. 194, but, although general agreement with these plans was expressed at the meeting, no material progress was made in formulating a scheme uniformly acceptable to all authorities. Within our own authority your Chief Public Health Inspector persisted with a policy of economic and efficient reorganisation and in due course, after much refashioning, he devised a comprehensive scheme of reorganisation designed to increase efficiency and economy by reallocating certain duties in a way which would enable some of the more routine functions to be

carried out by Technical Assistants working under the supervision of fewer (but better) Public Health Inspectors.

This scheme was ultimately submitted for consideration in October 1969 and after several months of discussion to overcome grading difficulties created by N.J.C. Circular No. N.O. 225, most of the provisions of the scheme were brought into operation at the end of September 1970. There was obviously insufficient time before the end of the year to enable an adequate assessment to be made of the efficacy of the new staffing structure and in any event, not until all existing vacancies are filled can the planned progress be inaugurated but there is little doubt that, despite the obstacles which had to be overcome to operate this reorganisation, the future prospects are much brighter than at any time during the past decade.

A particular feature of the reorganisation was the need to pay particular attention to food and drugs administration. Over the past few years the volume and complexity of food standards legislation have increased immensely and the task of formulating a selective sampling programme, having regard to the revised and new food standards Orders, is one which can no longer be deferred.

The year brought the customary problems associated with slum clearance, public health matters and food inspection and control and also very exceptional difficulties in the field of smoke control, to all of which matters reference is made in the body of this report.

In the meantime, with the goodwill and whole-hearted co-operation of all concerned, one can look forward with confidence to 1971 and the years to follow.

HOUSING ACTS 1957—1969

During the year there occurred the expected modifications from time to time to the Housing Clearance Programme, but despite the consequent uncertainties and vicissitudes, the department contrived, nevertheless, always to be ahead of the programme throughout 1970. As the representation of a clearance area is the first step in the tortuous process of securing the demolition of unfit houses, it is essential that meticulous observance of the programme be maintained from the beginning if the sequence of the subsequent activities of other departments is not to be disrupted.

The projected programme for 1971 does not, however, present

any particular difficulty in relation to timing and, subject to continued availability of staff, the department will retain or increase the present lead over the programme.

During 1970 the inspection and classification of houses scheduled for clearance continued in the Fowberry Road, Frank Street Shields Road West, Gill Street, Milton Street, Isabella Street and Crown Street areas. This work involved the inspection of some 685 houses of which number 517 were found to be unfit for human habitation within the meaning of the Housing Act 1957. With the exception of the Crown Street and Isabella Street areas all the above areas formed the subject of official representations during the year. The Isabella and Crown Street areas will be represented in the early months of 1971.

During the year one Compulsory Purchase and one Clearance Order were made in respect of 1,029 houses of which 787 were designated as unfit. A total of six Public Inquiries in respect of the confirmation of orders were held and objections were received in respect of 58% of the represented houses which necessitated the reinspection and preparation of principal grounds in relation to, 181 properties. Of the 11 orders confirmed during the year five were subject to minor modification affecting only 2.7% of the represented houses compared with 5.3% in 1969.

Statistical Summary

<i>Areas of Unfit Houses Represented to the Housing Committee</i>						<i>Houses</i>	<i>Families</i>	<i>Persons</i>
<i>Clearance Ares</i>								
Cromwell Street	..	..	..	..	..	244	450	1,262
Fowberry Road	..	..	..	..	..	34	64	185
Frank Street	..	..	..	..	..	90	162	480
Shields Road West		..	..	..	..	15	16	37
Gill Street	..	..	..	..	..	22	42	105
Victoria Street	..	..	..	..	..	12	21	63
Milton Street	..	..	..	..	..	52	61	197
Totals						469	816	2,329

Compulsory Purchase Orders and Clearance Orders Made

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
St. Peters C.P.O.							
Clearance Areas	..	..	..	..	75	140	391
Added Lands	..	..	..	..	31	39	116
Perkins Street C.P.O.							
Clearance Areas	..	..	..	..	11	19	51
Added Lands	..	..	..	..	6	8	19
St. Lawrence C.P.O.	..	..	..	..	96	183	327
Added Lands	..	..	..	..	9	13	28
Summerhill Grove C.P.O.							
Clearance Areas	..	..	..	..	22	18	61
Added Lands	..	..	..	..	—	—	—
Bolam Street (West) C.P.O.							
Clearance Areas	..	..	..	..	158	292	843
Added Lands	..	..	..	..	79	145	408
Cromwell Street C.P.O.							
Clearance Areas	..	..	..	..	244	450	1,262
Added Lands	..	..	..	..	87	136	402
Fowberry Road C.P.O.							
Clearance Areas	..	..	..	..	34	64	185
Added Lands	..	..	..	..	7	8	27
Gill Street C.P.O.							
Clearance Areas	..	..	..	..	22	42	105
Added Lands	..	..	..	..	—	—	—
Hannington Place C.P.O.							
Clearance Areas	..	..	..	..	8	10	26
Added Lands	..	..	..	..	7	7	17
Frank Street C.P.O.							
Clearance Areas	..	..	..	..	90	162	480
Added Lands	..	..	..	..	16	14	51
Shumac Street C.P.O.							
Clearance Areas	..	..	..	..	27	26	85
Totals	..				1,029	1,776	4,884

Public Local Inquiries Held

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Hunters Road C.P.O.							
Clearance Area	..	..	..	..	28	50	150
Added Lands	..	..	..	..	5	6	12
Sopwith Street C.P.O.							
Clearance Area	..	..	..	..	86	166	452
Added Lands	..	..	..	..	6	10	32
St. Peters C.P.O.							
Clearance Area	..	..	..	..	75	140	391
Added Lands	..	..	..	..	31	39	116
Perkins Street C.P.O.							
Clearance Area	..	..	..	..	11	19	51
Added Lands	..	..	..	..	6	8	19
Crawhall Terrace C.P.O.							
Clearance Area	..	..	..	..	14	27	68
Added Lands	..	..	..	..	—	—	—
St. Lawrence C.P.O.							
Clearance Area	..	..	..	..	96	183	327
Added Lands	..	..	..	..	9	13	28
Totals	..				367	661	1,646

<i>Compulsory Purchase Orders Confirmed by the Minister</i>					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Stephen Street C.P.O.							
	Clearance Area	..	..	..	29	57	137
	Added Lands	..	..	..	7	14	41
Gordon Road C.P.O.							
	Clearance Area	..	..	..	297	552	1,400
	Added Lands	..	..	..	94	162	422
Hunters Road C.P.O.							
	Clearance Area	..	..	..	13	25	63
	Added Lands	..	..	..	4	6	16
Sopwith Street C.P.O.							
	Clearance Area	..	..	..	86	166	452
	Added Lands	..	..	..	6	10	32
St. Peters C.P.O.							
	Clearance Area	..	..	..	74	138	386
	Added Lands	..	..	..	32	41	121
Perkins Street C.P.O.							
	Clearance Area	..	..	..	11	19	51
	Added Lands	..	..	..	6	8	19
Crawhall Terrace C.P.O.							
	Clearance Area	..	..	..	14	27	68
	Added Lands	..	..	..	—	—	—
Roger Street C.P.O.							
	Clearance Area	..	..	..	11	10	27
	Added Lands	..	..	..	1	1	2
Strachan Street C.P.O.							
	Clearance Area	..	..	..	20	39	94
	Added Lands	..	..	..	1	1	2
St. Lawrence C.P.O.							
	Clearance Area	..	..	..	95	181	327
	Added Lands	..	..	..	9	13	28
Summerhill Grove C.P.O.							
	Clearance Area	..	..	..	22	18	61
	Added Lands	..	..	..	—	—	—
Totals					832	1,488	3,749

Individual Unfit Houses

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Number represented					44	91	221
Demolition Orders Made					7	21	51
Closing Orders Made							
	(Part of House)	..	..	..	20	19	43
	(Whole House)	19	47	131
Totals					46	87	225

Undertakings Given

To Close or Demolish	18	22	76
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The Sub-Standard House

It was clear by the end of the year that the encouragement of house improvement offered by the more generous provisions of the Housing Act 1969 was bearing fruit as shown in the table below. Compared with 1969 there was during 1970 an 80% increase in the number of discretionary grants approved and more than a 50% increase in relation to standard grants. Judging from the number of enquiries received towards the end of the year it is clear that the full effects of the new provisions of the 1969 Act are yet to be felt and it will be most surprising if, during 1971, the total number of grants approved is not at least trebled. Activity in relation to the improvement of private houses will undoubtedly be greatly increased by the declaration in 1970 of the Summerhill and the Fifth Avenue General Improvement Areas as well as by the attractive terms offered to landlords enabling controlled tenancies to be converted into regulated tenancies by way of standard and discretionary improvements.

By the end of the year there was brought into operation a new interdepartmental organisation to co-ordinate the resources of all departments concerned in securing the improvement of houses and most of the work previously performed by a Technical Assistant in the Housing and Smoke Control Division of the Department has now been taken over by a six-man Agency Team, the duties of which are not only to deal with applications for improvement grants, but also to promote home improvement by propaganda and other methods and also provide assistance to private owners in the form of plans and specifications. This Agency Team, aided by an Advisory Panel, one of whose principal functions will be the establishment of a programme of general improvement areas, will undoubtedly result in a vast increase in the number of houses in the private sector being improved in 1971.

The more generous provisions of grant-aid in the Housing Act 1969 has undoubtedly resulted in a steady increase in the average grant during the year. The average discretionary grant was £380 as compared with £309 in 1969 and standard grant £115 as compared with £106. At the end of the year these figures were still rising.

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
112	73	8	31	48	£18,252	£380

(b) *Standard Grants*

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average grant
267	267	—	—	186	£21,427	£115

Houses in Multiple Occupation

Until a registration scheme for houses in multiple occupation is brought into operation it is not possible to estimate with accuracy the total number of such houses in the City. At the end of the year it was, however, estimated that there were some 875 of these houses, most of which are in the Central area. This is a reduction compared with the figures of previous years and is mainly due to the large scale clearance carried out in the West End generally, and in the Rye Hill area in particular. There are, however, indications that multiple occupation, but only to a modest extent as yet, is appearing in the Brighton Grove and Wingrove Road areas, although the standards observed in the houses are fairly satisfactory.

It had been hoped that before the end of 1970 there would have been in operation a registration scheme to give additional control over conditions in multi-occupied houses, but this has not proved to be possible. It was in July 1967 when I initiated the first step in the tortuous path to the introduction of a registration scheme when I reported to the Housing Committee on the problems of multiple occupation in the Rye Hill District. Although it was agreed to adopt a policy of requiring the registration of multi-occupied

houses and that a suitable scheme be prepared in respect of certain specified wards in the City, it was deemed desirable at that time to defer finalisation of the scheme until a Parliamentary Bill, which was in preparation at that time, and which included additional and more comprehensive provisions relating to a registration scheme, became law. This local statute came into operation in November 1968 and a provisional scheme was prepared, which incorporated the additional powers, to prohibit a person letting a house in multiple-occupation without the consent of the Corporation, and empowering the Corporation to refuse consent on the grounds that (a) the house was not suitable for the proposed purpose; (b) that the house, if multi-occupied, would injure the amenity or character of the locality; and (c) that the person managing the house is not a fit and proper person. In giving any consent under this local Act the Corporation must also be empowered to impose conditions in respect of, *inter alia*, limiting the number of individuals, families or households who might occupy the house.

These additional powers were much more precise and comprehensive than the limited provisions of the Housing Act 1961 and with a scheme made under that Act, as extended by the local powers, it was felt that a very effective means of securing adequate control over all multiple occupation in the City would thus have been available.

During the preparation of the scheme in early 1969 and after the local Act came into operation, it was becoming clear that the Government's Housing Bill of that time would incorporate provisions which might affect powers in the Corporation Act of 1968 and of particular concern was a clause empowering the Minister to repeal any provision in a local Act if that provision appeared to be unnecessary or inconsistent with certain provisions in the Housing Bill relating to multiple occupation.

Because of the consequent uncertainty of the situation, finalisation of the proposed scheme was deferred until the Housing Act 1969 was passed and came into operation in August of that year.

Shortly after the commencement of the Housing Act of 1969 the Minister published Circular 67/69 which gave information of three model registration schemes which had been prepared by him, viz.: (a) an Informatory Scheme; (b) a Regulatory Scheme; and (c) a

Combined Informatory and Regulatory Scheme. Such Schemes were, of course, formulated within the terms of Section 22 of the Housing Act 1961 and Section 64 of the Housing Act, 1969, but in none of these model schemes were there provided the degree and breadth of control afforded by our own Corporation Act. The final draft of the Newcastle scheme was therefore formulated with particular reference to the Corporation Act of 1968 and submitted to the Minister for consideration during the early months of 1970. Despite prolonged negotiations during 1970, it became clear at the end of the year, that the Department of the Environment (formerly the Ministry of Housing and Local Government) held the view that our scheme contained provisions that could be regarded as being contrary to the intentions of Parliament indicated in the Housing Act, 1969. This was the stage which had been reached at the end of the year when it seemed probably that the Minister's Combined Informatory and Regulatory model scheme might well be the ultimate basis of an acceptable registration scheme for the City. The grave disadvantages arising therefrom would be, (a) that all houses in multiple occupation with less than three households; and (b) all such houses with less than five lodgers (apart from one household) would be exempted from the registration and control imposed by the scheme and furthermore that the Corporation would be unable to refuse registration on the grounds that the house is situated in a locality, the amenity or character of which would be injured by multiple occupation.

No doubt an acceptable scheme will be approved and brought into operation in the early months of next year when revised standards of enforcement are expected to operate in houses in multiple occupation.

Standards of Amenities

Specific standards in respect of amenities, etc., in multi-occupied houses are not prescribed in any enactment and in this respect the Local Authority has very wide discretionary powers. It is for the Local Authority to decide what standard is appropriate in any particular circumstances and it can, therefore, be argued that a Local Authority cannot prejudge circumstances relating to a particular house when deciding what standards should be adopted therein. Nevertheless it is necessary that some yardstick be adopted

by which houses in multiple occupation can be adjudged as suitable for occupation as this is necessary, among other things, to enable owners to be given some indication of the works required to be done to bring houses in multiple occupation up to a standard acceptable to the Corporation. Such standards were originally formulated and approved by the Committee in June 1956 and revised and improved in 1963 following the introduction of the Housing Act, 1961. Since then slum clearance has proceeded apace and virtually all of the worst types of houses in multiple occupation have been eliminated by the large scale clearance in the Rye Hill areas and adjoining neighbourhoods. The time has come, it is suggested, to reappraise present standards and at the end of the year consideration was being given to this matter so that the new standards might operate when the proposed registration scheme comes into force.

The main proposed changes when compared with existing standards relate to a more generous provision of sanitary accommodation, more living space per individual and, in particular, special provisions for personal washing facilities including wash hand basins, baths and hot and cold water supplies.

Legal Proceedings

Three prosecutions were taken during the year in respect of offences under Sections 15 and 19 of the Housing Act, 1961. All defendants were convicted and fines totalling £65 with costs of £14 were imposed.

Houses in Multiple Occupation—Statistics

Number of inspections of houses	..	..	..	..	1,239
Notices served, Section 15, Housing Act, 1961	..	..	..	..	1
Notices served, Section 90, Housing Act, 1957	..	..	..	..	—
Notices served of Intention to give a Direction	..	..	..	..	10
Directions made	..	..	..	..	10
Variations of a Direction Order	..	..	..	..	3
Directions revoked	..	..	..	..	1
Section 15, Housing Act, 1961, notices complied with	..	..	..	..	2
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	18
Prosecutions in respect of contraventions of—	
(a) Section 15, Housing Act, 1961	1
(b) Section 19, Housing Act, 1961	2
Houses forming the subject of Appeal—	
Section 15, Housing Act, 1961	—

Unfit Houses—Demolitions and Closures

During the year there was a further substantial increase in the number of houses demolished in Clearance Areas. Although there were fewer individual unfit houses dealt with in this way, the total number of unfit houses demolished was 768 as compared with 595 in the previous year and 525 in 1968. These unfit premises comprised the following:—

	Houses
In clearance areas	753
Individual unfit houses	7
On undertakings by owners (not in clearance areas)	3
On certificates of unfitness (Corporation properties)	5
	<hr/> 768

Unfit Houses—Rehousing

The steady increase in the number of families re-housed continued throughout 1970, during which year the number was the highest since records were kept in the Department. By far the greatest increase was in families re-housed from Clearance Areas, a clear indication of the gathering momentum of the Clearance Programme. Details of families re-housed are as below:—

	Families
Clearance Areas	1,343
Individual Unfit Houses	45
On undertakings by owners (not in clearance areas)	29
On certificates of unfitness (Corporation properties)	9
	<hr/> 1,426

RENT ACTS 1957 AND 1968 AND THE HOUSING ACT, 1969

There is little doubt that the provisions of Part III of the Housing Act of 1969 are having a profound effect upon the long standing attitudes of both landlords and tenants in relation to rents and the standards of amenities and maintenance of the dwelling-houses concerned. It can be argued that for too long rents of controlled tenancies have been excessively depressed, to such a degree that an income forthcoming therefrom has been inadequate to ensure satisfactory maintenance and the provision of modern amenities. Since the Act of 1969, however, there has been a profound change in outlook brought about by the attractive benefits for landlords of well maintained dwellings which possess all five standard amenities, viz: a bath or shower, a wash-hand basin, a sink, a hot and cold water supply to these appliances and an indoor w.c.

The machinery and procedure operated to secure the change of a controlled tenancy to a regulated tenancy, thus allowing the employment of the fair rent principles in fixing a particular rent, are something quite novel in the relatively brief history of rent control legislation, and, although there have been revealed certain anomalies, which some of the more unscrupulous tenants and landlords have readily detected, by and large the policy of decontrolling and thus increasing the rent of a dwelling, where justified, is working well and is proving to be a very effective means of raising the standards of living conditions of a significant proportion of the population.

The ready acceptance by property owners of these new provisions is reflected in the large increase in the number of applications for standard grants in respect of the improvement of controlled dwellings made during the year—a welcome development which amply fulfills the predicted “substantial increase” mentioned in my report for 1969.

Very early in 1970 the process of inspection and negotiation with applicants had settled down into a satisfactory routine, although there still remained certain rather unsatisfactory features which seem to be incapable of being resolved without the goodwill and co-operation of landlords. It has been found to be advantageous to all concerned, not necessarily to reject out of hand an unsatisfactory application for a qualification certificate, because one or more of

the prescribed conditions are not complied with. In all such cases negotiations have been initiated with the owner, particularly where the outstanding defects are of a relatively minor nature, and in the vast majority of cases it has been possible to approve the application without a fresh application having had to be made. Nevertheless, there is still a high proportion of owners who submit applications for qualification certificates without ever bothering to ascertain whether or not the three prescribed conditions are complied with, an omission quite contrary to the advice given by the Minister in his Circular 66/69.

At the end of 1970 the position in relation to qualification certificates was as follows:—

Improvement Cases

No. of applications for Qualification Certificates under Section 44(2) under consideration at end of period	124
No. of Certificates of Provisional Approval Issued	104
No. of Qualification Certificates issued under Section 46(3)	29

Standard Amenities Already Provided

No of applications for Qualification Certificates under Section 44(1) under consideration at end of period	230
No. of Qualification Certificates issued under Section 45(2) in respect of:—	
(i) Dwellings with rateable value of £60 or more	103
(ii) Dwellings with rateable value of £40-£60	167
(iii) Dwellings with a rateable value of less than £40	2

The obvious benefits afforded by the qualification certificate procedure of Part III of the Housing Act 1969 have almost completely overridden any consideration being given to relevant provisions of the Rent Act of 1968 so far as the issue of certificates of disrepair is concerned as is indicated in the following statistical statement.

Certificates of Disrepair

Number of Applications for Certificates	—
Certificates refused	—
Applications withdrawn	—
Undertakings received (Form K)	—
Certificates of Disrepair issued	1
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	1	2	3
Certificates revoked or cancelled ..	1	2	3
Cancellation refused	—	—	—
Decisions pending	—	—	—
Certificates remaining extant	174	190	364

Certificates of Disrepair—Position as at 31st December, 1970

	1954 Act	1957 Act	Total
Number issued	541	437	978
Number revoked or cancelled	367	247	614
Number remaining in force (as in register)	<u>174</u>	<u>190</u>	<u>364</u>

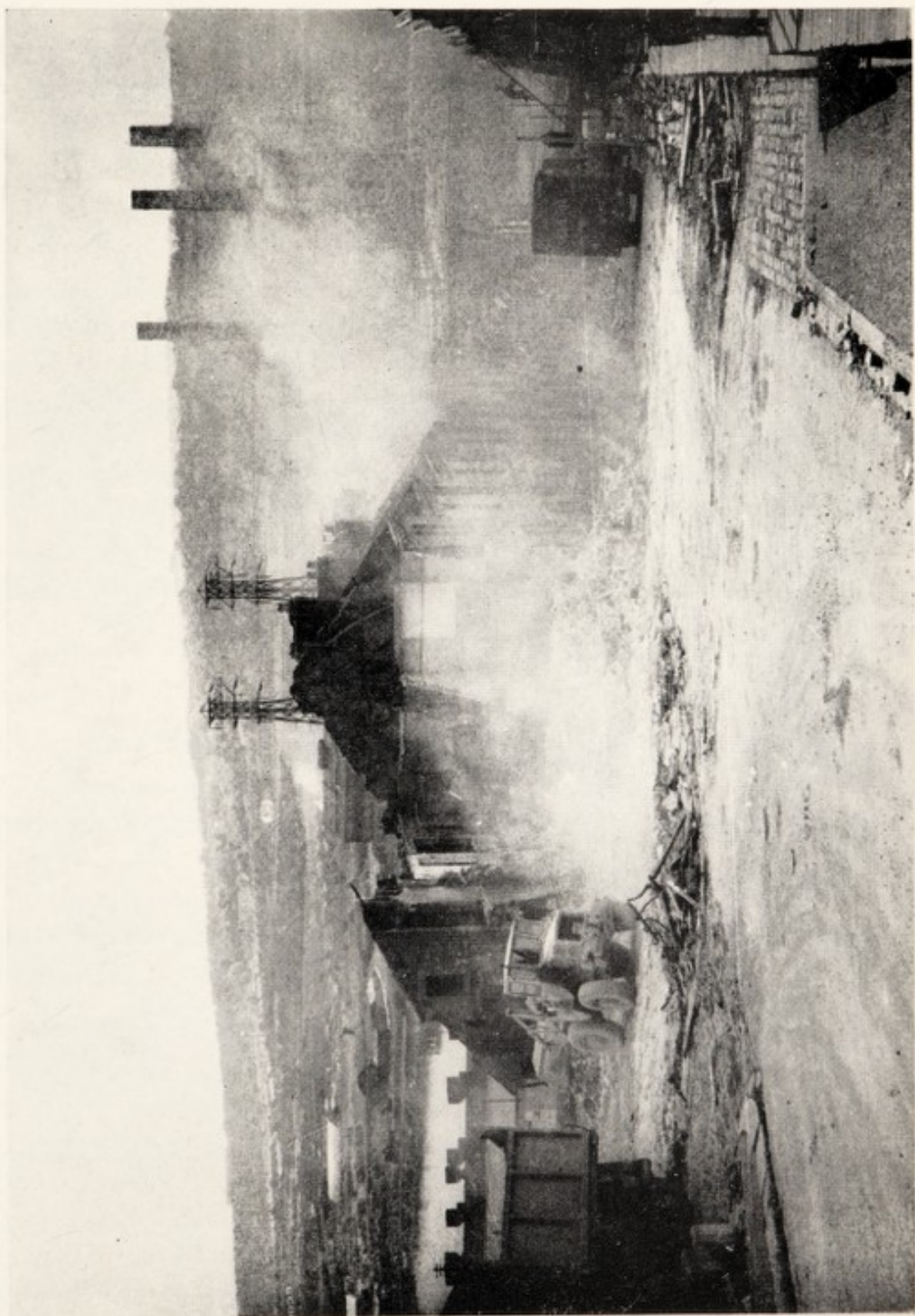
PUBLIC HEALTH ACTS 1936—1961

Nuisances

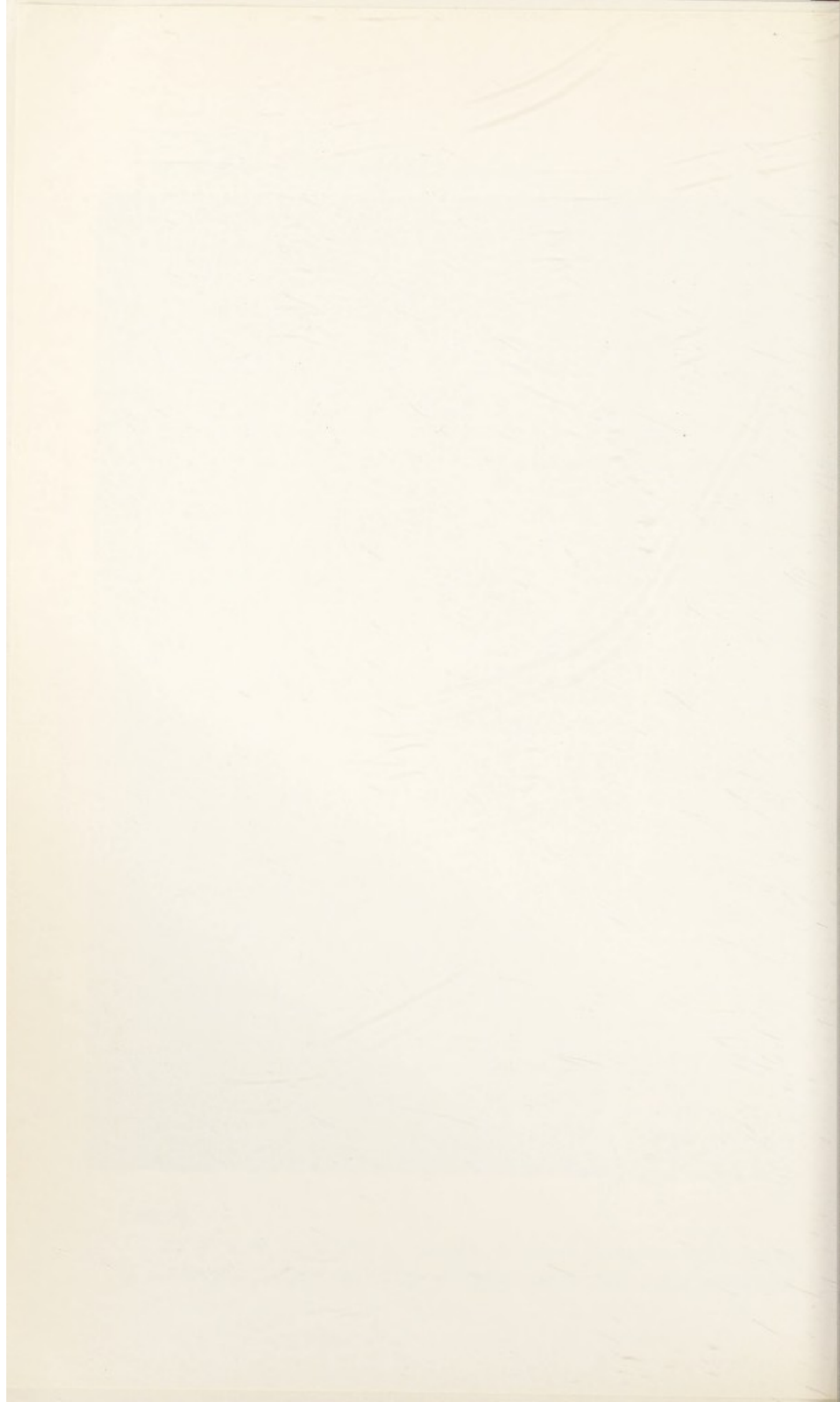
The number of complaints made in respect of nuisances during the year was 2,978 compared with 3,190 during 1969. Although over the past 10 years there has been a gradual decrease in the number of complaints, for the past three years the numbers have been in the region of 3,000 and this suggests that it is unlikely that there will be a further considerable fall in complaints from the public until the remainder of the unfit houses, from which property most of the complaints are derived, has been demolished. During any given year complaints can increase because of various circumstances, not least of which, is the unfortunate delay that often occurs in securing the rehousing of tenants and the demolition of their houses which are situated within clearance areas. During the period between confirmation of an order and the total clearance of the area complaints rise rather steeply and then fall on a similar gradient downwards after the site is cleared.

Effluvia

I am pleased to be able to report continued progress in reducing to a minimum the complaints received concerning a manufacturer



Smokeless chimneys, but ground level dust nuisance



in the east end of the City whose business often gives rise to the emission of offensive effluvia. During the year the number of complaints was less than in previous years. A considerable amount of new equipment has been installed and this, together with structural alterations, has brought about a considerable improvement. In addition there is now a quicker turn over of offensive material which has reduced considerably the problem which previously existed due to flies.

In the north west of the City over the past years numerous complaints have been received concerning offensive odours and, here again, a considerable amount of work has been done in order to eliminate this nuisance in consultation with the Inspector of Alkali, etc. Works. Modernisation of the plant was started during the year and is scheduled to be completed by December 1971. In addition newly formulated materials are being used in order to combat the effect of any offensive fume emitted and is proving reasonably satisfactory.

Noise

A total of 260 visits were made by Public Health Inspectors in connection with the Noise Abatement Act, 1960, which number is slightly less than in the previous year. It appears probable that the general public are becoming more concerned about noise levels and although in many instances a satisfactory reduction in the level can be achieved by relatively simple means, very often the solution is not so readily available.

A particularly serious noise nuisance concerned the construction of an effluvia treatment tank and associated plants. Pile driving had to be carried out and the noise level produced by this driving varied between 88 dBA and 114 dBA. Discussion took place with the contractors and they, in turn, sought advice from the British Steel Piling Company. However, it was found that a quieter form of driver, such as the vibratory hammer, could not be used as the ground was of boulder clay which would not allow penetration. Further discussions took place and it was suggested that in order to complete the job more quickly a second hammer be employed. However, the ground structure proved to be so difficult that even two 3 ton hammers were eventually replaced by two 6 ton hammers.

With these two hammers working the noise levels were extremely high but the work was completed in a relatively short time which included one week-end period.

Social clubs continue to be a source of complaint, but, in the main, the members of the committees concerned have been most anxious to co-operate and in some cases immediate steps were taken to reduce the noise level by simply turning down the volume of the amplification equipment used in the concert halls. In other cases additional work has been necessary, such as double glazing of windows and the provision of baffles and sound insulated extractor ventilation systems.

Complaints were again received during the year concerning a company engaged in heavy engineering work which involves the manufacture of large cylindrical tanks and pipes. A considerable amount of manual work is involved in the fabrication of these hollow metal vessels and the noise produced, which consists of whines, clanks and bangs, is often at such a level as to be a nuisance to the residents in the area. Here again, the management of the company have been most co-operative in attempting to reduce the noise to a minimum but the building is not really suitable for this type of industry. In view of the pending redevelopment of the area, it is considered that the expense involved in reducing the noise to an acceptable minimum would be unreasonable. However, conditions generally have improved.

Several complaints were received concerning loud-speaker systems which are operated in connection with self-service petrol stations. The noise from these systems can be particularly penetrating during the late hours, whereas the same noise level during the day time is quite acceptable. Here again, co-operation of the management together with reorientation of the speakers brought about a considerable improvement.

In the Central area of the City the main problems were caused by pneumatic road drills, compressors and other machinery used in building construction work and although often the period of work was relatively short, the intensity of noise produced can be as high as 100 dBA. At this level, particularly where the work being carried out was very near to office blocks, a considerable nuisance was caused to the workers therein and, in some cases, it was almost

impossible to carry on their normal duties. Wherever possible the various companies have been persuaded to use mufflers for the drills and to construct barriers, although, with the amount of work being carried out on central area redevelopment, it is impracticable to expect that the noise levels will, at all times, be reduced to an acceptable minimum. On occasions it has been possible to agree a work schedule with the contractors so as to minimise the use of noisy equipment between the hours of 10 a.m. and 4 p.m. and this, in one case at least, proved to be quite satisfactory. However, this pattern can often cause problems for the contractor as it may result in overtime having to be worked and thus increasing costs. It should also be remembered that on occasions, even when using muffled drills, the noise will be considerable and this is due to the metal bit of the drill striking against metal or other hard material which can have the effect of transmitting noise through building structures.

One complaint of particular interest in the central area concerned a continuous high pitched whine which was not discernible on entering the complainant's premises until a considerable time had elapsed. This whine was particularly difficult to trace but eventually it was found to come from electric motors positioned on the top of a tower crane. This nuisance was effectively abated by reducing the lifting capacity of the crane from 7 tons to 4 tons, running the motor at a different speed and using two drop cables instead of four.

Another aspect of noise abatement work concerns the action taken to prevent noise nuisance arising and this can only be done when sufficient information about a new development is available to allow recommendations to be made. I am pleased to report that, in co-operation with the Planning Department, a considerable number of new projects have been examined and in almost all cases the recommendations of the department have been accepted by the developers. It should be pointed out, however, that at this stage the recommendations have no legal force and, consequently, if a developer wishes to ignore them, he may do so. Nevertheless, he ignores them in the full knowledge of what may happen and if, after the development takes place, a noise nuisance arises, he is not in a position to claim that he had not been informed of the possibilities. Only in a minority of cases was advice ignored and it is of some significance that in all cases where the advice had been taken no

complaints were received. However, in two instances where the advice was ignored complaints of excessive noise levels were later received.

It is almost certain that the number of complaints concerning noise will increase over the coming years and the Corporation must be prepared to accept this increase and, in turn, ensure that they have satisfactorily trained staff and suitable equipment with which to deal with this present day problem as more and more companies, individuals and other departments of the Corporation ask for advice on this subject. During the year a special course on Noise Control was conducted by the Polytechnic and was attended by four public health inspectors.

Statutory Notices Served

(a) Public Health Acts, 1936—1961	..	..	..	..	861
(b) Corporation Act, 1935	..	..	..	..	205
(c) Final letters sent	..	..	..	..	193
(d) Noise Abatement Act, 1960	..	..	..	..	1

Legal Proceedings

Hearings pending at end of 1968	..	..	..	..	7
Complaints and Informations laid	..	..	..	..	136
Summonses withdrawn (nuisances abated)	..	..	..	..	16
Orders made (Corporation Act, 1935)	..	..	..	..	1
Nuisance Orders made	..	..	..	..	7
Informations proved	..	..	..	..	110
Hearings pending at end of year	..	..	..	..	8

Places of Public Entertainment

The only change in the premises for public entertainment at the end of the year was an increase of two in the number of theatres serving the City. Bingo still leads in popularity but there was no further increase in the number of places euphemistically described as leisure centres. All of the premises listed below were regularly inspected during their operating hours and, with the ready co-operation of the managements, hygienic conditions were maintained at a satisfactory level.

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	7
Temporary Theatre Licences	45
(Church Halls, Schools, etc)	

Offensive Trades

With the exception of one business, all offensive trades are now centralised in the Municipal Abattoir buildings and this is proving to be most satisfactory inasmuch as the basic pattern of the premises is satisfactory and inspections are more easily carried out. Throughout the year conditions generally were found to be satisfactory.

<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

Once again no particularly difficult problem from tents, vans and sheds arose during the year, the only occasion when such dwellings were present in any considerable number being during the Temperance Festival week. At the Festival in 1970 there were 386 caravans as compared with 368 in the previous year. These were occupied by 315 families comprising 1,011 persons, as compared with 320 families comprising 1,120 persons during 1969. Over the last six years the numbers of families and persons have consistently fallen as, to quote but one figure, during 1965 there were 510 caravans housing 495 families comprising 1,599 persons. The general con-

ditions surrounding these caravans were satisfactory as the majority of the residents are members of the Showmen's Guild and have their own acceptable standards. However, the same cannot be said about the unauthorised vehicles and caravans which use the caravan compound to the north of the Festival site. A survey of this particular area showed that there were 54 caravans housing 130 persons and it is pleasing to be able to report that these are the lowest figures for many years. It is interesting to note that of the 54 caravans, 23 housed families who were visiting the City using this Town Moor site for holiday purposes! The remaining caravans were mainly occupied by casual employees of the Festival site, scrap metal dealers, horse dealers and there were the usual two caravans occupied by itinerant tar macadam workers. It appears from the above that the Grandstand Road site is increasing in popularity for holiday caravanners who have the opportunity of three weeks on a site which is ideally situated for the amenities of the City, with the added advantage of being accommodated rent free.

Last year I referred to legal proceedings which were pending in respect of one caravan illegally parked in contravention of Section 33 of the Newcastle upon Tyne Corporation Act, 1926. This was an unusual case inasmuch as this large caravan was situated within premises used as a garage and wherein the repair and servicing of motor vehicles was carried out. Legal proceedings were instituted and the hearing took place during February 1970, when the Defendant pleaded guilty and was fined £5 with £15 costs. Subsequently further inspections were made and it was discovered that the caravan was still sited within the garage and, in consequence, further legal proceedings were taken, the hearing taking place during July 1970, when the Defendant again pleaded guilty and was fined £25 with £5 costs.

It appeared at one time that no effort was to be made to remove this caravan and that the expenditure on fines imposed would be considered by the occupier as a form of rent. However, happily the family were subsequently rehoused by the Corporation and no further action by the department was necessary.

Common Lodging Houses

The only common lodging house registered within the City is the Salvation Army Men's Hostel and, as has been reported

during previous years, this is a well conducted establishment which causes little concern to the local authority. Nevertheless regular inspections were made and if on any occasion items requiring attention were noted, they were invariably attended to expeditiously.

New Buildings and Alterations

In agreement with the City Engineer's Department and the Planning Department, plans submitted under the Building Regulations and under the Planning Acts are regularly examined by Senior Public Health Inspectors and this results in a considerable number of unsatisfactory arrangements being altered so as to prevent problems arising. The co-operation of the three departments has been built up to an extremely satisfactory standard which is of benefit to the Local Authority and to contractors and private individuals who are involved in this particular aspect of work.

THE EXAMINATION OF WATER SUPPLIES

The Supply of Water

During the year 48 samples of water were taken at random for chemical analysis by the Public Analyst and the reports indicated that the water supply in the City was of satisfactory organic purity, did not have any plumbo-solvent action, was free from turbidity colour or taste 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	82,034
(b) Population supplied from public mains—	
(i) direct to dwelling houses	236,729
(ii) from stand pipes	1

Fluoridation of Water Supplies

The addition of fluoride to the water supplies in the City, which commenced in October 1968, continued throughout the year. A total of 416 samples were taken of which 100 were submitted to the Public Analyst for examination to establish the fluoride content of the water, and though a mechanical breakdown caused a low reading of 0.3 p.p.m. on one occasion, the average over the year was 0.93 p.p.m. which is reasonably near the target of 1.0 p.p.m.

Bacteriological Examination of Water

In all, 311 samples taken from mains supplies and 7 from domestic taps were submitted for examination by the Public Health Laboratory. All these samples were satisfactory with the exception of one and in this case the check sample proved to be satisfactory. Reports on the samples are as follows:—

	0	1-3	4-10	10
	Class 1 Highly Satisfactory	Class 2 Satis- factory	Class 3 Suspicious	Class 4 Unsatis- factory
Mains Sampling Points ..	297	13	—	1
Domestic Taps ..	3	1	—	—
Others	3	—	—	—
Totals ..	303	14	—	1

Public and School Swimming Baths

A total of 22 samples of water from swimming baths were submitted to the Public Health Laboratory for examination. All samples, except one proved to be bacteriologically satisfactory and the small bacterial count found on one inlet sample was not apparent on the outlet sample. Of the 16 swimming baths in the City, 10 are used by the public and 6 are attached to schools. Samples taken were tested for free chlorine and pH value and the results obtained are as follows:—

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.	
21	—	1	—	22

RESIDUAL CHLORINE AND pH VALUE TESTS

Chlorine p.p.m.	pH VALUE							Total
	7.4	7.5	7.6	7.8	8.0	8.2	8.4	
1.0	—	—	—	—	—	—	1	1
1.5	—	—	—	—	—	2	—	2
2.2	—	—	1	—	—	—	—	1
2.5	1	1	1	—	1	—	—	4
3.0	—	—	—	1	—	—	—	1
4.0	—	—	—	1	1	—	—	2
	1	1	2	2	2	2	1	11

Complaints received	..	..	..	..	..	..	2,978
Nuisances found on District in addition to above	..	..	..				136
							<u>3,114</u>

Dwellinghouses

1. Under Housing Acts :

(a)	On inspection of district and under any Regulations made under Acts	..	..	..	..	..	..	256
(b)	Individual Unfit Houses							
	(i) Repairable at reasonable cost	..	..	..	..	..	..	282
	(ii) Not repairable at reasonable cost				..	..	..	531
(c)	Houses let in lodgings	..	..	..	..	..	..	1,239
(d)	Clearance and redevelopment areas				..	..	..	3,382
(e)	Overcrowding provisions		..	..	..	..	..	104
(f)	Certificates of Unfitness	..	..	..	..	..	..	130
(g)	Improvement Grants	..	..	..	..	..	..	928
(h)	Other visits	..	..	..	..	..	..	13,585
(i)	Decontrol Applications: Qualification Certificates	..	..					2,412

2. Under Rent Acts :

(a) In connection with Certificates of Disrepair	22
(b) In connection with other certificates	3
(c) Other visits	32

3. Under Public Health Act and Water Act :

(a)	Water closets	..	..	..	..	..	..	1,996
(b)	Common courts, yards and passages	..	..	..	..	..	..	5
(c)	Filthy and verminous premises	..	..	..	..	..	..	122
(d)	Dustbins	..	..	..	..	..	..	294
(e)	Statutory nuisances	..	..	..	..	..	..	8,965
(f)	Water supplies	..	..	..	..	..	..	830
(g)	Disinfestation	..	..	..	..	..	..	2,276
(h)	Infectious Diseases (other than food poisoning)	..	..	..	..	..	..	102
(i)	Drains and Sewers	..	..	..	..	..	..	1,691
(j)	Other visits	..	..	..	..	..	..	5,914

Other Premises

1. Under Public Health Acts :

(a) Premises used for the keeping of animals	..	..	..	5
(b) Places of Public entertainment	..	..	..	157
(c) Public conveniences	..	..	..	124
(d) Offices	..	..	..	2
(e) Schools	..	..	..	11
(f) Shops	..	..	..	3
(g) Offensive trades				
(i) Blood boiler and blood drier	..	..	..	3
(ii) Bone boiler	..	..	..	1
(iii) Fat extractor and fat melter	..	..	..	2
(iv) Fell monger	..	..	..	1
(v) Glue maker and size maker	..	..	..	—
(vi) Gut scraper	..	..	..	2
(vii) Rag and bone dealer	..	..	..	—
(viii) Soap boiler and tallow melter	..	..	..	6
(ix) Tripe boiler	..	..	..	3
(h) Baths and wash-houses	..	..	..	23
(i) Common lodging houses	..	..	..	—
(j) Watercourses, ditches, ponds, etc.	..	..	..	—
(k) Tents, vans, sheds	..	..	..	10
(l) Exhibition	..	..	..	—
(m) Hide and skin depot	..	..	..	—
(n) Other visits	..	..	..	47

2. Food and Drugs Act :

(a) Bakehouses—Mechanical	..	..	..	178
(b) Bakehouses—Non-Mechanical	..	..	..	22
(c) Butchers	..	..	..	376
(d) Premises used for the preparation of sausages or potted, pressed, pickled or preserved food	..	..	..	353
(e) Catering premises	..	..	..	959
(f) Confectioners (sweet shops and bakers shops)	..	..	..	554
(g) Dairies	..	..	..	78
(h) Fishmongers	..	..	..	104
(i) Food factories	..	..	..	74
(j) Fried fish shops	..	..	..	151
(k) General dealers and supermarkets	..	..	..	554
(l) Greengrocers	..	..	..	293
(m) Grocers	..	..	..	171
(n) Ice cream factories	..	..	..	63
(o) Ice cream retail premises	..	..	..	418
(p) Ice cream vehicles	..	..	..	91

(q) Licensed Premises								
(i) Public houses and Hotels	..	..	..	..	..	..	..	455
(ii) Clubs	..	..	..	..	..	..	..	174
(iii) Off Licences	..	..	..	..	..	..	..	149
(r) Milk retail premises	..	..	..	..	..	..	..	657
(s) Mobile shops	..	..	..	..	..	..	..	227
(t) Delivery vehicles	..	..	..	..	..	..	..	28
(u) Street traders	..	..	..	..	..	..	..	1,822
(v) Food poisoning	..	..	..	..	..	..	..	204
(w) Unsound food	..	..	..	..	..	..	..	164
(x) Other visits	..	..	..	..	..	..	..	1,387
3. Under Clean Air Act and Regulations and Orders made thereunder :								
(a) Smoke observations (half-hour)	..	..	..	..	..	..	..	179
(b) Smoke observations (eight-hour)	..	..	..	..	..	..	..	16
(c) Visits to boiler and other plant (routine)	..	..	..	..	..	..	..	159
(d) Visits to boiler and other plant (smoke, grit and dust emissions)	..	..	..	..	..	..	..	32
(e) Smoke Control Areas	..	..	..	..	..	..	..	7,374
(f) Smoke nuisances	..	..	..	..	..	..	..	142
(g) Air pollution survey	..	..	..	..	..	..	..	1,076
(h) Other visits	..	..	..	..	..	..	..	814
4. Offices, Shops and Railway Premises Act, 1963 :								
(a) General inspections								
(i) Offices	..	..	..	..	..	..	..	1,596
(ii) Shops (retail)	..	..	..	..	..	..	..	1,451
(iii) Wholesale departments or warehouses	..	..	..	..	..	..	..	278
(iv) Catering establishments open to the public	..	..	..	..	..	..	..	223
(v) Staff canteens	..	..	..	..	..	..	..	20
(vi) Fuel storage depots	..	..	..	..	..	..	..	2
(b) Other visits	..	..	..	..	..	..	..	2,914
5. Factories Act, 1961 :								
(a) Factories without mechanical power	..	..	..	..	..	..	..	153
(b) Factories with mechanical power	..	..	..	..	..	..	..	2,049
(c) Other premises where Section 7 is enforced by Local Authority (excluding outworkers' premises)	..	..	..	..	..	..	..	53
(d) Outworkers' premises	..	..	..	..	..	..	..	38
6. Other Miscellaneous Acts, Orders and Regulations								
(a) Burial Act, 1857 (Exhumations)	..	..	..	..	..	..	..	6
(b) Merchandise Marks Act	..	..	..	..	..	..	..	21
(c) Hairdressers (Corporation Act, 1956)	..	..	..	..	..	..	..	280
(d) Tents, vans and sheds (Caravan Sites and Control of Development Act, 1960 and Corporation Act, 1926)	..	..	..	..	..	..	..	22

(e) Corporation Act, 1935 (drains, etc).	..	..	..	..	863
(f) Pet Animals Act, 1951	..	..	..	..	42
(g) Riding Establishments Act	..	..	..	..	3
(h) Animal Boarding Establishments Act, 1963	..	..	..	..	5
(i) Prevention of Damage by Pests Act, 1949	..	..	..	..	423
(j) Pharmacy and Poisons Act, 1933	..	..	..	..	55
(k) Noise Abatement Act, 1960	..	..	..	..	260
(l) Rag Flock and Other Filling Materials Act, 1951	..	..	..	..	13
(m) Slaughter of Poultry Act, 1967	..	..	..	..	2
(n) Newcastle upon Tyne Corporation Act, 1968 (water supply)	..	..	..	..	48
					<hr/> 75,826 <hr/>

AIR POLLUTION

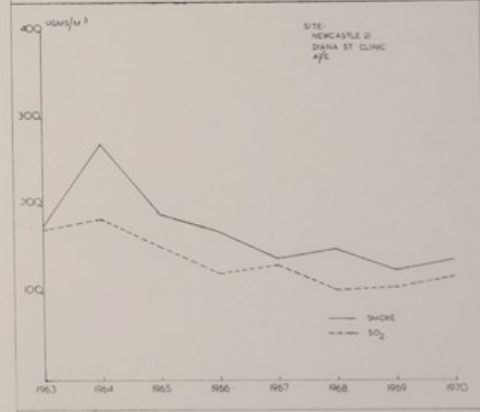
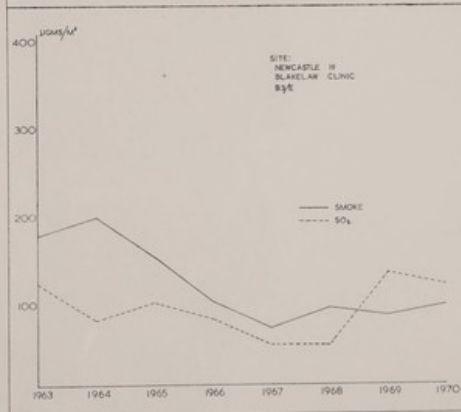
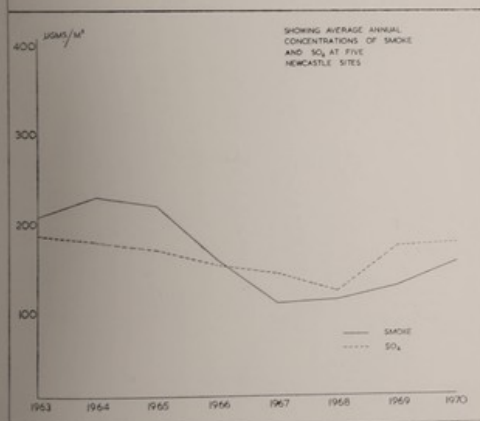
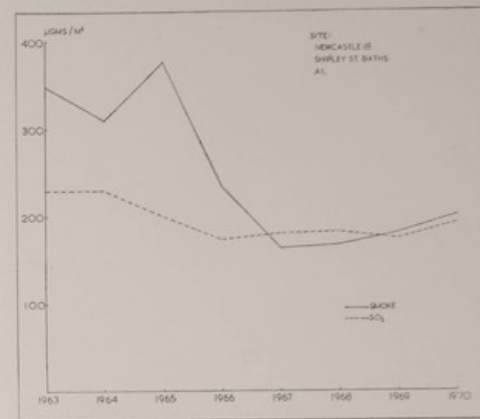
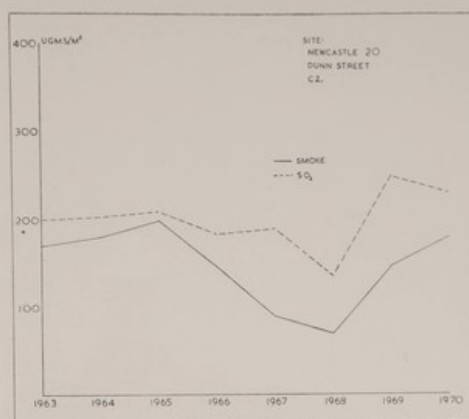
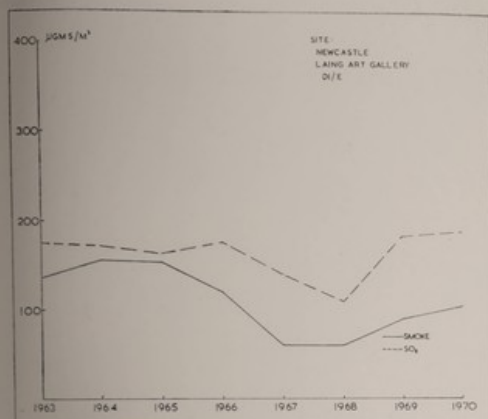
The National Survey

During the year one gauge operating in the National Survey was re-sited at Arthur's Hill Clinic because of the pending demolition of the Diana Street Clinic, which is in a redevelopment area. The sites of the other gauges were as in previous years. It is most noticeable that the 1970 recorded figures for smoke at five of the gauges showed a considerable increase which can be related to the fact that in April 1970 Smoke Control Areas Nos. 1 to 8 were suspended due to the shortage of smokeless fuel. To consider a specific example of this, the gauge at Blakelaw Clinic showed an increase of $18.67 \mu\text{gms}/\text{m}^3$ for smoke and this is the highest figure recorded since 1966. This gauge is situated in Smoke Control Area No. 9, but due to prevailing winds, has a collection area which includes at least part of No. 8 Smoke Control Area. It is suggested that the increase in coal burning in the No. 8 Area may be the reason for the increase in the amount of smoke recorded.

The average concentrations, taking the City as a whole, were $162 \mu\text{gms}/\text{m}^3$ of SO_2 and $144 \mu\text{gms}/\text{m}^3$ of smoke as compared with $169 \mu\text{gms}/\text{m}^3$ and $133 \mu\text{gms}/\text{m}^3$ respectively for the previous year. However the average for the five sites operating as part of the National Survey was $169 \mu\text{gms}/\text{m}^3$ of SO_2 and $148 \mu\text{gms}/\text{m}^3$ of smoke and this shows how strongly the figures obtained from the two gauges used in connection with the Bronchitis Centre affect the overall results. These gauges, in fact, recorded lower SO_2 and smoke concentrations than in 1969 and are situated in areas not affected by the suspension of Smoke Control Orders.

The following tables show the average concentrations of smoke and SO_2 , given in $\mu\text{gms}/\text{m}^3$, for the seven sites during 1970.

Gauge Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Mov.	Dec.	Average During 1970	Average During 1969
<i>Blakelaw Clinic</i>														
SO ₂ ..	327.8	93.0	89.5	80.3	151.8	103.7	47.9	64.9	88.0	98.6	110.7	116.5	114.4	123.7
Smoke ..	299.9	91.0	68.4	113.9	76.4	26.1	23.9	34.0	54.0	83.2	123.6	87.6	90.2	71.5
<i>Diana St. Clinic</i>														
SO ₂ ..	240.9	90.0	80.5	84.0	97.3	82.2	38.0	38.6	123.0	147.2	174.4	174.5	118.3	106.6
Smoke ..	320.3	193.0	180.4	141.4	78.2	50.7	54.5	44.5	87.0	155.0	185.3	170.4	138.4	125.9
<i>Dunn Street</i>														
SO ₂ ..	369.0	367.0	288.3	191.8	209.3	141.9	87.3	136.4	137.0	237.0	261.3	355.6	231.8	250.0
Smoke ..	450.0	220.0	269.5	150.3	103.9	80.2	50.9	92.9	98.0	172.7	219.1	207.9	176.3	147.7
<i>Laing Art Gallery</i>													(10 months only)	
SO ₂ ..	369.7	189.0	270.0	132.8	427.6	134.1	60.1	79.0	94.0	122.4	175.7	215.0	189.1	177.4
Smoke ..	487.1	142.0	129.1	129.2	131.2	49.2	54.9	50.6	109.0	120.0	131.0	120.0	137.8	89.7
<i>Shipley St. Baths</i>														
SO ₂ ..	283.8	231.0	139.7	139.4	640.0	120.5	75.1	91.1	122.0	143.5	184.3	152.2	193.6	174.4
Smoke ..	580.5	248.0	301.2	133.7	194.6	37.3	60.0	75.7	180.0	176.0	215.5	199.5	200.1	177.4
<i>Heaton Baths</i>														
SO ₂ ..	260.6	295.0	259.3	195.7	172.6	98.1	70.2	81.2	88.0	117.5	124.8	143.1	158.9	185.7
Smoke ..	409.6	238.0	161.4	128.8	120.8	32.2	50.1	57.8	86.0	139.2	112.4	183.1	143.3	175.5
<i>Walkergate Clinic</i>														
SO ₂ ..	136.2	172.0	126.5	130.4	266.2	91.6	63.0	78.0	92.0	124.8	159.3	152.3	132.7	171.4
Smoke ..	223.4	114.0	208.6	118.5	177.6	30.7	52.5	62.3	75.0	124.7	132.5	171.0	124.2	147.5



Prior Approval

Under the 1956-1968 Clean Air Acts prior approval of the height of a chimney to serve a furnace must be obtained from the local authority and, during 1970, 10 such applications were dealt with. In several instances the height applied for was not satisfactory when one made reference to the Memorandum on Chimney Heights issued by the Ministry of Housing and Local Government during 1967. However, on receipt of an application it is normal for a considerable amount of discussion to take place between the department and the applicant and on all occasions during the year it has been possible to obtain a satisfactory height without the Local Authority's decision being made the subject of an appeal to the appropriate Minister. In addition to consultation with the applicant, it is invariably necessary to consult with the Planning Department as they are concerned with the visual appearance and on one occasion when the chimney height calculated would have been visually objectionable, alternative engineering principles concerning the effluent velocity had to be investigated and substantially increased in order to satisfy the requirements of the Act. There is a continuing trend to change over to oil fired boilers and, as the heavy oils contain a higher percentage of sulphur, it is important that the chimney height should be satisfactory in an effort to keep the concentration of sulphur dioxide at ground level to a minimum. The use of natural gas or town gas presents little problem in connection with chimney heights and many developers are now considering the use of this fuel in order to save the expense of constructing a relatively tall chimney.

Notification to the local authority of intention to install a furnace is required under the Acts so as to ensure that so far as practicable the unit is capable of being operated continuously without emitting smoke and, in addition, plans and specifications may be submitted to the local authority for their approval. During the year seven sets of plans and specifications were submitted and in all cases were found to be satisfactory. In addition, several notifications were received between this department and the City Engineer's Department.

Observations of Industrial Chimneys and Inspection of Plant

A total of 179 half-hour and 16 eight-hour observations of

industrial chimneys were carried out and on only two occasions was the smoke emitted so as to be a contravention under the Clean Air Act. In one instance a brick kiln was being fired by two under-feed stokers with the secondary air supply ill-adjusted. On being made aware of the contravention the operator made the necessary adjustments and no further contravention took place. In the second case the emission of smoke causing a contravention was due to lack of attention by the operator and after suitable representations had been made to the management a satisfactory operating procedure was adopted.

It is, of course, difficult to observe all the chimneys all of the time, nevertheless the record during this year and, indeed, during previous years shows that in the main the industrialists of this City are knowledgeable about the Clean Air Acts and are capable of operating their plants satisfactorily.

Smoke Control Programme

The position with regard to smoke control areas in the City at the commencement of 1970 was that twelve smoke control orders were in operation, involving a total of 29,127 premises of all types including 22,357 houses and covering a total area of 5,067 acres. In addition, the Smoke Control Area No. 13, the Order for which had been made on the 28th July, 1969, was confirmed by the Minister of Housing and Local Government on the 19th March and is due to become operative on the 1st October, 1971. This area covers 346 acres and adjoins the No. 11 area in the east end of the City. It involves 4,075 premises including 3,947 dwellings and of them 2,159 are owned by the Council.

Since the confirmation of this Order fireplace conversion work has been in progress by the Housing Department direct labour force in the case of council houses and by individual contractors in private dwellings. Approvals so far given in respect of private dwellings in this area indicate that the number of gas appliances being installed represents 75% of the total number of appliances of all types. This is not only a continuation but an extension of the pattern observed in the two previous areas where the proportion of gas to solid fuel was approximately two to one. Although the number of direct acting electric space heaters being installed has continued to increase since authority to pay grant on this class of

appliance was restored in 1968, the actual number of these together with electric storage heaters still constitutes only a small proportion of the total conversions. Conversions to oil are fewest of all and are usually in the form of central heating systems where grant is based on the notional cost of separate oil heaters. Notwithstanding the cheap running cost of paraffin oil in comparison with other fuels it would seem that no suitable fixable oil heater has yet appeared on the market to attract householders in smoke control areas who need to change their coal fires.

It had been anticipated, from indications in the latter months of 1969, that the gas industry would close coal carbonisation plants and therefore the production of "Gloco" would finish sooner than had been expected. In February the Council was officially notified by the Northern Gas Board that the production of "Gloco" was to cease at the end of March, except for a small amount at Stockton gas works and that it would not be possible to meet the "Gloco" needs of smoke control areas in the region. The first eight areas in the City's smoke control programme all came into operation before the end of 1963 and the grant arrangements at that time were based on the availability of soft coke. In consequence of this, most householders who used solid smokeless fuel depended on "Gloco" for their improved open fires, these being the main type of appliances which had been provided for use in these areas. A relatively small amount of "Coalite" and other premium smokeless fuels is used in smoke control areas by householders prepared to pay the extra cost of this fuel and local fuel merchants have usually been able to make arrangements to supply their regular customers. There was, however, no possibility that supplies of premium fuel could be increased to take the place of "Gloco" before the winter of 1970/1971 by which time it was anticipated existing stocks of "Gloco" would be exhausted. In consequence of this position, the Council was compelled to request that the Minister of Housing and Local Government make a suspension order, the effect of which would be to permit householders in the smoke control areas Nos. 1 - 8 to burn ordinary coal instead of smokeless fuel and to permit fuel merchants to sell coal in these areas without contravening the Clean Air Act, 1968. This Order, entitled the Clean Air (Suspension of Smoke Control—City and County of Newcastle upon Tyne) Order 1970, was made on the 1st May, 1970, and remains in force

until 30th April, 1971. Having regard to the solid smokeless fuel supply position at that time it will be necessary to decide whether or not the Suspension Order will be renewed. In order to assess the amount of open fire smokeless fuel which would be needed to replace the coal being burned in the areas Nos. 1 - 8 a sample survey of approximately 10 per cent of houses in these areas was carried out in November.

Although the aggregate number of houses in these areas was 9,626 it was estimated from records kept on the introduction of each Order, that the number of houses likely to rely upon "Gloco" as their main fuel would be 5,754. It was estimated, as a result of the survey, that in 3,444 of these houses (64%) coal was being used and that in the other 36% altered heating arrangements had taken place, e.g. to "Sunbrite" burning room heaters and gas and electric fires. It was concluded that given an average consumption of coal per house of 3 tons per annum it would seem that the amount of premium solid smokeless fuel which would be needed to replace the coal now being burned in order to re-introduce smoke control in the eight areas involved would be around 10,500 tons per annum.

Besides the disappearance from the market of "Gloco" it was thought possible that supplies of solid smokeless fuel of all types could be in short supply during the winter months of 1970/1971. Concerned as to the effect of this possible shortage, the Minister of Housing and Local Government issued Circular 63/70 in July. The Circular requested local authorities to consult with their regional office of the Solid Smokeless Fuels Federation as to prospects for the supply of smokeless fuel for the winter months and to be ready to seek suspension of existing smoke control Orders and postponement of confirmed Orders, due to become operative, if considered necessary. However, after assessing the probable fuel position, it did not become necessary for further suspension orders to be sought and by the end of the year supplies of solid smokeless fuel, other than "Gloco" had continued to be available in the Newcastle area for all who needed it. The circular assured local authorities that everything possible was being done to increase the availability of solid smokeless fuel, that the supply position would be likely to improve during 1971 and that the producers' plans to increase output should result in a balance between supply and demand by the Spring of 1972.

A survey of the proposed No. 14 Area, was undertaken during the latter part of the year. The Order for this Area is expected to be made early in 1971 with a view to it being confirmed in September 1971 and in operation on 1st October, 1972.

Legislation introduced during the year which is relevant to smoke control areas consists of the Smoke Control Areas (Exempted Fireplaces) Order, 1970, and the Smoke Control Areas (Authorised Fuels) Regulations 1970. The Order consolidates previous Orders which exempted certain classes of fireplaces from the provisions of Section 11, and an amendment has the effect of restricting the exemption for fireplaces equipped with mechanical stokers to those with capacities above 150,000 British thermal units per hour and designed to burn coal. The Regulations declare a briquetted fuel made from anthracite dust and known as "Fireglow" to be an authorised fuel. As this fuel, which is to be manufactured in France, is to be distributed in the Southern Counties during 1971, its production will have no direct bearing on the availability of solid smokeless fuel in the Northern Region.

At the end of the year the position in relation to smoke control was as follows:—

(a) *Areas Reported to Health Committee*

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

(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	28.7.1969	19.3.1970

(c) *Position at 31st December, 1970*

	<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	

Percentage of premises in City covered by confirmed Smoke Control Orders					34.0
(d) <i>Formal Action During 1969</i>					
No. of Approvals of Proposed Works dealt with					239
No. of Claims for 70% grant approved					388
No. of Claims for 100% grant approved					29
No. of Section 12 Notices served					10
No. of Section 12 Notices complied with					17
No. of Section 12 Notices work still outstanding					—
Works carried out in default					—

OFFICES, SHOPS AND RAILWAYS PREMISES ACT, 1963

Introduction

The year 1970 has seen continuing progress being made with the enforcement of this Act and once again, as in all the previous years, conditions generally were found to be satisfactory. There are, however, a few matters which have been brought to light during the year and these have been given special attention. Details can be found under the appropriate headings.

Statistically figures have varied from previous years but in the majority of cases, not to such a degree as to warrant detailed comment. The figures do, however, show that a considerable amount of work has been carried out under this Act and with only a few exceptions that the level of compliance is satisfactory.

Registration and Inspection

There were 389 new registrations during the year, a figure slightly in excess of the number during any of the previous four years. This is to be expected in a City such as Newcastle upon Tyne where a considerable amount of redevelopment is taking place which, of course, causes disturbance to many premises to which the Act applies. As in the previous years, while a number of the registrations relate to new premises, many more concern existing premises where the occupation has changed.

The number of general inspections fell to 3,570 (some 2,000 less than in 1969) and the total number of visits also fell but only by 393. This reduction is due to changes of circumstances relating to staff which took place during the year. In the early autumn one

technical assistant retired and a second technical assistant was transferred to other duties. Subsequently it was not until early December that replacement staff were in post and with staff under in-service training, some time must inevitably elapse before they can carry out inspections on their own.

The total number of premises registered was 4,741, a figure slightly less than for 1969 and this was probably due to the redevelopment schemes that are now progressing within the City, a process that could well result in an increase in the total of registrations in the future when the new buildings are completed and occupied.

Operation of the General Provisions of the Act

Year by year the patterns concerning contraventions change and it is probably true to say that there is no particular type of contravention which the department has regularly found to be of a serious nature. Numerous contraventions, as in previous years, concern relatively minor matters which could be easily and inexpensively remedied. Such things as the provision of thermometers, satisfactory first-aid boxes and the condition of sanitary conveniences still give rise to complaint.

Although the general level of compliance with the Act was satisfactory it has been noted that in several of the larger premises, the standard of cleanliness has tended to fall to what can be regarded as the minimum statutory level. This is not an uncommon pattern found in the enforcement of legislation, whereby after the introduction of a new Act, standards adopted are often higher than that which may legally be enforced. It is often found, however, that after a few years the persons responsible tend to wait to be told to carry out works of cleaning and thus the standards achieved come nearer to the statutory minimum.

Lighting continues to be a problem particularly where large cabinets and similar furniture is so positioned as to cast shadows. In addition to possible danger, if these shadows fall upon working surfaces conditions may be to the detriment of the person employed to work there. Often the solution is relatively simple either by moving the cabinet or repositioning the light point. It is surprising how often these matters are not attended to until the inspector refers to them.

There is a general feeling amongst the inspectorial staff, which is

supported by complaints from employees, that the statutory minimum temperature of 60·8°F is too low for comfortable working. On several occasions, following complaints, a temperature of approximately 61 or 62°F has been recorded and although this is statutorily satisfactory, it is not a satisfactory temperature for the staff within the premises concerned. Whilst numerous premises are kept at a temperature much higher than the statutory minimum, there are many shops where, due to the frequent opening of the doors, the temperature often does not exceed 62°F and it is in this type of premises that complaints usually originate. Whilst a temperature of 60·8° may be satisfactory where persons are walking about, a temperature approaching 65°F is probably much more suitable for shop and office premises where persons may be engaged in a relatively small amount of bodily movement.

Accidents

During the years 1965 to 1970 inclusive, 1,009 reports were received concerning accidents in premises covered by this Act. When one remembers that an accident is not notifiable unless the injured person has been off work for a minimum period of three days, it can be appreciated that a considerable loss of working time is involved in addition to the discomfort and distress experienced by the person involved. In consequence, any action that the Local Authority can take in relation to accident prevention is a very worthwhile duty.

In this City a fairly high percentage of accidents reported are investigated. Last year this number reached 87 out of a total of 170 and on every occasion considerable efforts were made to determine the reason for the accident and to find remedies and make suggestions so as to prevent a recurrence. In addition, during normal routine visits, Inspectors advise on Accident Prevention and experience indicates that this is well received by the employers of staff as it can only work to their advantage.

During the year there was one fatal accident and two other accidents which upon investigation revealed serious contraventions of the Act and consequently at the end of the year two prosecutions were pending. The fatal accident concerned a Night Security Officer who had reason to check the outer roof area. Through some mischance this Officer fell over the edge of the roof, down a drop of

approximately 60 feet. A detailed investigation was carried out but no definite conclusion could be reached as the premises were in every way satisfactory under the Act and the unfortunate victim must have made a conscious effort to gain access to the open side of the barriers and it is assumed that it was at this point that the accident occurred.

Whilst by far the majority of accidents reported were of a minor nature, several of those investigated concerned the use of mechanical cutting machines. With one exception all machines were found to be in a satisfactory condition, the exception being one machine which had a guard secured only by one screw instead of two thus permitting movement of the guard. However, all the other accidents were due to carelessness on the part of the operator who invariably knew the correct way to use the machine but, probably due to familiarity, adopted a practice which resulted in an injury being caused. Accident prevention work both from a Local Authority's and from an employers' view is the type of work that must be carried on continuously and the messages and slogans must be repeated frequently. It is only by the use of suitable propaganda, firm instructions and the insistence on the use of good practices that the number of accidents sustained in the use of dangerous machines will be reduced.

The Act has been in operation for more than six years and it must surely be a matter of concern to note that, despite the regular inspection of premises and machines used therein, there has been virtually no reduction during that period in the number of accidents notified, either locally or nationally. In the course of general inspections, which, incidentally because of staffing problems, cannot be carried out as frequently as could be desired, special attention is addressed to situations and machines liable to present a cause of possible accident and yet no apparent improvement in accident figures has been achieved. This situation could, however, be remedied it is suggested, by increased emphasis on two factors. First, by the more frequent and more searching examinations of accident-prone situations during general inspections and accident investigations, and secondly, and this is probably the more important, by engendering in the employee an attitude of "accident-awareness" by means of instruction and propaganda as indicated above.

Of the 170 accidents notified during the year as many as 74 were due to the falls of persons and probably the vast majority of these could have been avoided by the exercise of reasonable care and forethought by the injured person. Unfortunately, "accident-awareness" in these cases operated only *after* the accident.

Prosecutions

Prosecutions during the year involved four persons and/or companies which is an increase of one over those in 1969. However, the number of Informations laid totalled 20 as against seven during 1969 and of this number there were 18 convictions and two Informations withdrawn.

As in previous years the matters were of a relatively minor character and could easily have been remedied. In one case where the premises concerned were managed by a company outside the City area, although the matters were relatively trivial, the Magistrates were in complete agreement with the Local Authority's view and indeed commented on the apparent mis-management of the property concerned. Fines totalling £126 were imposed and costs of £5 awarded to the Corporation in respect of convictions for contravention of the following sections of the Act:—

Section 4	Cleanliness	2 Informations laid— 1 Proved 1 Withdrawn	Fine £6
Section 6	Temperature	3 Informations laid— 3 Proved	Fine £12
Section 8	Lighting	1 Information laid— 1 Proved	Fine £2
Section 8	Lighting	1 Information laid—	Fine £2
Section 9	Sanitary Conveniences	4 Informations laid— 3 Proved 1 Withdrawn	Fine £31
Section 10	Washing Facilities	3 Informations :laid— 3 Proved	Fine £22
Section 16	Floors, Passages and Stairs	2 Informations laid— 2 Proved	Fine £26
Section 24	First Aid Provisions	3 Informations laid— 3 Proved	Fine £16
Section 50	Information for Employees Regulations 1965	2 Informations laid— 2 Proved	Fine £11

Ministerial Publications

During the year the following circulars were issued by the Department of Employment and Productivity.

Circulars

L.A. Circ. 4 (Supp. 4)	Relates to Exemption No. 8 Order, 1969.
L.A. Circ. 6 (Supp. 5)	Enforcement of Act in Premises occupied by Passenger Transport Executives.
L.A. Circ. 6 (Supp. 6)	Problems of Demarcation in enforcement.
L.A. Circ. 7 (Supp. 17)	Provisions concerning machinery—Food Slicing Machines.
L.A. Circ. 7 (Supp. 18)	Safety in Mechanical Handling.
L.A. Circ. 11 (Supp. 7)	Training in First Aid Treatment.
L.A. Circ. 11 (Supp. 8)	First Aid Leaflet SHW 1.
L.A. Circ. 17 (Supp. 6)	Reported Decisions of the Courts of Summary Jurisdiction.
L.A. Circ. 18 (Supp. 3)	Hand Powered Lifts.
L.A. Circ. 18 (Supp. 4)	Construction and Working of Lifts.
L.A. Circ. 22	X-ray shoe fitting Fluoreoscops and Pedoscopes.
L.A. Circ' 23	Amendments arising from Civil Evidence Act, 1968.
L.A. Circ. 24	Health and Safety at Work.
F.A. Circ. 5 (Supp. 6)	Submission of Plans with applications for Fire Certificate.

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	208	1,869	1,596
Retail Shops	145	2,055	1,451
Wholesale shops, warehouses	24	442	278
Catering establishments open to the public, canteens	12	371	243
Fuel storage depots ..	—	4	2
Totals	389	4,741	3,570

(b) Number of visits of all kinds by Inspectors to Registered Premises 6,484

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

Class of workplace	Number of persons employed
Offices	27,312
Retail Shops	17,980
Wholesale, departments, warehouses	5,743
Catering establishments open to the public	4,133
Canteens	353
Fuel storage depots	56
Total	55,577
Total Males ..	25,710
Total Females	29,867

(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 employees
SPACE	—	—	—	—	—	—
TEMPERATURE ..	—	—	—	—	—	—
SANITARY CONVENIENCES						
Offices	—	—	—	—	—	—
Retail Shops ..	1	2	—	—	—	—
Wholesale shops, warehouses ..	—	—	—	—	—	—
Catering establishments open to public, canteens ..	—	—	—	1	—	—
Fuel storage depots ..	—	—	—	—	—	—
WASHING FACILITIES						
Offices	—	—	—	2	—	—
Retail Shops ..	1	1	—	—	—	—
Wholesale shops, warehouses ..	—	—	—	—	—	—
Catering establishments open to public, canteens ..	—	—	—	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)
Section 4	2	1
Section 6	3	3
Section 8	1	1
Section 9	4	3
Section 10	3	3
Section 16	2	2
Section 24	3	3
Section 50	2	2
Totals	20	18

No of persons or companies prosecuted 4

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 21

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 Contraventions found		Section	Number of Contraventions found	
4	Cleanliness	113	14	Seats (Sedentary Workers)	—
5	Overcrowding	2	15	Eating Facilities	—
6	Temperature	95	16	Floors, passage and stairs	198
7	Ventilation	—	17	Fencing exposed parts machinery	19
8	Lighting	17	18	Protection of young persons from dangerous machinery	—
9	Sanitary Conveniences	212	19	Training of young persons working at dangerous machinery	—
10	Washing facilities	46	23	Prohibition of heavy work	—
11	Supply of Drinking water	1	24	First Aid—General provisions	119
12	Clothing Accommodation	6	49	Failure to Register with Local Authority	60
13	Sitting Facilities	—	50	Abstract of Act not displayed	124
				Total	1,012

(h) *Notified accidents—O.S.R. 2*

Year	1965	1966	1967	1968	1969	1970
Machinery ..	11	7	7	3	2	10
Others	148	155	185	165	156	160
Totals ..	159	162	192	168	158	170

(i) *Analysis of Reported Accidents*

Year	1965	1966	1967	1968	1969	1970
Machinery ..	11	7	7	3	2	10
Transport ..	4	2	3	1	—	4
Falls of Persons	51	67	69	58	58	74
Stepping on or striking against object or person	18	14	24	21	15	21
Handling Goods	38	27	35	43	53	35
Struck by falling object ..	12	25	16	13	9	13
Fires and explosions ..	—	—	4	1	1	—
Electricity ..	1	—	9	1	—	—
Use of hand tools	10	9	—	4	4	7
Otherwise specified ..	14	11	19	23	16	6

FACTORIES ACT, 1961

During the year 2,293 inspections were made at premises registered under the Factories Act and although this number is considerably less than the number of inspections made during 1969 it does represent a reasonable cover. Most of the premises concerned are mechanical factories as there are now very few premises where mechanical power is not used and, in consequence, the main concern of the local authority is the provision of satisfactory sanitary accommodation for staff employed therein. Nevertheness, although this is a relatively small part of the Factories Act it is a very necessary duty as shown by the number of contraventions found to exist. In addition to the figures shown in the following table, on numerous occasions verbal notice was given at the time of inspection resulting in the necessary work, mostly cleaning operations, being carried out forthwith.

Number of inspections 2,293

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF
THE FACTORIES ACT, 1961

PART 1 OF THE ACT

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

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by Local Authorities	97	153	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	929	2,049	50	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises) ..	51	53	—	—
Total	1,077	2,255	50	—

2.—CASES IN WHICH DEFECTS WERE FOUND. (IF DEFECTS ARE DISCOVERED AT THE PREMISES ON TWO, THREE OR MORE SEPARATE OCCASIONS THEY SHOULD BE RECKONED AS TWO, THREE OR MORE "CASES").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of Cleanliness (S1)	6	8	—	—	—
Overcrowding (S2) ..	—	—	—	—	—
Unreasonable Temperature (S3) ..	1	1	—	—	—
Inadequate ventilation (S4)	8	7	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7)	—	—	—	—	—
(a) Insufficient ..	2	2	—	—	—
(b) Unsuitable or defective	35	38	—	—	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to Out-work)	13	13	10	—	—
Total	66	70	10	—	—

Outworkers

The number of outworkers notified to the department under the provisions of the Factories Act, 1961 was 21, 12 were engaged in the making or filling of Christmas crackers, stockings and other carnival toys. 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 38.

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. ..	12	—	—	—	—	—
Making, filling Christmas crackers, stockings or similar articles ..	9	—	—	—	—	—
Total ..	21	—	—	—	—	—

FOOD AND DRUGS ACT 1955

Meat Inspection

The number of animals slaughtered in the City showed an increase in 1970 after several years of steady decline. Compared with 1969, the figure of 102,744 in 1970 was an increase of 5,567 and the total inspection units of 473,258 as compared with 439,989 in 1969, gave an income from inspection charges for the year of £5,915. 16s. 6d. as opposed to £5,499. 17s. 3d. (An inspection unit is used as a basis

for statistical calculations, and for this purpose a beast is equivalent to 10 inspection units, a pig or calf 3 units and a sheep 2 units.)

Total throughput during 1970 was as follows:

Cattle	Calves	Sheep	Pigs	Total Slaughtered	Total Inspected	Total Inspected
30,453	161	48,137	23,993	102,744	102,744	473,258

During the year, 100% meat inspection was carried out which necessitated 1,261 hours overtime compared with 1,391 hours the previous year. The reduction in the number of hours overtime worked by the meat Inspection staff, even with a larger number of animals inspected, was due in the main to increased efficiency in working routine by the contractors' staff at the abattoir and a shorter time taken over slaughter process. Slaughtering hours continued as before, with no slaughtering taking place on Sundays and Bank Holidays, and half-day slaughtering on Tuesdays and Saturdays.

Specimens of diseased and healthy organs were supplied for research and educational purposes to many establishments during the year, including the Royal Victoria Infirmary, the Newcastle General Hospital, the Ministry of Agriculture, Fisheries and Food Veterinary Investigation Centre, the Physiology and Biology Departments and the Department of Agriculture at Newcastle University.

Many lectures and demonstrations at the abattoir were given by the meat inspection staff to medical and agricultural students, school meals staff, hospital catering supervisors, students and district nurses and numerous other educational bodies and, in addition, foreign visitors from Sudan, Holland, Nigeria, Canada and other foreign countries were shown public health and meat inspection techniques, together with a tour of the premises.

TABLE I

WHOLE CARCASSES CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease	Cattle	Sheep	Pigs	Calves	Total
Septicaemia	2	8	8	—	18
S. Arthritis	—	2	2	—	4
S. Mastitis	2	—	—	—	2
S. Pleurisy and Peritonitis	—	3	2	—	5
S. Pneumonia	2	3	1	—	6
S. Arthritis	—	3	—	—	3
S. Pleurisy	—	1	—	—	1
Pyrexia	—	1	6	1	8
Pyæmia	2	—	20	—	22
Jaundice	—	—	2	—	2
Anaemia	—	8	—	—	8
Oedema and Emaciation	4	44	—	—	48
Extensive Traumatism ..	—	1	1	1	3
Decomposition	—	1	1	—	2
Oedema	1	1	2	—	4
Traumatic Gangrene ..	1	1	—	—	2
Johnes Disease and Emaciation	3	—	—	—	3
Imperfect Bleeding	1	—	—	—	1
Moribund	1	—	—	—	1
Lymphosarcoma	—	2	—	—	2
Multiple Neoplasms	—	—	1	—	1
Multiple Abscesses	—	—	15	—	15

TABLE II

PART CARCASSES OR ORGANS CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease	Cattle	Sheep	Pigs	Calves	Total
Johnes Disease	13	—	—	—	13
Actinobacillosis	87	—	—	—	87
Actinomycosis	29	—	2	—	31
Abscesses	1,518	95	173	—	1,786
Pericarditis	120	159	618	—	897
Pneumonia	138	471	2,077	1	2,687
Pleurisy	949	1,064	1,286	—	3,299
Degenerated Cysts	22	6	—	—	28
Peritonitis	403	152	364	—	919
Enteritis	6	10	100	—	116
Mastitis	201	5	44	—	250
Nephritis	157	21	89	—	267
Fascioliasis	10,928	7,668	1	—	18,597
Metritis	28	—	—	—	28
Congestion	86	25	46	—	157
Melanosis	20	9	—	—	29
Brucellosis	13	—	—	—	13
Necrosis	17	6	—	—	23
Traumatism	124	24	250	—	398
Parasitic	31	1,640	71	—	1,742
Emphysema	56	—	—	—	56
Telangiectasis	644	—	—	—	644
Cirrhosis	194	24	160	—	378
Contamination	15	41	2	1	59
Hydronephrosis	31	—	14	—	45
Decomposition	11	2	—	—	13
Echinococcosis	29	60	—	—	89
Haematoma	15	—	—	—	15
Infarcts	4	10	—	—	14
Retention Cysts	2	16	27	—	45
Epicarditis	1	1	—	—	2
Pleurisy and Peritonitis	—	25	191	—	216
Arthritis	—	74	174	—	248
Pentastomes	—	165	—	—	165
Parasitic Pneumonia	—	146	—	—	146
Oedema	—	7	—	—	7
Ascites	—	2	—	—	2
Pleurisy—Pericarditis	—	14	52	—	66
Neoplasms	—	2	1	—	3
Ascariasis	—	—	2,604	—	2,604
Mesenteric Emphysema	—	—	11	—	11

Bovine Tuberculosis

During 1970 36 cattle were found to be partially affected with tuberculosis though only one carcass of cow beef was totally condemned for generalised disease. This cow, which was the cause of

several animals in a herd reacting to the Tuberculin Tests, was discovered only after the second group of animals from the herd were sent in for slaughter. In all, 29 animals were slaughtered from this same herd, probably all originating from the one diseased animal, a fact which amply demonstrates how quickly tuberculosis can spread amongst dairy cattle when given an opportunity to do so.

A change in the Tuberculosis Eradication Scheme means that certain categories of cattle will not in the future be tested by the Ministry of Agriculture for the presence of tuberculosis, while others will be tested only once every two years instead of every six months as in the past. It is therefore possible that more animals showing lesions of tuberculosis may be found at the abattoir and inspection must continue to be exercised with great care.

During the year 43 cattle were sent to the abattoir under the Tuberculosis (Slaughter to Reactors) Regulations, 1950, compared with 38 in the previous year. Of the total of 43 reactors inspected, one was found to be suffering from generalised tuberculosis, in 14 cases the disease was localised and in 28 animals no post-mortem lesions were found. Eight contacts were licensed for slaughter under Tuberculosis Orders.

Details of animals slaughtered are as follows:—

TABLE III

Animals Slaughtered	Post-Mortem Evidence		
	Advanced	Other than advanced	No visible evidence
Under the provisions of Tuberculosis Orders	—	—	8
Under Tuberculosis (Slaughter of Reactors) Order, 1950	1	14	28

TUBERCULOSIS REACTORS ORDER, 1950

	Steers	Cows	Heifers	Calves
Localised	3	9	2	—
Generalised	—	1	—	—
No disease found ..	1	8	4	15
Total ..	4	18	6	15

Avian Tuberculosis

The reduction in the number of pigs affected by localised tuberculosis, which has been evident since the eradication of the bovine tuberculosis, continued in 1970, being 104 as compared with 126 the previous year. The disease in pigs which usually takes the form of avian tuberculosis of the submaxillary lymphatics can now generally be attributed to pigs having contact with poultry.

TABLE IV

THE TOTAL CONDEMNATION OF CARCASSES OF ANIMALS BECAUSE OF TUBERCULOSIS SLAUGHTERED IN THE CITY BETWEEN THE YEARS 1964-1970

Year	Cattle	Calves	Sheep	Pigs	Total Animals
1970	1	—	—	—	1
1969	4	—	—	—	4
1968	2	—	—	—	2
1967	—	—	—	—	—
1966	1	—	—	—	1
1965	3	—	—	—	3
1964	1	—	—	—	1

Cysticercus Bovis

During routine meat inspection in the City 133 cases of cysticercus bovis were found. There was no generalised case but eight viable localised infestations were treated by refrigeration to sterilize any parasites in the musculature and render the meat suitable for food. From other local authorities 26 carcasses were sent into Newcastle for similar cold storage treatment. These carcasses, which are accompanied by a statement of inspection, then become the responsibility of the Newcastle staff whose duty it is to supervise their treatment and at the conclusion of the detention period inspect, stamp and release the meat.

Cysticercus Ovis

There were 196 cases of cysticercus ovis in mutton during 1970, but all were found to be localised and degenerated and after condemnation 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	30,453	161	48,137	23,993
Animals inspected	30,453	161	48,137	23,993
<i>Tuberculosis:</i>				
Carcases condemned	1	—	—	—
Part carcasses or organs condemned	6	—	—	104
% affected by Tuberculosis	0.12	—	—	0.43
<i>Cysticercosis:</i>				
Carcases affected	133	—	196	—
Carcases condemned	—	—	—	—
Part carcasses or organs condemned	133	—	196	—
Carcases treated by refrigeration	8	—	—	—
<i>Diseases or Abnormal Conditions other than Tuberculosis or Cysticercosis:</i>				
Carcases condemned	19	12	78	46
Part carcasses or organs condemned	16,015	2	12,128	8,341

Imported Foodstuffs

There was a reduction in the total tonnage of food landed at Newcastle Quay during 1970 mainly due to the opening of the new container quay at North Shields. The Danish bacon ships, familiar visitors to Newcastle Quay for many years, ceased to come up the river and the bacon trade became "containerised".

The closing down of the quayside above the Ouseburn has concentrated the activities into a smaller area and there has been considerable change in the type of cargo handled. Grain for the flour mill is still a regular import and ships from Rotterdam and Hamburg carrying mixed cargoes are weekly callers but the most significant change is the development of the Israel citrus fruit trade. This season extends from December to May and during this period there is almost constant activity on that part of the quay which has become known locally as the "orange wharf".

The following foodstuffs were imported and subject to sampling and inspection during 1970.

	<i>Tons</i>
Peanuts	823
Bacon Sides	4,467
Cases of Canned Foods	1,468
Poultry Packages	24
Offal Packages	350
Non-edible Offal Packages	385
Cartons Beef	198
Carcases Lamb	709
Carcases Mutton	1,028
Packages Lamb Cuts	40
Total	9,596

Meat and Other Foodstuffs Condemned (Other than at the Abattoir)

In the wholesale meat shops the following meat was condemned:

Imported Meat

BEEF	3,049 lbs., 362 lbs. ox kidneys, 81 lbs. ox livers.
MUTTON	1,193 lbs., 510 lbs. sheep kidneys, 470 lbs. sheep livers, 138 lbs. wether legs.
PORK	28 lbs. pig kidneys - 131 lbs. Chinese rabbits.

Home Killed

BEEF	5 carcasses plus 4,303 lbs., 527 lbs. heads, 39 lbs. lungs, 12 lbs. livers.
MUTTON	18 carcasses plus 739 lbs., 185 lbs. lungs, 193 lbs. livers.
PORK	2 carcasses plus 1,626 lbs., 648 lbs. heads.
CALF	6 carcasses plus offal. 168 lbs. pigs maws, 872 lbs. fowls, 112 lbs. pigs feet, 60 lbs. ox tongues, 7 lbs. ox kidneys, 14 lbs. tripe, 40 lbs. ox tails.

The imported meat is made up chiefly of boneless Argentine beef, New Zealand and Australian mutton and lamb, offals from all three countries with China as the main supplier of frozen rabbits.

The home killed trade consists of meat which is slaughtered in areas outside the City and sent for sale to Newcastle, as the main meat centre for the North East of England. This meat comes from many areas including Scotland, Yorkshire, Morpeth, Northern Ireland, Eire. Ireland is becoming one of the major meat suppliers to this area, cattle which previously came to the North East as store

cattle for fattening locally are now being fed in Ireland and slaughter cattle for fattening locally are now being fed in Ireland and slaughtered in modern abattoirs which have been built since the war. Irish meat is brought to this country in sealed chilled containers unopened on the journey.

The total weight of meat and other foodstuffs condemned during 1970 was 194 tons 16 cwts. 0 qtrs. 14 lbs., as compared with 123 tons 19 cwts. 0 qtrs. 0 lbs. during the previous year.

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Beef, Veal, Mutton and Pork	14	7	0	25
Offals	60	9	3	10
Provisions and Tinned Goods	28	9	0	18
Fresh Fruit and Vegetables	—	9	3	17
	194	16	0	14

These condemnations involved the issue of 1,116 certificates.

TABLE VI
POULTRY AND GAME, FRUIT AND VEGETABLES, PROVISIONS,
ETC., DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION
DURING THE YEAR 1970

POULTRY AND GAME	lbs.	PROVISIONS— <i>Continued</i>	lbs.	TINNED GOODS— <i>Continued</i>	Tins	lbs.
Chicken	472	Suet	3	Meats	5,147	—
Ducklings	40	Ryvita	10	Mixed Vegetables	7	—
Fish	98	Whole Liquid Egg	112	Milk	768	—
		Potato, powder	3	Milk Puddings	797	—
		Milk, powder	1	Ravioli	10	—
		Syrup	2	Sausage	14	—
		Desiccated Coconut	84	Soup	462	—
		Orange Juice	533	Spaghetti	47	—
		Currants	32	Steak and Kidney	61	—
		Cereal	130	Stewed Steak	357	—
		Raisins	100	Tomatoes	4,194	—
		Dried Onion	1	Tomato Juice	134	—
		Dried Peas	4	Tomato Puree	10	—
		Tapioca	3366	New Potatoes	481	—
		Dried Egg	28	Vegetables	1,527	—
		Dried Prunes	56	Vienna Sausages	18	—
		Dripping	61	Meat Paste	226	—
		Health Food	186	Pie Filling	108	—
		Yogurt	13	Sweet Corn	6	—
				Kidney	311	—
				Sponge Pudding	4	—
				Curried Food	4	—
				Jam	2,869	—
				Mince Meat	141	—
				Peas	4,140	—
				Honey	3	—
				Mushrooms	6	—
				Pease Pudding	30	—
				Pickles	2	—
				Hot Dogs	589	—
				Beetroot	1	—
				Custard	58	—
				Risotto	25	—
				Bacon Grill	72	—
				Ready Dinner	37	—
				Chestnut Pulee	1	—

Bacteriological Examinations

Twelve post-mortem specimens were submitted to the Ministry of Agriculture Veterinary Investigation Centre for identification and report in cases of obscure and not readily identifiable lesions. These examinations are carried out free of charge and acknowledgement is gratefully made of the ready assistance given by the Ministry Veterinary Officers who carry out this work which enables the Public Health Inspector to save valuable meat and also add to his technical knowledge. The result of the examinations is given in the following table.

Type of Animal	Disease of Condition Suspected	Bacteriological Report	Action Taken
Bullock	Actino-bacillosis	Positive	Partially condemned
Sheep	Parasitic	Parasite identified	Carcass passed
Bullock	Septicaemia	Transit fever	Totally condemned
Cow	Septic Pneumonia	No Pathogens	Carcass passed
Sheep	Parasitic	Parasite identified	Carcass passed
Sow	Septicaemia	No Pathogens	Carcass passed
Bullock	Septicaemia	No Pathogens	Carcass passed
Bullock	Pyæmia	No Pathogens	Carcass passed
Bullock	Bacillosis	No Pathogens	Carcass passed
Bullock	Bacillosis	No Pathogens	Carcass passed
Sheep	Parasitic	Parasite identified	Carcass passed
Cow	Salmonellosis	None specific—bacteria found in all specimens	Carcass condemned

FOOD INSPECTION AND CONTROL

Analysis of Food and Drugs

In my last annual report I referred at length to the inadequacy of food and drugs control in the sense that the number of samples taken annually was insufficient to ensure a satisfactory coverage of food quality control. This situation was due to financial restrictions applied to the purchase and examination of food samples and the inevitable shortage of suitable staff which resulted in the work being carried out on a part time basis by a district public health inspector. It is therefore not surprising that the number of samples dealt with was the lowest ever recorded—240 compared with 330 in 1969 and 540 in 1968. That the proportion of unsatisfactory samples increased to 8.75% (6.3% in 1969) is evidence of the care and skill addressed to the selection of foods to be sampled despite the difficulties of the circumstances.

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)	5	—	5	—	1	1
(b) Milk (Presence of antibiotics)	—	6	6	—	—	—
(c) Other foods	11	218	229	6	14	20
Total	16	224	240	6	15	21

(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. The average fat and solids-not-fat content of the milk sampled during the year exceeded these minimum statutory standards and was, therefore, genuine and considered to be of good nutritional quality.

Designation	Number of Samples Taken	Average Composition	
		Fat %	S.N.F. %
Untreated Churn and Farm Bottled	2	3.95	8.87
Untreated Channel Island and Farm Bottled	3	3.97	9.46

(b) Antibiotics in Milk

Antibiotics are used in the treatment of animal disease and from time to time are found to be present in bovine milk. Very strict control is exercised at processing dairies to ensure that milk containing antibiotics is not passed into the public supply. None of the samples submitted to the Analyst during the year showed any antibiotic residues.

(c) Other Foods

- (i) **Cheese.**—In only one case was the compositional quality not maintained. This deficiency occurred in a "foreign" cheese and the matter was brought to the attention of the retailer. Another irregularity occurred in the labelling of a sample of cheese and this too was rectified when brought to the attention of the retailer.
- (ii) **Fish Cakes.**—Two samples were found to be deficient in fish content. One was only marginally deficient and a warning was issued. The other sample was so far deficient that legal proceedings were instituted.
- (iii) **Sausage Rolls.**—In only one sample was the meat content of a sausage roll found to be deficient and this was a marginal deficiency. The manufacturer was notified.
- (iv) **Hamburgers.**—A minor labelling irregularity in respect of these goods was drawn to the attention of the manufacturer.
- (v) **Chopped Chicken in Jelly.**—A number of samples of this product were taken and marginal deficiencies in meat content were found. The goods were imported and contact was made with the distributor in this country whose

chemist was to take up the matter with the manufacturing firm in Europe.

- (vi) **Mince Pies.**—The meat content of a pie which should have been 1 oz. showed only 0.96% of meat. The Meat Pie and Sausage Roll Regulations 1967 which prescribe the meat content of pies of various weights are extremely difficult to operate and a slight difference in the thickness of the pastry can cause a manufacturer to be guilty of an offence as the meat content is related to the total weight of the pie. In this case, the matter was brought to the attention of the manufacturer.
- (vii) **Mincemeat.**—There was a slight deficiency in the fat content of a sample of this product and the manufacturer was advised to rectify this.
- (viii) **Buttered Teacakes.**—A sample advertised as “buttered teacake” was found to have a hydroxamic acid index of only 0.3 and the Public Analyst was of the opinion that butter had not been used. A prosecution followed.
- (ix) **Chipped Raw Potatoes.**—The demand for chips in cafes, restaurants and snackbars has led to a flourishing business in the pre-packing of raw chipped potatoes ready for cooking. In order to preserve the raw potato and prevent blackening, however, sulphur dioxide has to be added and the law permits this chemical to be used only in amounts not exceeding 50 parts per million. Sampling has shown that this small amount of sulphur dioxide is often far exceeded and after thorough investigation warnings have been issued to the suppliers who were quite in ignorance of the dangers of over sulphiding. The redeeming feature in the case of uncooked products, is that much of the sulphur dioxide is driven off in the process of preparation by cooking.
- (x) **Health Foods.**—It is perhaps unfortunate that purchasers of food do not appear to be well versed in nutritional matters, otherwise they would realise that many of the substances described as “health foods” are often no more health-giving than any other kind of food and are certainly more expensive. In three instances during the year the Public

Analyst has had cause to report errors in the calculation of the amount of ingredients stated on the label as compared with the amount actually present. These matters were taken up with the manufacturers and careful observation is continuing to ensure that calculations of such ingredients as vitamins are correctly stated.

- (xi) **Oranges.**—A ship bearing a cargo of 84,850 cartons of oranges arrived at Newcastle Quay in December. The arrival was 10 days behind schedule as, due to mechanical failure, the ship had to put in to Portugal for repairs. Upon opening the holds it was found that in one hold the oranges had become heated and were commencing to decompose.

The whole cargo was examined and it was necessary to condemn 4,358 cartons of oranges, or approximately 5% of the cargo which amounted in value to £7,600.

The examination of the cargo was a long and arduous task and, as not infrequently happens, necessitated the staff working during the whole of one week-end.

Other Comments

During the year the Labelling of Food Regulations, 1970, were promulgated. These do not come into force fully until 1st January, 1973, but they contain a provision whereby, until that date, any provision of the Labelling of Food Order, 1953, shall continue to apply. This will enable a manufacturer to decide when to change his labels, to clear the distribution chain of old stocks and to provide stocks of food labelled in accordance with the new Regulations before the "coming into force" date.

The Regulations have become necessary as a result of the changing pattern of food merchandising. They give protection to a purchaser inasmuch as all prepacked food, and many foods which are not pre-packed, will have to be sold under an "appropriate designation", that is to say, a name or description sufficiently specific to indicate to an intending purchaser the true nature of the food to which it is applied. At the moment there is no obligation for a manufacturer to do this and very few foods are sold under an "appropriate designation" unless one happens to be laid down by regulation.

The opportunity has been taken to introduce into the legislation,

for the first time, more strict control over the so-called "health foods". In future, claims which cannot be substantiated must not be made. It should keep within the bounds of reasonableness, the advertising of many manufactured foods for which extravagant claims are made and from which little or no value can be derived when compared with the nutritional value of fresh foods.

Bacteriological and Other Examination of Food Milk

The bacteriological quality of milk continues to give concern and the following tables show an increase in unsatisfactory samples during the year as compared with 1969.

BACTERIOLOGICAL EXAMINATION OF MILK					
Designation of Milk	Samples Taken	Satisfactory	Unsatisfactory	% Unsatisfactory	
				1970	1969
Untreated (Farm Bottled)	18	17	1	5.5	5.3
Untreated (From Dispenser) ..	16	10	6	37.5	30.3
Untreated (From Churns)	3	2	1	33.3	Nil
Pasteurised (Bottles and Cartons)	75	69	6	8.0	1.6
Pasteurised (From Dispensers) ..	42	36	6	14.3	1.4
Pasteurised (From Churns) ..	1	1	—	Nil	31.3

Tubercle Bacilli

During the year 16 samples were submitted for examination of which number 15 were found to be satisfactory. One sample was void.

Brucella Abortus

Sixteen samples of untreated milk were submitted for examination and all were found to be free from infection.

Ice Cream

Ice cream is the most delectable of sweetmeats enjoyed by young and old alike. It is, however, a food which becomes easily contaminated and while manufacturers have shown at all times a due sense of responsibility in the observance of clean production methods, it is unfortunate that each year we have to report upon samples failing the methylene blue test. The figures for 1970 show a state of affairs which is not much changed from the previous year.

Provisional Grade	BACTERIOLOGICAL EXAMINATION OF ICE CREAM			
	Classification	No. of Samples	Percentage	
			1970	1969
1	Satisfactory	13	46.4	62.1
2	Reasonably satisfactory	5	17.9	4.5
3	Unsatisfactory	7	25.0	7.6
4	Unsatisfactory	3	10.7	25.8
		28	100.0	100.0

Registrations

(a) Milk and Dairies (General) Regulations, 1959

Applications were received from 33 persons for registration as distributors of milk. At the end of 1970, the fifth year of the present quinquennial registration period, the total number of distributors on the register was 667.

(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 667 licences in force at the end of the year in respect of the sale of designated milk, and of this number 33 had been added during the year.

(c) Registration of Food Premises

During the year there were 58 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 23 applications made under the provisions of Section 16 of the Food and Drugs Act, 1955, for registration of premises on which sausages or potted, pressed, pickled or preserved foods were to be prepared.

At the end of the year there were 469 premises registered for the manufacture or sale of ice cream and 301 premises registered for the preparation of other foods.

Food Hygiene

As can be seen from the following table there are 2,355 premises within the City subject to the Food Hygiene (General) Regulations, 1960 and, in addition, there are numerous street traders, delivery vehicles and mobile shops selling foods which are subject to the Food Hygiene (Markets, Stalls and Delivery Vehicle) Regulations, 1966. In consequence, there is a tremendous amount of work necessary in order to ensure that the premises, stalls, etc., are visited at regular intervals. However, with a depleted staff it is impossible to carry out this work on a set pattern and in consequence, the emphasis is placed on inspecting the premises, stalls, etc., which are known to require regular attention. In order to achieve a reasonable standard in respect of the street traders it is essential to visit as many as possible on each day that they are operating but, on the other hand, with many of the food stores throughout the City it is often sufficient to visit only once or twice a year. In some areas of the City, due to the work load in connection with general public health, it is extremely difficult to secure a satisfactory inspection routine for the food premises. Nevertheless, in spite of these problems, a considerable amount of work was done under these Regulations and the above comments are made in order to illustrate the situation and not to indicate totally unsatisfactory control. There is a large number of food premises in the central area of the City catering for a population which increases rapidly towards the weekends and in order to maintain standards in this area 2,560 inspections were carried out during the year. In addition, 710 visits were made to the food stalls contained within the covered market and there was a considerable improvement in the standard of hygiene. However, the design of some of the stalls is not particularly good and it is, therefore, unlikely that greater improvement will be achieved until the redevelopment now proposed has been completed.

FOOD PREMISES SUBJECT TO THE FOOD HYGIENE (GENERAL)
REGULATIONS 1960

GROUPED INTO CATEGORIES OF TRADE

Type of Premises	Total Number
Abattoir	1
Bakehouses	53
Bingo Halls	13
Butchers	184
Catering	388
Chemists	43
Cinema and Theatres	21
Confectioners	337
Dairies	8
Fish Fryers	73
Fishmongers	45
Food Manufacturers	33
Food Packers	12
Food Stores	35
General Dealers	354
Greengrocers	139
Grocery and Provisions	184
Leisure Centres	4
Licensed Premises	423
Poultry Slaughtering Premises	5
Total	2,355

This is the last full year in which the General Regulations of 1960 will be in operation as on the 1st March 1971 they are to be replaced by the Food Hygiene (General) Regulations, 1970, which contain certain additional provisions relating to food handlers. It is quite certain that after some fifteen years of statutory control the managements of food premises have a much greater appreciation of the problems of food hygiene and now more readily call upon the department for advice. However, there are still premises opening as food businesses without any prior consultation and this means that on numerous occasions contraventions are found to exist which may be difficult to put right but which could have easily been avoided at the design stage. It is unfortunate that the appropriate Ministry are not convinced of the desirability of the local authority requiring prior notification of the establishment of a food business as there has been a persistent refusal to allow this provision to be made in local acts as well as in regulations.

During the year there were eight prosecutions under these regula-

tions which resulted in fines totalling £619. 0s. 0d. with costs awarded of £36. 4s. 0d.

DISEASES OF ANIMALS

Foot and Mouth Disease

There was no case in the United Kingdom during 1970. The last outbreak was in 1968.

Tuberculosis

The incidence remained at a satisfactory low level. Under the Tuberculosis Order 1964 a total of 2,489 reactor and contact bovine animals were slaughtered in the country, of which 51 of these were from Northumberland and slaughtered at Newcastle Abattoir.

Anthrax

There was no case of anthrax in the City during 1970, though there were 115 outbreaks elsewhere in the country, in which 122 animals died.

Swine Fever

No case has been confirmed in the country since 1966.

Fowl Pest

There were 3,329 outbreaks of fowl pest in the country, though none of these cases occurred in the City.

Brucellosis Eradication

During 1970 7,404 cattle were slaughtered as reactors in the country, 11 of these being dealt with in the City Abattoir.

The first step in controlling the eradication of brucellosis was the introduction some years ago of the Voluntary (Accredited Herds) Scheme. This Scheme was closed to new entrants in March 1970 and eradication is now permitted under one of three forms of

control, or herds can remain uncontrolled as they have been in the past. These forms of control are as follows:—

No. 1. Voluntary Brucellosis Incentives Scheme.

No. 2. Voluntary (Accredited Herds) Scheme. (Closed to new entrants).

No. 3. Compulsory Eradication.

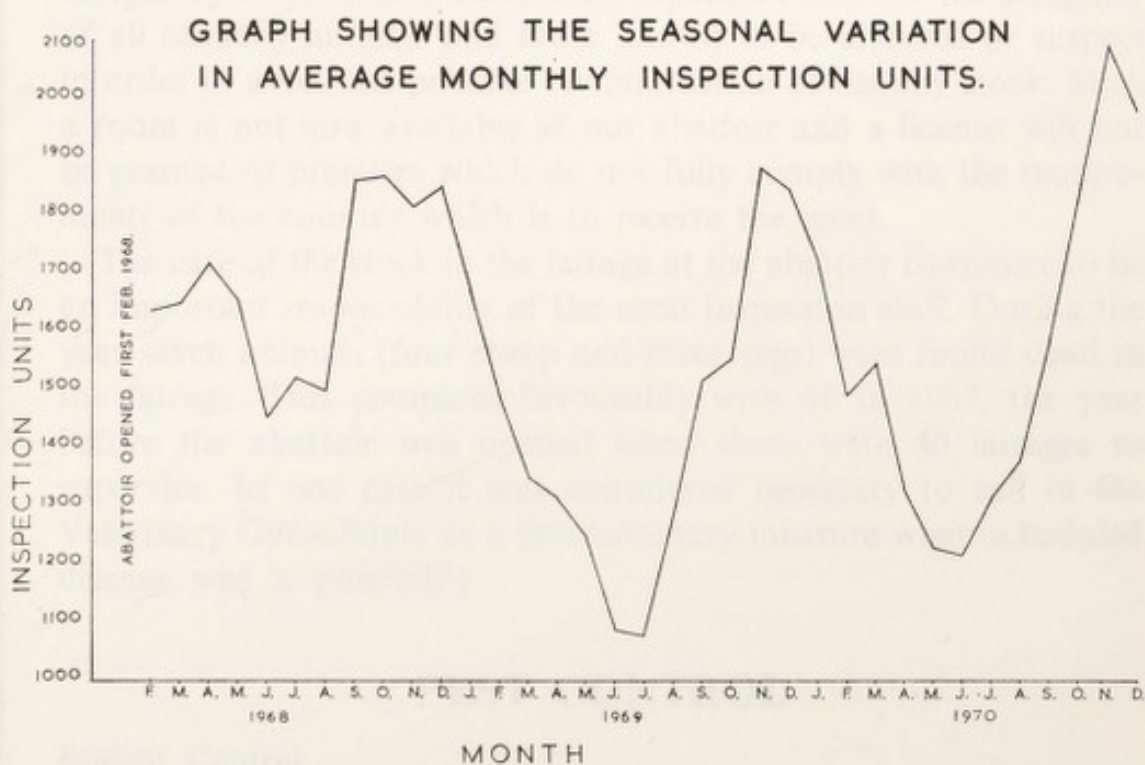
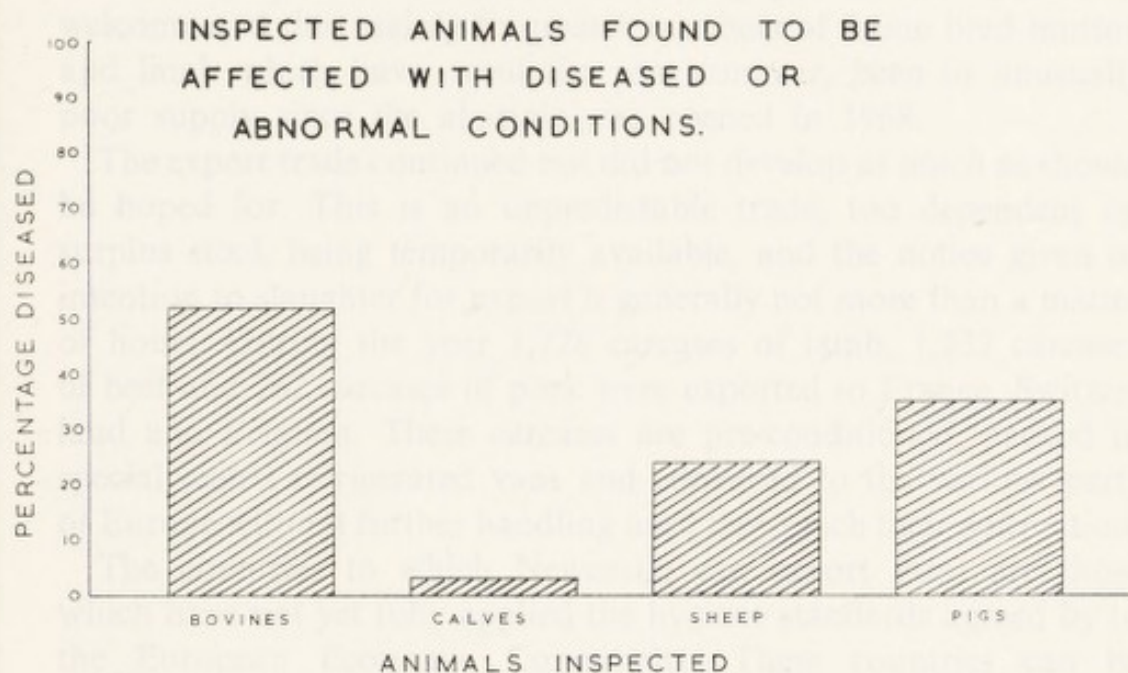
Until an area has been declared an Eradication Area (No. 3) a farmer can apply for the Voluntary Brucellosis Incentives Scheme (No. 1) which is designed for the owner whose herd is free, or relatively so, of brucellosis and who is willing to seek voluntary registration of his herd in advance of the compulsory scheme. To become registered as free the owner must slaughter all reactors at his own expense during the testing period and, in addition, to comply with many stringent conditions which cover fencing, buildings, isolation precautions against outside contamination of the herd, identification of animals and recording. The owner will, of course, receive the salvage value of the carcasses slaughtered.

When the herd is registered as free, after a minimum of eight months and three negative tests, the owner will receive an extra payment for his milk of 5p per gallon with an increase of £1.87 per animal in beef subsidy. These payments are guaranteed for five years and are transferable if the herd is sold to a new owner. The herd will be entered on the British Register of Brucellosis Accredited Herds. A farmer with a large number of reactors in his herd will generally wait for compulsory eradication to be applied to his area when a headage payment will be made.

A vaccine is at present in general use against brucellosis and it is the intention of the Ministry to prohibit its use for some months in any area where it is intended to apply an eradication scheme. This is because of the long lasting effects of the vaccine on the blood tests which will be necessary later. Animals which have been vaccinated with 45/20 vaccine can give confusing results for up to a year after vaccination and "false positives" can occur in both Milk Ring Tests and Rose Bengal Plate Tests.

Rabies

There was one case in the country during 1970.



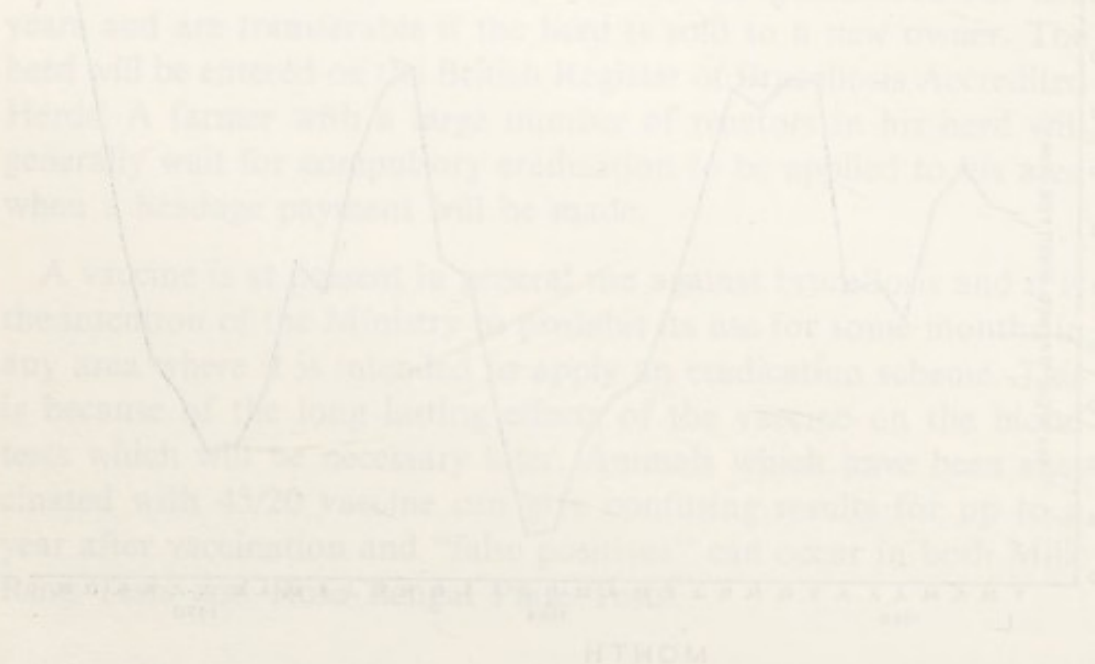
to a great extent as to the number of cases reported in the country in 1924. These figures are given in Table I.

INSPECTED ANIMALS FOUND TO BE AFFECTED WITH DISEASED OR ABNORMAL CONDITIONS

No. 1. Voluntary Inspection

On the 1st of January 1924, the Department of Agriculture was notified by the State of New York that a farmer had applied for the Voluntary Inspection of his cattle. The farmer stated that he had a number of cattle which he had purchased from a dealer in New York City. The dealer had told him that the cattle were healthy and that they were of good blood. The farmer had purchased the cattle for \$100 each. He had now found out that the cattle were diseased and that they were of poor blood. He had therefore applied for the Voluntary Inspection of his cattle. The Department of Agriculture has now received the report of the State of New York. The report states that the cattle were found to be diseased and that they were of poor blood. The Department of Agriculture has now decided to issue a certificate of inspection to the farmer. This certificate will state that the cattle are healthy and that they are of good blood. The farmer will then be able to sell the cattle for a higher price than he was able to sell them for before.

GRAPH SHOWING THE SEASONAL VARIATION IN AVERAGE MONTHLY INSPECTION WHITE



There was one case in the country during 1924.

Abattoir, Livestock Market and Transit of Animals

The improvement in the stock throughput at the abattoir is welcome and due mainly to greater numbers of home bred mutton and lamb which have, until the past summer, been in unusually poor supply since the abattoir was opened in 1968.

The export trade continued but did not develop as much as should be hoped for. This is an unpredictable trade, too dependent on surplus stock being temporarily available, and the notice given of intention to slaughter for export is generally not more than a matter of hours. During the year 1,728 carcasses of lamb, 1,232 carcasses of beef and 262 carcasses of pork were exported to France, Switzerland and Belgium. These carcasses are pre-conditioned, packed in special sealed refrigerated vans and conveyed to the various parts of Europe without further handling until they reach their destination.

The countries to which Newcastle can export meat are those which have not yet fully applied the hygiene standards agreed by to the European Economic Community. These countries can be expected to comply in the near future and in that event the export of meat from Newcastle to the Continent would cease. The requirement which might create this unfortunate development makes it obligatory to provide a completely separate room for the slaughter of all casualty animals and those known to be diseased or suspect in order to avoid the possible contamination of healthy stock. Such a room is not now available at our abattoir and a licence will not be granted to premises which do not fully comply with the requirements of the country which is to receive the meat.

The care of the stock in the lairage at the abattoir continues to be an important responsibility of the meat inspection staff. During the year seven animals (four sheep and three pigs) were found dead in the lairage. This compares favourably with 41 in 1967, the year before the abattoir was opened when there were 40 lairages to supervise. In one case it was considered necessary to call in the Veterinary Consultants as a precautionary measure when scheduled disease was a possibility.

PEST CONTROL

Rodent Control

The pattern of control work during the year was very similar to that of previous years. However, once again, the statistics show a

continuing problem with mice, the number of properties found to have infestations being 1,327 as against 1,149 during 1969. After consultations with the Ministry of Agriculture, Fisheries and Food it was decided to trap some mice so that tests could be carried out. As a result of this work it became quite clear that there was Warfarin resistance in the mouse population, particularly in the older properties of the west areas of the City.

Warfarin is an anti-coagulant which prevents the blood from clotting and, consequently, after the mice have eaten this substance over a period of days, they die of external or internal bleeding. However, they are able to build up a resistance and in consequence the use of Warfarin in connection with mouse control has ceased and a narcotic based on alph-chloralose is being used. This is a drug which retards the metabolic processes of warm blooded animals, slowing respiration, reducing blood pressure and lowering body temperature. In consequence, during the night hours the body heat loss of mice is such as to produce death. It is recommended that this material should not be used where the temperature is likely to remain above 65°F during the night. Nevertheless the results obtained during 1970 show that it is possible to use this narcotic all the year round with considerable success. Acute poisons such as zinc phosphide are available but due to their dangerous nature they can only be used under strictly controlled circumstances which cannot usually be arranged on domestic premises. As much of the problem is in areas subject to compulsory purchase orders, either operative or projected, over the next few years the use of alpha-chloralose is expected to gain control of the situation.

The position in respect of rats does not differ much from year to year and current practice seems to be aimed mainly at keeping the population to a minimum. During the year, as a result of letters from the Ministry of Agriculture, Fisheries and Food, emphasising the importance of carrying out rodent control work in premises due to be demolished and in maintaining permanent baiting points after demolition has taken place, the Health Committee recommended the appointment of two additional Rodent Operators to enable this work to be carried out. However, it has not been possible to appoint additional staff. In consequence, only a limited amount of work in connection with these areas was carried out.

In all 32 block control schemes were carried out.

Feral Pigeons

The control of feral pigeons is not entirely satisfactory although during the year 488 were caught and destroyed as against 327 in 1969. The problem is in finding suitable sites for the traps as these have to be out of sight of the general public but in a position readily accessible to persons maintaining the traps. One relatively successful trap was set up, at the suggestion of the Ministry's Officers, in an attic room of a tall building in Eldon Square and the bob wires were fixed to the bottom sash of a window frame. Thus, in effect, the room itself became the trap and this was clearly more successful than having a trap positioned inside the room with the windows open.

Insect Control

Cockroaches continue to be the major insect pest, the number of premises infested being 706 as against 607 during 1969 and the next largest number, 138, being premises infested with wasps and bees. Other types of insects, including fleas, bugs, ants, spider beetles, etc., are relatively few in number, being 85, 86, 40 and 20 respectively. From these figures it is clear that more work needs to be done in connection with cockroaches and it is intended during 1971/1972 to intensify operations in an effort to reduce the number of properties infested.

Disinfestation (Prior to Rehousing)

During the year there was a further increase in the disinfestation of household effects prior to removal into council houses from unfit houses when 1,455 cases were dealt with compared with 1,137 in 1969. The work involved the spraying of 2,701 rooms. Most of the houses from which rehousing took place and in respect of which disinfestation was carried out were in the Buddle Road, Gill Street, Gordon Road and Rye Hill areas.

Disinfestation (General)

A total of 1,111 premises were dealt with during the year comprising 1,088 houses and 23 business premises. Most of the infestations were of cockroaches, wasps and bees, and fleas. In dealing with these infestations 116 lbs. of insect powder, 301 gammexane smoke generators and 783 gallons of liquid insecticide was used. Two men are engaged on disinfestation work and are also respon-

sible for carrying out disinfestation after cases of infectious disease. The number of visits for disinfestation purposes during the year was 2,221. The table below shows the different kind of insects, etc., in respect of which disinfestation measures had to be taken during the year.

RAT AND MICE INFESTATIONS DURING 1969

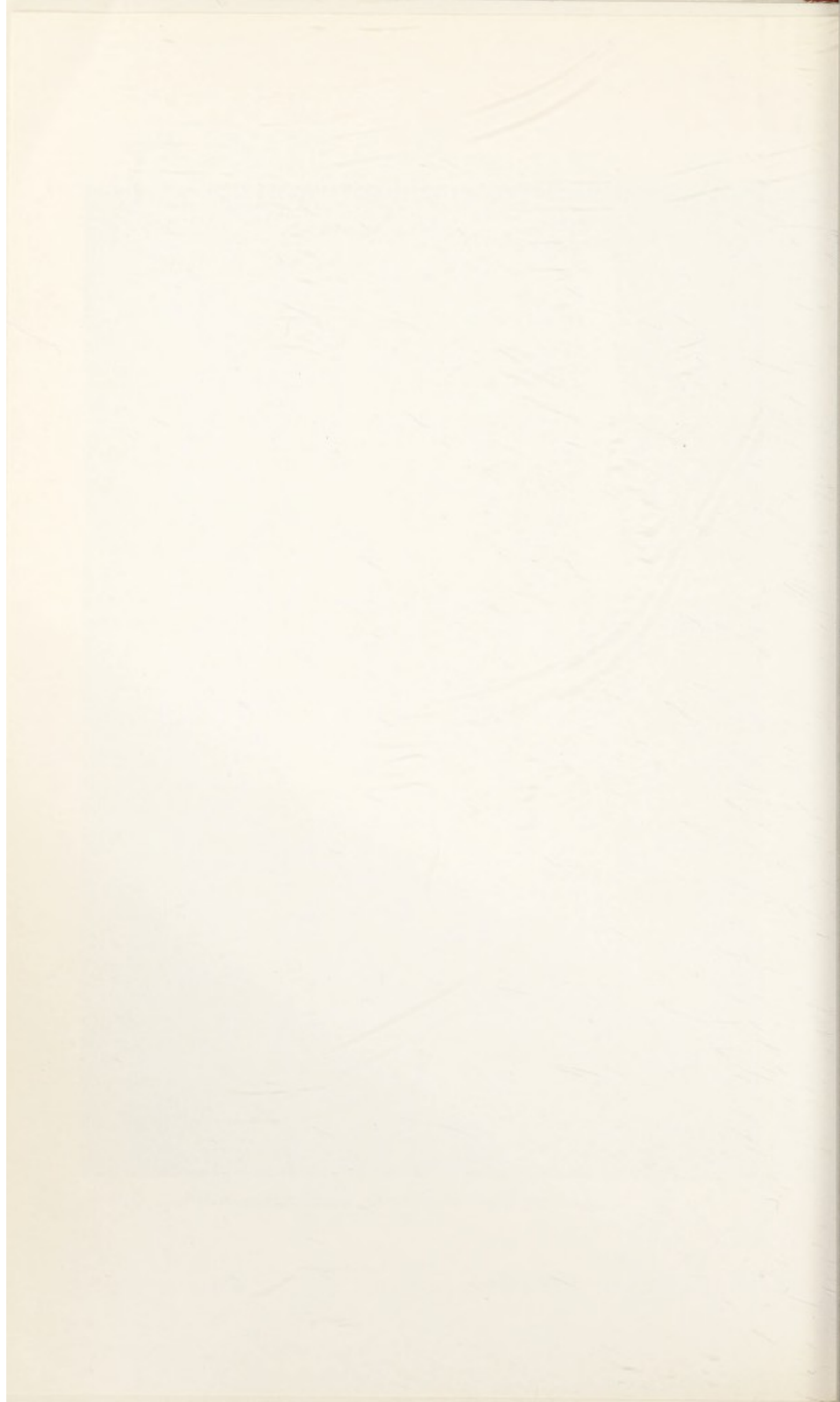
	Dwelling Houses	Other Premises	Total
Number of properties inspected	2,029	1,310	3,339
Number of visits (including revisits)	8,116	4,659	12,775
Number of properties found to be infested:			
Rats ..	400	124	524
Mice ..	1,045	211	1,256
Number of infested properties treated by Local Authority:			
(a) On complaint	1,445	335	1,780
(b) Under contract	—	32	32
"Block Control" schemes	32	—	32

PREMISES DISINFESTED

Premises infested with bugs	86
Premises infested with cockroaches	706
Premises infested with fleas	85
Premises infested with mites	22
Premises infested with wasps and bees	128
Premises infested with woodworm	4
Premises infested with ants	40
Premises infested with golden spider beetles	20
Premises infested with flies	2
Premises infested with lice	13
Premises infested with earwigs	5
Total	1,111
Premises fumigated	25
Premises disinfested—Scabies	36
Total	61
Grand Total	1,172



Sub-floor Disinfestations for Cockroaches



MISCELLANEOUS MATTERS

During the year the following legislation affecting the work of the department came into operation.

The Artificial Sweeteners in Food Regulations, 1969

These Regulations state that no food shall contain any artificial sweetener other than a permitted artificial sweetener. The only permitted artificial sweeteners are saccharin, saccharin calcium or saccharin sodium.

The Soft Drinks (Amendment) Regulations, 1969

Saccharin, saccharin calcium or saccharin sodium are the only sweeteners now permitted in soft drinks. Cyclamates which were permitted to be used by virtue of the 1964 Regulations are no longer to be used as sweetening agents.

The Emulsifiers and Stabilisers in Food (Amendment) Regulations 1970

Brominated edible vegetable oils are removed from the list of emulsifiers and stabilisers permitted for use in food.

The Colouring Matter in Food (Amendment) Regulations, 1970

These amending Regulations remove the coal tar colour Ponceau MX from the list of colouring matters permitted for use in food.

The Cream Regulations, 1970

These Regulations replace the old Food Standards (Cream) Order, 1951, and extend very considerably the legal requirements relating to cream. They specify compositional requirements for cream sold under the designations "clotted", "double", "whipping", "whipped", "single", "sterilised", "half cream" and "sterilised half cream".

They also permit the addition of certain additives and sugar to improve flavour, consistency and stability and specify requirements as to labelling and advertising.

The Food Hygiene (General) Regulations, 1970

These Regulations consolidate and amend the Food Hygiene (General) Regulations 1960 and 1962. A number of important additions are made amongst which are—

- (a) the separation of food which is fit for human consumption from food which is unfit before the former is offered for sale;
- (b) the prohibition of the storage of animal feed in a food room unless it is packed in closed containers which would eliminate risk of contamination of human food;
- (c) the inclusion within the scope of the Regulations of raw food which has to be milled or refined to make it fit for human consumption;
- (d) the wearing of clean and washable overclothing by persons handling open food;
- (e) the inclusion within the scope of the Regulations of the business of packing or storing eggs, fruit or vegetables on agricultural units.

The Smoke Control Areas (Authorised Fuels) (No. 2) Regulations

By virtue of these Regulations "Fireglo" briquettes and "Maxiglow" ovoids are declared to be "authorised fuels" for the purposes of the Clean Air Act, 1956.

The Caravan Sites Act, 1968 (Part II) Commencement Order 1970

Part II of the Caravan Sites Act, 1968, dealt with the provision of sites by local authorities for gypsy encampments. Parts I and III of the Act came into force in 1968. The operation of Part II was delayed until a date to be appointed by the Minister. The purpose of the present Order is to make Part II of the Act effective as from 1st April, 1970.

The Fertilisers and Feeding Stuffs (Amendment) Regulations 1970

Additional limits of variation for high compound fertilisers are introduced and revised methods of sampling liquid fertilisers and feeding stuffs are laid down. Because prophylactics are now often introduced into feeding stuffs it has been necessary to prescribe methods of analysis for these substances and also for the determination of calcium in dried distillery by-products.

The Riding Establishments Act, 1970

This Act amends the Riding Establishments Act, 1964, and confers further powers on local authorities with respect to the licensing of riding establishments.

SUMMARY OF LEGAL PROCEEDINGS

Case No.	Contravention of	No. of Offences Proved	Fines Imposed and Orders Made	Costs Ordered to be paid
1	Food and Drugs Act, 1955, Sec. 2	1	£10	
2	do.	2	£50	
3	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966	5	£40	£4 4 0
4	Public Health Act, 1936, Secs. 45 and 93/4	2	£1 Nuisance Order 28 days	£4
5	Public Health Act, 1936, Sec. 93/4	1	Nuisance Order 2 months	
6	Public Health Act, 1936, Secs. 45 and 93/4	2	£5 Nuisance Order 14 days	£4
7	Newcastle upon Tyne Corporation Act, 1926, Sec. 33	1	£5	£5
8	Housing Act, 1961, Sec. 19	1	£25	£4
9	Newcastle upon Tyne Corporation (General Powers) Act, 1935, Sec. 10	1	Nuisance Order 2 months	£4 £2 (Interpreter's Fee)
10	Food and Drugs Act, 1955, Sec. 2	1	£30	£5
11	Housing Act, 1961, Sec. 15	1	£20	£5
	Public Health Act, 1936, Secs. 98/4	1	Nuisance Order 28 days	
12	Food Hygiene (General) Regulations, 1960	7	£84	£4
13	do.	12	£120	£8
14	Offices, Shops and Railway Premises Act, 1963	6	£30	£5
15	Food and Drugs Act, 1955, Sec. 2	1	£30	£4
16	do.	1	£50	£10 10/- witness expenses
17	Food Hygiene (General) Regulations, 1960	9	£90	£10
18	Food and Drugs Act, 1955, Sec. 2	1	£40	£5
19	do.	1	£30	£5
20	Newcastle upon Tyne Corporation Act, 1926, Sec. 33	1	£25	£5
21	Housing Act, 1961, Sec. 19	1	£20	£5

SUMMARY OF LEGAL PROCEEDINGS—*continued*

Case No.	Contravention of	No. of Offences Proved	Fines Imposed and Orders Made	Costs Ordered to be paid
22	Food Hygiene (General) Regulations, 1960	16	£160	£10
23	do.	3	£15	
24	Public Health Act, 1936, Secs. 39, 45, 75 and 93/4	4	£11 Nuisance Order 28 days	£5 £4 (Interpreter's Fee)
25	Newcastle upon Tyne Corporation (General Powers) Act, 1935, Sec. 10		Case adjourned Sine Die Property sold to Corporation	
26	Public Health Act, 1936, Secs. 45 and 93/4	2	£5 Nuisance Order 28 days	£5
27	Public Health Act, 1936, Secs. 93/4	1	Nuisance Order 28 days	£4
28	Food Hygiene (General) Regulations, 1960	6	£90	
29	Newcastle upon Tyne Corporation Act, 1956. Offices, Shops and Railway Premises Act, 1963	3 4	£15 £20	
30	Offices, Shops and Railway Premises Act, 1963	2	£40	
31	do.	6	£36	
32	Food and Drugs Act, 1955, Sec. 2	1	£25	
33	Food and Drugs Act, 1955, Sec. 2	1	£10	
	Food Hygiene (General) Regulations, 1960	2	£20	
	16 Summons served under Public Health Acts were withdrawn before hearing as the work had been completed satisfactorily. In each case 4/- charged to the defendant.			

Hairdressing Establishments

There were 24 new applications for the registration of hairdressing premises approved during 1970 and 33 premises ceased to operate bringing the total of registered premises at the end of the year to 251. 280 inspections of hairdressing establishments were made 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	..	8
Licensed premises at the end of the year	..	1
No. of inspections	.. .. .	13
Samples	.. .. .	8
One sample failed—sample number 6, Layered New Felt		

SAMPLES TAKEN

Layered New Felt	.. .. .	2
Kapok..	.. .. .	1
Cotton Felt	.. .. .	2
Loose Flock	.. .. .	1
Coir Fibre	.. .. .	2
Total	.. .. .	8

Pharmacy and Poisons

During the year seven new registrations were approved and in 15 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	.. .. .	68
Hairdressers	.. .. .	4
Druggists	.. .. .	5
Hardwaremen	.. .. .	6
Seedsman, etc.	.. .. .	6
Chemical and disinfectant manufacturers	..	2
Ironmongers	.. .. .	6
Motor Factors	.. .. .	2
Total	.. .. .	99
New registrations	.. .. .	7
Ceased to sell Part II poisons	.. .. .	15

Pet Animals Act, 1951

During the year 17 licences were granted to persons to keep pet shops in the City. A total of 42 inspections of the premises concerned were carried out and the conditions generally were found to be reasonably satisfactory.

Staff Appointments

For the first time for very many years there were no recruits from the Department's own training scheme for Public Health Inspectors. In the normal course of events, there would have been one such recruitment but the pupil in question had previously transferred from the Diploma Course at the Charles Trevelyan Technical College to the degree course at Aston University and thus, on becoming qualified, will not be available for appointment as a Public Health Inspector until 1971.

In November, Mr. R. Carver was appointed to fill the long standing vacancy for a Senior Inspector in the Housing and Smoke Control Division and in August, Mr. G. Davison was appointed immediately after becoming qualified as the authority where he had been trained already enjoyed a full establishment of inspectorial staff.

Vacancies for Technical Assistants were filled during the year by Messrs. F. Davis, T. Gray and Mr. J. McGee, a Technical Assistant in the General Division was transferred to fill a newly created post in the Food and Drugs Section.

In November, Mr. J. Bailey, a Technical Assistant (Improvement Grants) was seconded from the Housing Division to the Revitalisation Agency Team and Mr. C. Bell was promoted to fill the vacancy created. In April, Mr. J. J. Mole was appointed, from outside sources, as a Technical Assistant (Housing) on slum clearance work.

In the Administrative Section vacancies were filled by Miss P. A. Craggs as a Clerk Typist and Miss M. Wright as Junior Clerk.

Staff Resignations

Mr. R. G. Puffitt, the Divisional Inspector in control of the Housing and Smoke Control Division left in August on four years leave of absence to take up the position of Lecturer in the Institute

of Local Government Studies at the University of Birmingham after seven years of outstanding and meritorious service in the department.

In the same month Mr. B. Davis, District Public Health Inspector, resigned to take up a similar appointment with the Borough of Blyth. From the clerical staff, Mrs. L. Hunter, Mrs. M. A. Askew and Miss M. Wright left to take up positions either outside local government or in other departments of the Corporation.

Retirements

The only retirement during the year was the departure of Mr. W. Cockburn, a Technical Assistant, who had devoted most of his service to the smoke control programme and in his final months was engaged in the General Division.

Acknowledgments

Much of the co-operation which exists between departments of the Corporation is so freely given that it is taken somewhat for granted and frequently the only opportunity to acknowledge this assistance is by a brief word in an annual report. It is with pleasure that I take such an opportunity to express appreciation for the friendly assistance afforded at all times by members of the Health and Housing Committees and, indeed, by virtually all members of the Council. To the hard working staff of the Public Health Inspection Services I am also indebted, particularly those officers who have collected and collated material for this report.

In a year of administrative upheaval, perhaps special mention should be made of the patience and industry shown at all times by the Senior Administrative Assistant who constantly, and very often at very short notice, has had many additional tasks to perform and has invariably carried these out with efficiency and expedition.

In conclusion, I am grateful for this opportunity to offer thanks to the Medical Officer of Health for the patience and friendly assistance always available during what has been, from a staffing and administrative aspect a rather onerous year.

L. MAIR,

Chief Public Health Inspector.

APPENDIX I

WORK OF THE NEWCASTLE EXECUTIVE COUNCIL

It is the statutory duty of the Executive Council under Part IV of the National Health Service Act, 1946 (as amended) to:

- (a) make arrangements with medical practitioners for the provision of personal medical services (including maternity medical services) for all persons in Newcastle who wish to take advantage of the arrangements—these services are known as 'general medical services'.
- (b) make arrangements for the supply of sufficient drugs and medicines and prescribed appliances necessary for the treatment of all persons who are receiving general medical services and for the supply of prescribed drugs and medicines necessary for the treatment of persons who are receiving general dental services—these services are known as the 'general pharmaceutical services'.
- (c) make arrangements with dental practitioners under which any person may, when required, receive dental treatment and appliances—these services are known as 'general dental services', and
- (d) make arrangements with ophthalmic medical practitioners and ophthalmic and dispensing opticians for the testing of sight of all persons requiring such a test and for the supply of glasses thereafter found to be necessary—these services are known as 'the general ophthalmic services'.

On 1st April, 1971, there were 195 doctors (108 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors' lists was 243,225.

1,689,568 prescriptions were dispensed during the year by City chemists and appliance contractors of which at 31st March, 1971, there were 75. The total cost of these prescriptions to the National Health Service after deduction of patients' charges was £1,039,964.

During the year, 2,664 claims were submitted by doctors for maternity services rendered to their patients. The gross fees paid for these services amounted to £27,502. The Medical Officer of Health is a member of the Local Obstetric Committee.

At the 31st March, 1971, there were 56 principal practitioners providing general dental services in the City. 78,425 courses of treatment were given during the year 1st April, 1970 to 31st March, 1971, as compared with 78,210 the previous year.

Under the general ophthalmic service, 55,238 sight tests were given during the year, 1,096 to children under arrangements made with the Local Authority. 41,859 persons were supplied with glasses during this period.

The total expenditure on the various services administered by the Council during the year ended 31st March, 1971, was as follows:—

	£
General Medical Services	799,777
Pharmaceutical Services	1,137,543
General Dental Services	326,561
General Ophthalmic Services	126,884
Administration	37,854
	<hr/>
	£2,181,075

Based on the Registrar General's estimate of population at 30th June, 1970, this represents an expenditure of £9.75, 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, 1970 to 31st March, 1971, viz.:—

Coun. B. Abrahams, Ald. Mrs. V. H. Grantham, Coun. J. Kaer, Coun. Mrs. O. Kaer, Coun. Mrs. M. E. Rogerson, Coun. Mrs. A. I. Telford, Coun. J. W. Thomlinson, Ald. Dr. M. Thompson and Dr. D. L. Wilson.

APPENDIX II

OCCUPATIONAL HEALTH SERVICE

During the year the following changes occurred in the Occupational Health Service and are reflected in the statistical tables.

- (1) From the end of March the medical examination of drivers and conductors employed by the Passenger Transport Authority was transferred to the Medical Officer employed by the Passenger Transport Executive.
- (2) Cervical Cytology screening was offered to staff employed within the Civic Centre, 227 of whom made use of this facility.
- (3) Colour vision screening for certain groups of apprentices employed by the Corporation was introduced.
- (4) New legislation in connection with heavy goods vehicle licences required the examination of a number of Corporation drivers covered by this legislation.

TABLE I
PRE-EMPLOYMENT MEDICALS

	<i>Sick Pay</i>	<i>Sup'ation</i>	<i>Teachers</i>	<i>Total</i>
Questionnaires received ..	1,729	695	473	2,897
Accepted without medical ..	1,262	566	344	2,172
Medical examinations:				
(a) Routine	222	17	87	326
(b) Selected	265	112	41	318
Fit for employment but unfit for superannuation and sick pay	77	17	1	95
Unfit for employment ..	83	1	1	85
Resigned and failed to take up appointment	15	6	2	23

TABLE II

SPECIAL EXAMINATIONS

	<i>Sick Pay</i>	<i>Sup'ation</i>	<i>Teachers</i>	<i>Total</i>
Number referred	352	36	2	390
Medical examinations (including 17 home) ..	538	60	3	591
Fit	287	27	2	316
Fit for light work	6	1	—	7
Retired on medical grounds	37	1	—	38
Resigned	2	1	—	3

TABLE III

WORK OF MEDICAL CENTRE

(1969 figures in brackets)

Medical Examinations

(i) Sick pay	644	(1,133)
(ii) On behalf of other Authorities	50	(37)
(iii) Children in care	12	(23)
Children pre-employment	12	—
Students F.F.I.	17	—
Apprentices colour vision	20	—
	<hr/> 755	<hr/> (1,193)

Vaccinations and Immunisations

Polio and boosters	113	(16)
Smallpox	147	(13)
T.A.B. (T)	107	(63)
Yellow Fever	10	(142)
Heaf	49	
B.C.G.	8	
Tetanus	2	
Cholera	16	
	<hr/> 452	<hr/> (234)

Treatments

Staff—Industrial Conditions	633	(572)
Non Industrial conditions	3,139	(3,202)
General public	70	(71)
	<hr/> 3,842	<hr/> (3,845)

APPENDIX III

NEW PREMISES COMPLETED DURING YEAR 1970

WELFORD DAY CENTRE

This new Psychiatric Day Centre situated at Jubilee Road, Gosforth, replaces the former Day Centre which was housed in temporary premises at Jubilee Road off City Road, Newcastle upon Tyne. The purpose of the Centre is to provide rehabilitation and support through sheltered work, occupation and social facilities for persons disabled by mental illness who would be otherwise unemployed. Most of the workers live in their own homes but some are resident in Psychiatric Hostels. Workshop accommodation is provided for those capable of sheltered work requiring some training and skill. In addition there is a geriatric unit for those incapable of sheltered work, but would benefit by occupation and attendance at the Centre, probably on a part-time basis.

The Centre is open five days a week from 9.00 a.m. to 5.00 p.m. and mid-day meals are served in the hall. The Centre will also be used in the evenings for social activities by persons attending the Day Centre and for other mentally disabled persons.

The total cost of the building	£226,876
Cost of Land	9,595
Furnishings	10,000
	<hr/>
	246,471
	<hr/>

Architect: City Architect.

Main Contractor: Messrs. Ralph Bowey & Son Limited.

BOLAM HOUSE RESIDENTIAL HOME FOR THE ELDERLY

This is the last home to be provided for the citizens of Newcastle upon Tyne by the former Health and Social Services Committee, the responsibility to be transferred to the Social Services Committee.

The building, which is partly two storey and partly single storey is of traditional construction with concrete foundations and floors, brick walls and a felted timber roof. It has been planned within the Arthur's Hill Neighbourhood Centre. There is sufficient bedroom accommodation for forty residents; thirty two single rooms and four double rooms. The dining room will accommodate about sixty persons and is divided from the main sitting room with a folding screen the opening of which will provide a large room for entertainment purposes. The kitchen is capable of cooking for eighty people and meals will be provided from the home for the Meals on Wheels Service.

Each floor has a second sitting room and there are small sitting alcoves off the main corridor on both floors. A central staircase and a small lift have been provided. The living accommodation for the Matron and Assistant is provided above the main entrance, thus being conveniently central to the bedroom block whilst, at the same time, affording a considerable degree of privacy. A separate entrance is provided from the open ended court on the north side. The main sitting room, dining room and kitchen are within the single storey section of the building.

The total cost of the building, including the acquisition of land, is £131,157 and furnishings £6,000, making a total of £137,157.

ARTHUR'S HILL CHILD HEALTH CLINIC

The Health and Social Services Committee included in their Capital Works Programme a Child Health Clinic to replace the premises in Diana Street and which eventually, along with a new clinic to be built in Shieldfield, will replace the premises known as the Central Clinic in City Road. The accommodation provides facilities for children of all ages, including a child and family guidance service, dental service, child health clinic, chiropody, speech therapy, minor ailments, hearing assessments, ophthalmic clinics, cytology, play groups, etc. The Education Committee have agreed to pay a rental for that part of the accommodation to be used by them in the provision of their services.

The clinic is mainly single storey with two storey blocks at its north and south ends, the latter providing a caretaker's flat. It is planned with a central courtyard and all departments are readily accessible to each other. The building is of brick and concrete construction with steel framework to the north and south two storey blocks. It will be heated by an oil fired water system, the boilers being housed in the adjacent residential home.

The cost of the building, including the appropriation of land is £110,939 and the cost of furnishings and equipment is £8,200.

For both projects:

<i>Architect:</i>	Messrs. Spence and Price.
<i>Quantity Surveyors:</i>	Messrs. J. B. Wearmouth and Newbiggin.
<i>Main Contractor:</i>	Stanley Miller Ltd.

"WHITELEAS" HOSTEL FOR MENTALLY HANDICAPPED ADULTS

The hostel is intended to fill a need which has been shown to exist in the City for permanent residential care of mentally handicapped adults, many of whom will attend the adult training centre. Such persons become homeless when their relatives die, and were previously either admitted to hospital or into the Local Authority Psychiatric Hostel for the mentally ill, neither of which is really suitable.

The home has a total floor area of 8,890 sq. ft. and will accommodate 25 residents in 17 single and 4 double bedrooms. Communal accommodation comprises a lounge, quiet sitting room, hobbies room and dining room. Two flats are included for a warden and deputy warden respectively.

The cost of the building including land and fees was £71,473 and the cost of furnishings and equipment £4,000.

<i>Architect:</i>	City Architect.
<i>Main Contractor:</i>	Messrs. Kendall Cross Ltd.

WALKER HEALTH CENTRE

The Walker Health Centre is the first Health Centre to be provided in the City under Section 21 of the National Health Service Act, 1946, and was included in the Health and Social Services Committee's Capital Works Programme in 1968. In May 1967 an approach was made to the Committee by the Newcastle upon Tyne Executive Council intimating that a number of General Practitioners had expressed an interest in the establishment of a Health Centre in the East End of the City.

A site for a Health Centre subsequently became available in the Walker Neighbourhood Centre and a firm of Architects, Simpson, Lawson and Partners, nominated by the Planning Committee, were appointed to carry out the architectural work, the City Architect's Department being unable to undertake the work within the time required owing to other commitments.

The building which is of dark brown antique rustic brick is single storey and the central core contains the Administration, Reception, Records and that

portion of the Centre which is under local authority administration, and this comprises a treatment room, a room for health visitors and district nurse and two interview rooms, one of them large enough to allow chiropody treatment to be given.

The two wings house the medical practice with a total of five doctors.

The waiting rooms are in immediate contact with the reception, consulting suites and local authority complex. There are five consulting rooms and five examination rooms for the use of the doctors.

The remainder of the accommodation comprises a staff room with kitchen facilities, staff toilets, stores, heating chamber, etc. Heating is by gas fired boilers to panel radiators.

The total cost of the building, including fees, etc.	..	..	£37,631
Furnishings, etc.	..	..	4,000
Total	..	..	<u>£41,631</u>

Architect: Simpson, Lawson & Partners Ltd.

Main Contractor: Messrs. Bewley & Scott Ltd.

CRUDDAS PARK CHILD HEALTH CLINIC

This Clinic replaced two Clinics in rented premises which were unsuitable for the purpose.

The Clinic forms an integral part of the Cruddas Park Neighbourhood Centre which also includes a twenty storey block of flats, old persons flatlets, branch library, shopping arcades and a public house.

The Clinic provides accommodation for all child health services, chiropody service and an area office for health visitors.

The cost of the building, including fees was £28,920 and the cost of furnishings and equipment was £2,000.

Architect: City Architect.

Main Contractor: Thomas Clements & Son.

