

[Report 1972] / Medical Officer of Health, Newcastle-upon-Tyne City & County.

Contributors

Newcastle upon Tyne (England). City & County Council.

Publication/Creation

1972

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HEALTH SERVICES
OF THE
CITY AND COUNTY OF

NEWCASTLE UPON TYNE



REPORT OF THE MEDICAL OFFICER OF HEALTH

1972



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CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1972

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HEALTH COMMITTEE

(As at December 1972)

Chairman:

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

Vice-Chairman:

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

Ald. Dr. Thomas W. Brown	Coun. T. G. Knox
Coun. Mrs. A. A. Davison	Coun. Mrs. R. Maxwell
Coun. W. R. S. Forsyth, B.COM., A.I.B.	Coun. D. S. McLellan
Coun. Mrs. V. H. Grantham	Coun. Mrs. M. S. Murray
Coun. R. S. Gray, J.P.	Coun. Mrs. T. S. Russell
Coun. Mrs. G. Harrison, J.P.	Coun. Mrs. A. I. Telford

Coun. T. W. Yellowley

STAFF OF HEALTH DEPARTMENT

(as at 31st December, 1972)

Medical Officer of Health and Principal School Medical Officer

D. L. WILSON, M.B., CH.B., M.F.C.M., D.P.H., D.T.M. & H.

Principal Medical Officer

W. B. SHAW, M.B., B.S., M.F.C.M., D.P.H.

Senior Medical Officers

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

H. S. K. Sainsbury, M.R.C.S., L.R.C.P.

Joyce F. Grant, M.R.C.S., L.R.C.P., M.F.C.M. (*Part-time*)

D. J. Mantle, M.R.C.S., L.R.C.P., D.P.H. (*Appt. 17.7.72*)

H. Steiner, M.B., CH.B., M.R.C.P., D.C.H., D.Obst., R.C.O.G.

(*Honorary*)

Medical Officers in Department

B. Buckley, M.B., CH.B.

H. C. W. Carpenter, M.B., B.S., D.P.H. (*Resigned 31.12.71*)

H. M. Dixon, M.D.

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

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

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

W. M. Waggott, M.B., B.CH. (*Part-time*)

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

R. J. Hall, M.B., B.S. (*Resigned 12.5.72*)

Z. Khan, M.B., B.S. (*Appt. 10.1.72*)

G. M. Lowdon, M.B., CH.B., M.R.C.P. (*Appt. 4.9.72*)

E. Wingate-Gray, M.B., B.S. (*Appt. 18.9.72*)

Honorary Medical Officer

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

J. H. Walker, M.D., M.F.C.M., D.P.H.

Principal Dental Officer (*in conjunction with Education Committee*)

J. C. Brown, M.R.C.S., L.R.C.P., L.D.S.

2 Anaesthetists (*sessional*)

Chest Physicians (*in conjunction with Regional Hospital Board*)

J. R. Lauckner, M.B., CH.B., F.R.C.P., F.R.F.P.S., M.R.C.P.

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

E. A. Spriggs, D.M., F.R.C.P.

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.

Director of Nursing Services

Miss F. E. Hunt, S.R.N., S.R.F.N., S.C.M., H.V., & P.H.N.A. CERTS.

Area Nursing Officers

Miss D. Jobling, S.R.N., R.F.N., S.C.M. (*Appt. 1.1.72*)

Miss A. Y. Sanderson, S.R.N., S.C.M., H.V. & H.V.T. CERTS.

9 Nursing Officers, 44 Health Visitors, 4 Assistant Nurses, 4 Students

1 Immigrant Liaison Officer (*Part-time*)

12 Midwives

45 District Nurses (8 male, 37 Female), 8 Assistant Nurses,

16 Bath Orderlies

Senior Chiropodist

Mrs. E. Shaw, M.CH.S., S.R.CH. (*Appt. 16.10.72*)

Health Education Officer

I. C. Fairfax, S.R.N., O.N.C., H.V., DIP.H.E. (*Appt. 4.9.72*)

Chief Public Health Inspector

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

Deputy Chief Public Health Inspector

A. P. Robinson, M.R.S.H., M.A.P.H.I.

2 Divisional Inspectors, 7 Senior Inspectors, 9 Inspections, 10 Technical Assistants, 7 Improvement Grant Administrators, 5 Authorised Meat Inspectors, 6 Pupil Inspectors, 8 Rodent Operators, 6 Smoke Investigators, 2 General Assistants

Chief Ambulance Officer

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

33 Administrative, Supervisory and Training Staff, 127 Operative Staff (Drivers, Attendants, Maintenance Staff, etc.)

Principal Administrative Assistant

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

3 Senior Administrative Assistants, 2 Administrative Assistants, 62 Clerks, 9 Typists

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 1972.

The first Annual Report of the Medical Officer of Health on the sanitary conditions of the City referred to the year 1873. The publication of the present report – the hundredth in the series, serves as an occasion to review the many alterations and improvements which have taken place in the health and wellbeing of the citizens of Newcastle during these 100 years. The magnitude of these alterations and improvements can perhaps be most easily appreciated by considering the changes in some of the more important vital statistics over the period.

A Century of Vital Statistics

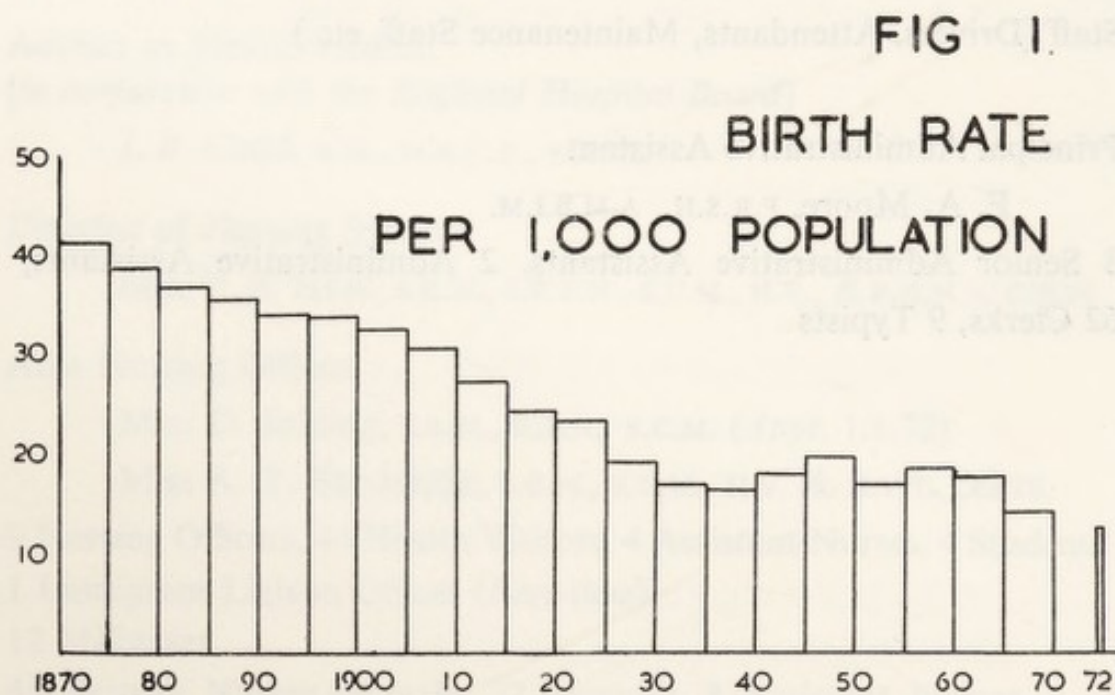


Figure 1 shows, by quinquennium, the live birth rates of the City for the period 1871-1970 and for 1972. The steady fall from 1871 to 1935 is clear and many factors will have played a role in this fall. In the early years larger families were in fashion whereas in later years family size became smaller. One influence may have been the steady fall in infant mortality. In the early 1870's about one out of every five children died in infancy whereas, in the early 1930's this

figure had been reduced to under one in ten. The declining need to replace children lost by death could be postulated as leading to a reduction in the birth rate. One can only speculate on the knowledge of contraceptive methods, but the histogram demonstrates that "family planning" in the wide sense occurred long before many present day techniques were available. After 1935 there was the expected increase during and after the second world war but since 1959 there has been a steady fall, with the lowest rates ever occurring in the last six years. The increase in adult life expectancy has also had an effect on the declining birth rate since an increased proportion in the population of individuals over normal childbearing age has a diluting effect upon the birth rate.

The 1972 birth rate was the lowest ever to the extent that there was actually a natural decrease in the population with less births than deaths in the year. As far as records go, this has occurred on only two previous occasions both related to an increase in deaths rather than a decrease in births. In 1846 outbreaks of typhus, scarlet fever and cholera were of such considerable dimensions that deaths for the year exceeded births by 226 and this reversal of the ordinary order of natural increase occurred again in 1853, the year of the greatest cholera epidemic.

FIG 2.

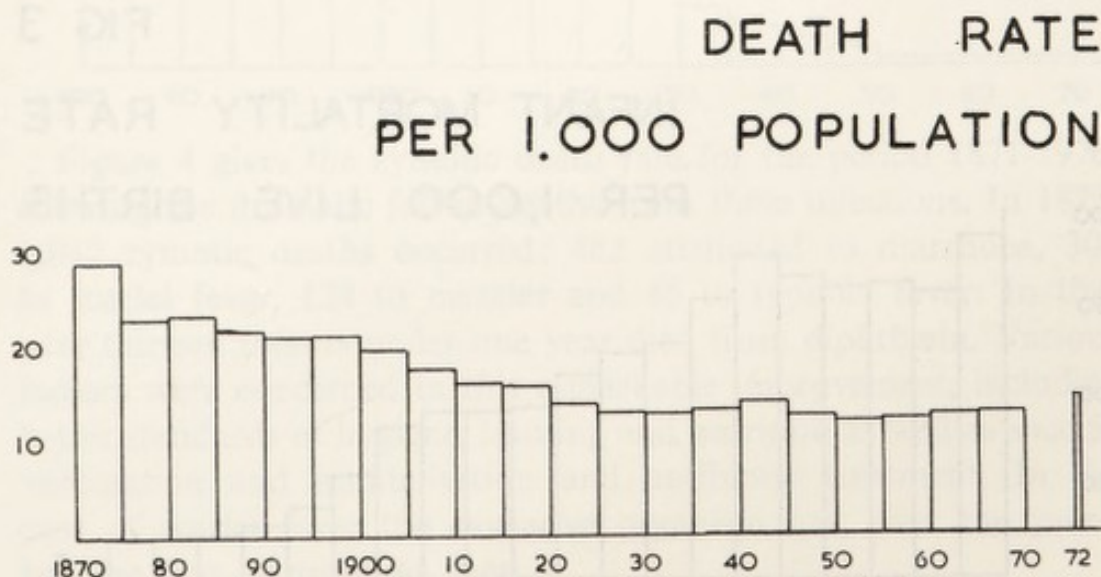


Figure 2 shows, by quinquennium, the death rates in the City for the period 1871-1970 and for 1972. There was a steady reduction in the death rate as from the beginning of the period up until 1925 but since then the rate has remained fairly constant, although

increasing slightly in recent years associated with the increased number of elderly in the population. However, the four thousand deaths in 1873 were of a very different nature from the three thousand deaths of 1972 as the following table shows.

<i>Age Groups</i>	1873		1972	
	<i>Numbers</i>	<i>% of all deaths</i>	<i>Numbers</i>	<i>% of all deaths</i>
Under 6 years	1,992	49	87	3
6 years and under 20 years	352	9	31	1
20 years and under 40 years	543	13	100	3
40 years and under 60 years	508	13	857	28
60 and above	638	16	1,966	65
TOTAL	4,033	—	3,041	—

Nearly half the deaths in 1873 occurred in children under the age of six years and only 16% in persons of 60 and above, whereas in 1972, 3% of deaths occurred in children under six years but 45% in persons 60 and over.

FIG 3

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS

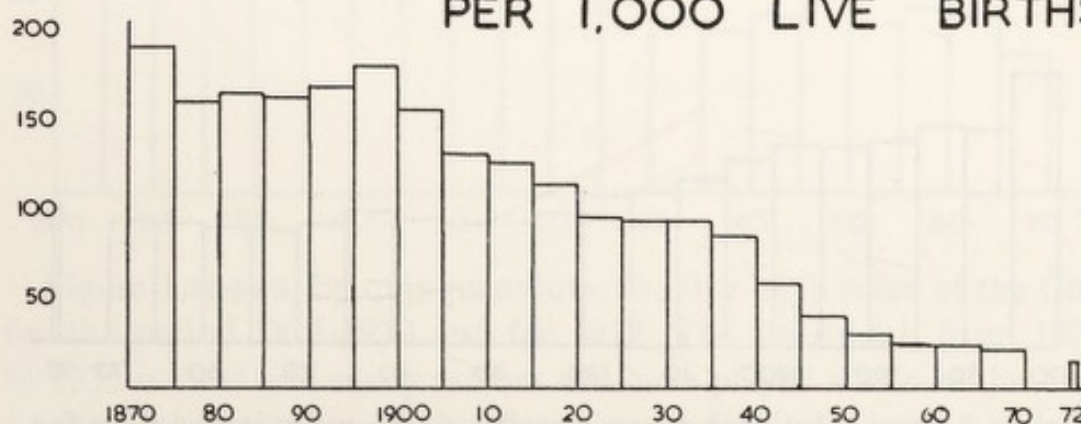


Figure 3 shows, by quinquennium, the infant mortality rates for the period 1871-1970 and 1972. There was considerable fluctuation up to 1900 associated with various epidemics, but the rates have

fallen steadily since then. A steep fall occurred in the first two decades of the century, flattening out thereafter as maximum benefit was obtained from the improvement in general hygiene and child care. The second steep fall occurred from 1940-1950. In this period antibiotics became available and active immunisation against diphtheria was developed. A small fall continues from 1955 flattening out as we are left with deaths due to viruses not amenable to antibiotics or associated with genetic or congenital causes. Up until 1947 a number of infectious diseases were referred to as the zymotic diseases.

FIG 4.

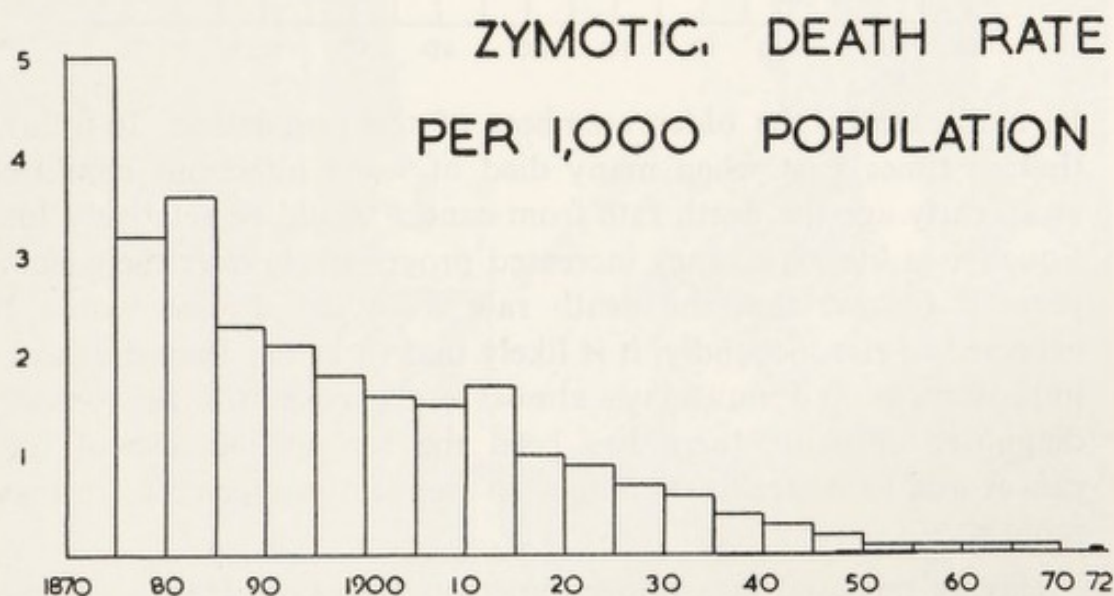
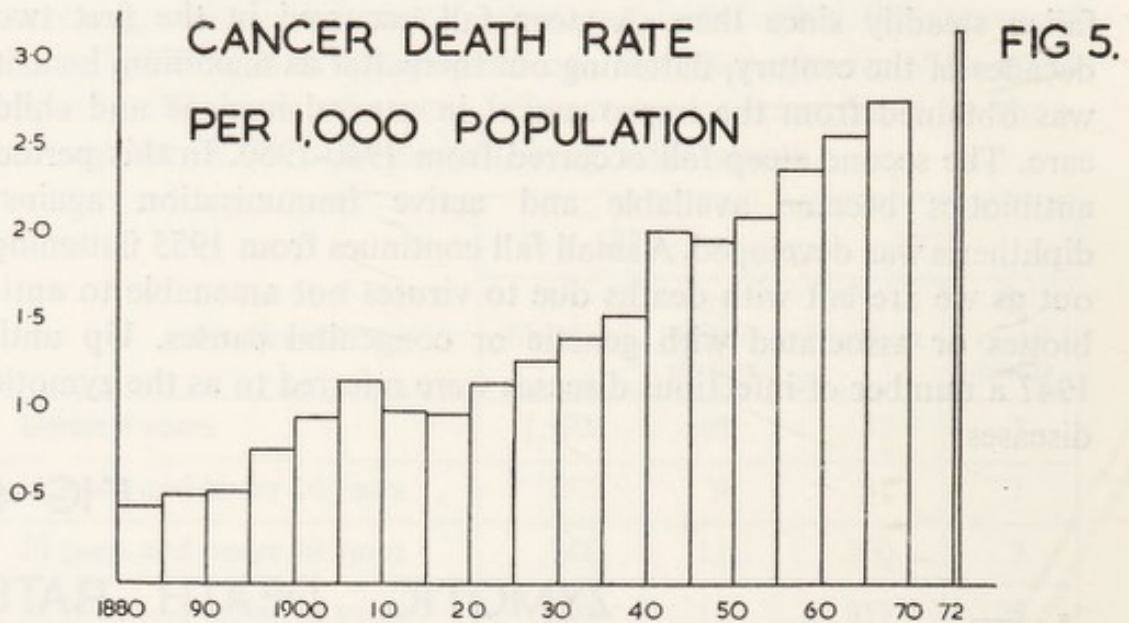


Figure 4 gives the zymotic death rate for the period 1871-1970, showing the dramatic fall in deaths from these infections. In 1873, 1,042 zymotic deaths occurred; 482 attributed to diarrhoea, 304 to scarlet fever, 124 to measles and 46 to typhoid fever. In that year thirteen infants under one year died from diphtheria. Various factors were concerned in this remarkable improvement, including better standards of hygiene, housing and nutrition as well as specific vaccination and immunisation and antibiotic treatment. In the case of scarlet fever the causative organism has, over the years, become less harmful to man.

As a further illustration of the changing pattern of mortality, figure 5 shows the cancer death rates per 1,000 of the population by quinquennial periods from 1881-1970 and for 1972. Several factors are involved in the rising death rate. Firstly cancer tends to



be a disease of the older members of the population. It follows that in times past when many died of some infectious condition at an early age the death rate from cancer would be relatively low. Equally, as life expectancy increased progressively over the ensuing years it follows that the death rate from the disease would be expected to rise. Secondly, it is likely that there has been diagnostic improvement and nowadays almost every case will be correctly diagnosed. Finally, there has been the serious increase of lung cancer due to cigarette smoking – so frequently referred to in these reports.

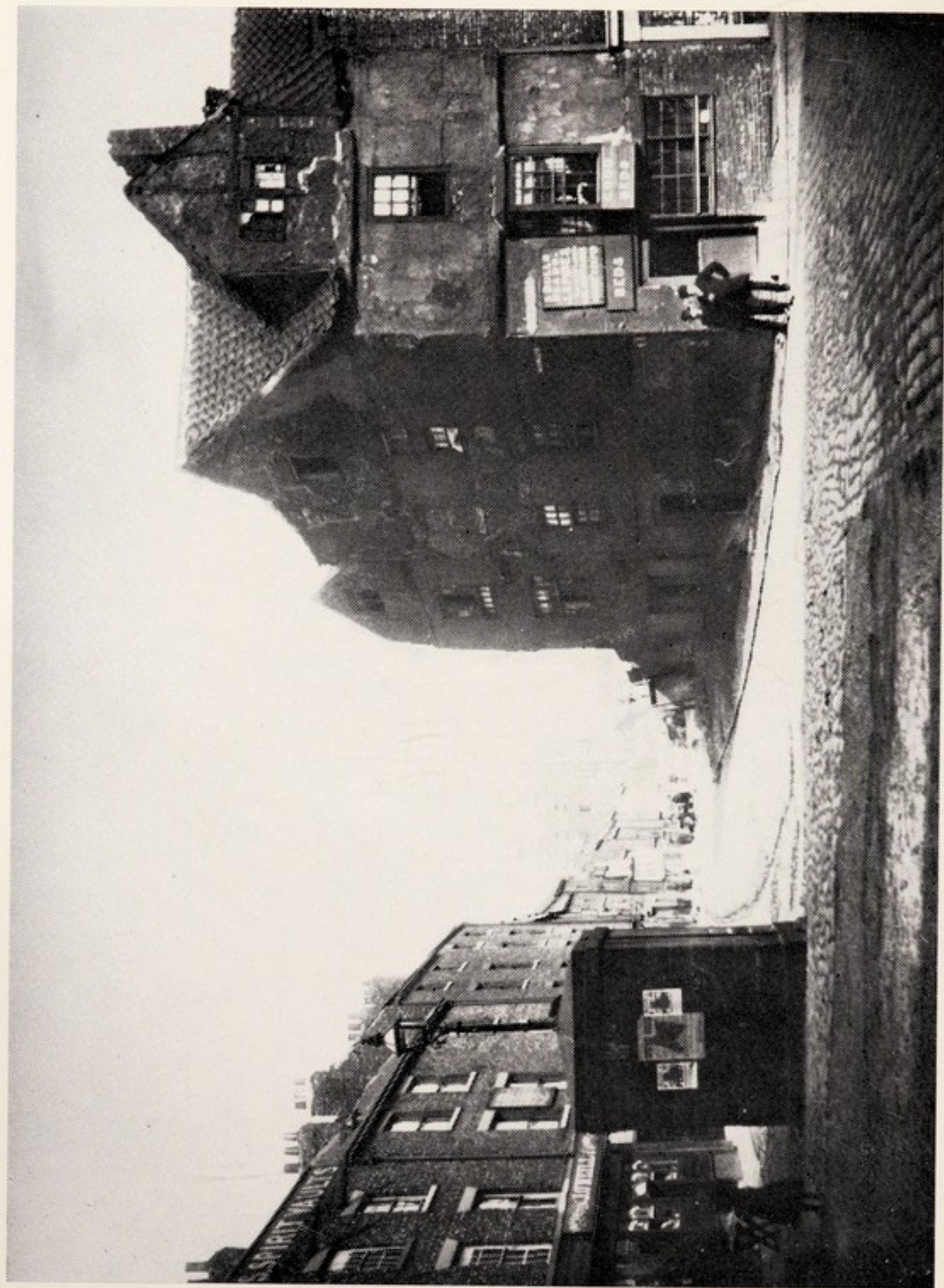
Having reviewed in a rather impersonal way changes in some of the more important vital statistics which, in general, applied not only to Newcastle upon Tyne but to the country as a whole, it now seems appropriate to comment on some events and, more especially, the personalities involved in the improvement of the City's health over the period.

Public Health in Newcastle upon Tyne

Historians tell us that in 1599 the Corporation appointed a town physician "to help cure the poor sick folk". The practice died out towards the end of the Civil War and the next official physicians were the Parish doctors who from 1837 administered to the sick poor of their day such medical relief as was necessary to satisfy the meagre requirements of the Poor Law Guardians.



Castle Garth looking North West — 1883



Milk Market and Sandgate showing the Pant — 1879

The earliest report relevant to the public health in Newcastle appeared in the Report of the Health of Towns Commission, 1845, chiefly concerned with environmental matters such as drainage and sewerage, cleansing and nuisances, giving less attention to the health of the community and its individuals. The town was not then supplied with water "of such quality as to be free from considerable objections", the only "trustworthy" source of supply being the river Tyne, while the alternatives such as old pit workings at Coxlodge, surface drainage from the Town Moor and the rainfall were described as "uncertain". The Joint Stock Company levied charges but for the very poorest the Corporation provided some twenty free fountains or "pans" throughout the town. (See illustration.) Doubts as to the quality of the water were fully justified, for the years 1846, 1853 and 1865 each saw local epidemics of cholera for which the Tyne derived and sewage contaminated water was responsible.

Members of the Cholera Commission with their medical colleagues, that great public health administrator of the 19th century, John Simon, visited Newcastle on 5th January, 1854, to inquire into the causes of the cholera epidemics of September and October, 1853, in which more than 1,500 persons had perished, out of a total population of 90,000. Witnesses from the Borough Council proclaimed the comparative healthiness of the town, the adequacy of sanitary supervision and the inevitability of overcrowding and congestion in the houses of the labouring classes, but the Commission outspokenly reported neglect by the Town Council of their various powers for improvement of houses and suppression of sanitary evils. Ten years later water closets multiplied and a water carriage sewerage system was developed.

In 1865 the Medical Society of Newcastle upon Tyne in a memorial drew the attention of the Town Improvement Committee, the sanitary authority, to the presence of typhus. The Committee appointed some of their own members to act along with some of the Board of Guardians, statutorily responsible for the medical care of the poor and some members of the local medical profession in a "Public Health Committee". This Committee carefully scrutinised factors which could influence the health and mortality of the inhabitants of the town. In 23,158 rooms, mostly one or two-room holdings, which were inspected, 7,862 persons were entirely without water supply or even convenient access to the free "pans" provided

by the Corporation and 13,747 persons neither possessed nor shared a water closet or privy of any kind. Overcrowding was rife with 21% of the population living in one-roomed dwellings where "not only the diseased and healthy, but the living and the dead are lodged in one room, where the sanctities of life and death disappear".

The Newcastle death rate for 1866 was 46% higher than the average for England for 1850-1864. Of every 100 children born in Newcastle only 61 survived the first five years of life.

Amongst the recommendations of their report for 1866 were the following:-

- The daily removal of refuse,
- Drafting of more stringent byelaws,
- Provision of open spaces and playgrounds,
- Erection of public abattoirs,
- Establishment of model lodging houses by the Corporation,
- Provision of improved dwellings for the people,
- Constitution of a public health committee, and
- The appointment of a medical officer of health.

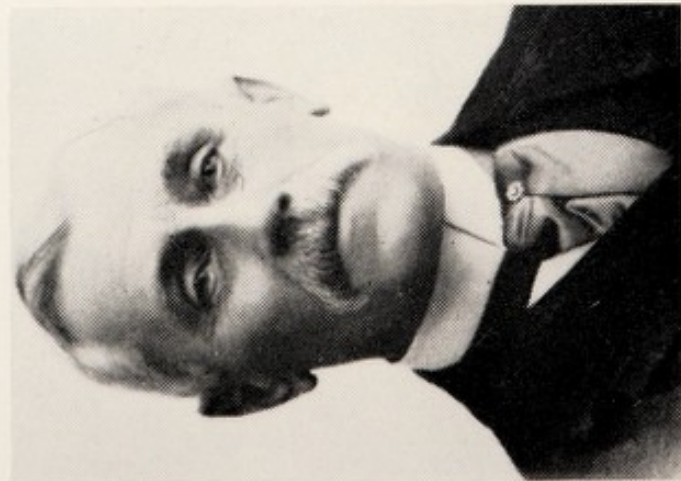
The Public Health Act of 1872 finally made the last item compulsory and the first Medical Officer of Health, despite opposition from the Poor Law Medical Officers and their champions on the Council, took up his duties on 1st August, 1873. One councillor was of the opinion that the appointment would be of no more use to the town than an umbrella to a duck!

Dr. H. E. Armstrong

The first Medical Officer of Health - Dr. Henry Armstrong - exercised his guiding influence for nearly 40 years. A great hygienist of the environment, a pioneer of preventive medicine, author of many reports and articles in the medical press, he achieved much in the campaign against infectious disease. Against much apathy in the Council and the Borough he forged on, even resigning from the post of Medical Officer of the Tyne Port Sanitary Authority in support of his report on "The Hygiene of Merchant Ships".

In 1876 following a survey of the worst habitations, housing in all 8,000 persons, slum clearance procedures were initiated in the Pandon area south of Manors Station where death rates were particularly high and housing of the worst. Following an inquiry

MEDICAL OFFICERS OF HEALTH
NEWCASTLE UPON TYNE



Dr. H. ARMSTRONG
1873 - 1912



Dr. H. KERR
1912 - 1932



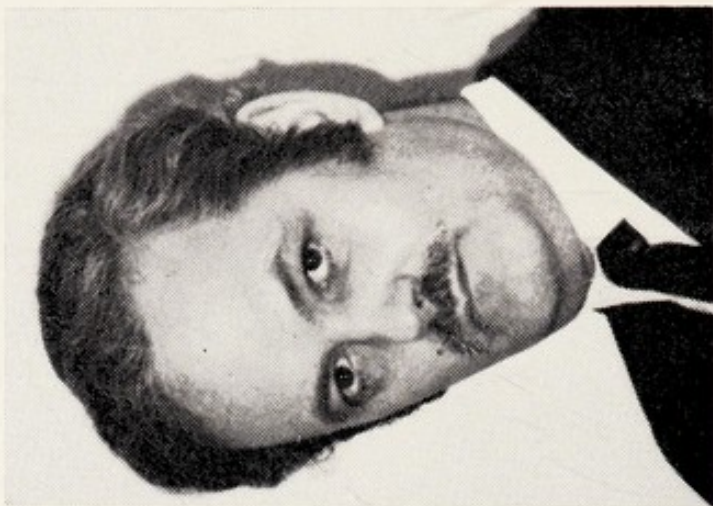
Dr. J. A. CHARLES
1932 - 1944



Dr. W. S. WALTON
1946 - 1956



Dr. R. C. M. PEARSON
1956 - 1969



Dr. D. L. WILSON
1969 to date

demolition was confirmed but the process of demolition, rehousing and compensating the property owners proved so costly that no other clearance scheme was attempted in Dr. Armstrong's time.

Dr. Harold Kerr

Armstrong retired in 1912 and was succeeded by Harold Kerr. His keen interest in the environment was shown in the meticulous attention he paid to the bacteriological control of water and milk supplies, the problem of atmospheric pollution and similar questions. Kerr was nevertheless in tune with the times in his dedication to that great section of public health work dealing with the health and welfare of the individual. The Maternity and Child Welfare Service developed in his hands and with the transfer of the Poor Law functions consequent upon the Local Government Act, 1929, reorganisation of the City's Health Services was a major task. Kerr died in harness in 1932, in the words of his successor "a man compact of every grace that makes the human spirit lovable".

Dr. J. A. Charles

Dr. Kerr was succeeded by his Deputy, well remembered in Newcastle for his part in the development of the Newcastle General Hospital where neurosurgery, thoracic surgery, paediatric, deep x-ray therapy and prostatic surgery departments were established before the Second World War to serve not only the City but a wider area. In the years of depression concern about poverty and nutrition led to surveys by Dr. James Spence and others. Dr. Spence showed that 36% of children from the poor districts of the City "were unhealthy or physically unfit and as a result of this they appeared mal-nourished". A study by health visitors of unemployed families in 1933 showed them to be spending on food only 4s. 5.8d. per week per man, insufficient to provide the B.M.A. recommended 3,400 calorie diet.

In 1944 John Charles was appointed Deputy Chief Medical Officer at the Ministry of Health with the task of preparing for the post war period. He became a principal architect for the National Health Service and a distinguished Chief Medical Officer. Sir John Charles died in Newcastle upon Tyne in 1971.

Dr. W. S. Walton

Following the interim war-time appointment of Dr. I. E. McCracken and the secondment of Dr. Leslie Banks from the Ministry of Health, Dr. Stanley Walton succeeded as Medical Officer of Health combined, for the first time, with the post of Principal School Medical Officer in 1946. To him fell the 1948 reorganisation when the hospitals, which had grown and progressed so much under the Corporation over eighteen years, were transferred to the new National Health Service.

Dr. Walton laid great stress on the building up of domiciliary services for preventive and curative family health care and was concerned that overcrowding and unhealthy housing meant that so many citizens lived in conditions not conducive to the maintenance of good health and happiness.

Dr. R. C. M. Pearson

In 1956 Dr. Walton took up the Chair of Public Health at the London School of Hygiene and Tropical Medicine and was succeeded by Dr. Richard Pearson, who over the next thirteen years, built on his predecessor's foundations the modern health department. Important factors were training and re-training of staff, up-dated administrative and management arrangements, the development of co-ordinated Health and Social Services following the fusion of the Health Department with the Welfare Department under one Committee in 1962 and the launching of a ten year Capital Building programme. He fostered a high degree of co-ordination between doctors and officials in all branches of the Health Service within the City. Deeply interested in the forthcoming reorganisation of the National Health Service his counsel in the Society of Medical Officers of Health and other bodies has been much valued by colleagues throughout the country.

For the record a summary of outstanding developments in the health services of the City is given in Appendix IV on page 235.

I must now turn away from the past history of the City's health and consider some of the more important happenings which took place during 1972.

Community Health Services

Reorganisations are not generally noted as immediately productive of improved services, so that it is pleasing to record that the

new Mayston management structure for the nursing services implemented at the beginning of 1972 got off to a good start. One result was the progress achieved in the attachment of nursing staff to general practitioners. Attachments have now been arranged for all health visitors and district nurses with the exception of nine female district nurses who act as relief nurses and four male nurses. This has improved liaison with general practitioners and the service to patients. A start has been made on reviewing the work of different types of nurse with a view to enlarging the scope of their work by the inclusion of certain procedures not previously undertaken by nurses in the community, e.g., venepunctures and immunisations. A very limited attempt at staffing Health Centre treatment rooms can only be developed with an increased nursing establishment.

In addition to the Health Centres opened at St. Anthony's and Elswick and nearing completion at Shieldfield, there has been increased renting of surgery premises in clinics by general practitioners. In most cases arrangements can be made which enhance co-operation between the family doctor and the local authority health services to the advantage of the patient.

Health Education

The appointment of a Health Education Officer in September should encourage health visitors and other staff to make better use of the opportunities for health education already available. Mr. Ian Fairfax came to the department experienced in a well established service in Hertfordshire and has already begun to make a very effective contribution. The importance of establishing a 'back-up' service in health education is now a priority.

Epidemiology

The expected measles epidemic was small and short-lived and more cases are occurring in 1973. Although in recent years the incidence of measles in the City has been markedly reduced the transmission of this disease will continue unless very much higher immunisation rates can be achieved. Top priority now in immunisation is measles vaccination, although procedures against other infections must be maintained.

Some of the improvement in tuberculosis noted last year has been maintained and the venereal disease situation is fairly static, but an increase in gonorrhoea is occurring in 1973.

Environmental Health

The Cholera Commission of 1854 reported that "a considerable source of detriment to the sanitary condition of the town arose from excessive contamination of the atmosphere there not only by ordinary smoke but also by acrid and offensive fumes from alkali and other chemical products works etc., which it is alleged that no town for its size possesses more than Newcastle". They proceeded to state that under the Newcastle Local Improvement Act, 1846, all furnaces, etc. "should be constructed so as to prevent or consume so far as is practicable, their own smoke", with accumulative penalties against offenders.

Air pollution has been a continuing concern frequently commented upon in the ensuing 100 years but only in recent years has any improvement been achieved. Sunshine records for the University and Cockle Park Farm, Morpeth, over the last 50 years show that up to 10 years ago the hours of sunshine recorded at the University were around 70% of those recorded at Cockle Park. Between 1964-1968 the City's sunshine was 85% of the rural reading but in the last four years these readings have exceeded those at Cockle Park where the figures have been very consistent over the whole century. That the City now enjoys 50% more sunshine than in former years is a welcome result of the reduced industrial and domestic smoke pollution of the atmosphere.

The acceptance of an accelerated smoke control programme gives the promise of clean air for the City by 1977/78 and the next generation can look forward to a reduction in chronic respiratory disease. Greater improvement could well be achieved if more people were to adopt their own personal 'clean air programme' by curtailing cigarette smoking.

The problems of sick and disabled people with housing difficulties received careful consideration for priority rehousing but clearly greater improvement to the health of the community is brought about through the City's housing programme in which clearance has recently been greatly supplemented by housing improvement.

The noise nuisance is coming increasingly to the fore and several problems reported are referred to by Mr. L. Mair, the Chief Public Health Inspector in his section of this report.

Research

Newcastle upon Tyne has traditionally always been research conscious and over the years has been actively involved in many community health research projects. I have already made reference to the "Thousand Families" survey led by Sir James Spence and since then many other surveys have taken place, for example one into the incidence of diabetes and another into the incidence of asymptomatic urinary tract infections in schoolgirls. Yet another aimed at a better understanding of viral infections in infants and younger children, a collaborative study between the local hospitals, the City's general practitioners and the Health Department, is currently being discussed. When one realises that in recent years between 40% and 50% of all infant deaths aged over one month were due to acute bronchiolitis, which is a viral infection, the value of such a research project becomes obvious.

The Future

In the middle of the year a Joint Liaison Committee was set up to collect information and prepare material for the future Area Health Authority and the National Health Service Reorganisation Bill was published in November 1972. More recently when this report was under preparation the report of the Working Party on Collaboration for the National Health Service and Local Government has been published which adds some scraps of flesh to the bare bones of reorganisation and rightly makes very clear, the need for close co-operation at all levels between the Health Service of the future and the Local Authority Education, Social, Housing and Environmental services. This collaboration will need to be effective if the reorganisation is to benefit the people of the City.

In conclusion, when reorganisation becomes a reality the regional and area medical officers and their staff will still be essentially concerned with the health of the community as a whole. When discussing the increase of cancer over the years, I commented upon the real increase of lung cancer due to cigarette smoking. On reflection this gives an excellent illustration of how the present generation adds new hazards to replace those conquered in the past. Cigarette smoking, over nutrition and lack of exercise have, in varying degrees, been incriminated in other increasingly frequent causes of death such as coronary ischaemia and thrombosis. It is

conditions such as these which challenge us now. A very different challenge from the gross environmental hazards of Armstrong's day, but deaths which could be prevented still occur at an earlier age than necessary.

For many years Medical Officers of Health and others have been frustrated by the fact that most of the information available on disease relates to mortality and so little is available for comparing the incidence of disease which may not lead to death, i.e., morbidity. Charles Dickens wrote: "It concerns a man more to know the risk of the 50 illnesses that may throw him on his back than the possible date of the one death that must come." This morbidity is a field about which the community physicians of the future must be increasingly concerned.

Staff

Many staff changes take place each year, newcovers are welcome and the loss of good colleagues regretted. Key appointments this year have been Dr. D. J. Mantle as Senior Medical Officer (General) and Mrs. E. Shaw as Senior Chiropodist, the first full-time chiropody appointment in this Authority. I have already commented on the appointment of a Health Education Officer.

Congratulations to Mr. E. A. Moore who was elected President of the Association of Health Administrative Officers and to Dr. W. B. Shaw who has held a Secretary of State Fellowship at York University. Both have brought useful outside experience into the Department from these offices.

Acknowledgments

I should like to thank most sincerely all members of staff in the Department for much hard work, loyalty and support. Some have contributed to this report, the work of others is noted but much remains unrecorded. They must carry into the new Area Health Authority the traditions of service to the people of this City which we have inherited from our predecessors over 100 years.

Previous Medical Officers of Health have commented on the good working relationships existing in this City between various branches of the Health Service. I, too, have experienced this and should like to express my thanks to general practitioners, hospital consultants

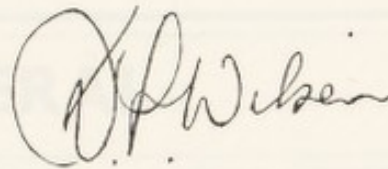
and other officers of the health services for the many ways in which they have assisted myself and colleagues in this department.

Finally, I should like to assure you how greatly I appreciate all the interest shown and support given by the Chairman, Vice-Chairman and Members of the Health Committee. They have continued a tradition of service to improve the health of this City set by their predecessors, distinguished Chairmen and Members, too numerous to mention.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

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

Medical Officer of Health.

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

CITY AND COUNTY OF NEWCASTLE UPON TYNE

I—GENERAL

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

VITAL STATISTICS

(Set out in the order laid down in Department of Health and Social Security Circular 1/73).

Live Births	..	..	..	..	2,723
Live Birth Rate (Crude)	..	..	..	..	12.54 per 1,000 population
Live Birth Rate (Corrected)	..	..	..	..	13.04 per 1,000 population
Illegitimate Live Births per cent of total Live Births	..	..	..	..	13.9
Stillbirths	..	..	..	..	41
Stillbirth Rate	..	..	..	..	14.83 per 1,000 live and stillbirths
Total Live and Stillbirths	..	..	..	..	2,764
Infant deaths	..	..	..	..	56
Infant Mortality Rate—					
Total	..	..	..	..	20.57 per 1,000 live births
Legitimate only	..	..	..	..	22.18 per 1,000 legitimate live births
Illegitimate only	..	..	..	..	10.55 per 1,000 illegitimate live births
Neonatal Mortality Rate	..	..	..	..	14.69 per 1,000 total live births
Early Neonatal Mortality Rate	..	..	..	..	12.49 per 1,000 total live births
Perinatal Mortality Rate	..	..	..	..	27.13 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 217,220

Area 11,401 acres

Deaths 3,161

Death Rate (Crude) 14.55 per 1,000 population

Death Rate (Corrected) .. 13.68 per 1,000 population

Tuberculosis Death Rates—

All Forms 0.055 per 1,000 population

Pulmonary 0.046 per 1,000 population

Non-Pulmonary 0.009 per 1,000 population

Cancer Death Rates—

All Forms 3.17 per 1,000 population

Lung and Bronchus 1.02 per 1,000 population

Other Sites 2.15 per 1,000 population

Marriage Rate 22.24 per 1,000 population

Inhabited Houses 81,426

Rateable Value £13,090,543

Product of 1p Rate £122,902

GENERAL STATISTICS

Population

The mid year population for 1972 as estimated by the Registrar General was 217,220; a fall of 4,170 on the previous year.

Births

There were 2,723 live births recorded during 1972, representing a crude birth rate of 12.5 per 1,000 population. The crude birth rate for the previous year was 14.3. The birth rate for England and Wales for 1972 was 14.8.

LIVE BIRTHS				STILL BIRTHS		
Sex	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male	1,245	210	1,455	14	4	18
Female	1,099	169	1,268	17	6	23
Total	2,344	379	2,723	31	10	41

BIRTH RATE per 1,000 POPULATION

Year	England and Wales	Newcastle upon Tyne (Crude)	Northumberland (Crude)
1972	14.8	12.5	13.5
1971	16.0	14.3	14.9
1970	16.0	14.1	14.0
1969	16.2	13.8	13.8
1968	16.0	14.9	14.2
1967	17.2	15.4	14.8
1966	17.7	16.7	15.1
1965	18.1	17.3	16.1
1964	18.4	17.3	16.8
1963	18.2	17.8	17.1
1962	17.9	17.8	17.2
1961	17.6	18.1	16.8
1960	17.1	18.7	16.7

Deaths

During 1972, 3,161 City residents died; which is equivalent to a crude death rate of 14.6 per 1,000 population. The comparable death rate for England and Wales was 12.1. The City's death rate for the previous year was 13.7.

Infant Mortality

A total of 56 infants died before completing the first year of life representing an infant mortality rate of 20·6 per 1,000 live births. The comparable rate for England and Wales was 17. The City's infant mortality rate for the previous year was 22·2.

Of the 56 infant deaths, 40 occurred before attaining the age of one month making a neonatal mortality rate of 14·7 as compared with the England and Wales rate of 12.

34 children died before reaching the age of one week and this number, together with the still births, gave a perinatal mortality rate of 27·1 per 1,000 total births.

Whilst the infant mortality rate as a whole is lower than that for the preceding year, an increase has occurred in both the neonatal and perinatal mortality rates during 1972. The increase in perinatal mortality is marginal and probably not of significance. Although at first sight the increase in neonatal mortality rate appears not inconsiderable, it in fact is due to only an additional five deaths on the 35 deaths occurring in this group in the preceding year.

The post neonatal mortality rate for 1972 of 5·9 is a welcome improvement on that of the preceding year when it was 11·10.

The following table shows the numbers and rates of stillbirths and infant deaths for the period 1962 to 1972

Year	Stillbirths	Infant Deaths	Infant Mortality Rate (per 1,000 live births)
1962	10	12	22·2
1963	8	10	18·2
1964	7	9	16·4
1965	6	8	14·3
1966	5	7	12·9
1967	4	6	11·5
1968	3	5	10·2
1969	2	4	9·1
1970	1	3	8·1
1971	2	4	9·1
1972	3	5	10·2

INFANT DEATHS AND STILLBIRTHS FOR THE PERIOD 1962-1972

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Infant deaths (under 1 year) ..	106	105	113	112	106	93	76	54	68	70	56
Infant mortality rate per 1,000 live births	22.2	22.3	25.0	25.1	25.0	24.1	20.8	16.3	20.4	22.2	20.6
Post neonatal deaths (over one month and under a year) ..	42	25	40	32	42	31	39	21	26	35	16
Post neonatal mortality rate per 1,000 live births ..	8.8	5.3	8.8	7.2	9.9	8.1	10.7	6.3	7.8	11.1	5.9
Neonatal deaths (under one month)	64	80	73	80	64	62	37	33	42	35	40
Neonatal mortality rate per 1,000 live births	13.4	17.0	16.2	17.9	15.1	16.0	10.1	10.0	12.6	11.1	14.7
Early neonatal deaths (under one week)	52	70	65	66	58	49	30	24	30	30	34
Stillbirths	101	111	83	67	68	72	49	49	39	54	41
Stillbirth rate per 1,000 total births	20.8	23.1	18.1	14.8	15.8	18.3	13.3	14.6	11.6	17.1	14.8
Perinatal mortality rate per 1,000 live and stillbirths ..	32.9	37.4	32.2	29.4	29.0	30.7	21.4	21.7	20.0	26.6	27.1

Maternal Mortality

Since the only maternal death which occurred in the City during 1972 was not a City resident, the maternal mortality rate for the City is nil.

Tuberculosis

Twelve persons died from tuberculosis during the year, giving a death rate for all forms of the disease of 0.055 per 1,000 population. The comparable national rate is 0.031. Of the twelve deaths occurring in the City, ten were due to pulmonary tuberculosis whilst the remaining two were from non pulmonary forms of the disease.

Marriages

2,416 marriages took place during the year, representing a marriage rate of 22.24 per 1,000 population, compared with 20.22 in 1971.

Cremation

During 1972, there were 3,497 cremations carried out in the City, 36 more than last year. Of the cremations performed 1,922 were in respect of Newcastle residents, this figure being 61% of the total.

The percentage of City residents who died in 1972 and were cremated was 59.

The Medical Referee required six 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

Hours of sunshine in the City were only slightly below those in 1971. July 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 1972					
Month	SUNSHINE HOURS		RAINFALL AND TEMPERATURES		
	N'cle. Univer- sity	Cockle Park	Jesmond Dene		
			Rainfall (milli- metres)	Mean Max. Temp. °F.	Mean Min. Temp. °F.
January ..	37.4	39.7	119.1	42.1	35.0
February..	37.2	35.2	54.7	42.8	34.3
March ..	110.4	98.6	44.6	48.4	36.6
April ..	123.1	124.3	36.1	53.2	40.5
May ..	161.8	145.9	57.1	57.2	43.8
June ..	159.6	146.9	47.8	60.6	45.9
July ..	175.4	183.5	31.3	65.8	50.8
August ..	181.6	170.8	27.7	65.0	50.9
September	117.6	107.6	27.6	58.8	45.1
October ..	83.7	93.6	21.6	56.5	43.0
November	57.5	67.7	35.0	47.9	37.2
December	36.1	39.9	16.9	45.7	35.3
Totals ..	1,281.4	1,253.7	539.5	—	—
Averages	106.7	104.5	44.9	53	41
1971 Averages	118.8	112.7	41.3	54	42

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 159).

Sewerage

There are 492.72 miles of sewers in the City, discharging directly into the River Tyne at various points along the 8½ miles of river frontage.

The Tyneside Joint Sewerage Board continues its work with a view to reducing pollution of the River Tyne estuary and adjacent sea beaches.

Cleansing and Scavenging

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

Social Conditions

The number of registered male and female unemployed at the beginning and end of the year is shown in the following table supplied by the Department of Employment and Productivity.

Date	Males	Females	Total
January, 1972	8,566	1,300	9,866
December, 1972	7,155	1,440	8,595

Inhabited Houses

There were 81,426 inhabited houses which, on the estimated population, showed an average of 2.7 persons per dwelling.

Rateable Value

A penny rate produced £122,902, the gross rateable value being £13,090,543 compared with £12,962,521 in 1971.

Vital Statistics of Whole City during 1972 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 rec- istered in the City	Under 1 Year of Age		At all Ages	
			Number	Rate				Number	Rate per 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	2,251	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	287,500	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	291	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	1,542	292	68	20	3,166	13.4
1971	221,390	6,348	3,155	14.3	4,368	1,568	241	70	22	3,041	13.7
1972	217,220	5,766	3,723	12.5	4,450	1,570	281	56	21	3,161	14.6

§Calculated on a population of 282,000.

†Rates calculated on a population of 291,025.

*Civilians only.

‡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
1971	700	3.16	—	1	98	104	203	—	1	27	19	47
1972	689	3.17	—	2	61	105	168	—	3	25	25	53

Causes of Death at Different Periods of Life for 1972—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
Other Endocrine etc. Diseases ...	M F	2 10	— —	— —	— —	— —	1 —	— —	— 1	— —	— 4	— 2	1 3
Anaemias ...	M F	4 6	— —	— —	— —	— —	— —	— —	— —	— —	— 1	— —	4 5
Mental Disorders	M F	6 4	— —	— —	— —	— —	— —	— —	1 —	— —	— 1	2 —	3 3
Meningitis ...	M F	1 2	1 —	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— 1
Multiple Sclerosis ...	M F	2 4	— —	— —	— —	— —	— —	— 1	1 1	1 2	— —	— —	— —
Other Diseases of Nervous System	M F	17 15	— —	— 1	— 2	— —	— —	2 1	— —	2 —	4 1	5 2	4 8
Chronic Rheumatic Heart Disease	M F	12 29	— —	— —	— —	— —	— —	— —	1 —	2 2	6 7	2 7	1 13
Hypertensive Disease ...	M F	22 30	— —	— —	— —	— —	— —	— —	1 1	1 —	5 4	5 9	10 16
Ischaemic Heart Disease ...	M F	435 333	— —	— —	— —	— 1	— 1	— 1	12 1	46 9	103 45	149 107	125 163
Other Forms of Heart Disease	M F	53 75	— —	— —	— —	— —	— —	— —	1 1	4 1	11 6	15 9	22 58
Cerebrovascular Disease ...	M F	152 224	— —	— —	— —	— —	1 1	1 1	— 3	6 10	26 19	56 48	62 142
Other Diseases of Circulatory System	M F	54 76	— —	— —	— —	— —	— —	— —	3 3	2 1	8 2	15 10	26 60
Influenza ...	M F	4 7	— —	— —	— —	— —	— —	— —	— —	— —	1 2	2 1	1 4
Pneumonia ...	M F	114 121	— 1	1 —	1 —	1 1	— —	1 —	2 1	3 3	7 5	35 20	63 90
Bronchitis and Emphysema	M F	161 64	— —	— —	— —	— —	— —	— —	1 2	12 3	25 11	63 17	60 31
Asthma ...	M F	1 5	— —	— —	— —	— —	— —	— —	— —	— —	— 2	1 1	— 2
Other Diseases of Respiratory System	M F	18 16	— —	— —	— —	— —	— —	— —	1 —	1 —	5 3	5 6	6 7
Peptic Ulcer ...	M F	14 7	— —	— —	— —	— —	— —	1 —	1 —	1 —	4 2	5 1	2 4
Appendicitis ...	M F	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1
Intestinal Obstruction & Hernia	M F	5 3	— 1	— —	— —	— —	— —	— —	— —	— —	1 —	3 —	1 2
Cirrhosis of Liver	M F	6 6	— —	— —	— —	— —	— —	— —	— —	2 1	1 —	3 3	— 2
Other Diseases of Digestive System	M F	17 28	1 —	— —	— —	— —	1 —	1 —	1 —	2 2	5 2	2 8	4 16

Causes of Death at different periods of life for 1972—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	
Nephritis and Nephrosis ...	M	4	—	—	—	—	—	—	—	—	—	2	2	
	F	8	—	—	—	—	—	—	—	—	—	2	6	
Hyperplasia of Prostate	M	4	—	—	—	—	—	—	—	—	1	—	3	
Other Diseases of Genito-Urinary System	M	5	—	—	—	—	—	—	—	—	—	4	1	
	F	10	1	—	—	—	—	—	1	—	—	1	7	
Diseases of Skin Subcutaneous Tissue	M	1	—	—	—	—	—	—	—	—	—	1	—	
	F	1	—	—	—	—	—	—	—	—	—	—	1	
Diseases of Musculo-Skeletal System	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	10	—	—	—	—	—	—	—	3	—	5	2	
Congenital Abnormalities	M	12	9	1	1	—	—	—	1	—	—	—	—	
	F	7	2	—	1	—	1	—	—	1	1	—	1	
Birth Injury, etc.	M	6	6	—	—	—	—	—	—	—	—	—	—	
	F	7	7	—	—	—	—	—	—	—	—	—	—	
Other Causes of Perinatal Mortality	M	8	8	—	—	—	—	—	—	—	—	—	—	
	F	2	2	—	—	—	—	—	—	—	—	—	—	
Ill Defined Conditions ...	M	6	—	5	—	—	—	—	—	—	—	—	1	
	F	12	—	3	—	—	—	—	—	—	—	1	8	
Motor Vehicle Accidents ...	M	22	—	—	—	2	2	3	1	5	5	4	—	
	F	14	—	—	—	3	—	—	1	2	3	2	3	
All Other Accidents ...	M	30	—	—	3	1	3	—	3	6	4	4	6	
	F	43	1	—	—	2	1	—	1	1	1	6	30	
Suicide ...	M	14	—	—	—	—	2	—	1	4	2	4	1	
	F	6	—	—	—	—	—	2	—	2	2	—	—	
Other External Causes....	M	9	—	—	—	—	2	—	—	—	3	1	3	
	F	5	—	—	—	—	—	—	—	3	1	1	—	
Total All Causes	M	1619	25	9	6	5	12	13	42	134	334	550	489	
	F	1542	15	7	3	7	5	6	30	95	205	374	795	

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES 1972

	Newcastle upon Tyne	Gateshead	South Shields	Sunderland	Tynemouth	Northumberland	Durham
Registrar General's estimated population ..	217,220	93,490	98,610	215,280	67,880	507,820	822,580
Comparability factor:							
(a) Births	1.04	1.05	1.11	1.03	1.11	1.04	1.02
(b) Deaths	0.94	1.08	1.06	1.13	0.99	0.96	1.11
Crude birth rate per 1,000 population ..	12.54	14.7	13.0	15.7	13.73	13.50	14.8
Birth rate as adjusted by factor ..	13.04	15.4	14.4	16.2	15.24	14.04	15.1
Crude death rate per 1,000 population ..	14.55	13.3	13.9	12.1	14.16	12.99	12.3
Death rate as adjusted by factor ..	13.68	14.4	14.7	13.7	14.02	12.47	13.7
Illegitimate live births per cent of total live births	13.92	10.0	11.15	9.0	12.55	6.23	7.0
Infant mortality rate per 1,000 live births ..	20.57	25	24	24	19.31	15.46	19
Neonatal mortality rate per 1,000 live births	14.69	15	16	17	13.95	11.96	14
Perinatal mortality rate per 1,000 total births	27.13	27	14	27	21.30	19.63	23
Stillbirth rate per 1,000 total births ..	14.83	14	15	13	7.45	10.25	12
Maternal mortality rate per 1,000 total births	—	—	—	—	—	0.14	0.25
Tuberculosis rates per 1,000 population:							
Primary notification:							
(a) Respiratory	0.28	0.36	0.29	0.25	0.24	0.15	0.16
(b) Non-Respiratory	0.08	0.04	0.07	0.05	0.01	0.03	0.03
Deaths:							
(a) Respiratory	0.05	—	0.04	0.02	0.09	0.02	0.02
(b) Non-Respiratory	0.01	—	0.02	0.00	—	0.00	0.01
Death Rates per 1,000 population from:							
Cancer:							
all forms (including Leukemia and Aleukemia)	3.17	2.60	2.65	2.44	2.84	2.59	1.72
Lungs and Bronchus only	1.02	0.82	0.88	0.66	0.81	0.79	0.61
Meningococcal Infections	0.01	—	—	—	—	0.00	—
Whooping Cough	—	—	—	—	—	—	—
Influenza	0.05	0.03	0.08	0.04	0.06	0.06	0.05
Measles	—	—	—	—	—	0.00	—
Acute Poliomyelitis and Encephalitis	—	—	—	—	—	—	—
Diarrhoea (under two years)	0.01	0.01	0.02	0.01	0.01	0.00	0.01
Diarrhoea (under two years) per 1,000 live births	0.73	0.73	1.56	0.59	1.07	0.15	0.41

(— indicates no deaths)

MATERNAL AND CHILD HEALTH

1965-66

STATISTICAL INFORMATION

Table

Of the 1,762 City girls notified, 1,732 appeared in hospital
waiting rooms for an X-ray picture.

Number of X-ray pictures taken

Persons with abnormal findings

Persons with normal findings

Persons with no X-ray

Persons with no picture

Persons with no X-ray picture

II—NATIONAL HEALTH SERVICES ACTS

MATERNAL AND CHILD HEALTH

(Dr. D. Story)

STATISTICAL INFORMATION

Births

Of the 2,762 City births notified, 2,702 occurred in hospital, nursing homes, etc. as shown below:

	1972	1971
Hopedene Maternity Home	11	24
Princess Mary Maternity Hospital	677	690
Newcastle General Hospital	1,741	2,012
Hexham Hospital	6	13
The Green, Wallsend	187	215
Willington Quay Maternity Home	14	32
Preston Hospital, North Shields	51	109
Queen Elizabeth Hospital, Gateshead	1	7
Others	14	11
	<u>2,702</u>	<u>3,113</u>

ATTENDANCES OF CHILDREN AT CHILD HEALTH CENTRES

(1)	Number of children who attended during the year (2)	Number of children who first attended Centres during the year New Babies		Total number of attendances made by children included in Col (2) during the year		Average sessional attendances 0-4 years (7)
		Under 1 year (3)	Over 1 year (4)	Under 1 year (5)	Over 1 year (6)	
1972	7,387	2,216	271	20,767	11,842	24
1971	8,005	2,441	280	27,071	15,022	29

Reference for Consultant Advice

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

Newcastle General Hospital	65
Royal Victoria Infirmary	37
Fleming Memorial Hospital	1
Sanderson Orthopaedic Hospital	54
Hearing Assessment Clinic	8
Speech Tehrapy	10

ANTE-NATAL CLINICS

Local Authority clinics are available for general practitioners to hold antenatal sessions for their own patients at which the Local Authority midwife is also present. During the year eight clinics were used by G.P's for this purpose.

Mothercraft and relaxation sessions continue to be held generally in conjunction with the G.P's ante-natal sessions. During the year 70 women made 529 attendances.

FAMILY PLANNING

The Local Authority Family Planning Service, which commenced as a single weekly session at Armstrong Road Clinic in November, 1971 was increased by the addition of two fortnightly sessions at Blakelaw and East End Clinics. During the year 140 patients, of whom 86 were medical cases, made 289 attendances.

The Family Planning Association continued to hold sessions in local authority premises in St. Anthony's Clinic and Fawdon Clinic. The Health Committee makes a grant in respect of the cost of cases referred on medical grounds and towards the charges for cases remitted on social grounds as well as to cover the domiciliary service operated by the Family Planning Association. During the year 14 special referrals were made on medical grounds and 29 on social grounds.

CERVICAL CYTOLOGY

The City clinics carried out 336 smears on new patients, considerably less than in 1971 and ten women, seven of whom were under 35 years of age, were referred for further investigation. Follow up clinics for women who first attended in 1966-1967 have carried out 502 smears, from which there were no referrals. In addition to these clinics cervical smears are frequently taken as a routine at antenatal, family planning and gynaecological clinics, for which no statistics are available, and by general practitioners.

The following table shows the extent of local authority clinics from 1965 onwards and the number of payments for cervical cytology made to general practitioners by the Executive Council.

LOCAL AUTHORITY							
Year	First Appt.	Referred	Malignant	Follow-up	Referred	Malignant	Total
1965	351	6	3				351
1966	2,420	25	14				2,420
1967	1,330	25	14				1,330
1968	589	10	4				589
1969	582	12	3				582
1970	738	4	1				738
1971	537	6	2	342	—	—	879
1972	336	10	3	502	—	—	838

Executive Council Payments—1 April—31 March

1967/8	..	..	..	653
1968/9	..	..	..	674
1969/70	..	..	..	698
1970/1	..	..	..	593
1971/2	..	..	..	717
1972/3	..	..	..	747

CONGENITAL MALFORMATIONS**Congenital Malformations Notified, Newcastle upon Tyne**

	1967	1968	1969	1970	1971	1972
0. Central Nervous System	23	21	15	19	22	13
1. Eye, Ear	—	2	2	7	7	—
2. Alimentary System	11	5	10	8	14	8
3. Heart and Great Vessels	2	5	4	4	8	6
4. Respiratory System	2	—	2	2	3	—
5. Urogenital System	1	7	14	6	13	7
6. Limbs	12	19	20	28	30	33
7. Other Skeletal	—	2	2	1	2	1
8. Other Systems	1	3	2	4	8	4
9. Other Malformations	6	3	3	4	6	1
TOTAL DEFECTS	60	67	74	83	113	73
No. of children with Defects	47	56	55	58	100	61
Total Births	3,939	3,707	3,395	3,415	3,209	2,772
No. of Children with Congenital Defects per 1,000 Live and Still Births	11.9	15.1	14.7	16.9	31.0	23.4
No. of Children with Congenital Defects per 1,000 Live and still Births (England and Wales)	16.6	16.8	17.3	17.6	N.A.	N.A.

REGISTER OF HANDICAPPED CHILDREN

The Handicapped Register has now completed its second year and has grown considerably. At the end of the year there were 124 children on the register born in the following years.

1967	1968	1969	1970	1971	1972
<u>7</u>	<u>15</u>	<u>33</u>	<u>46</u>	<u>21</u>	<u>2</u>

This may not represent an increase in the number of handicapped children in the community, but points to the fact that the register is now becoming more complete.

Children's names are included in the register when they are notified as being in need of special care and education by the Health Visitors. Some children are included because they have attended hospital clinics and are known to paediatricians. It is probable that there are still children known to the hospitals who are not included, and so the actual number of handicapped children would be greater than this.

The children are all seen by a Senior Medical Officer and their physical and mental development is assessed and their social problems discussed with the parents. Many of the children require nursery placement or play groups, and twenty five of them attend the day nurseries run by the Social Services Department. Some attend other nurseries run by the N.S.P.C.C. or the Save the Children Fund. Their future educational needs are discussed with the parents, and they are eventually placed in schools suitable for their ability.

In 1972 40 children from the register were placed in schools as follows:

Normal infant school	..	14
Pendower Hall	..	6
Sheriff Leas	..	13
Percy Hedley	..	2
Partially Hearing Unit	..	1
Four children left the area.		

WELFARE FOODS

During the year changes introduced in 1971 became fully effective when the last bottles of welfare orange juice were sold in May. Sales of vitamin drops A D and C have started to increase and were nearly 2,000 more than in the previous year. Sales of National Dried Milk also increased slightly.

Cash received totalled £4,574·86.

The amount of cash taken for proprietary foods was £4,851·12 (£6,647·08—1971).

	National Dried Milk	A.D.C. Drops	A. & D. Tablets	Orange Juice
Paid	14,715	4,407	2,306	17,407
Free	5,455	1,895	178	70
Day Nurseries ..	51	286	—	—
Total ..	20,221	6,588	2,484	17,477

VACCINATION AND IMMUNISATION

The computer arrangements for recording immunisations and scheduling appointments started in 1968 were improved by the introduction of a new computer programme at the beginning of 1972 and the installation of visual display units in the Child Health Section. These computer terminals have greatly improved the system by direct updating of the computer programme within the department. Queries are frequently received from general practitioners and other medical personnel regarding the immunological status of children and the terminal provides an almost instantaneous visual display of this information.

During the year three more general practitioners joined the computer scheme. The proportion of courses of primary immunisation against diphtheria, whooping cough and tetanus completed by local authority clinics and general practitioners by the end of the year was 69% and 31% respectively.

NUMBER OF CHILDREN WHO HAVE BEEN IMMUNISED AGAINST MEASLES (1971 figures in brackets)

	Under 1 year	1—4 Years	5 years and over	Total
Child Health Centres	1 (1)	1,112 (1,148)	— (1)	1,113 (1,150)
School Clinics	— (—)	5 (—)	22 (1)	27 (1)
General Practitioners	2 (—)	526 (479)	13 (12)	541 (491)
Total	3 (1)	1,643 (1,627)	35 (14)	1,681 (1,642)

ORAL POLIOMYELITIS VACCINATION

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

(1971 figures in brackets)

Completed Primary Course (3 doses)	Under 5 Years	School Children 5—15 years	Age 15—19	Age 20 years & Over	Total
Child Health Clinics	1,440 (1,423)	1 (2)	- (-)	- (-)	1,441 (1,425)
School Clinics	20 (-)	606 (633)	55 (7)	- (-)	681 (640)
G.P. Surgeries	658 (610)	21 (34)	4 (51)	2 (-)	685 (695)
Medical Room in Civic Centre	- (-)	- (-)	- (-)	- (-)	- (-)
Total ..	2,118 (2,033)	628 (669)	59 (58)	2 (-)	2,807 (2,760)
Booster Doses:					
Child Health Centres	1,277 (783)	32 (65)	- (-)	- (-)	1,309 (848)
School Clinics	41 (62)	2,440 (2,546)	14 (471)	4 (-)	2,499 (3,079)
G.P. Surgeries	396 (266)	85 (244)	11 (93)	12 (-)	504 (603)
Medical Room in Civic Centre	- (-)	- (-)	- (56)	43 (-)	43 (56)
Total ..	1,714 (1,111)	2,557 (2,855)	25 (620)	59 (-)	4,355 (4,586)

SMALLPOX VACCINATION

NUMBER OF INDIVIDUALS SUCCESSFULLY VACCINATED AGAINST SMALLPOX
(1971 figures in brackets)

	Under 1 year	1—4 Years	5—15 Years	Over 16 years	Total
<i>Clinics</i>					
Primary	4 (4)	25 (584)	— (2)	— (1)	29 (591)
Revaccinations	— (—)	— (3)	2 (1)	7 (8)	9 (12)
*Medical Room Civic Centre (Revaccina- tions)	— (—)	— (—)	— (—)	124 (—)	124 (—)
<i>General Practitioners</i>					
Primary	1 (—)	47 (377)	31 (82)	76 (307)	155 (766)
Revaccinations	— (1)	5 (28)	50 (98)	335 (1109)	390 (1236)
TOTALS					
Primary	5 (4)	72 (961)	31 (84)	76 (308)	184 (1357)
Revaccinations	— (1)	5 (31)	52 (99)	466 (1117)	523 (1248)

NUMBER OF PERSONS INOCULATED AGAINST
TYPHOID, CHOLERA, Etc.

	Under 1 year	1—4 Years	5—15 Years	16 years and over	Total
Typhoid—Primary	—	1	76	23	100
Typhoid—Booster	—	—	25	6	31
Typhoid—Tetanus Primary	—	—	8	8	16
Typhoid Tetanus—Booster	—	—	3	109	112
Cholera—Primary	1	22	30	75	128
Cholera—Booster	—	—	9	48	57
Typhoid—Cholera Primary	1	1	36	57	95
Typhoid Cholera—Booster	—	2	—	11	13
Yellow Fever	1	113	123	1,925	2,162

DIPHTHERIA IMMUNISATION 1972

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY
OR RE-IMMUNISATION DIVIDED INTO AGE GROUPS (1971 figures in brackets)

	Under 5 years	5—15 years	Total
<i>Primary Immunisations</i>			
Clinics	1,440 (1,527)	481 (564)	1,921 (2,091)
General Practitioners ..	666 (588)	36 (12)	702 (600)
<i>Re-immunisations</i>			
Clinics	1,318 (830)	1,018 (1,101)	2,336 (1,931)
General Practitioners ..	402 (272)	125 (237)	527 (509)
TOTALS			
Primary	2,106 (2,115)	517 (576)	2,623 (2,691)
Re-immunisation ..	1,720 (1,102)	1,143 (1,338)	2,863 (2,440)

DIPHTHERIA IMMUNISATION
NUMBER OF CHILDREN UNDER 16 YEARS PROTECTED AGAINST
DIPHTHERIA, WHOOPING COUGH AND TETANUS
ARE AS FOLLOWS:

PRIMARY IMMUNISATION

Year	Per-tussis	Diph-theria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diph-theria	Total Pertussis	Total Tetanus
1972	2	10	2,096	535	150	2,641	2,098	2,781
1971	24	37	2,083	595	162	2,715	2,107	2,840

RE-IMMUNISATIONS

1972	—	94	82	2,687	1,184	2,863	82	3,953
1971	—	13	231	2,196	2,018	2,440	231	4,445

NURSING SERVICES

(*Miss F. E. Hunt*)

In this 100th Annual Report of the Medical Officer of Health it is interesting to note the evolution of the nursing services during this time, and what developments have taken place in the personal health services in the past 70 years. Although the origins of both district nursing and health visiting commenced in different parts of the country in the latter part of the 19th century, it was not until 1901 that the first two health visitors were appointed in this City. At that time where were 6,917 babies born and the deaths of children under one year of age were 1,386. The two ladies appointed worked in what were known as the fever areas on the Quayside and from reports it would appear that their work had a salutary effect upon the people visited.

- 1909 a further two health visitors were appointed.
- 1913 the first two school nurses were appointed to care for the health of schoolchildren.
- 1916 a Chief Health Visitor commenced work who also acted as Supervisor of Midwives.
- 1919 following the Maternity and Child Welfare Act, 1918, additional appointments were made to a total of 18 health visitors.

- 1930 establishment of health visitor training school in the Health Department.
- 1936 as a result of the Public Health Act, 1936, the City became responsible for the midwifery services and 28 midwives were appointed, and the first home helps were appointed to work in the homes of newly delivered mothers.
- 1941 Six day nurseries were established accommodating 200 children and a scheme of registered child-minders was organised.
- 1949 as a result of the National Health Service Act, 1948, the City became responsible for the District Nursing Services and 15 district nurses were appointed.
- 1950 the Cathedral Nursing Association was incorporated into the City nursing services, making a total of 27 district nurses plus a Superintendent.
- 1951 for the first time, male district nurses (four) were employed. Newcastle upon Tyne Health Department was the first local authority to arrange for student nurses in general nurse training to see something of community nursing, now part of the curriculum for all nurses in general training.
- 1956 two bath orderlies were appointed.
- 1957 district nurse training started for City staff. This was later incorporated into the National District Nurse Training which commenced in 1963 in the Health Department.
- 1959 the first home advisers were appointed to assist certain families in emergencies at their homes, in financial affairs and in the upbringing of their children.
- 1963 part-time night sitters were employed to sit with ill people in their own homes who were unable to be admitted to hospital.
- 1964 part-time dressing attendants were appointed to help with disabled and geriatric patients.
- 1965 the Health Visitor Training School transferred into the Further Education Department, now incorporated in the Newcastle Polytechnic.

- 1966 part-time wardens were appointed to visit lonely elderly people in their own homes.
- 1968 the District Nurse Training School was transferred to the Newcastle Polytechnic.
- 1971 with the formation of the Social Services Department, home helps, home advisers, wardens and night sitters were transferred from the Health Department.

The nursing services have increased in numbers and scope with the exception of the midwifery service which has been reduced as more mothers were delivered in hospital. The present establishment is as follows—

Director of Nursing Services	..	..	..	..	1
Area Nursing Officers	..	..	..	..	2
Nursing Officers	..	..	..	..	9
Health Visitors (including fieldwork instructors and geriatric visitors)	..	..	..	..	50
District Nurses (including practical work instructors, male nurses and S.E.Ns)	..	..	..	..	54
Midwives	..	..	..	..	18
Bath Orderlies (male and female)	..	..	..	..	17
Dressing Attendants	..	..	..	..	7

Management

January 1972 saw the implementation of the Mayston Report which provided the Local Health Authority Nursing Services with a management structure similar to that in the Hospital Services. This included the appointment of the Director of Nursing Services, two Area Nursing Officers and nine Nursing Officers. For the first time the nursing services were able to organise staff according to areas and to the need of the area. On the whole their transition to the new structure has gone smoothly, the most important achievement being the total attachment of health visitor and district nursing staff to general practitioners. Job description of nursing staff was undertaken by all nursing officers during the latter part of the year.

TRAINING

Courses

Seven health visitor students were sponsored by the department to undertake the course at the Newcastle Polytechnic. All were successful in obtaining the Health Visitor's Certificate.

Six district nurses undertook the training at the Newcastle

Polytechnic for the N.D.N. Certificate. Five were successful in passing the examination.

Two health visitors undertook the Fieldwork Instructor Course at Durham Technical College.

Five district nurses undertook the Practical Work Instructor Course at the Newcastle Polytechnic.

Six district nurses, five health visitors and one midwife attended courses at the Newcastle Polytechnic for First Line Management.

Four midwives attended refresher courses.

In-Service

As in previous years the pattern was followed of regular monthly meetings. Professional speakers from differing disciplines gave talks to the staff on current trends and of professional interest.

Students

112 student nurses visited with health visitors and 212 student nurses and 44 medical students visited with district nurses.

There were also health visitor students and diploma students who undertook their practical work training within the City.

During the year a great deal of preparation was undertaken between Polytechnic Tutors, Hospital Nursing Education Officers and Local Health Authority Senior Nursing Officers in relation to the General Nursing Council 1969 Syllabus, which provides for groups of nurses in training to undertake a 6-week module of observation in the community. The first group of nurses will be starting in 1973.

Liaison Schemes

One health visitor was seconded to the Geriatric Unit of the General Hospital.

One health visitor was seconded to the Paediatric Follow-up Clinic of the General Hospital.

One health visitor was appointed to liaise with the Child Development Centre at the Royal Victoria Infirmary.

These are in addition to the liaison arrangements already operating at the Newcastle General Hospital in the paediatric department and at the diabetic and venereal disease clinics.

Health Education

With the appointment of Mr. Ian C. Fairfax as Health Education Officer, health education programmes in schools have increased. Joint discussions between Mr. Fairfax and members of the staff on health education matters have stimulated interest.

Visitors to the Department

As in previous years visitors, including some from overseas, interested in community nursing have spent varying times within the department.

Immigrant Liaison Officer

The part-time immigrant liaison officer undertook the following visits—

Home visits to families	..	..	346
Visits to hospitals	..	..	21
Visits to chest clinic	..	..	16
Cruddas Park Centre	..	..	65
Doctors' surgeries	..	..	41
Visits to other clinics	..	..	1
Number of 'No Reply'	..	..	50
Cruddas Park School	..	..	2
Civic Centre Departments	..	..	5
Ponteland College	..	..	2
John Marley School	..	..	1
Rye Hill Nursery School	..	..	1

Midwifery

During the year two midwives retired, leaving 12 midwives in post at the end of the year. With so few domiciliary confinements, most of the midwives' work is now caring for hospital discharges.

24 pupil midwives undertook their community care training during the year and all were successful in passing the examination.

Year	Home Confinements			Hospital Confinements discharged (in days)				
	Live Births	Still Births	B.B.As.	1-3	4-6	7-10	11+	Total
1972	60	—	19	758	396	1,388	134	2,676
1971	110	1	24	842	570	1,418	213	3,043

SUMMARY OF MUNICIPAL MIDWIVES' WORK

Year	No. of ante-natal visits	No. of Clinic Visits	NUMBER OF BIRTHS				No. of Nurs-ings
			Doctor not booked		Doctor booked		
			Dr. present at time of delivery	Dr. not present at time of delivery	Dr. present at time of delivery*	Dr. not present at time of delivery	
1972	1,132	1,991	1	5	11	43	17,135
1971	2,096	2,361	1	8	25	76	20,884

* Either booked doctor or another

District Nursing

As a result of the Mayston reorganisation and development of attachment schemes to general practices, this was a busy year in the district nursing field. With many more nurses now participating in either surgery or clinic treatment there has become a closer tie, not only with doctors but with all the nursing and ancillary services employed in the department. District nurses are making more use of clinic premises for their clerical work and group discussions.

Patients attended by the District Nursing Service in 1972

Disease	Cases brought forward from 31st Dec. 1971	New cases present period	SEX		AGE GROUPS					
			M	F	under 1 year	1-4 years	5-14 years	15-64 years	65-79 years	Over 80 years
Cardiac ..	44	184	80	104	—	2	—	41	97	44
Respiratory ..	52	420	174	246	3	2	7	146	171	91
Hemiplegia ..	81	243	108	135	—	—	—	34	137	72
Senility ..	59	258	73	185	—	—	—	2	77	179
Infectious Diseases ..	1	25	5	20	—	—	—	9	13	3
Tuberculosis ..	18	31	17	14	—	2	1	24	4	—
Diabetes ..	50	52	8	44	—	—	—	17	30	5
Accidents and Other Violence ..	64	618	265	353	3	53	76	252	147	87
Carcinoma ..	70	350	138	212	—	—	—	172	153	25
Genito-Urinary ..	18	142	120	22	7	5	8	56	47	19
Gynaecological and Post Obstetric ..	56	452	—	452	—	—	—	418	25	9
Breast Abscesses ..	—	7	—	7	—	—	—	7	—	—
Stomach and Intestinal Complaints ..	99	872	441	431	1	7	28	516	226	94
Skin Infections ..	39	403	158	245	1	16	44	156	127	59
Varicose Ulcers ..	84	159	37	122	—	—	—	46	73	40
Rheumatism ..	50	106	14	92	—	—	—	25	50	31
Other Diseases ..	110	617	253	364	3	6	22	394	146	46
Anaemia ..	410	403	73	330	—	—	3	173	162	65
Diseases of Early Infancy ..	1	—	—	—	—	—	—	—	—	—
Normal Infants ..	—	—	—	—	—	—	—	—	—	—
Totals ..	1,306	5,342	1,964	3,378	18	93	189	2,488	1,685	869

Cases referred by:

General Practitioners	4,933
Newcastle Hospitals:	
Newcastle General Hospital	350
Royal Victoria Infirmary	16
Walker Gate Hospital	6
Fleming Memorial Hospital	5
Other Hospitals	31
Miscellaneous	1
Total	5,342
Total Visits:	160,921

Loan Equipment

The loan equipment store in the Ambulance Depot in Benton Road supplied a wide variety of nursing aids on free loan, and incontinence pads to those requiring them.

At the end of the year the following items were either on loan or in stock at the Depot:—

Bath aids (seats/mats, etc.)	204
Bed aids (tables, etc.)	1,229
Bed pans, etc.	1,309
Beds (including air beds)	143
Blankets	41
Commodes	902
Draw sheets	2,959
Hydraulic lifts/pullies	33
Mattresses	194
Pillow cases	74
Pillows	95
Plastic pants	256
Rails (bath/bed)	30
Rings (air and sorbo)	505
Rubber sheets	1,021
Seats—self lift	13
Sheepskin fleeces and heel muffs	68
Towels	15
Walking aids	1,085
Wheelchairs	508
Other	97

Health Visiting

During 1972 changes in the pattern of work have become obvious. The falling birthrate and the shifting population have reduced the number of young children. There has been an increase in the number of elderly patients referred by general practitioners to the health visitors.

With this changing pattern of age, distribution of families and with the added difficulties of health visitors tracing families within the City, it is necessary to review health visitor case loads constantly.

Home Visits Paid by Health Visitors

	1972	1971
Births and children under 1 year	14,144	16,026
Children over 1 year	33,046	44,433
Infectious diseases (other than tuberculosis)	194	44
Expectant Mothers	832	874
Aged persons	20,152	20,956
Tuberculosis cases	168	213
Tuberculosis Contacts	148	87

Hospital cases	248	347
Special visits	5,092	3,598
Housing reports	342	309
Venereal disease contacts	162	240
Home accidents	29	10
Sanitary defects	12	16
Totals	74,569	87,153
No. of households visited	15,624	15,627

In addition to the totals shown there were 22,078 unsuccessful visits compared with 23,109 in 1971.

Work of Health Visitors

Visits to day nurseries	147
Visits to general practitioner surgeries	4,177
Clinics—Child Health	2,565
—Antenatal	415
—Venereal disease	400
—other	955
Health Education—Health Centres	35
—General practitioner premises	39
—Child health centres	134
—Schools	314
—Hospitals	18
—Elsewhere	64
Case Conferences with	604
—Social workers	162
—hospital staff	111
—general practitioners	270
—any composition of above	52
—others, including teaching staff, Minister of Religion, voluntary organisations, co-ordinating committees, own nursing officers, school nurses, school medical officers, housing officers, etc.	538
	1,133

Staff

With more younger and often newly married nurses appointed to the staff, there is a more rapid turnover than previously.

	<i>Resignations</i>	<i>Appointments</i>
Health Visitors promoted to Nursing Officers	—	3
Health Visitors	4	7 (students)
S.R.Ns (Geriatric Visitors)	2	—
District Nurses promoted to Nursing Officers	—	3
District Nurses	4 (2 retired)	—
Bath Orderlies	4	4
Dressing Attendants	1	—

ANCILLARY SERVICES

Bath Orderlies

Due to the ever-increasing number of elderly people in the community the work for bath orderlies increases.

				1972	1971
No. of cases	..	..	..	1,306	1,171
No. of visits	..	..	..	16,910	17,373

Dressing Attendants

The pattern of this work does not alter, excepting in the number of additional people who require help to maintain a reasonable standard of ambulant life. Seven dressing attendants (part-time) were employed who paid 5,673 visits. 30 new patients were taken on during the year.

Laundry Service

During the year 24 patients required the incontinent laundry service.

NURSING HOMES

Three nursing homes are registered providing six maternity and 61 other beds as follows:

Conrad House, with 43 beds for the terminal care of malignant conditions.

Hopedene (Salvation Army maternity home), with six maternity beds.

University Sick Bay. This accommodation is registered to allow the possible use of 18 beds for disabled persons out of University terms.

A new Nuffield Nursing Home is under construction on the site of the former Northern Hospital and in 1973 will provide modern accommodation for 26 patients with consulting, radiological and surgical facilities.

REPORT ON THE MATERNITY AND CHILD WELFARE DENTAL SERVICE

(*Dr. J. C. Brown*)

This dental work was undertaken mainly at Arthur's Hill Clinic and the East End Clinic, although some patients were seen and treated at the part-time surgeries at Cowgate and Middle Street clinics. These young patients and expectant and nursing mothers were seen during the normal school dental sessions as their numbers no longer justify special clinic sessions being set aside for them.

The numbers of children attending for their first dental inspections were much the same as for the previous year, representing only about 25% of the numbers invited to attend. This low figure is somewhat disappointing but it is felt that the distance involved in travelling to the clinics for many of the patients residing in the suburban areas of the City is just too great, and that many potential patients are making use, one hopes, of the general dental services in their own localities, or, one fears, just not bothering to obtain advice or treatment at all. An attempt to bring the service to these out-lying areas was indeed made by positioning mobile dental caravans beside one or two of the Welfare Centres, notably at Atkinson Road and Kenton Clinics during the school holidays, but the poor attendances did not justify their retention.

In all, some 700 attendances were made over the year and it is worth mentioning that one little boy of some four years of age, who was fitted with full upper and lower dentures is so proud of them that he is not looking forward at all to the time when his 'second' teeth, arrive and the dentures will have to be discarded.

Details of the work carried out over the year are as follows:

No. of Visits for Treatment During Year	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	475	4
Subsequent Visits	196	2
Total Visits	671	6
Number of Additional Courses of Treatment other than the First Course commenced during year	11	—
Treatment provided during the year—		
Number of Fillings	254	4
Teeth Filled	206	3
Teeth Extracted	104	4
General Anaesthetics given	54	2
Emergency Visits by Patients	3	—
Patients X-rayed	2	—
Patients Treated by Scaling and/or Removal of Stains from the teeth (Phrophylaxis)	126	1
Teeth Otherwise Conserved	15	—
Teeth Root Filled	—	—
Inlays	—	—
Crowns	—	—
Number of Courses of Treatment Completed during the year	332	2
Prosthetics		
Patients Supplied with F.U. or F.L. (1st time)	1	—
Patients Supplied with Other Dentures	—	—
Number of Dentures Supplied	2	—
Anaesthetics		
General Anaesthetics Administered by Dental Officers	—	—
Inspections		
Number of Patients given First Inspection During Year	465	4
Number of Patients who required Treatment	137	3
Number of Patients who were offered treatment	137	3
Number of Patients re-inspected during year	8	—
Sessions		
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) De- voted to Maternity and Child Health Patients:		
For Treatment	80	—
For Health Education	—	—

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 table 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
1972	160,476	638,858	2,322	29,507	32,950	91,070	179,665
1971	163,613	638,737	2,224	25,694	33,870	88,800	179,510
Diff.	—3,137	+121	+98	+3,813	—920	+2,270	+155

Year	Total	
	Cases	Mileage
1972	253,868	880,980
1971	254,637	877,811
Diff.	—769	+3,169

Persons carried

The figures show very little fluctuation from the previous two years, after taking into consideration the special circumstances of 1970.

It will be seen there has been a fall of patients attending hospital within the City boundaries of 3,137 persons, the reason is explained by the drop in the population figures. These people are now being carried by the perimeter authorities depending on where they have moved in the rehousing plans or other local policies.

On the other hand there has been an increase in the service we have been able to provide for the Social Services and Education Departments. The number of persons carried has gone up by 2,270.

Mileage

There has been a slight increase in mileage for the whole of the service, principally accounted for by the various developments within the City of the one way traffic flow, and the environmental improvements introduced into residential areas, by the closing of certain roads and streets.

The overall mileage per person carried was 3.4, being 4.1 miles per hospital patient and 1.9 miles per person carried for social and education services.

Co-ordination

In addition to the 2,322 cases carried for other authorities, which are the operational but not the financial responsibility of this Authority, a further 19,549 patients were carried back to their homes in vehicles of their own Authority which would otherwise have returned either empty or with an under capacity commitment.

Services to other Departments

(1) Social Services

Although there has been an increase in the amount of transport provided for this department it is very apparent that this has not been sufficient to meet the rapidly growing demands.

During the next twelve months it may be necessary to make changes to ensure a greater degree of flexibility. These could be in the form of staggered attendance times, the use of more hired transport for specific commitments and the extension of the services over a longer period of the week.

There were 87,984 meals delivered on behalf of the Social Services Department to individual homes during the year.

(2) Education

Within the Education Department there is a need for special types of vehicles and trained staff to carry the handicapped children to the special schools.

The demand for this type of transport seems to be on the increase and should be taken into account when policy and plans are being discussed for the future of the Ambulance Service.

Maintenance

Year	Overhauls 12,000 miles	Inspection 3,000 miles	Miscellan- eous Repairs	Rebuilt Components	Vehicle Repaints
1972	67	200	891	17	14
1972	72	201	927	13	14
Diff.	—5	—1	—36	+4	—

Sickness has taken a heavy toll during the year, and it has effected the number of vehicles it has been possible to service. This is unfortunate because the fleet needs to be maintained at a high standard particularly when it is remembered that there are still a number of vehicles in service that have exceeded their economical life.

It has also been an unfortunate year in so much as only two new units have been added to the fleet.

The principle of ordering and purchasing vehicles in the same financial year will need to be reconsidered, as it is no longer possible for the manufacturers to guarantee delivery of a purpose built vehicle within twelve months of placing the order.

Training

The North East Ambulance Training Centre which serves the Region but is managed by the City Service has had a successful year during which it has held twelve courses. Five of six week duration for the training of new recruits into the various Services of the Region, and seven of two weeks, being refresher courses for staff who attend every three years.

89 students took the examination and of this number 81 were successful. The total number of students attending during the year was 159. 32 of these were from this Authority, 14 taking the examination and three failing to achieve the necessary standard.

Staff

21 staff have left the Service during 1972, and 28 new personnel were recruited, five of these on a part-time basis to act as escorts for the children carried on behalf of the Education and Social Services Departments.

Sickness during the year has amounted to 2,653 days for the total staff which is at about the same level as the previous year.

The Consultative Committee consisting of four members of the Management and four elected members of the Staff has continued to meet each month under the Chairmanship of the Medical Officer of Health.

Accidents to Vehicles and Safe Driving Awards

There were 42 minor accidents during the year and seven that have involved a claim upon the Insurers, making a total of 49 in all.

This represents 125,854 miles for each claimable accident, which considering the conditions the staff are driving in every day is a very praiseworthy record.

71 ambulancemen were entitled to a driving award from the Royal Society for the Prevention of Accidents for being accident free during the year.

Emergency Coronary Resuscitation Unit

The specially equipped vehicle attached to the above unit made 80 turn-outs during the year with medical crews either from the Royal Victoria Infirmary or the Newcastle General Hospital.

Maternity Flying Squad

During the year there were fourteen turn-outs.

HEALTH EDUCATION

(Mr. I. C. Fairfax)

The Health Department has for some time recognised the need to increase the facilities in its Health Education Service and there is an increasing demand from both statutory and voluntary agencies concerned with aspects of health and health education.

Administration and Organisation

Priorities in this field are the establishment of booking procedures for aids, re-appraisal of storage facilities and constructive spending of the finance available for health education purposes. There is also a need for in-service training amongst health department

staffs and other field workers whose role includes health education; plans are being made to meet this need early in 1973. With the current pattern of behavioural diseases, there is a greater need for changing attitudes rather than attacking established habits. Importance is, therefore, attached to making contacts with and influencing the formal educational system, in schools, colleges and teacher centres. Co-operation in recent years includes regular meetings between the health department and headteachers with health education playing a greater role. Areas of development and contact planned for 1973 are with industrial concerns, voluntary societies, general practitioners and hospitals. It is difficult to define priority topics in a department where the health education organisation is still being developed, but below are some current topics—

Safety

Concentration of safety in the home and water safety have been the two main features this year. A drug collection campaign was held from the 2nd to 14th October. This campaign was the second such, a previous one having been held in 1970. A new feature this year resulted from the involvement of the hospital services division of the Newcastle University Hospitals. During the fortnight of the campaign members of the public receiving their drugs from the hospital dispensary were given a leaflet on code and care of medicines. Despite the fact that there was a campaign two years ago and that there are now increased prescription charges, a considerable quantity was collected.

Drug and other Addictions

The problem of drug abuse, although still with us has lost its aura of crisis. The opportunity of this 'lull' has been taken to press for an 'on-going' educational approach to drug use and abuse in society rather than the short term dramatic approach. Schools are now much more aware of the need to include this topic in existing curriculum, i.e. social studies etc. Co-operation with the police is excellent and the Drug Liaison Group convened by the Medical Officer of Health has met at regular intervals throughout the year.

Smoking

There is still neglect by health education generally to take account

of the sociological evidence on the reasons why people smoke. Most agencies appear to be restricted to a short term propaganda approach which has largely been discredited by research evidence. However, the concept of simplyfying the smoking problem to one of persuading people to give it up, plus the constant attention given to it by the mass media appears to be having an effect. Promising signs in social support (within the City) to the non smoker are evident, i.e. in transport, public places, stores and theatres, etc. These steps have appeared to be taken without official pressure. A further anti-smoking clinic was held in conjunction with the British Temperance Society early in the year.

Other topics such as venereal disease and mental health are being tackled without a basis of sound research knowledge and the part health education has played has been connected with the message that V.D. can be cured and that of accepting the mentally ill and handicapped in the community. The department has been exercised about this situation and rethinking in these areas are future priorities.

SERVICES

III—OTHER PERSONAL HEALTH SERVICES

CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

(Dr. Joyce Grant)

Local authority services for the elderly

With a major reorganisation facing the health services it is timely to reflect on the effect such changes will have on the work of the staff concerned. New responsibilities have to be delineated and much careful thought needs to be given to team relationships and administrative procedures. Already in Newcastle upon Tyne there is a network of interdisciplinary working groups for the elderly which involve consultants in geriatric medicine and psychiatry as well as the general practitioners for the residential homes. The former could be the forerunner of the geriatric patient care group proposed for the integrated Health Service. Senior officers of the Social Services Department also attend. Likewise, a valuable link was founded between Health, Social Services and Housing, whose departmental representatives meet monthly to discuss the social and housing problems of the elderly and disabled.

The attachment of the Senior Medical Officer (Geriatrics) to the Social Services Department ensured continuity of medical assessment in the community, residential homes and hospitals but additional medical officer sessions could not be provided during the latter part of the year. This has reduced time available for reassessment of residents. Such detailed assessments are now usually available when they are admitted and case notes and the telephone provide a reasonable alternative. It seems, therefore, that this authority is in a strong position to face the inevitable change of working patterns that may occur with the departure of the Health department to the proposed Area Health Authority. The good working relationships produced by the liaison groups already described, the attachment of the Senior Medical Officer in Geriatrics and the increasing involvement of the Senior Medical Officer (General) in the medical assessment of the physically handicapped are all facets that augur well for the future. Certainly, staff in both Health and Social Services Departments remain convinced that our two professions must work in close unison if we are to achieve the best possible care for our elderly citizens with the resources available.

Residential and Day Care in Homes

The Oaks was opened in October 1972 providing 45 beds for men and women in Cruddas Park. It is attractively designed on falling ground, facing south, lies immediately opposite a shopping precinct and is connected by covered passage-way to 16 warden-supervised flats already occupied by elderly tenants some of whom are disabled and can enjoy the amenities of the Home.

The Social Services Committee now offer accommodation for 606 residents in 16 Homes and in addition maintains 69 persons in voluntary and other local authority homes. This represents 21 places per 1,000 of the population over 65 years of age. There are also 100 places in registered private Homes in the City and 200 places in voluntary Homes. The Polio Fellowship Hostel provides accommodation for 12 handicapped persons. Approximately 63 persons attended residential homes each week for the day, transport being provided by the ambulance service for 32 on four days.

The waiting list for residential care is shown in the following figures—

WAITING LIST FOR RESIDENTIAL HOMES

	Under 65		65-80 years		Over 80 years		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	Total
Own Homes	1	1	12 +2 (P)	11	2	18 +3 (P)	15 +2 (P)	45 +5 (P)
Private or Voluntary Homes	—	—	1 +1 (P)	1	—	—	1 +1 (P)	2 +4 (P)
Geriatric Unit	2	—	—	2	1	3	3	8
Wooley Hospital	—	1	3	5	2	8	5	19
St. Nicholas Hospital	1	—	6	3	2	—	4	12
Acute Hospitals	—	1	3	1	—	—	3	5
Psychiatric Hostel	1	—	3	—	—	—	4	4*
Totals							38	104 including 9 (P)

*unwilling to enter Residential Homes
(P) Priorities

WAITING LIST FOR PSYCHO-GERIATRIC HOSTELS

	Under 65		65-80 years		Over 80 years		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	Total
Own Homes	—	—	—	—	—	1	—	1
St. Nicholas Hospital	—	2	1	1	1	1	2	6
Residential Homes	—	—	2	2	—	—	2	4
Totals							4	11

Numbers of Admissions to Residential Homes—300; Discharges—117; Deaths—81.

Supervised Accommodation

'Help the Aged' opened 30 flats for the elderly in Chessar Avenue in the spring and there is promise of a similar development in Park Road by the Housing Department. The proposed annual building of further groups of 30 flats by the Housing Department as well as more development by 'Help the Aged' is most encouraging. The Abbeyfield Society is also planning the purchase of more houses.

Voluntary Services for the Elderly

Newcastle Age Concern has consolidated its area of work and expanded once more. After visiting 1,311 households containing one or more elderly persons in Byker, a day centre has been established, for which some voluntary transport is available. This expansion has been accompanied by an increased visiting service and planned expansion of local luncheon and tea club facilities.

The fuel crisis in the early spring prompted much support for the "Keep Them Warm" campaign launched the previous autumn and a great deal of visiting of elderly persons considered to be 'at risk' revealed much need. Blankets and electric fires were donated from many sources, including the USA. Christmas activities were organised to involve more pensioners than ever before and parcels issued centrally avoided much of the overlap familiar in the past.

The information service for the elderly continues to expand and give explanation of the maze of regulations surrounding all services. Voluntary transport is also becoming available for more people, though difficulties still exist for the most disabled who really need ambulance transport. A handicrafts exhibition revealed considerable talent and is planned as an annual event. Discussions are under way to develop a workshop for the elderly.

The King Edward Hospital Trust Fund has financed through the Young Volunteer Force Foundation a 'Health of the Elderly Project' associated with the Newcastle General Hospital and operating in the Cruddas Park social work team area. Two paid trained young organisers have harnessed volunteers to work with elderly patients waiting to enter hospital and after discharge and the results of this intensive support have been remarkable. The project is guided by a Steering Committee chaired by the Medical Officer of Health including consultants, social workers and the Organiser

of Age Concern, and this experiment for mutual help between youth and age is a welcome extension to community care.

Local Authority Services for the Physically Handicapped

As in previous years advice has been given to nursing and social work staff about some of the disabled in the community. The increasing involvement of Dr. D. J. Mantle in medical rehousing and in the Social and Occupational Centre and Hunter's Moor Hospital has increased opportunities for the medical assessment of the physically handicapped.

The appointment of two occupational therapists by the Social Services Department to work in the community and in Homes is a great advance. The postal survey of the extent of self-reported disability in the City revealed considerable need but it is interesting to note that of the dozen or so requests for residential care, all were needs already known or met by the time the survey was published. The opening of the new Shieldfield Health and Social Services Centre next year will provide some 100 places daily for the disabled.

Voluntary Servies for the Physically Handicapped

Under the auspices of the Northumberland and Tyneside Council of Social Services and a grant from the Social Services Department, the Newcastle upon Tyne Council for the Disabled has been formed. Representatives from the Health and Social Services Departments are on the committee and an organiser has been appointed. A number of activities are planned involving local associations, including study days, a voluntary transport scheme, sports activities and an information service. The inaccessibility of many public buildings will have attention. In general, it is intended that the needs of the most disabled will have priority.

Summary of assessments for residential care, day care and supervised accommodation

	Male	Female	Total
Hospital	28	42	70
Own homes	112	211	323
Private Homes	—	3	3
Disabled Drivers	—	—	55
Disabled Passengers	—	—	9
Total	—	—	460

Teaching

The Senior Medical Officer (Geriatrics) continued to be involved in postgraduate and undergraduate teaching of the medical and social work professions in the University as well as health visiting, nursing and social work students at the Polytechnic. These lectures, together with talks at pre-retirement courses and to voluntary groups, are steadily increasing in number.

Residential Care of the Elderly*

Residential Care of the Elderly in the past 100 years ranges from the old workhouse to the present day small home accommodation. Prior to 1861 there had been four Poor Houses in Newcastle, namely St. Nicholas', adjoining the Long Stairs; St. John's in Bath Lane; St. Andrew's and All Saints. It was to simplify the management of these four institutions that the Board of Guardians made plans for amalgamation and subsequently erected in the Workhouse on the site at the top of Westgate Road (now completely taken over by the General Hospital).

The Workhouse contained a residential school for children and a covered swimming bath, but when the children were moved out to Cottage Homes the accommodation was taken over for the aged and infirm inmates of the Workhouse and the swimming bath became a store.

Life in the Workhouse was strict and austere with wards of 40-50 beds, but gradual easing of restrictions took place after the Second World War and the City developed plans for small homes for the elderly. The first home acquired was Kenton Hall, shortly after the end of the war. Money was scarce and the first curtains at this home were blackout curtains relieved by embroidery. 29 ladies were transferred, many of whom had spent all their lives in institutions. Cedar Lodge, which had formerly been a children's home and Public Assistance office, was adapted as a Home for the elderly. Eskbank, a former private nursing home, and Adderstone House were also acquired and adapted.

The first homes specially built as Homes for the Elderly were Orchard House, built on the site of the orchard in the grounds of

* I am grateful to Mr. J. R. McKenzie for this information.

Kenton Hall, and Harehills, a home to specially cater for the more infirm.

The passing years have seen improvements made in each new home and the elderly are now housed in well equipped modern homes, mostly in single rooms where they retain their individuality whilst receiving adequate care for their age and infirmity.

CHIROPODY

This service is provided by the local authority at weekly clinic sessions of which there are now 22, with a further two fortnightly and one monthly, and is available to the elderly, physically handicapped and expectant mothers, at a nominal charge. Ambulance transport is available to take sitting cases to certain clinic sessions and domiciliary visits are arranged for those patients who are unable to attend clinics.

In order to meet the increasing demand for chiropody a senior chiropodist was appointed in September and a further full-time appointment is intended next year. Besides attending regular clinic sessions the senior chiropodist is responsible for the supervision of all part-time chiropodists and also visits and provides treatment in Pendower Hall School for physically handicapped children and Sheriff Leas School for mentally handicapped children. She has also started to visit those people referred from the Social Services Department's Chronically Sick and Disabled Persons' survey who expressed a need for chiropody.

The number of patients provided with chiropody at clinics and at domiciliary visits increased by over 1,250 compared with the previous year. Eight additional clinics, two fortnightly and one monthly were begun towards the end of the year, increasing the number of clinic sessions by ten. The local authority service is supplemented by clinics arranged by the Women's Royal Voluntary Service and the British Red Cross Society. Grants are made to these voluntary organisations towards the cost of the service they provide.

STATISTICS

	Sessions	Patients treated			Total	Treatments
		Aged	Phy. H/c	Other		
L.H.A.—						
Clinics	25	1,983	40	203	2,226	6,225
Domiciliary ..		632	35	19	686	1,993
		2,615	75	222	2,912	8,218
VOLUNTARY—						
B.R.C.S.	2	234	—	—	234	813
W.R.V.S.	2	252	—	—	252	1,006
TOTALS	29	3,101	75	222	3,398	10,037

REGISTER OF HANDICAPPED PERSONS

The following information regarding the number of registered handicapped persons in the City on the 31st December, 1972 was kindly supplied by the Director of Social Services.

		Blind Register			Deaf Register			Physically Handicapped
		Total Blind	Partially Sighted	Deaf Blind	Deaf without Speech	Deaf with Speech	Hard of Hearing	
Under 16	..	14	9	—	18	69	69	227
16 and under 65 ..	..	176	88	7	124	27	88	2,466
65 and over	..	365	100	14	18	12	144	2,992
Totals	..	555	197	21	151	57	301	5,685
Totals 1971	..	601	183	18	146	83	236	1,603

Physically Handicapped (General Classes)

The number of registered handicapped persons at 31st December, 1972 was 5,865 made up as follows:

	MALE						FEMALE						Total Male and Female	
	up to 16 yrs.	16-29 yrs.	30-49 yrs.	50-64 yrs.	65+ yrs.	Totals	up to 16 yrs.	16-29 yrs.	30-49 yrs.	50-64 yrs.	65+ yrs.	Totals	1972	1971
													1972	1971
Amputations	—	5	22	55	65	147	1	2	6	17	30	56	203	112
Arthritis and Rheumatism	—	—	23	130	148	301	3	4	36	172	689	904	1,205	297
Congenital Malformations and deformities	12	13	13	20	11	69	5	9	19	9	11	53	122	74
Diseases of the heart and circulation, the respiratory, digestive and genito-urinary systems and of the skin	7	6	58	391	315	777	7	6	34	166	392	605	1,382	367
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, limbs, spine etc.	—	14	46	86	79	225	1	1	22	51	92	167	392	173
Organic nervous disease, disseminated sclerosis, poliomyelitis, etc.	18	46	97	190	157	508	9	34	120	187	209	559	1,067	486
Neurosis, psychosis etc.	115	42	52	39	15	263	43	27	52	49	40	211	474	24
Tuberculosis (respiratory)	1	—	5	23	6	35	—	—	1	4	4	9	44	21
Tuberculosis (non-respiratory)	—	2	6	3	6	17	—	1	7	3	1	12	29	27
Diseases and injuries not specified above (diabetes, osteomyelitis etc.)	3	2	4	14	191	214	2	—	5	15	531	553	767	22
	156	130	326	951	993	2,556	71	84	302	673	1,999	3,129	5,685	1,603

Section I of the Chronically Sick and Disabled Persons Act, 1970 came into force on the 1st October, 1971. It requires local authorities to find out the numbers and needs of disabled people in their areas. The Social Services Department during the past 18 months has undertaken extensive surveys in the city to comply with this section.

Commencing on the 1st November, 1971 a total postal survey of the city was undertaken. This consisted of having distributed to each household in the city a questionnaire which when completed gave a description of a disabled person and his circumstances. These questionnaires were delivered to each household along with an explanatory letter and a post paid envelope asking disabled people to complete the questionnaire and return it. Along with this distribution extensive publicity was put out to all people in the city likely to be in touch with disabled people. A great deal of help was given by the press, television and other departments and agencies.

A very pleasing result was obtained from this survey and this has accounted, to a large extent, for the substantial increase in the number of people on the Disabled Persons Register.

Since the first survey was completed an additional sample survey was undertaken and this in itself, but also because of the attendant publicity, has resulted in yet more names being added to the Register.

A further part of Section I of the Chronically Sick and Disabled Persons Act requires a local authority to publicise its services. A leaflet has been produced by the Social Services Department giving details of services available throughout the local authority, and this has been distributed to many agencies, departments, libraries and information centres as well as to individual disabled people. Services for disabled people have been improved and there is a steady increase in the number of people applying for help and thus being known to the Social Services Department.

A close working relationship exists between the Department and other Departments helping disabled people and in that way too additional names are added to the Register.

EPILEPSY AND DRIVING

The Motor Vehicles (Driving Licences) Regulations 1970 prescribed conditions under which certain persons with controlled

epilepsy might be granted driving licences on a yearly basis. The Medical Officer of Health arranges for medical reports from family doctors or consultants and advises the licensing authority.

The following applications have been dealt with since the Regulations came into force—

1972				
Applications received	..	24	Approved	13
			Not approved	1
			Not epilepsy—normal driving licence issued	10
Applications for renewal		13	Approved	10
			Clear of epilepsy—normal driving licence issued ..	3
1971				
Applications received	..	14	Approved	6
			Not approved	6
			Not epilepsy—normal driving licence issued	2
Applications for renewal		10	Approved	10
1970				
Applications received	..	19	Approved	16
			Not approved	2
			Not epilepsy—normal driving licence issued	1

HOUSING

(Dr. D. J. Mantle)

Housing/Health and Social Services Liaison

Liaison Meetings between Officers of the Housing, Health and Social Services Departments continue to be held each month.

These meetings provide a valuable opportunity for the interchange of ideas on problems related to housing which call for the specialised knowledge of all three departments. They are particularly valuable in relation to the elderly and handicapped.

Medical Rehousing

Tenants who indicate that they may have medical grounds for priority rehousing are supplied with a medical form on which their doctor gives, in confidence, to the Medical Officer of Health information regarding their ill-health and the way in which this is being adversely affected by their present housing. Regular weekly

meetings are held with the Director of Housing's representative who provides details in each instance of the present accommodation, the age and sex of the occupants and their areas of choice for rehousing. Priorities are carefully assessed in the light of the needs of the individual and how this can best be met by the Housing Department. In many instances additional information is provided by the Social Services Department or obtained from visits made by health visitors.

During the year 1,355 new applicants were considered and 568 old applications were given further consideration, of the total number of applications considered 1,327 were Corporation tenants whilst the remainder were private tenants. Priority rehousing was recommended for 164 Corporation and 96 private tenants. During the year 157 Corporation and 62 private tenants were rehoused on medical recommendation.

Applications for priority rehousing on medical grounds form a continuous spectrum from those cases in which there are no cogent medical reasons to those where it is quite obvious that the individual simply cannot continue to live in his present accommodation. One of the greatest difficulties of the present system of recommending medical priority occurs in those cases where the individual has genuine medical grounds but these just fall short of the criteria for the recommendation of a medical priority. This unfortunate situation should be alleviated by a new points system which is being introduced by the Housing Department.

In essence, the new system is that all applications to the Housing Department, whether from Corporation or Private tenants, will be awarded a number of points which will be directly related to the time they have been on the waiting list. Applications for priority rehousing on medical grounds will then be given additional points according to the degree of medical disability. Thus those cases which under the current system were recommended a medical priority will be awarded sufficient additional points to bring them to the top of the waiting list; whilst those cases which at present just fall short of a priority would be given some additional points to raise them higher in the waiting list and consequently decrease their waiting period. The new system will obviously provide for a much more flexible approach to the problems of priority rehousing on medical grounds.

Evictions

The Director of Housing has kindly provided the following information:

Threats of eviction reported to Housing Dept.	216	(285)
Evictions prevented	8	(23)
Found own accommodation	110	(96)
Rehousing by Housing Department ..	78	(84)
No further action necessary	16	(77)
Cases outstanding and under observation		
—no immediate threat of eviction ..	4	(5)
Total	216	(285)

(1971 figures in brackets)

IV—INFECTIOUS DISEASE

PREVALENCE, PREVENTION AND CONTROL

PREVENTION AND CONTROL OF INFECTIOUS DISEASE

The incidence of infectious disease at different ages and in the various wards of the City are shown in table 'A' and 'B'.

Poliomyelitis and Diphtheria

For the tenth successive year there has been no case of poliomyelitis in the City and for the thirteenth successive year no case occurred of diphtheria. As a result of the routine screening of immigrant children diphtheria was isolated from a schoolchild returning from holiday in Pakistan. All other members of the household had throat swabs taken and were placed under surveillance but there were no other positive swabs and the diphtheria bacillus originally isolated was subsequently shown to be non-toxicogenic.

The following table shows the percentage of children born in the years 1968-1971 who had received primary immunisation against diphtheria and poliomyelitis by the end of 1972 showing that 30% of children reach school age unprotected against diphtheria and 33% unprotected against poliomyelitis.

		1968	1969	1970	1971
Diphtheria	..	72.5%	67.9%	65.2%	50.3%
Poliomyelitis	..	71.3%	65.9%	63.4%	50.5%

Measles

Epidemics of measles tend to occur with an interval of about 18 months between the end of one epidemic and the onset of the next. A measles epidemic finished in August 1970 and 1972 was expected to be an epidemic year. The epidemic which did occur, however, was much smaller than previous ones with only 552 notifications during the year. While this may in part be due to the continuing fall in the City's birthrate it could also be attributed to the immunisation programme which has continued since 1966.

The following table shows the percentage of children born in the years 1968-1971 who had either been immunised against measles or who had already had the disease by the end of 1972, showing that approximately 60% of the children born in 1968 and entering school in 1972 were immune to the disease.

		1968	1969	1970	1971
Immunised against measles	..	49.7%	47.5%	48.1%	30.8%
Immune from previous infection		12.0%	10.6%	6.3%	2.7%

Whooping Cough

Only four cases of whooping cough were notified during 1972. This is the lowest number in the past decade; the highest during the period was 189 in 1970.

Rubella (German Measles)

99 cases of rubella were notified during 1972. The average number of cases per year in the past ten years was 274 with 'highs' and 'lows' of 683 and 40.

Immunisation of schoolgirls against rubella continues as a routine procedure. It is currently offered during their first year in secondary school. The numbers of schoolgirls immunised since the initial trial in 1970 is as follows:

1970	..	398 (vaccine trial 1,318 children screened for antibodies)
1971	..	2,160 (12 and 13 year old children)
1972	..	963 (11 and 12 year old children)

Infective Jaundice

31 cases of infective jaundice were notified during the year. This number, although higher than the previous year when there were only 18 cases, is still low when compared with the 104 cases occurring in 1970 and the 139 occurring in 1969. However, there is reason to believe that this disease is not fully notified and that these figures are, therefore, an underestimate of the actual number of cases occurring within the city.

Dysentery

A total of seven cases of dysentery were notified in the City during 1972. Their occurrence was sporadic throughout the year with only one of the City's Wards having more than one case—two unrelated cases occurred in Sandyford.

Food Poisoning

Only one case occurred during the year.

Typhoid Fever

Two cases of typhoid fever occurred in the City in 1972. Both were imported cases, one from Spain, the other from West Pakistan.

The first case of typhoid occurred three days after return to this country of a package holiday to Spain. Follow-up of his contacts were arranged including another 136 members on the holiday. Whilst no other case of typhoid was found, a wide variety of other *Salmonella* organisms suggested heavy contamination by either food or water consumed by the party on holiday.

A second case of typhoid occurred in a young Pakistani male recently arrived from West Pakistan. His contacts were followed up and no further case occurred.

Malaria

Four cases of malaria were notified during 1972. On enquiry it was found that in each instance the patient had either newly arrived in this country from a malaria endemic area or had recently returned from a holiday in such an area.

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 1972

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 unkn'n		1972		1971	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acute Meningitis ..	1	—	2	1	1	—	—	—	—	1	—	—	—	—	—	—	4	—	7	4
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	—	—	3	—	—	—	1	—	1	—	1	—	—	—	—	—	7	—	17	—
Typhoid Fever ..	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—	—	—
Food Poisoning ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—
Infective Jaundice ..	—	—	2	—	8	—	6	—	10	—	4	—	—	—	—	—	30	—	18	—
Measles ..	29	—	244	—	275	—	4	—	—	—	—	—	—	—	—	—	552	—	129	—
Ophthalmia Neonatorum ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Rubella ..	7	—	38	—	48	—	4	—	2	—	—	—	—	—	—	—	99	—	722	—
Scarlet Fever ..	—	—	18	—	26	—	2	—	1	—	—	—	—	—	—	—	47	—	70	—
Whooping Cough ..	1	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—	4	—	27	—
Malaria ..	—	—	1	—	2	—	—	—	1	—	—	—	—	—	—	—	4	—	2	—
Totals ..	38	—	310	1	361	—	17	—	17	1	5	—	2	—	—	—	750	—	996	4

TABLE B

WARD DISTRIBUTION OF INFECTIOUS DISEASES (CITY CASES)

WARD	Acute Meningitis	Acute Poliomylitis	Dysentery	Typhoid Fever	Food Poisoning	Infective Jaundice	Measles	Ophthalmia Neonatorum	Rubella	Scarlet Fever	Tuberculosis (All Forms)	Whooping Cough	Malaria
St. Nicholas	—	—	1	—	—	—	8	—	—	—	5	—	—
Blakelaw ..	—	—	—	—	1	—	45	—	20	5	3	1	—
Kenton ..	—	—	1	—	—	4	36	—	5	3	5	—	—
Scotswood	—	—	1	—	—	9	33	—	5	2	1	—	—
Stephenson	—	—	—	—	—	—	9	—	4	2	4	—	—
Armstrong	—	—	1	—	—	—	14	—	8	1	3	—	2
Elswick ..	1	—	—	—	—	2	33	—	3	4	3	—	1
Westgate ..	1	—	—	—	—	—	19	—	7	3	3	—	—
Arthur's Hill	—	—	—	—	—	—	32	—	9	5	9	—	—
Benwell ..	—	—	—	—	—	1	16	—	3	1	1	—	—
Fenham ..	—	—	—	—	—	6	23	—	7	4	8	—	—
Sandyford	—	—	2	—	—	3	62	—	4	2	4	—	—
Jesmond	—	—	—	—	—	—	2	—	6	1	3	—	1
Dene ..	—	—	—	—	—	3	36	—	2	3	2	—	—
Heaton ..	—	—	1	1	—	—	24	—	4	2	3	—	—
Byker ..	—	—	—	—	—	1	4	—	2	1	5	—	—
St. Lawrence	—	—	—	—	—	—	28	—	1	3	1	—	—
St. Anthony's	—	—	—	—	—	—	35	—	2	3	3	—	—
Walker ..	1	—	—	—	—	—	71	—	7	2	6	—	—
Walkergate	—	—	—	1	—	1	22	—	—	—	3	1	—
Total 1972 ..	4	—	7	2	1	30	552	—	99	47	78	4	4
Total 1971 ..	7	—	17	—	2	18	129	2	722	70	71	27	2

SKIN TREATMENT UNIT

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

The table below gives statistics which show the number of cases treated, and 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	
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
1971	380	76	8	464	511
1972	354	77	10	441	502

VENEREOLGY

(*Dr. A. S. Wigfield*)

New registrations at Ward 34 for 1972 amounted to 4,345 of whom 1,701 (39%) were Newcastle upon Tyne residents and to whom the table below refers:

	Grand Total	Male	Female
New Registrations Total	1,701 (1,728)	1,091 (1,144)	610 (584)
Gonorrhoea	345 (377)	195 (232)	150 (145)
Gonococcal Ophthalmia	— (2)	— (1)	— (1)
Syphilis—Early infectious	5 (—)	4 (—)	1 (—)
Syphilis—Late non-infectious	12 (8)	5 (4)	7 (4)
Non-gonococcal Urethritis	283 (283)	283 (283)	— (—)
Trichomonas Vaginitis	—	—	—
Infestation	113 (121)	— (—)	113 (121)
Non-venereal conditions requiring treatment	359 (324)	237 (226)	122 (98)
Non-venereal conditions not requiring treatment	584 (613)	367 (398)	217 (215)

The figures in brackets relate to 1971

For the first time in seven years total registrations showed a decline amounting to 1.5%, accounted for by a reduction in the number of males. The female totals have continued to rise and show an increase of 4% over 1971. Male gonorrhoea is down by 16% and female gonorrhoea shows only a 3% rise. We can now boast of a male:female ratio of 1.3:1. The approach of this ratio towards unity will only prove acceptable if it is followed by a dramatic reduction in the total numbers of cases of gonorrhoea because a 1:1 ratio could quite well occur with a steady and equal rise in gonorrhoea in both sexes. It is, therefore, premature to judge the significance of our figures.

The contribution of female teenagers to total female gonorrhoea has risen to 37% but there were no cases of gonococcal ophthalmia. The syphilis figures show no statistical change. Non-gonococcal urethritis in the male shows an identical figure to last year. Non-venereal conditions show no change with slightly more requiring treatment and rather fewer requiring no treatment.

Contact Tracing

A total of 180 male gonorrhoea cases acquired their infections in Newcastle. 52 women were unknown; 19 of the remaining 128 were responsible for 45 infections, which reduced the total that had to be sought to 102 women. 90 of these 102 women attended, 52 by patients' persuasion, 28 by Contact Tracers and ten of their own accord. 76 were found to have gonorrhoea. Of the 12 who did not attend, five refused, three were lost sight of, one attended elsewhere, one was found but failed to attend as promised and two were untraced.

There were 33 subsequent contacts at risk from our male patients, comprising 20 wives, 13 friends, two regular liaisons and one fiancée. 31 attended by patients' persuasion, two by the Contact Tracers, one was treated by her General Practitioner, one was lost sight of and one was found but failed to attend. Of the 33 who did attend 31 were found to have gonorrhoea.

An unexplained phenomenon in the past has been that the V.D. graphs, in some respects, rise in stepladder formation. We shall have to wait for another year to see whether society has reached saturation point with V.D. or whether we shall witness a further sharp rise.

CHEST CLINICS

MASS RADIOGRAPHY

V-TUBERCULOSIS

CONTACT CLINICS

TUBERCULOSIS

There was an increase in the number of new cases of pulmonary tuberculosis, 61 cases, seven more than last year, were notified, giving an attack rate of 0.28 per 1,000 population. New cases of non-pulmonary tuberculosis numbered 17, the same as in 1971, the attack rate increasing from 0.077 to 0.078.

Twelve deaths from the disease occurred, the same number as in 1971, ten due to pulmonary tuberculosis; giving a death rate of 0.045 per 1,000 population and two due to non-respiratory tuberculosis, a rate of 0.009 per 1,000 population.

Notifications

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

<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Total</i>
61	17	78

Sources of notification were:—

General Practitioners	..	6
Chest Physicians	..	55
Hospital Medical Staff	..	17
		78

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

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING 1970, 1971 and 1972

		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—	1972	—	1	1	3	—	2	2	3	6	7	6	5	2	38
	1971	—	—	—	1	—	—	4	4	6	3	5	6	2	31
	1970	—	—	2	3	1	2	2	4	6	11	14	4	5	54
Females—	1972	—	—	2	4	2	2	2	2	3	1	3	—	2	23
	1971	—	—	—	—	1	2	1	1	3	5	6	4	—	23
	1970	—	—	1	2	—	1	2	3	8	4	—	3	4	28
Non-Respiratory—															
Males—	1972	—	—	1	—	—	—	1	—	3	2	—	—	—	7
	1971	—	—	—	—	—	—	—	6	—	1	—	—	—	7
	1970	—	—	—	—	—	—	—	3	2	—	1	1	—	7
Females—	1972	—	—	—	—	—	—	—	1	4	2	—	1	2	10
	1971	—	—	—	—	2	2	—	2	—	1	1	2	—	10
	1970	—	—	—	—	—	—	—	2	2	1	2	2	1	10
Totals	1972	—	1	4	7	2	4	5	6	16	12	9	6	6	78
	1971	—	—	—	1	3	4	5	13	9	10	12	12	2	71
	1970	—	—	3	5	1	3	4	12	18	16	17	10	10	99

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1932

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
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
1971	54	12	0.054	0.24	17	—	—	0.08	71	12	0.05	0.32
1972	61	10	0.045	0.28	17	2	0.009	0.08	78	12	0.05	0.35

AGE DISTRIBUTION OF DEATHS DURING 1972

	Under 1	1 and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	Total
Respiratory— Males ...	—	—	—	—	—	—	—	—	—	1	2	2	1	6
Females ...	—	—	—	—	—	—	—	—	—	2	1	—	1	4
Non-Respiratory— Males ...	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Females ...	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Totals ...	—	—	—	—	—	—	—	—	—	4	4	2	2	12

RESPIRATORY TUBERCULOSIS—PERIODS OF NOTIFICATION BEFORE DEATH

	Deaths which occurred in these years												
	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Persons not notified before death ...	7	8	5	1	4	7	7	4	3	—	2	2	5
Persons notified under 1 month ...	2	1	3	—	—	—	2	—	3	4	3	6	2
Persons notified between :—													
1 and 3 months ...	3	—	1	—	—	1	—	—	—	—	—	—	—
3 and 6 months ...	—	—	1	—	—	—	2	1	1	—	1	—	1
6 and 12 months ...	1	—	1	—	—	2	—	—	—	—	—	—	—
12 and 18 months ...	—	—	—	—	—	—	—	—	—	—	—	—	—
18 and 24 months ...	—	—	—	—	2	—	—	—	—	—	—	—	—
2 and 3 years ...	4	2	3	1	—	1	—	—	—	—	—	—	—
Over 3 years ...	7	10	8	7	8	8	9	5	7	1	3	4	2
Totals ...	24	21	22	9	14	19	20	11	14	6	9	12	10

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. 1967-1972

Notifications	1967	1968	1969	1970	1971	1972
All forms ..	8	12	14	9	4	14
Meningitis	1	1	—	—	—	1
<i>Deaths</i> All forms	—	—	—	—	—	—

TABLE 1A

NUMBER OF CHILDREN TREATED WITH CHEMOTHERAPY 1967-1972

	1967	1968	1969	1970	1971	1972
Under 5 years ..	5	4	1	4	6	1
5-10 years ..	9	17	6	7	14	14
11-15 years ..	5	9	11	15	7	9

TABLE 2

THE RESULTS OF ROUTINE TUBERCULIN TESTING IN SCHOOLS 1967-1972

	1967	1968	1969	1970	1971	1972
<i>Leavers</i> aged 11 years +						
% tested	80	82	95	77	96	83
Number Tested	2,497	2,532	3,004	2,599	3,816	3,873
Had previous BCG	—	381	553	757	670	537
% Positive—unvaccinated ..	0.8	1.8	0.4	0.5	0.2	0.2
<i>Juniors</i> aged 8 years +						
% tested	86	89	81	91	93	—
Number Tested	2,641	3,025	2,270	3,077	3,068	—
Had previous BCG	—	518	734	677	601	—
% positive—unvaccinated ..	0.5	0.0	0.2	0.2	0.2	—
<i>Infants</i> aged 5 years +						
% tested	88	93	80	90	94	98
Number Tested	3,580	3,441	2,603	3,200	3,310	3,071
Had previous BCG	—	527	523	415	435	342
% Positive—unvaccinated ..	0.3	0.0	0.1	0.1	0.1	0.1

TABLE 3

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AND THE NUMBER FOUND
TO BE TUBERCULIN POSITIVE 1967-1972

	1967	1968	1969	1970	1971	1972
Number seen ..	1,175	1,019	1,143	1,131	1,001	828
Number Tuberculin Positive	5	4	4	7	6	4
% Positive	0.4	0.4	0.4	0.6	0.6	0.4

TABLE 4

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF
NEWLY DIAGNOSED PATIENTS 1967-1972

	1967	1968	1969	1970	1971	1972
Number seen ..	97	68	48	52	91	82
Number Tuberculin Positive	5	2	1	3	7	3
% Positive	4.9	2.9	2.1	5.7	7.7	3.6

TABLE 5

THE NUMBER OF BCG VACCINATIONS IN NEWCASTLE 1967-1972

	1967	1968	1969	1970	1971	1972
Chest & Contact Clinics	769	1,370	715	830	691	645
Newcastle General Hospital	169	134	97	226	270	241
Princess Mary Maternity Hospital	202	74	77	70	70	89
Hexham Maternity Hospital	5	—	—	—	—	—
School Children ..	3,082	2,515	2,553	2,347	2,283	2,849
Further Education Students	—	92	—	—	—	—
Students Medical Room, Civic Centre	—	—	8	8	5	4
TOTAL ..	4,227	4,185	3,450	3,481	3,319	3,812

Heaf Testing and B.C.G. in Schools**TUBERCULOSIS**

				<i>Age Group</i>	
				<i>5 years</i>	<i>10/12 years</i>
The number of parents to whom circulars were sent				3,096	3,128
Number of children for whom consent was received				2,969	2,831
Number of children who were tested and read ..				2,851	2,286
Grades of reaction obtained	1	..	..	222	157
	2	..	..	157	308
	3	..	..	46	81
	4	..	..	24	14

B.C.G. Vaccination

Number of children protected in maintained schools ..	..	1,747
Number of children protected in independent schools ..	..	1,102

Children who show a reaction in grades 2, 3 and 4 are referred to the Contact Clinic.

TUBERCULOSIS

(Dr. J. R. Lauckner)

As envisaged in last year's report, a unified Chest Service for the City has been in operation throughout the year 1972, based on the clinic on Elswick Road. Clinic sessions have been shifted gradually, records have been transferred and integrated and administrative activity at New Bridge Street Clinic gradually phased out. All activity in the East finally ceased early in 1973. Approximately the same number of clinic sessions and a similar volume of work are now concentrated in one location, with the help of more general practitioner clinical assistant sessions. This arrangement has certain obvious advantages.

In-patient chest work remains divided between Newcastle General Hospital and Walker Gate Hospital. However, during the period April to December 1972 it was all concentrated at Walker Gate Hospital, in order to facilitate structural work on some of the medical wards at Newcastle General Hospital. There has been a distinct overall reduction in the occupancy of chest beds, the reasons for which are not altogether clear. It seems likely that, with more efficient use of modern antibiotics and other drugs, more chest illness can be satisfactorily managed at home. Perhaps we are inclined to retain patients in hospital for shorter periods. There is no reason to suppose that the prevalence of serious chest illness in the City has decreased.

There remains a limited need for hospitalisation of patients suffering from tuberculosis. This is only a fraction of that required even 10 years ago, but the need is not likely to diminish much more during the next few years. To a considerable extent this need is social (arising from the domestic and other circumstances of the patients) rather than medical. It continues at about 15 to 20 beds. There is now some uncertainty about where they will be accommodated after the opening of Freeman Road Hospital in 1975.

Tuberculosis in 1972

After the dramatic fall in notifications last year, it is not surprising that total notifications in 1972 were up by 7 to 78. This increase was all accounted for by respiratory cases. Non-respiratory cases continued at the same level for the fourth successive year, namely 17 cases or almost 22% of the total. This is twice the average percentage for indigenous British patients, and only a small part of the excess can be attributed to immigrant patients, among whom some 30% of cases are likely to be non-respiratory.

Notifications (all forms) in children increased from 4 in 1971 to 14 in 1972. The 1971 figure was probably abnormally low, and there has been no obvious trend in notifications in children for several years, despite clear evidence of falling incidence of new infections in childhood. The number of children treated with chemotherapy each year also shows no tendency to decrease, and gives little indication of the incidence of disease, because as numbers decrease the indications for treatment widen. Thus the only useful index in children appears to be the prevalence and incidence of tuberculous infection.

Relapses of pulmonary tuberculosis, which were unusually few in 1971, have returned in 1972 to the usual level of about 10 per year. As previously explained, this level is likely to be maintained for some years at least. After death notifications continue.

When allowance has been made for all these special categories, it becomes apparent that the decrease in new cases of adult pulmonary tuberculosis continues. In Newcastle this decline probably remains at about 10% per year, although for England and Wales as a whole there is a suggestion of flattening out, as the Chief Medical Officer of the D.H.S.S. has pointed out in his Annual Report for 1972.

Data for Respiratory Tuberculosis

These are presented in the usual tables, with division into East and West on a geographical basis, to permit comparison with previous years, although the majority of patients from both sides of the City were dealt with at Elswick Road.

		<i>Inward Transfer</i>	<i>New</i>	<i>Relapse</i>	<i>After death Notifications</i>	<i>Total</i>
Primary Intrathoracic	..	—	17	—	—	17
Mediastinal Glands	..	—	—	—	—	—
Pleura	.. ..	1	3	—	—	4
Adult Pulmonary	..	7	41	9	5	62
		8	61	9	5	83

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 Notifications</i>	<i>Total</i>
Smear Positive	.. ..	3	16	4	—	23
Culture Positive	.. ..	—	11	2	2	15
Culture Negative	.. ..	4	13	3	—	20
No information	.. ..	—	1	—	3	4
		7	41	9	5	62

The active cases arising in the City during the year (new cases plus relapsed cases) were thus 50, compared with 48 last year and 82 in 1970. Of these 33 (66%) were potentially infectious. The total of new foci of infection in the City during the year was only 36, compared with 43 last year.

Divided into East and West areas the situation is as follows:—

		<i>EAST</i>				<i>WEST</i>			
		<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	..	2	8	1	11	1	8	3	12
Culture Positive	..	—	4	1	5	—	7	1	8
Culture Negative	..	3	9	1	13	1	4	2	7
No information	..	—	1	—	1	—	—	—	—
		5	22	3	30	2	19	6	27

The five year comparison, comparable with similar tables in recent years follows:-

	1968	1969	1970	1971	1972
Primary intrathoracic ..	11	11	9	1	17
Mediastinal glands	6	2	—	2	—
Pleura	4	7	4	5	3
Adult pulmonary:					
Inward transfer	19	12	10	7	7
New	67 } 78	63 } 71	71 } 82	46 } 48	41 } 50
Relapse	11 }	8 }	11 }	2 }	9 }
New foci of infection (excl. people not notified before death)	59	55	68	43	36

Comment

The overall impression is that tuberculosis in the City continues to decline. The striking and rather unexpected feature this year is the relatively high proportion of culture negative cases of adult pulmonary disease. Only 66% of such cases were bacteriologically confirmed, a much lower figure than any since 1967 (68%). There is still an excess of culture negative cases in the East side of the City, where only 56% were positive compared with 76% on the West. It will be interesting to see whether this difference persists following complete integration.

A tendency is developing to extend the range of chemotherapy to include minimal apparently inactive disease, strongly positive tuberculin reactions in Asian immigrants and other high risk groups, with intent to prevent the development of active disease — which is often called chemoprophylaxis. The intention is to preserve the same standards for notifications as in previous years, which may be difficult with the number of doctors involved. It is possible that there has in fact been a little relative over-notification during 1972.

MASS RADIOGRAPHY

(Dr. J. R. Lauckner)

There has been no further change in policy or operating methods during 1972. Consequently the numbers x-rayed at the Static Unit in the different groups are very similar to those in 1971 (Table I).

Details are also given of special groups examined in the City by the Caravan Unit in the course of its Wednesday programme (Table II).

We continue to discourage routine x-rays for employees of commercial and other undertakings in the City, where the examinees attend at the Static Unit, because this is essentially the same as the now discontinued visits of the Mobile Unit to large firms. However, there is no doubt that staff and management appreciate this service, there remains some spare capacity, so we continue for the present. The fact that only two cases of tuberculosis were found in this group during 1972 and none during 1971, out of more than 8,000 examinations each year, is sufficient comment on the value of the activity.

On the other hand there are certain groups of people, such as hospital staff, school teachers, police and bus crews, who should continue to have routine x-rays because of the greater risks – both of exposure to infection and of disseminating infection should they develop disease.

The "Follow-up Scheme" continues to expand in respect of the total number on the list, in particular more ex-patients from the East side of the City are now being included. The number actually attending has only increased slightly. This is partly because not everybody attends every year, and partly because of losses from change of address (particularly due to slum clearance), death, disability, etc. In one way and another we keep catching up with "old friends" who have got lost for a year or two. This continues to be regarded as a worth-while activity, and is appreciated by many ex-tuberculosis patients.

The number of cases of active tuberculosis discovered was similar to the previous year, 26 by the Static Unit and 1 by the Caravan Unit, compared with 28 in 1971. This parallels the very similar amount of respiratory tuberculosis in the City during the year. There were fewer cases found among people referred by their Family Doctors and more among the General Public, but this difference may not be very meaningful, since in either case they were likely to be people with symptoms.

Consequently the pick-up rate among doctors' patients has fallen again this year. The number referred is much the same and

represents roughly one-third of all examinees. This group remains by far the most fruitful source of cases. The main continuing function of Mass Radiography (100mm photofluorography) is to provide immediate unimpeded access to chest x-ray facilities for people with respiratory symptoms, whether referred by their doctors or attending on their own initiative. Roughly half the cases of pulmonary tuberculosis in the City are revealed in this manner.

TABLE I
WORK CARRIED OUT BY STATIC UNIT AT
NEWCASTLE GENERAL HOSPITAL DURING 1972

Examinee Group	Number X-rayed	Referred to Chest Clinic	Active Tuberculosis	Bronchial Carcinoma
Doctors' Patients ..	7,123	915	16 (2.3)	92
General Public.. ..	6,141	177	6 (1.0)	5
Industrial and other Groups	8,253	99	2 (0.2)	—
Contacts	291	14	—	—
Hospital O.P. & I.P. ..	862	8	—	—
Follow-up Scheme ..	1,614	28	2 (1.2)	1
	24,284	1,241	26 (1.1)	98

Figures in brackets are rates per 1,000

TABLE II
WORK CARRIED OUT BY CARAVAN UNIT
IN NEWCASTLE DURING 1972

Examinee Group	Number X-rayed	Referred to Chest Clinic	Active Tuberculosis	Bronchial Carcinoma
Teacher Training College	328	1	—	—
Old People's Homes ..	356	18	—	2
Work Contacts (two groups) ..	72	2	1	—
	756	21	1	2

TABLE III
TUBERCULOSIS AMONG PERSONS REFERRED BY
GENERAL PRACTITIONERS

Year	Number Referred	Active Tuberculosis	Rate per 1,000
1968	7,883	30	3.8
1969	7,542	30	4.0
1970	8,034	33	4.1
1971	7,002	24	3.4
1972	7,123	16	2.3

REPORT OF THE SCHOOL MEDICAL OFFICER

VI—SCHOOL HEALTH SERVICE

SYNOPSIS OF REPORT SUBMITTED TO EDUCATION COMMITTEE

REPORT OF THE SCHOOL HEALTH SERVICE

(*Dr. H. K. Sainsbury*)

General

This report covers the penultimate year of the period during which the School Health Service has been the responsibility of the Local Education Authority and it is thought right and proper to place on record a general description of the service as it exists at the present time.

The service was originally brought into being to raise the standard of health of the nation by recognising and treating common diseases in their early and curable stages. Educationalists saw in the service an opportunity to maintain the health of pupils in schools and enable them more fully to benefit from the education being provided for them. These two concepts are valid at the present time and have been developed to include, in addition, immunology and work in connection with the ascertainment of handicapped pupils.

The Principal School Medical Officer, who is also the Medical Officer of Health, directs the carrying out of the duties devolving upon the Education Committee under the Education Act of 1944, in respect of the School Health Service. The Education Committee is financially responsible for the service and determines matters of policy, but the day to day management of the service is conducted within the Health Department, where it is integrated with other activities of the personal health services.

Administrative officers, responsible for the co-ordination of the functions of the service, work in the Civic Centre. The field work is carried out in the schools and in nine area clinics, which are as follows:—

Arthur's Hill, Douglas Terrace, 4.	Purpose Built	School Health and Child Health
Atkinson Road, St. James' Crescent, 4.	Purpose Built	School Health and Child Health
Blakelaw, Springfield Road, 5.	Purpose Built	School Health and Child Health
Cruddas Park, Park Road, 4.	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, Hillsview 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

In addition a dental clinic is maintained at Cypress Avenue, Cowgate. Owing to industrial disputes the building of Shieldfield Clinic has been held up and its opening delayed until early 1973.

The staff establishment is as follows:—

(i) Medical:	Principal School Medical Officer	..	1
	Principal Medical Officer	..	1
	Senior School Medical Officer	..	1
	Senior Medical Officer, Child Health	..	1
	Medical Officers in Department	..	6
(ii) Dental:	Principal Dental Officer	..	1
	Orthodontist	..	1
	Dental Officers	..	5
	Dental Auxiliaries	..	2
	Dental Technician	..	1
	Surgery Assistants	..	9
	Part-time Anaesthetists	..	2
(iii) Nurses:	Director of Nursing Services	..	1
	Area Nursing Officers	..	2
	Nursing Officers	..	4
	School Nurses	..	23
	School Nurses (term-time only)	..	6
	School Nurse—Audiometry	..	1
	Nursing Helpers	..	11
(iv) Physiotherapists:	Superintendent	..	1
	Senior	..	1
	Physiotherapists	..	2
(v) Speech Therapists:	Senior Speech Therapists	..	1
	Speech Therapists	..	2
(vi) Part-time Consultants:	Paediatrician	..	1
	Ophthalmic Medical Practitioners	..	3
	Psychiatrists	..	4
(vii) Clerical:	Senior Administrative Assistant	..	1
	Administrative Assistant	..	1
	Clerical Officers	..	12

Generally speaking it has proved during the past decade to be easier to increase the establishment of staff than to fill appointments as they become vacant. Four of the departmental medical officers are employed part-time and have been equivalent to less than the full establishment throughout the year. In addition there has been frequent changing of part-time staff in the west end of the City.

The Mayston recommendations were referred to in my report of last year. By the employment of nurses in senior schools during

the term only it has been possible to mobilise a maximum strength during the most active period of the year.

In 1972 it seemed for a short time that the recruitment of speech therapists might become easier and it might be possible to increase the establishment to four. At the end of the year the Senior Speech Therapist resigned and by that time the complement of staff had fallen again to two. This shortage of speech therapists has persisted for the past 20 years and seems likely to continue.

In my report for last year I referred to a difficulty in securing educational psychologists. This shortage affects the whole country and in Newcastle has to some extent been alleviated by the appointment of candidates with an honours degree who are willing to take the post graduate course leading to the Diploma of Psychology.

In-Service Training

The following members of staff attended courses in 1972:-

Dr. M. Y. Walls	..	Orthopaedic Problems in Infancy and Childhood at the University of Newcastle, Department of Child Health at the Royal Victoria Infirmary.
Dr. L. Lombard	..	Psychological and Psychiatric Aspects of Child Development at the Fleming Memorial Hospital.
Mrs. K. G. Bell	..	} Refresher Course for School Nurses, University of Oxford.
Mrs. M. R. Emmerson	..	
Miss R. E. Henderson	..	
Mrs. R. Baker	..	
Mrs. C. McConnell	..	Management Appreciation Course, Newcastle upon Tyne Polytechnic.
Mrs. E. Astridge	..	Reynell Development Language Scale at Percy Hedley School.
Mrs. M. E. Grant	..	Pre-School Playgroup Association Course at University of Durham.
Miss M. Maughan	..	Paediatric Course at Nottingham School of Physiotherapy.
Mrs. M. E. Grant	..	Introductory Course to Cerebral Palsy at Centre for Spastic Children, London.
Mrs. S. Hogarth	..	} Course on Spina Bifida at Queen Mary's Hospital, Carshalton.
Mrs. M. P. Gascoigne	..	
	..	Effective Use of the Pool at Dean Education Centre and Trinity Academy, Edinburgh.

Research

In recent years a number of research projects have been pursued in our schools - some of them by national surveys in which the service is asked to take part, and some organised by the Child Health Department of the Royal Victoria Infirmary. In 1972 three projects were pursued, namely

1. A Survey into the Incidence of Asymptomatic Bacteriuria in Girls, financed by the Medical Research Council.
2. The Newcastle Survey of Child Development 1960-1962, Births, organised by Dr. G. H. Neligan, in the University of Newcastle upon Tyne.
3. A Survey into the efficacy of Pertussis Vaccine – sponsored by the Public Health Laboratory Service.

MEDICAL INSPECTIONS

The present system of inspection in schools and clinics consists of Periodic Inspections carried out in schools on entry and again at 9 years and finally at the age of 14 years.

Re-inspections are carried out at school or clinic by the medical officer or nurse. These consist of the follow-up of pupils found at periodic or special inspections to require treatment or observation.

Special Inspections are carried out by the medical officer in school or clinic at the request of parent, teacher, or other official of the Local Authority.

Periodic Inspections – First Age Group: In the course of the term in which the pupil commences schooling, the parent receives notice of the medical officers' visit to the school with an invitation to be present at the examination. This communication also contains a questionnaire relating to the previous health of the child and any problems on which advice would be appreciated. This is returned to the school in a sealed envelope to be studied by the doctor or nurse only.

The scheme of examination is indicated on the Department of Education and Science's Form M.10 upon which the findings at examinations are entered.

The vision of the child however is not tested at this examination unless there is reason to suspect either from the examination or from the child's health history that his vision is other than normal, in which case, it is found preferable to arrange for the child to receive a full ophthalmic examination at one of the school clinics by an Ophthalmic Medical Practitioner. All children are, however, examined for squint and external ocular disease.

Periodic Inspections – Second Age Group: Selective medical examinations are carried out. The parents of all children aged 9 years are asked to complete a questionnaire on their child's health and asked whether they wish the child to be inspected for any particular reason. At the same time the records of each child are perused, and the headteacher consulted. If from these sources there emerges a reason for examination the parent is notified and invited to be present, otherwise each child is seen by the school nurse who tests his eyes.

Final Examinations: These are carried out at 14 years on all pupils. The parent is notified of the inspection but very few attend. At this examination the pupil has his colour vision tested and a medical report is completed on Form Y.9 for the benefit of the Careers Advisory Officer, indicating which form of employment, if any, should be avoided as detrimental to health.

In 1973 arrangements are in hand to test colour vision at the age of 12 years.

The number of periodic inspections carried out in 1972 was:–

A. MAINTAINED SCHOOLS	Entrants	..	..	..	2,940
	Intermediates Inspected	..	..	..	1,346
	Final Inspections	..	..	..	2,471
	Total	..	..	..	<u>6,757</u>

B. INDEPENDENT SCHOOLS:

Girls of the Newcastle Church High School are inspected by special arrangement with the Local Authority. They are inspected at the ages of 5, 8 and 12 years. The number of girls inspected in 1972 was 137.

The findings at periodic inspections were as follows:–

1. Physical Condition of Pupils:

				With satisfactory physical condition
Nursery and Pre-School	..	..	..	99.79
Primary 5— 6 years	..	..	..	99.44
7— 8 years	..	..	..	100.00
9—10 years	..	..	..	99.75
Secondary 11—14 years	..	..	..	99.55
15 years and over	..	..	..	99.82

2. Pupils found to require Medical Treatment at Periodic Inspection:

Age Group (Born)	No. Pupils Inspected	Defective Vision	Other Conditions	Total Individual Pupils
1968 & later	966	25	117	94
1967	1,421	21	147	130
1966	534	9	52	47
1965	62	1	4	4
1964	19	1	6	6
1963	30	4	6	9
1962	1,185	95	182	203
1961	20	—	6	5
1960	8	—	6	4
1959	8	—	2	2
1958	1,514	126	146	222
1957 & earlier	1,115	114	101	171
Total	6,882	396	775	897

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	40	44	19	103	68	30	37	135
Eyes—								
Vision	56	235	101	392	45	83	47	175
Squint	44	30	49	123	49	16	26	91
Other	4	4	—	8	15	14	9	38
Ears—								
Hearing	20	14	17	51	54	12	37	103
Otitis Media ..	19	18	17	54	67	30	31	128
Other	7	7	4	18	9	1	7	17
Nose and Throat	35	11	9	55	199	19	45	263
Speech	31	1	12	44	109	8	34	151
Lymphatic Glands	5	1	—	6	59	1	13	73
Heart	8	8	5	21	46	11	14	71
Lungs	14	18	8	40	60	28	7	95
Developmental—								
Hernia	2	—	1	3	9	—	7	16
Other	7	12	19	38	120	14	41	175
Orthopaedic—								
Posture	1	8	—	9	12	14	8	34
Feet	30	8	—	38	100	26	19	145
Other	22	11	5	38	56	24	20	100
Nervous System—								
Epilepsy	3	6	4	13	18	1	5	24
Other	3	10	4	17	13	12	10	35
Psychological								
Development ..	2	2	3	7	26	5	23	54
Stability	5	4	8	17	71	15	50	136
Abdomen	8	6	8	22	19	6	11	36
Other	11	13	8	32	55	13	18	86

Re-Inspections

The number of re-inspections arising out of periodic inspections in 1972 was 792.

Special Inspections

Inspections for various purposes were as follows:-

- | | | | | | | |
|-------------------------|-----------------|----|----|----|----|-------|
| (a) Special inspections | (i) in schools | .. | .. | .. | .. | 938 |
| | (ii) in clinics | .. | .. | .. | .. | 1,953 |

- (b) Inspections for Freedom from Infection: These are generally carried out in the school clinics. Many of these children consist of school parties travelling abroad. Others are children examined at the beginning of the term before they travel back to residential schools. These latter carrying a certificate to show to the school that they are free from contact with infectious disease.

The number of children inspected in 1972 was 352

- (c) Examination of children taken into Care by the Local Authority. This is an arrangement with the Social Services Department. At the examination special attention is given to infectious conditions, defects requiring urgent treatment and evidence of physical injury.

The number of children examined was 420

- (d) Annual inspection of children in the Care of the Local Authority. This applies mainly to children in foster homes and consists of an annual audit of the health and well-being of the children.

The number of children examined was 270

- (e) Examination of pupils for fitness for employment out of school hours, under the City Bye Laws (1962). These children are examined at the school clinic by the School Medical Officer who certifies that the work in which they are about to engage will not be prejudicial to their health and education. They are referred by the Social Services Department which is responsible for supervising such work. It is found in practice that many of these children are already under observation for physical defects.

The number of children examined was 127

Defects found at special inspections are shown in the table below:—

NUMBER AND TYPES OF DEFECTS FOUND
AT SPECIAL INSPECTION

<i>Defect</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
Skin	535	96
Eyes—		
Vision	141	18
Squint	58	9
Other	14	1
Ears—		
Hearing	82	43
Otitis Media	33	5
Other	8	3
Nose and Throat	37	20
Speech	47	13
Lymphatic Glands	23	5
Heart	14	19
Lungs	44	30
Developmental—		
Hernia	2	—
Other	41	63
Orthopaedic—		
Posture	4	4
Feet	37	8
Other	125	25
Nervous System—		
Epilepsy	2	6
Other	12	7
Psychological—		
Development	10	28
Stability	19	34
Abdomen	5	2
Other	325	103

Infestation with Vermin

Inspections under Section 54 Education Act 1944 are carried out by School Nurses. Authority was given by the Education Committee (Min. Vol. XXIX No. 2 14.1.32) to the Principal School Medical Officer and nurses to examine the persons and clothing of pupils. They visit all schools at least once a term to examine the heads and where necessary the bodies and clothing of children.

The extent of the inspections was as follows:—

(a) Total number of inspections conducted in schools	93,218
(d) Number of individual pupils found to be infested	3,514
(c) Percent infested	9.6

Some of these latter pupils were found to be infested on more than one occasion but are counted only once.

If a pupil is found with nits, a notice is sent to the parent drawing his attention to the condition of the child's hair and the nurse re-examines the child as soon as possible afterwards. Where adult lice are found the child is excluded from school and the parent instructed to cleanse the head and present the child to the school clinic in three days. Treatment with Prioderm is offered.

If on re-inspection the head is still infested a statutory notice, under Sect. 54 (2) of the Education Act, is served upon the parent requiring her to cleanse the child's head in not less than 24 hours. In practice three days are allowed. If the serving of this notice is still without effect, a second statutory notice is served requiring the parent to present the child at a school clinic where the head is cleansed.

The number of 1st notices served in 1972 were two.

The number of 2nd notices served in 1972 was one.

A personal record is kept of each child found to be infested upon which the date and result of each inspection is entered. If a child is found to be infested subsequent to compulsory cleansing, the parent is liable to prosecution. In practice legal action in Court is never resorted to.

Screening Examinations

1. *Vision Screening:* The vision of pupils is tested at the age of 6 years, 9 years, 12 years and 15 years. In the age group of 6 and 12 this is done by one of the clerical staff who has had an initial training in the use of a vision screener.

The number of pupils tested were	(a) at 6 years	2,812
	(b) at 12 years	2,708
The number who failed the test was	(a) at 6 years	628
	(b) at 12 years	245

The 6 year old tests are the most difficult and yet the most important, because this is the first occasion on which a standard acuity test can be applied to all pupils with a reasonable chance of success. An analysis of the results obtained in a sample of about a thousand children is given below:—

Number of 6 year old children screened in 16 schools	..	1,016
Number who failed the test for acuity	.. ..	130 (13%)
The causes of failure were	(a) unable to co-operate	.. 26
	(b) defective vision	 104

All children who are unable to co-operate are referred for a refraction performed under a mydriatic. Of the 104 children with defective vision 34 had been previously tested and prescribed glasses. Of the remaining 70 children with defective vision all were offered a full ophthalmic examination at the school eye clinic with the following success:-

Number examined at school clinic	..	..	..	36
Number awaiting appointment at the end of the year	..	..	..	4
Number who did not keep the appointment	..	..	..	18
Family removed from the City	..	..	..	6
Found to be attending hospital	..	..	..	4

The outcome of the examination of the 36 children tested in the school clinic was as follows:-

Glasses prescribed	..	24
Referred to hospital	..	5
Not prescribed	..	7

2. *Audiometer Sweep Testing:* The testing of the hearing of school entrants at the age of 5 years with a pure tone audiometer was found to be unduly time consuming and resulted in the over referral of children for a full audiological assessment. Accordingly the age of testing was deferred until 6 years. Testing is carried out on four frequencies, namely 1,000, 2,000, 3,000 and 4,000 cycles per second at a fixed amplitude of 20 decibels.

Three school nurses have attended a course of instruction in the use of the pure tone audiometer for sweep testing at the University of Manchester. The numbers of children tested per session in schools varies considerably as follows:-

Number of Pupils screened per session	Number of sessions
Under 10	2
„ 20	14
„ 30	34
„ 40	10
„ 50	7

The number of children screened in 1972 were:-

(a) In the west of the City	..	1,465
(b) In the east of the City	..	1,207
Total	..	<u>2,672</u>

The number referred for further investigation at the Hearing Assessment Clinic were 222 or 8.3%.

Examination of Adults

The following examinations were carried out in connection with:-

(a) Candidates for entry to Colleges of Education ..	294
(b) Final year students at Colleges of Education ..	223

The results of the latter examinations are accepted by most employing Local Authorities as fulfilling the requirements for entry into the sick pay and superannuation scheme by newly qualified teachers.

TREATMENT — MEDICAL

An important duty of the Education Authority and its School Health Service is to make arrangements whereby all children attending maintained schools may obtain free medical treatment. This treatment is now provided by the General Practitioners and the Hospitals with only minor treatments in school clinics. In addition, the Local Authority has a duty to provide dental treatment, speech therapy and child guidance. Other facilities which are not binding upon a Local Authority but which are provided in Newcastle include the prescription of spectacles, minor treatments in school and clinic and physiotherapy at Pendower Hall.

The present arrangements with the Health Services are as follows:-

1. *General Practitioners:* The term 'Medical Treatment' as used in the Education Act excludes all domiciliary treatment. Accordingly children examined by Medical Officers and Nurses, who are believed to require those forms of medical treatment normally provided by the General Practitioner Service are referred to the family doctor.

2. *Hospital Services:* Pupils found at periodic or special inspections to require a Consultant's opinion or hospital treatment are referred to a Consultant, the General Practitioner first being informed in writing and given an opportunity to make his own arrangements. Referral to the Consultant is made in writing and provides for a report to be made in return to the Medical Officer sending the case and for a copy of this report to be sent to the General Practitioner. In 1972 children were referred for Consultants' opinion or treatment to the following hospital departments:-

Paediatric	91
Psychiatry	5
Dermatology	55
Surgical—General ..	42
E.N.T.	84
Orthopaedic	132

Children referred by School Medical Officers direct to Psychiatrists are relatively few but a number are referred to the Child and Family Guidance Service. Over the years a close relationship has developed between hospitals and the School Health Service and these arrangements have worked well.

3. *The Executive Council:* Forms of treatment provided free to school children include dental treatment, the prescription and dispensing of spectacles, and the provision and repair of hearing aids.

In addition to the School Dental Service children may obtain treatment from the family dentist, if the parent so prefers, and the dentist undertakes juvenile dentistry. Many school children are in fact treated under the National Health Service.

Parents may also choose to have the child's eyes tested by an ophthalmic optician, or Consultant in the hospital service. However, all prescriptions for spectacles whatever their source are dispensed by ophthalmic opticians. An arrangement was reached a number of years ago whereby the optician informed the Local Authority when glasses were ordered and supplied to a child, so that supervision could be exercised in their wear by the school teaching staff and that arrangements might be made without delay for repair. However, these arrangements have never been very wholeheartedly taken up.

Hearing aids are prescribed by Mr. G. Chaytor working at the Audiology Unit in the Fleming Memorial Hospital. They are supplied at the Hearing Aid Centre free of charge. This centre also undertakes the maintenance and repair of aids. The number of aids supplied in 1972 was 47 compared with 40 in the previous year. A small number of children who do not benefit from the standard pattern of aid supplied by the supplementary services have been recommended a commercial aid by Mr. Chaytor. For the cost of purchase and repair of these the Local Authority accepts financial responsibility.

The main types of services provided in school clinics are as follows:-

Clinic	Con- sulta- tions	Other Inspections	Innocu- lations	Dressings	Refractions	Dental	Skin Treating	Cleansing and Baths
Arthur's Hill ..	x	x	x	x	x	x	x	x
Atkinson Road ..	x	x	x	x	—	—	x	x
Blakelaw ..	x	x	x	x	—	—	x	x
Cowgate ..	—	—	—	x	—	x	—	—
Cruddas Park ..	x	x	x	x	—	—	x	x
East End ..	x	x	x	x	x	x	x	x
Jesmond ..	x	x	x	x	—	—	x	x
Kenton ..	x	x	x	x	—	—	x	x
Middle Street ..	x	x	x	x	x	x	x	x
Ravenswood ..	x	x	x	x	—	—	x	x

The work carried out in school clinics in 1972 was as follows:-

RETURN OF WORK IN SCHOOL CLINICS
BY SCHOOL NURSES

Defect or Service	Number of Children Attending	Number of Treatments Given
Skin—Septic	818	1,365
Scabies	107	130
Ringworm	2	4
Other	1,404	3,657
Ear Conditions—		
Wax in Ears	31	29
Discharging Ears	31	226
Eye Conditions—		
Conjunctivitis	23	173
Other External Conditions	95	109
Supervision of Spectacles	693	—
Vision Tests	865	—
Tonsillitis	14	9
Acute Infectious Fevers	16	6
Injuries	1,970	2,421
Malaise	531	643
Follow-up Inspections—		
Physical Defects	243	217
Heads	976	690
Cleansing of Head and Body	3,209	5,060
F.F.I.'s	1,161	—
Miscellaneous—		
Advice to Mothers	2,924	870
Other	4,943	3,967
Total	20,056	19,576

In addition a considerable amount of work is carried out by nurses in clinics on school premises. The number of these clinics is:-

Primary Schools	22
Secondary Schools	18

The work accomplished was as follows:-

RETURN OF WORK IN CLINICS ON SCHOOL PREMISES

Defect or Service	Number of Children Attending	Number of Treatments Given
Skin—Septic	2,059	2,679
Scabies	34	17
Ringworm	3	2
Other	7,239	10,786
Ear Condition—		
Wax in Ears	150	167
Discharging Ears	149	187
Eye Conditions—		
Conjunctivitis	85	71
Other External Conditions	506	560
Supervision of Spectacles	342	—
Vision Tests	573	—
Tonsillitis	213	104
Acute Infectious Fevers	20	2
Injuries	8,581	8,263
Maliause	3,975	3,632
Follow-up Inspections—		
Physical Defects	50	26
Heads	5,217	1,608
Cleansing of Head and Body	1,027	982
F.F.I.'s	239	—
Miscellaneous—		
Advice to Mothers	181	70
Other	3,054	2,312
Totals	33,697	31,468

DUTIES PERFORMED BY SCHOOL NURSES — OTHER THAN IN CLINICS

Home Visits—

For report on home conditions	126	(47)
For other reasons—		
(Failed appointments and follow-up visits, etc.)	1,636	(910)
Children escorted to clinics and hospitals	162	(86)
Children escorted to and from residential schools	3	(16)

Figures in brackets refer to 1971

Immigrant Children: Arrangements for the screening of immigrant children have been similar to those in previous years, namely:—

Children when presented for admission to school are referred to Arthur's Hill School Clinic or Jesmond Clinic, where the immunisation state of the child is checked, a heaf test and throat swab for diphtheria carried out, and finally a full hygiene inspection conducted by the School Nurse. The parents are required to return with the children after five days when the School Medical Officer will do a full periodic inspection. The heaf test should now be read, if positive the child will be referred to the Contact Clinic or if negative the child will receive protection with B.C.G. Any other forms of protection against common infectious diseases which are found to be required are given at this visit. Finally any defects found at the periodic inspection will be referred to hospital or the family doctor, if the family has registered with a local practitioner. If they have not done so opportunity is taken to instruct them in the procedure of choosing a practitioner and registering with him.

The pattern of countries of origin in 1972 was:—

North America	..	..	..	..	4 families
South America	..	..	..	..	2 "
Europe	..	..	..	..	8 "
Africa	..	..	..	..	9 "
Asia	..	..	..	..	7 "
Australia	..	..	..	..	2 "

The numbers of children examined were:—

Jesmond Clinic	..	..	..	..	39
Arthur's Hill	..	..	..	..	105

The heaf reading results were:—

Grade 0	..	..	..	..	75
" 1	..	..	..	..	27
" 2	..	..	..	..	35
" 3	..	..	..	..	3
" 4	..	..	..	..	4

The number who previously had B.C.G. was 54.

OPHTHALMIC CLINICS

Three Ophthalmic Medical Practitioners are engaged in ophthalmic examinations and the prescription of spectacles. Doctors Milne and O'Leary are employed by the Education Committee whilst Dr. Davies is seconded by the Regional Hospital Board. Each contributes two sessions per week, as follows:—

- Dr. Milne . . . two sessions per week at Arthur's Hill Clinic.
 Dr. Davies . . . one session at Arthur's Hill and one at Middle Street Clinic.
 Dr. O'Leary . . . six sessions per month at East End Clinic and two sessions per month at Arthur's Hill Clinic.

The numbers of children examined in the year were:—

Number of new cases refracted	..	..	..	..	720	(413)
Number of old cases refracted	..	..	..	..	920	(1,034)
Number of new cases outstanding at end of the year	..	..	..	..	115	(55)
Number of old cases outstanding at end of the year	..	..	..	..	126	(151)

Figures in brackets refer to 1971.

When spectacles are ordered the National Health Prescription Form is completed and forwarded to the Executive Council for authorisation. It is then sent to the parent of the child with instructions to take the child and the form to an optician of the parent's choice, so that the child may be fitted for the spectacles. The optician later informs the parent when to call and collect the spectacles. Compared with arrangements frequently made by Local Authorities prior to the inception of the National Health Service this procedure is cumbersome and has rendered the follow-up of pupils to ensure that they have obtained spectacles, unnecessarily difficult.

Provided that the parent has accepted standard frames, as supplied by the National Health Service, repairs will be carried out free of charge. The procedure of obtaining repair or replacement is relatively simple. The Executive Council, however, claim payment from the Local Authority in respect of repairs which are in its judgment the result of negligence. The sum charged by the Executive Council in this respect for 1972 was £1,202.54.

THE SKIN CLINIC

(By Dr. H. M. Dixon)

The Skin Clinic continues to operate at the East End Clinic, where one session per week is reserved for skin cases. The number of children treated in 1972 was as follows:—

					Boys	Girls	Total
<i>New Cases—</i>							
Verruca	..	..	..	..	41	62	103
Ringworm (Body)	..	..	..	..	1	—	1
Scabies	..	..	..	..	5	2	7
Scabies-like conditions	..	..	..	..	14	20	34
Other skin conditions	..	..	..	..	10	21	31

Treatments

Number of treatments given	541
Number made fit	112
Number referred to hospital	46
Number lapsed attendance	9
Number under treatment at the end of the year ..	167

This clinic was provided in response to the epidemics of ringworm of 1947-1952. There has not been a case of ringworm of the scalp for several years, although cases of alopecia are referred for exclusion of ringworm by general practitioners from time to time. The numbers of cases of animal ringworm are very small. The main skin conditions met with, are verrucas and scabie like rashes. An increase of impetigo has been noted.

HEARING ASSESSMENT

(By Dr. B. Buckley)

During the year under review the work of the Hearing Assessment Clinic continued on the lines of previous years. The volume of work was, however, increased by the extension of sweep testing to all maintained infant schools in the local authority's area. Hearing assessment sessions were held at Middle Street Clinic for the east end of the City and Arthur's Hill Clinic for the central and western areas.

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

	1970	1971	1972
A. New cases attending clinic	216	369	379
B. Cases reviewed	17	14	15
Total	233	383	394
C. Cases discharged	241	337	335
D. Number of audiograms	161	348	371
E. Number of cases referred to			
(a) Hospital or G.P.	67	98	87
(b) Speech Therapy	5	1	4
F. Handicapped deaf children ascertained	6	3	3
G. Number of pupils on register with hearing aids	41	40	40
H. Number of hearing aids issued	10	5	7

Sweep Testing

2,672 children were sweep tested and 222 of these were referred for further audiometric testing and examination. The latter number is equivalent to a percentage of 8.31.

During the year contact was maintained with the Speech Therapy Department and with trainee Health Visitors as well as with the

Peripatetic Teaching Service. 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.

At the end of 1972 Shieldfield Clinic with its purpose-built audiometry room was almost ready to open and at Benton Park School arrangements were in hand to divide the combined infant-junior class unit into two classes.

In retrospect over the fifteen years since the Hearing Assessment Clinic opened in February 1958 to the end of 1972 the following cumulative statistics apply:-

New cases attending clinic	3,374
Reviews	925
Total	4,299
Number of cases referred to—	
Hospital or G.P.	1,554
Speech Therapy	69

This is a small but valuable contribution to the health of the school child.

SCHOOL DENTAL SERVICE

(Dr. J. C. Brown – Principal Dental Officer)

The work of the Service was carried out as for last year in the principal multi-surgery clinics at East End and Arthur's Hill, the part-time single surgeries at Middle Street and Cowgate schools and the three mobile dental caravans. The dental premises in the new Health and Social Services Centre in Shieldfield will be operational in early 1973.

Staff

Mrs. Falconer's resignation was received in November when family commitments prevented her continuing in her position as part-time dental officer at the East End Clinic, while our Dental Auxiliary, Mrs. Aikman, left in the Spring of the year to take up a new post at Pendower Hall School. On the credit side, a full-time dental officer, Mr. H. Dresner, was appointed in the autumn and took up his duties in the East End of the City.

Dental Health Education

Dental Health Education was undertaken chiefly by the Dental Auxiliary, when illustrated talks and lectures were given mainly to the younger children in the junior and infant departments. However, over most of the year owing to the resignation of the Auxiliary in March, this programme had to be curtailed and was limited to brief talks by the dental officers during their school inspection sessions and to their giving individual instruction on oral hygiene to the children in the clinics.

This oral health instruction by the dental staff was supplemented by talks and poster demonstrations given by the Health Education Officer towards the end of the year to teachers and others.

Dental Inspections

Inspection sessions in the schools were carried out at weekly intervals throughout the year and some 32,000 children were examined in their classrooms. This number is slightly less than usual, but owing to the illness of one of the dental officers and the resignation of another part-time dentist, we were not able to get round all the schools this year, particularly in the East End of the City.

Dental Treatment

Conservative dental treatment constitutes by far the greatest part of the work of the School Dental Service, and accordingly most of our efforts were directed to this end. Conservations were mainly effected by simple fillings but crown and inlays and more involved procedures were also undertaken on a fair scale, mainly in the static clinics where x-ray and laboratory facilities were available. Whilst most of this work was done on the permanent dentition there was also a great demand for treatment from children in the infant departments, so that considerable time was spent also on work on the deciduous teeth.

It has been found that where a child has dental treatment on his first teeth at an early age he is likely to be a good attender at the clinic for the rest of his school life and this is another factor which encourages the dental officers to devote time to treatment of the first dentition.

Extractions were carried out mostly under light general anaesthesia which seems to be the most desirable method where young or nervous children are concerned and daily sessions were held in both Arthur's Hill Clinic and the East End Centre. These sessions were held usually in the late afternoon so that a child suffering from toothache anywhere in the City could be seen and treated the same day.

Orthodontic treatment was concentrated in the East End Centre and at Arthur's Hill Clinic where x-ray and laboratory facilities were available. There is considerable demand for this rather specialised treatment "to straighten teeth" which generally requires the wearing of a "brace" for a lengthy period and it is hoped to extend this specialised line of work when the new clinic at Shieldfield is available.

Children from the Queen Victoria School for the Blind were seen from time to time during the year as occasion arose and several children were referred to the Newcastle Dental Hospital for specialised advice and treatment. These were mostly difficult orthodontic cases or cases for extraction or other minor surgical work whose medical condition made it inadvisable for them to be treated in a school clinic.

Details of the work undertaken over the year are given below:—

				<i>Number of Pupils</i>		
				<i>Inspected</i>	<i>Requiring Treatment</i>	<i>Offered Treatment</i>
Inspections						
1st Inspection—School	..	..	..	31,490	19,167	17,815
1st Inspection—Clinic	..	..	..	4,910		
Re-inspection School or Clinic	..	..	..	1,843	1,319	1,319
Totals	..	..	..	38,243	20,486	19,134
Visits to Clinic for Treatment only						
				<i>5-9</i>	<i>Age</i>	
				<i>years</i>	<i>10-14</i>	<i>15 yrs.</i>
					<i>years</i>	<i>& over</i>
1st visit in calendar year	..	..	..	3,003	3,453	431
Subsequent visits	..	..	..	4,385	5,888	829
Courses of Treatment						
Additional Courses commenced	..	..	..	528	522	57
Courses completed	..	..	..	—	—	—

Treatment

Fillings in permanent teeth	..	..	1,843	6,224	1,120	9,187
Fillings in deciduous teeth	..	..	6,085	1,590	—	7,675
Permanent teeth filled	..	..	1,357	4,836	882	7,075
Deciduous teeth filled	..	..	4,608	1,367	—	5,975
Permanent teeth extracted	..	..	274	1,199	136	1,609
Deciduous teeth extracted	..	..	2,601	883	—	3,484
Number of emergencies	..	..	156	202	23	381
Number of pupils x-rayed	..	..	..	..	..	373
Prophylaxis	..	..	..	..	..	2,528
Teeth otherwise conserved	..	..	..	..	..	1,166
Teeth rootfilled	..	..	..	..	..	28
Inlays	..	..	..	..	..	10
Crowns	..	..	..	..	..	41

Orthodontics

New cases commenced during the year	..	..	..	..	153
Cases completed during the year	..	..	..	..	102
Cases discontinued during the year	..	..	..	..	19
Number of removable appliances fitted	..	..	..	..	389
Number of fixed appliances fitted	..	..	..	..	7
Number of pupils referred to hospital consultants	..	..	..	..	31

Dentures

Number of pupils fitted for the first time—						
(a) with full denture	..	..	—	2	—	2
(b) with other dentures	..	..	3	25	22	50
Number of dentures supplied	..	..	3	27	22	52

Anaesthetics

Total number of general anaesthetics given	..	..	..	1,727
Number of anaesthetics given by Dental Officers	..	..	..	—

Sessions

Number of sessions devoted to—							
Inspection at school	..	..	..	..	..	..	169
Dental Health Education	..	..	..	..	..	..	20
Treatment	..	..	..	..	..	..	2,492

EDUCATIONAL TREATMENT

In this field an outstanding event on the national scene was the publication of the Vernon Report on "The Education of the Visually Handicapped". This is an important contribution in this field of education and although certain of its recommendations are not welcomed by all, it is generally accepted.

At the close of the summer term Mr. C. W. Tanner retired as headmaster of Condercum House School. He took over the school in 1959 when it was at a low ebb, one previous headmaster having recently retired on account of prolonged ill health and his successor

died within a year of his appointment. Without any great excitement Mr. Tanner set to work to strengthen the internal administration of the school. His task was made somewhat easier in 1960 when the lower school was removed to form the nucleus of Headlam and Lower Condercum became a senior boys school. With the passage of time the pattern of what the headmaster had in mind began to emerge and when in 1968 the school moved to new premises it became apparent that he had made it into one of the foremost schools of its kind in this area. Mr. Tanner was an excellent colleague with whom to work and he used the School Health Service wisely and well to the benefit of his boys and of the school. He has been succeeded by Mr. T. W. Harding to whom we extend a warm welcome.

Many handicapped pupils receive efficient education in ordinary schools but in a compact Urban Authority, such as Newcastle, it is possible to provide for the majority of special schools within daily travelling distance. The maintained special schools within the City are as follows:-

1. Day Special Schools

Condercum	E.S.N.	160 Boys	Aged 11-16
Eastview	Maladjusted	30 Boys and Girls	„ 5-16
Headlam	E.S.N.	160 „ „	„ 5-11
Pendower Hall	Physically Handicapped	} 200 „ „	„ 4-16
„ „	Partially Sighted		
Sheriff Leas	E.S.N. (S)	140 „ „	„ 3-16
Silverhill	E.S.N.	140 Girls	„ 11-16
St. Peter's	E.S.N.	200 Boys and Girls	„ 5-11

2. Special Units in Ordinary Schools

Benton Park	Partial Hearing	8 Infants	Boys & Girls	Aged 5-7
„	„	8 Juniors	„ „	7-11
Slatyford	„	8 Seniors	„ „	11-16
Kenton Bar	Speech Defect	8 Infants	„ „	5-7
„	„	8 Juniors	„ „	7-11
„	Autistic	8 Juniors & Infants	„ „	5-11

3. Residential

Pendower Hall	Physically Handicapped and Partially Sighted	40 Boys and Girls	Aged 5-16
Jesmond Dene	E.S.N.	50 Girls	„ 9-16

The statistics which follow take their usual form. Children have been allocated to the appropriate category according to their primary handicap. Since 1945 when the original definitions of the

categories were introduced there have been remarkably few amendments and our experience is that with the exception of the category 'maladjusted pupils' they provide a useful scheme for grouping handicapped pupils.

Educational Treatment - Statistics

1. Ascertainment

Pupils Classified - Education Act 1944, Section 34(1).

During the year 139* examinations took place under this section of the Act and pupils were classified as follows:-

Blind	1
Partially Sighted	1
Partial Hearing	8
E.S.N.	83
S.S.N.†	9
Maladjusted	9
Physically Handicapped	20
Delicate	5

* In three instances decision was deferred.

† These are children whose intelligence quotient are below 45 and who were formerly termed unsuitable for education in school. They are now included within the term E.S.N. although clinically different.

2. Special Educational Treatment Recommended

Education Act 1944, Section 33.

Admission was recommended to the following special schools and classes:-

Royal Victoria School for the Blind	1
Special Class for Partially Sighted Pupils at Pendower Hall	1
Partial Hearing Units	6
Day Special E.S.N. School	71
Residential Special E.S.N. School	8
Sheriff Leas School	11
Residential Schools for Maladjusted Pupils	7
Pendower Hall —Day School	21
Residential School	2
Home Teaching —by Teacher of the Deaf	1
by Ordinary Teacher	2

3. Treatment Provided

A. Pupils placed in special schools in 1972 - Education Act 1944, Section 34 (iv) -

Blind	1
Partially Sighted	1
Partial Hearing	8
E.S.N. (including S.S.N.)	118
Maladjusted	8
Physically Handicapped	21
Delicate	7
Epileptic	1

The number of pupils awaiting placing at the end of the year was:-

Day Special Schools ..	20
Residential Special Schools	15

B. Pupils receiving education in special schools in December 1972:-

Category	Number of Pupils in	
	Day	Residential
Blind	1	3
Partially Sighted	4	—
Deaf	22	8
Partial Hearing	13	1
E.S.N. E.S.N. Schools ..	581	139
Sheriff Leas	132	—
Maladjusted	34	32
Epileptic	2	—
Physically Handicapped ..	76	31
Delicate	16	8
Speech	21	—

C. Children educated in hospital in 1972:-

Stannington Hospital	53
Sanderson Orthopaedic Hospital	171
The Nuffield Child Psychiatric Unit	32
Prudhoe and Monkton Hospital ..	21
Northgate Hospital	25

4. Periodic Review of Handicapped Pupils

The following pupils were reviewed in 1972:-

Blind	2
Partially Sighted	2
E.S.N.	64
Maladjusted	25
Physically Handicapped	7
Delicate	6
Not yet classified	4
Dual Handicaps	9

In addition 46 E.S.N. pupils were reviewed by Educational Psychologists. Pupils in Pendower are regularly reviewed by Dr. Lowdon.

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

(a) Transfer from Day to Residential Special School	24
(b) Transfer from Day E.S.N. to Sheriff Leas School	3
(c) Transfer from Sheriff Leas to Day E.S.N. School	4
(d) Transfer from Home Teaching to Pendower Hall	1
(e) Return from Special to Ordinary School	25

5. Final Examinations

Prior to leaving school a final assessment is made of each child to determine what support he may require after leaving school and to advise the Careers Officer of any forms of employment which might be harmful to his health.

The number of pupils in the several categories so examined were as follows:-

Partially Sighted	..	..	..	3
Deaf	..	..	..	2
Partial Hearing	..	..	..	1
E.S.N.	..	..	..	88
Sheriff Leas	..	..	..	10
Epileptic	..	..	..	1
Maladjusted	..	..	..	4
Physically Handicapped	..	..	..	8
Delicate	..	..	..	5

Of these 122 pupils, 60 were recommended for further supervision after leaving school.

Hospital Schools

In December 1972 the number of pupils receiving education in Hospital Schools was 81. An age and sex analysis of these pupils is as follows:-

AGE AND SEX ANALYSIS OF PUPILS ON REGISTER IN HOSPITAL SCHOOLS IN DECEMBER 1972

Age	E.S.N. (S)				Physically Handicapped		Miscellaneous	
	Prudhoe & Monkton		Northgate		Sanderson		Stannington	
	B	G	B	G	B	G	B	G
6 years ..	—	2	—	1	3	—	1	—
7 „ ..	1	1	1	1	—	—	2	2
8 „ ..	—	—	2	—	2	—	1	1
9 „ ..	1	—	1	—	—	—	2	—
10 „ ..	—	1	3	1	—	—	—	—
11 „ ..	1	—	1	1	—	1	3	2
12 „ ..	1	1	1	—	—	1	4	2
13 „ ..	1	1	2	—	2	1	2	1
14 „ ..	3	1	—	3	—	—	—	1
15 & over ..	2	1	5	3	1	1	1	—
Totals (1) ..	10	8	16	10	8	4	16	9
(2) ..	18	—	26	—	12	—	25	—

Northgate and Prudhoe Hospitals cater for seriously subnormal pupils, some of whom are classifiable also as physically handicapped. Many are short stay cases brought in for social reasons.

Cases in the Sanderson Hospital School are almost entirely surgical or orthopaedic and are placed there to cover the often long convalescent period. It is doubtful how many are classifiable as handicapped pupils under Section 34 of the Education Act since their incapacity may be strictly temporary.

Stannington Hospital School covers a wide variety of handicaps both physical and mental and in many cases the essential reason for their admission is social. As with the Sanderson Hospital School, patients are not subjected to the process of Section 34. They are admitted by arrangement between the School and the surgeon or physician attending them as in-patients in one of the City hospitals.

PHYSIOTHERAPY

(Mrs. M. E. Grant)

The Newcastle upon Tyne School Physiotherapy Service consists of five physiotherapists, three full-time and two part-time. The service is based at Pendower Hall School but during the year the physiotherapists visited schools and treated some children in their own homes.

The physiotherapists work under the clinical direction of the child's Consultant with the rest of the medical team in the schools. Clinics are arranged for those Consultants who have many patients at Pendower. In other cases, the physiotherapists attend hospital out-patient clinics.

This year the service was responsible for 168 patients; 118 of these were from Pendower Hall School, 24 were from Sheriff Leas School, 23 were from 13 other schools, 2 were school leavers who were followed up and 1 was a child who attended during the holidays from boarding school.

A weekly clinic in term-time is held at Pendower Hall for Mr. C. C. M. James, Consultant Orthopaedic Surgeon to the Newcastle University Hospitals, in which National Health Service appliances (boots, calipers, standing appliances, etc.) are dispensed. During the year 107 patients made 535 attendances. In school holidays the appliances are dispensed on a domiciliary basis. Each appliance

has to be measured, fitted and periodically checked. Some indication of the efficiency of this service is that of 46 paraplegics dealt with, only five are currently being treated for sores.

66 children are timetabled for hydrotherapy each week, although in practice not all those timetabled can receive hydrotherapy as the pool is often not fit to use.

The population of Pendower Hall School has changed over the last few years. There is now a higher proportion of paraplegics and therefore an increase in the need for physiotherapy services. Badly disabled children have a need for many specialised services. If they had to travel to hospitals and clinics to receive treatment, a lot of their valuable time during the formative years would be wasted. It is a great advantage to be able to deal with these children within their schools and homes with the minimum of disruption to their lives.

Residential Schools visited by the Senior School Medical Officer:—

Northern Counties School for the Deaf	..	..	Newcastle upon Tyne
Royal Victoria School for the Blind	..	..	do.
The Percy Hedley School	..	..	do.
Stannington Hospital School	..	..	Northumberland
Prudhoe and Monkton Hospital School	..	..	do.
Feversham School for Maladjusted	..	..	do.
Hindley Hall E.S.N.	..	..	do.
Windlestone Hall Open Air School	..	..	Co. Durham
Redworth Hall School for Maladjusted	..	..	do.
Milton Hall E.S.N. School	..	..	Cumberland
The Beacon School	..	..	Staffordshire
Besford Court School	..	..	Worcestershire
Hilton Grange E.S.N. School	..	..	Nr. Leeds, Yorks.
St. Joseph's R.C. School	..	..	Surrey
St. Vincent's Open Air School	..	..	Sussex

Speech and Language Unit

The Staff of this Unit for junior and infant children at Kenton Bar School consists of two teachers and one speech therapist.

During the year five children returned to their former primary schools and have continued to make satisfactory progress.

The average number of children in the Units throughout the year was 17.

THE AUTISTIC UNIT

(*Mr. T. W. Johnson, Headmaster*)

The Unit for autistic children commenced at Kenton Bar School in November 1972 with three children, of whom one comes from Newcastle. The Unit is the outcome of the Department of Education and Science's recommendation in Circular 6/71 and the effort of the Tyneside Society for Autistic Children. Dr. Kolvin and Dr. Mills both visit the Unit. It is not yet possible to appoint teaching staff with special experience with autistic children, but valuable training was given by the Nuffield Child Psychiatry Unit to the teacher appointed.

SPEECH THERAPY

(*Mrs. C. Moses, Senior Speech Therapist*)

This year has been one of consolidation and progress, but as usual, changes in staff made it very difficult to plan ahead and programme a work schedule.

In April, Mrs. C. N. McConnell joined the staff to work full time on the west of the City, and so for the first time in a good many years we had a full complement of staff. However, in September Mrs. McConnell was seconded from this department to the Language Unit at Kenton Bar Primary School upon the resignation of Mrs. D. M. Waters from that post. We were fortunate to be joined on a temporary basis by Miss L. Atkinson, a graduate Speech Therapist with the Diploma in Education, who worked with us from September to December before departing for New Guinea for two years' service with the Voluntary Service Organisation. The year ended with a depleted staff and no real prospect of recruitment.

Clinic sessions were divided up as follows:-

Atkinson Road	..	..	6
Arthur's Hill	..	..	8
Blakelaw	..	..	3
Civic Centre	..	..	9
Cruddas Park	..	..	2
Kenton	..	..	2
Middle Street	..	..	4
Pendower Hall	..	..	6
Ravenswood	..	..	2

The number of children treated during the year was as follows:-

Number of new patients	..	..	..	248
Number of treatments given	..	..	..	2,444
Number of patients discharged	..	..	..	218

The new patients divide up thus:-

Age	3	4	5	6	7	8	9	10	11	12 & over	Total
Number	13	42	72	33	20	22	17	12	1	16	248

It can be seen that 73% of the children are seen during their time in the infant schools, but it is significant that so few pre-school children are referred. One would hope that parents could be offered the services of a speech therapist before their child goes into school so that more advice could be given. This might help to allay the worries of those mothers whose children must wait until the first year medical before being referred to a speech therapist. The increase in the number of pupils referred from the secondary schools is also interesting. Most of these are referred at their own request, and tend to be highly motivated to be rid of their speech problem.

The number of children discharged was as follows:-

Reason - Age	4	5	6	7	8	9	10	11	12 & over	Total
Satisfactory	3	17	17	18	15	7	10	2	10	99
Non-Attendance	11	25	12	9	12	8	4	3	8	92
Other	2	5	4	3	4	2	2	1	4	27
Total	16	47	33	30	31	17	16	6	22	218

It can be seen that 42% of all children discharged are discharged because of their failure to keep appointments; of these more than a quarter are aged five. This would appear to indicate that a great deal of education into the aims of speech therapy needs to be given to the parents and wherever possible the co-operation of the head-teacher should be enlisted to help the parent keep appointments.

If more staff were available it might be possible to talk to parent groups at Parent Teachers Association Meetings within the schools. This would increase parental awareness of their child's speech and help them discard the often ill-placed advice that their child will 'grow out of it'.

School visiting has continued throughout the year:-

Schools visited	..	..	..	74
Children seen	..	..	..	607
Placed on waiting list	..	..	..	170
To be reviewed in school	..	..	..	172
Not requiring help	..	..	..	265

Once again this has provided a useful contact with headteachers and their staff and it does encourage the headteachers to use the services which we provide. Many more schools are visited during the course of the year for consultations about specific children who are already receiving regular help.

At the end of the year there were 276 children currently receiving speech therapy - with 3.2 speech therapists in post this represents; a clinical case load of 86 children per Therapist. However, this is an artificially low number as the 172 children who are to be reviewed in school are children who could benefit from speech therapy, but there is no possibility of their being seen at the moment. Consequently a more accurate case load is 140 children per therapist.

It can be seen that even with a full complement of Speech Therapists the department is considerably understaffed, and we are at the moment only able to scratch the surface of speech defect within the City. A recommended ratio of one Speech Therapist to 5,000 children is contained in the Quirk Report on Speech Therapy Services. Thus Newcastle could employ seven or eight full time Speech Therapists before it could be said that the children of the City were properly provided with speech therapy facilities.

Once again the help of clerical and secretarial staff within the School Health Service has helped the department run more smoothly and efficiently, and our thanks are due to them for their invaluable assistance.

ANNUAL REPORT OF THE
CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1932

CHIEF PUBLIC HEALTH INSPECTOR

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

DEPUTY CHIEF AND CHIEF OF DIVISIONS, PUBLIC HEALTH INSPECTOR

(DISEASES AND INFECTIOUS CONTAGIOUS)

VII—Report of the CHIEF PUBLIC HEALTH INSPECTOR

CHIEF PUBLIC HEALTH INSPECTOR

West Division

G. B. B. B. B. B.

MAIR

East Division

T. McCann, M.A.P.H.I.

Central Division

B. T. Anderson, M.A.P.H.I.

Food Inspection and Control

H. S. Wilson, M.A.P.H.I.

Housing

R. C. C. C. C.

L. T. B. B. B.

MAIR

Sanitary Control

T. H. B. B. B.

Investigative

Chief Public Health Inspector

15 (in Scotland)

(1 Inspector attending

Universities on part of

time)

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1972

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, C.ENG., A.M.INST.F., 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. J. T. SPOORS, M.R.S.H., M.A.P.H.I.
Smoke Control	..	..	..	L. H. SMALLEY, M.A.P.H.I.

INSPECTORATE:

District Public Health Inspectors	..	15	(6 vacancies) (1 Inspector attending University on leave of absence)
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Public Health Inspectors	1
(Food Inspection and Control)	
Pupil Public Health Inspectors ..	8 (2 vacancies)

AUXILIARY STAFF:

General Assistants	2
Improvement Grant Administrators	7
Technical Assistants	11 (1 vacancy)
Authorised Meat Officers	5
Smoke Control Investigators	6 (1 vacancy)
Rodent Control Staff	8
Slaughterhouse Labourer	1

ADMINISTRATIVE SECTION:

Senior Administrative Assistant ..	Mrs. G. Freeman
Clerks	11 (1 vacancy)
Shorthand Typists	2

FOREWORD

The completion of a century of public health activity in our City is an achievement worthy of special comment with which to begin this report even if only because the end of that historic century more or less coincides with the passing of the post of Medical Officer of Health. A perusal of the first annual report of 1873 and of those of the years immediately succeeding reveals a marked preoccupation with the "seven principal Zymotic Diseases, viz., Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Fever and Diarrhoea" and the relationship of these afflictions with "sewer gases, dryness of the season, closeness of dwellings, paving" and other physical features. Whilst such speculation may, or may not, have produced any concrete conclusions, the Public Health Inspector of the day, not inappropriately known as the Inspector of Nuisances (assisted, incidentally, by the Sub-Inspector of Nuisances) had been engaged from earlier than 1873 in tackling problems of the environment on a more practical basis by enforcing the provisions of the Nuisance Removal Act and having "Rooms closed unfit for habitation. Rooms Whitewashed, Purified and Repaired. Yards, Passages and Staircases cleansed. Dilapidated Privies and Ashpits repaired" etc., etc., including the rather enigmatic task of having "Swine and other Animals removed".

To secure such obviously desirable improvements a scientific training and academic background were not required and, indeed, a large measure of the dramatic sanitary improvements of the last century can surely be attributed to the determination, integrity, persistence and strength of character displayed by these pioneer inspectors and sub-inspectors. Nevertheless, it is interesting to speculate on the measure of agreement that those early sanitarians might have expressed with our present-day twelve point standard of house improvement when the Medical Officer in 1877, when writing on the "Requirements of a Healthy House" declared that—"If there be a water-closet in connexion with the house, this should not be within the walls of the main building, but at a distance, or in an offshoot, allowing free cross ventilation between the closet and the house. The system of water-closet and bath in one room of the main building is thoroughly bad."

Since those early days of the "sanitary idea" and with the ultimate emergence of the state National Health Service, a clearer identi-

fication of personal health and environmental health has been acknowledged and although these functions will, after 1974, pursue their separate paths, there must always remain a need for consultation and co-operation between these disciplines. The establishment of criteria and the setting of targets to achieve a healthful environment must inevitably include the medical aspect as the overall aim in seeking to improve the health of the environment is to ensure higher standards of personal health and physical and mental well-being. In this context environmental health is striving to a more positive goal than the mere freedom from disease.

Examples of such combined operations can be instanced when reviewing the past year. The continuing progress in eliminating unfit houses is one of the more worth-while environmental health tasks and during 1972 the acceleration of the clearance programme has brought the end of slum clearance in sight with the result that emphasis is seen to be moving from slum clearance to residential reclamation and preservation with the increasing momentum of the General Improvement Area policy.

Nevertheless, there remains a category of sub-standard house which lies between immediate clearance and the long term General Improvement Area and during the year the need has been recognised for a more modest policy of standard or reduced standard of house improvement and repair to those houses in areas with a remaining life of between five and ten years. In the main, the desired fruition of such a policy will depend on the voluntary co-operation of owners and tenants and despite persuasive publicity and individual representations, complete success is by no means assured.

However, so far as repair is concerned, appropriate and effective compulsory powers rest in the local authority in the implementation of Section 9 of the Housing Act 1957 and indeed it is the statutory duty of a local authority to secure the repair of unfit houses (other than those in clearance areas) if such houses can be made fit at a reasonable expense. Whereas we have clearance areas with virtually no potential remaining life and General Improvement Areas with a minimum of a 30-year life, consideration might be given to short term areas for repair purposes and in this way ensure a modest improvement in living conditions for the remaining years during which they must remain inhabited. If the execution of such repairs can be accompanied by improvements, so much the better.

Perhaps the most striking single area of progress during 1972

has been the reshaping of the smoke control programme. For some years past, economic and other considerations have made the date of completion a matter for conjecture and it must have been a source of profound gratification to the Health Committee to be able to announce the year 1977/78 as a revised target date capable of achievement. In this connection the Investigation Panel of the Clean Air Council, which carried out a survey of the progress of smoke control in the nineteen 'black area' authorities of the North East, has played an important role throughout 1972. The stimulus provoked by the Panel's activities will surely lead, in the early future, to the Northern Region being raised from its lowly position in the 'National Clean Air League' and, indeed, before the end of the year, one Tyneside authority had completed its programme.

The abolition of particulate matter from the atmosphere is, however, merely only one aspect of the problem of air pollution. The monitoring work carried out by the department in co-operation with Warren Spring Laboratory as part of the National Survey of Air Pollution is confined to smoke and sulphur dioxide, partly because these pollutants present the more obvious problem and also because they are capable of being monitored relatively easily. With the increase in city centre traffic this monitoring work should be extended to cover other pollutants such as carbon monoxide, nitrogen oxides, hydrocarbons and, indeed, any other pollutants which may occur from time to time in emissions from industry or road transport.

With the gradual improvement of housing conditions and of the quality of the air we breathe, it is not surprising that public attention is being directed to the problem of intrusive noise in the environment. Many more complaints were received during 1972 than in previous years and whilst appropriate action is always taken in dealing with individual sources of excessive noise, a practical and feasible case can be argued for the pursuance of the idea of a 'noise control area' for certain residential districts. The introduction of such an innovation must, of course, be preceded by much research, but here is an aspect of environmental health which demands early consideration.

In the field of protective legislation, much has been accomplished under the Offices, Shops and Railway Premises Act 1963 in improving the environment of the worker but, here again, for a variety of reasons (mostly associated with staff deficiencies) many enforce-

ment measures are carried out in too routine a fashion and there remains much to be done with more detailed research into the problems of ventilation and lighting, to cite only two examples.

In many areas of environmental health activity, including food hygiene and food and drugs administration in which steady progress has been made during the year, higher standards and lasting results could be achieved if research, examination and education were allied to mere routine enforcement and surely the impending reorganisation of the new Newcastle is an appropriate stage at which the establishment of environmental health as an active and progressive function should be inaugurated.

All of these developments, however, must necessarily involve the employment of additional and suitable staff, the chronic shortage of which has so alarmingly restricted the activities of the department in recent years. Therefore, the time of reorganisation might also be regarded as a suitable time for the reappraisal of the staffing structure as the execution of an informed, purposeful examination into this matter by a competent and knowledgeable agency, acting in co-operation with the department, must surely be beneficial to the department, the Corporation and the citizen.

HOUSING ACTS 1957—1971

The Clearance Programme

Although the serious staffing difficulties which plagued the housing section of the department in 1971 were partially resolved early in 1972 by the appointment of an additional senior public health inspector, this was too late to have any impact upon the consequent delays to the clearance programme and representations of clearance areas in 1972 were on average four months later than was planned. These delays, with their consequent effect upon the work load and target dates of other corporation departments necessitated a revision of the clearance programme.

The implementation of the clearance programme has always been carried out in accordance with the maxim, 'the worst first', subject to any special planning or other considerations which justified a departure from this principle. A further revision of the programme was made later in the year when the postponement of action in respect of a number of areas in the Byker part of the City, which deserved early clearance, became necessary. This was caused by

the anticipated inability to secure the satisfactory rehousing of the families from those areas because of delays in the re-development of adjoining cleared sites and an increasing demand by residents in clearance areas to be rehoused in their existing neighbourhoods. In making this quite significant change in the clearance programme, the opportunity was taken to incorporate other changes which had become apparent in the course of a general re-assessment. A number of areas were given a higher priority where it was felt that there had been a deterioration in their condition or that, having regard to their situation in relation to earlier clearance areas, a deterioration in their condition could be anticipated. Four areas which were considered to have a potential for improvement, and where it was determined that the majority of the occupants favoured improvement as opposed to clearance, were removed from the programme. These four areas comprised the following—Sutton Street area (part), Elswick Park area, Welbeck Road/Middle Street area (part) and Gerald Street area.

During the year, classification of houses scheduled in the Housing Programme for clearance took place in the following areas—Charles Street, Rachael Street, Hamilton Street and Maughan Street. This involved the inspection of some 681 houses, of which number 643 were found to be unfit within the meaning of Section 4 of the Housing Act 1957 as amended. With the exception of the Maughan Street area, which will be represented early in 1973, all of the areas formed the subject of official representations, as did the Carville Road area which was inspected and classified towards the end of 1971.

Compulsory Purchase Orders were made during the year in respect of five areas previously represented and Public Inquiries were held in respect of objections made to six Orders. These objections related to 40% of the represented houses and necessitated the re-inspection of 312 houses for the purpose of preparation of 'principal grounds'.

Confirmation by the Secretary of State for the Environment was received in respect of six Compulsory Purchase Orders and minor modifications affecting only three of the represented houses were made, a percentage of only 0.4%. Of the 671 unfit houses in the confirmed orders the Secretary of State directed that payments for good maintenance be made in respect of 52 houses which were found to be wholly well maintained and 152 houses which were found to be partially well maintained.

Statistical Summary

Areas of Unfit Houses Represented to Housing Committee

	<i>Clearance Area</i>					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Carville Road	..	..	..	..	..	159	308	798
Charles Street	..	..	..	..	..	193	308	867
Rachael Street	..	..	..	..	..	155	294	810
Hamilton Street	..	..	..	..	..	163	285	663
Totals	..					670	1,195	3,138

Compulsory Purchase Orders Made

						<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Chirton Street C.P.O.								
Clearance Area	..	..	..	..	..	46	85	208
Added Lands	..	..	..	..	..	2	2	4
Janet Street C.P.O.								
Clearance Area	..	..	..	..	..	127	241	659
Added Lands	..	..	..	..	..	7	15	35
Council Property*	..	..	..	..	..	1	2	5
Union Road C.P.O.								
Clearance Area	..	..	..	..	..	9	17	41
Added Lands	..	..	..	..	..	—	—	—
Carville Road C.P.O.								
Clearance Area	..	..	..	..	..	159	308	798
Added Lands	..	..	..	..	..	5	12	29
Charles Street C.P.O.								
Clearance Area	..	..	..	..	..	193	308	867
Added Lands	..	..	..	..	..	13	15	46
Council Property*	..	..	..	..	..	4	4	20
Totals	..					566	1,009	2,712

* *Contiguous with the Compulsory Purchase Area*

Public Inquiries Held

						<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Isabella Street C.P.O.								
Clearance Area	..	..	..	..	..	174	321	947
Added Lands	..	..	..	..	..	5	8	23
Crown Street C.P.O.								
Clearance Area	..	..	..	..	..	266	435	1,186
Added Lands	..	..	..	..	..	79	115	387
Chirton Street C.P.O.								
Clearance Area	..	..	..	..	..	46	85	208
Added Lands	..	..	..	..	..	2	2	4
Union Road C.P.O.								
Clearance Area	..	..	..	..	..	9	17	41
Added Lands	..	..	..	..	..	—	—	—
Janet Street C.P.O.								
Clearance Area	..	..	..	..	..	127	241	659
Added Lands	..	..	..	..	..	7	15	35
Carville Road C.P.O.								
Clearance Area	..	..	..	..	..	159	308	798
Added Lands	..	..	..	..	..	5	12	29
Totals	..					879	1,559	4,317

Compulsory Purchase Orders Confirmed by the Secretary of State for the Environment

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Milton Street C.P.O. 1971							
Clearance Area	..	..	..	..	51	60	194
Added Lands	..	..	..	..	27	37	107
Council Property*	..	..	..	..	7	6	29
Isabella Street C.P.O. 1971							
Clearance Area	..	..	..	..	174	321	947
Added Lands	..	..	..	..	5	8	23
Chirton Street C.P.O. 1972							
Clearance Area	..	..	..	..	46	85	208
Added Lands	..	..	..	..	2	2	4
Crown Street C.P.O. 1971							
Clearance Area	..	..	..	..	266	435	1,186
Added Lands	..	..	..	..	59	95	239
Council Property*	..	..	..	..	20	20	148
Union Road C.P.O. 1972							
Clearance Area	..	..	..	..	9	17	41
Added Lands	..	..	..	..	—	—	—
Janet Street C.P.O. 1972							
Clearance Area	..	..	..	..	125	239	655
Added Lands	..	..	..	..	8	17	39
Council Property*	..	..	..	..	1	2	5
Totals	..				800	1,344	3,825

* *Contiguous with Compulsory Purchase Area*

Individual Unfit Houses

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Number Represented	..	..	..	..	35	69	167
Demolition Orders Made	..	..	..	..	28	63	152
Closing Orders made							
(part of house)	..	..	..	..	8	11	26
(whole house)	..	..	..	..	3	4	25
Totals	..				39	78	203
Undertaking given							
to close or demolish	..	..	..	..	14	14	40
Certificates of Unfitness	..	..	..	..	1	1	1

The Improvement of Houses

During 1972 grant applications rose at an unprecedented rate, demonstrating the effectiveness of the Government's action when in June 1971 the grant contribution was increased in certain areas from 50% to 75%. These areas, the 'Development' and 'Intermediate' areas had, in the past, seriously lagged behind the rest of the country in numbers of houses improved and this governmental measure was aimed at providing the much needed improvement stimulus.

In 1972, following extensive national and local publicity, applications for Improvement (Discretionary) Grants rose from the 1971 figure of 255 to 1,481, an increase of 481 %.

It is perhaps surprising, in this climate of intense Improvement Grant promotion, and with a substantial portion of properties with revitalisation potential being contained within General Improvement Areas, that the number of Standard Grant applications should continue to rise. In fact the 1972 figure of 326 applications received shows a 7.9 % increase on the 1971 figure, and a 21.1 % increase on that of 1970.

Of grants actually paid out during the period 1968-1972, 1,223 Standard Grants were approved and 1,034 were paid out, demonstrating a remarkably low drop-out rate of 4 %. In the same period the drop-out rate for the more complex Improvement Grants was approximately 40 %. (These figures are calculated allowing a six month lag from approval to completion in both cases).

These statistics would seem to indicate that there is still a real demand for the less sophisticated and less expensive Standard Grant form of improvement, based perhaps on a characteristic Northern reluctance on the part of many householders to commit themselves to large loan repayments.

During 1972, a part of Benwell comprising some 318 dwellings (Ref. 2H) was defined as an area in which improvement is to be restricted to the Standard Grant level. In order to secure the early improvement of these houses compulsory action is being pursued using the provisions of Sections 19 and 20 of the Housing Act 1964 in cases where voluntary co-operation is not forthcoming. A comprehensive survey was carried out with every owner and occupier receiving a detailed information sheet supplemented later by a personal visit as necessary. The department is now in the process of securing, in the first instance internally, the early improvement of those dwellings in which the occupants have shown a genuine interest. The initial voluntary response has been encouraging but slow to come to fruition, and several formulae are now being considered for future action (which may involve the use of Section 9 of the Housing Act 1957 in conjunction with the compulsory improvement provisions of the Housing Act 1964). It is hoped that by the end of 1973 substantial progress will be recorded in this administratively difficult exercise of compulsory improvement.

A further interesting facet of the developing improvement strategy

is a policy adopted in late 1972 of giving owners encouragement to improve, to the reduced standard, houses in the later phases of the Council's Clearance Programme 1963-1981. This concept of short term improvement is based on humanitarian considerations, enabling people who live in short-lived sub-standard dwellings to enjoy the basic amenities of an inside water closet and a hot water supply to a sink. The payment of a reduced standard grant is limited to those properties which, although in the Clearance Programme, have a minimum life of at least five years.

The number of properties eligible for such restricted grants is some 2,220, a figure which will diminish to 290 by January 1975, and then reduce further, leaving no properties with the requisite five year life-span by mid 1975, when the scheme will end. In order to expedite the overall objective of Short Term Improvement to the reduced level, means of dispensing and relaxing the provisions of P3 and N12 Building Regulations 1972 are at present being explored.

Discretionary grant and standard grant applications together totalled 1,807, a 224% increase on the 1971 figure and a 374% increase on the figure for 1970. The ratio of applications for improvement grants to standard grants increased from the 1971 figure of 1.84:1 to 4.5:1 in 1972.

Special Grants

These grants were introduced by the Housing Act of 1969 and are primarily intended for use by those local authorities having areas of intensive multiple occupation. They are particularly applicable in a local authority which has made use of their regulatory powers under the Housing Acts 1961-1969 and are available to give help when additional amenities are required to enable a house in multiple occupation to be brought up to the standards adopted by the local authority. The object of special grants is to encourage the provision, where required, of at least more sinks with hot and cold water supplies, more water closets and, in some cases, additional baths and wash-hand basins with hot and cold water supplies. Although some of these amenities will still be shared, they will be shared by fewer people than before and life in the house will, to that extent, be more tolerable.

The maximum amount of special grant in each case is controlled by the amounts which are allocated for standard grants in accord-

ance with the Housing Act of 1969. Generally, such grant aided improvements must be at least to the level which this authority would require under the regulatory powers, although, in appropriate circumstances, there is discretion to enable a grant to be given to provide amenities to a higher level than the standard adopted by this authority.

In a report to the Revitalisation Working Group it was indicated that it is possible that there are some 200 or so houses in the City which would be eligible for special grants of this kind, and it was pointed out that each application for a special grant should be dealt with individually on its merits and that if an application is refused, this decision must be justified and the applicant supplied with a statement of the reasons for refusal.

However, when the first applications for special grants were received consideration was deferred and the question of payment of special grants was referred to the Management Committee for consideration as an issue of policy. In due course the Management Committee recommended that each application for a special grant be considered on its individual merits having regard to the following main factors:

- (i) Whether the Rent Officer has determined fair rents in respect of all tenancies affecting the house.
- (ii) Whether the works proposed are necessary to comply with requirements of the Chief Public Health Inspector under Section 15 of the Housing Act 1961 (under which the Council may require the execution of works for rendering premises reasonably suitable for multi-occupation) or (b) Section 19 of the same Act (which enables the Council to give directions to prevent or reduce overcrowding in houses in multiple occupation, namely, to fix a limit as to the number of individuals or households who should occupy a house).
- (iii) Whether the works proposed are necessary to comply with a condition of registration or variation of registration of a house under the Newcastle upon Tyne (Registration of Houses in Multiple Occupation) Informatory and Regulatory Scheme 1971.
- (iv) Whether the house is owned by a Charity, Housing Association or other non-profit making organisation.

The implementation of proposals in respect of improvements carried out by special grants has, consequently, not been without

delay and during the year only 15 such grants were dealt with, as indicated in table (c).

Statistical details of applications and grants paid are shown below.

Year	Applications Received			
	Standard Grant	Improvement Grant	Special Grant	Total
1969	189	39	—	228
1970	269	112	—	381
1971	303	255	—	558
1972	326	1,481	15	1,822

During the year reports were submitted to the Revitalisation Working Group which resulted in the grant aided improvement of dwelling-houses as indicated in the following table.

(a) *Improvement Grants (Discretionary) (including conversions)*

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average Grant
1,481	966	9	494	291	£179,954	£636

(b) *Standard Grants*

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average Grant
326	326	—	36	329	£71,438	£217

(c) *Special Grants*

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average Grant
15	8	6	1	2	£392	£196

Houses in Multiple Occupation

It is to be regretted that, due to severe staff deficiencies in the District Division, the implementation of the Newcastle upon Tyne (Registration of Houses in Multiple Occupation) Informatory and Regulatory Scheme of 1971 made little progress during the year. Despite a considerable amount of publicity having been given to this Scheme, the number of information forms and the number of applications for registration or variation was far below the number estimated when the Scheme was first brought into operation. It is very probable that many houses which were in multiple occupation during 1971 have since reverted to occupation by single households and, moreover, it should be appreciated that this does not necessarily mean a single family. It is an increasing practice for owners of property to arrange the lettings so as to enable a group of students to live together as one household which, under present housing legislation, is quite permissible. Nevertheless, such a development can be a cause for much disquiet as, although this form of occupation results in the property being removed from the classification of multi-occupied, the basic problems associated with multiple occupation still remain.

During the year one owner was prosecuted in respect of a contravention of the Registration Scheme relating to four houses under his control. The staff work involved in dealing with these prosecutions was very considerable as the task of obtaining statements from numerous tenants was prolonged and exhausting and necessitated very many visits outside of normal office hours.

Despite the present unsatisfactory situation, there is no doubt that the Scheme itself is quite sound and will ultimately bring an improvement in the general standard of multi-occupied houses provided, of course, that in the fullness of time a sufficient number of suitable staff can be allocated to the task of inspection. Without an adequate staff a considerable period of time will elapse before any truly beneficial effects of the Registration Scheme are apparent.

Houses in Multiple Occupation—Statistics

The Newcastle upon Tyne (Registration of Houses in Multiple Occupation) Informatory and Regulatory Scheme 1971

(a) *Information concerning a house in EXISTING multiple occupation (Form HMO.1)*

Applications received and entered in Register	168
Applications received but waiting to check whether applicable (not included in above figure)	30
Applications cancelled or found to be not applicable (included in 168 above)	20
Applications found to be not applicable (not entered in Register)	28
Premises inspected (including 20 cancelled or found to be not applicable)	131
Premises awaiting inspection (entered in Register)	37
Notices served—Section 15	54
No. of premises transferred to Part II Register	32
Total No. of premises registered (Part I Register)	78

(b) *Applications for Registration or Variation of Registration (Form HMO.2)*

Applications received	
(a) for registration 5 }	37
(b) for variation 32 }	
Premises inspected	35
Awaiting inspection	1
Withdrawn (before inspection)	1
Total No. Registered	34
(1 awaiting inspection, 1 withdrawn, 1 cancelled)	

(c) *Special Grants (to provide standard amenities in houses in multiple occupation)*

Applications received	15
Applications approved	8
Applications refused	6
Applications pending	1

(d) *The Register (Parts 1 and 2)*

At the end of the year the number of houses on the Register was as follows:

Part 1 (Existing houses)	78
Part 2 (Control provisions houses)	34
Total	112

(e) *General*

Number of inspections of houses	1,998
Notices served, Section 15, Housing Act 1961	44
Notices served, Section 90, Housing Act 1957	—
Notices served on Intention to give a Direction	1
Directions made	1
Variations of a Direction Order	1
Directions revoked	—
Section 15, Housing Act 1961, notices complied with	22
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	—
(b) Section 19, Housing Act 1961	5
(c) Section 64, Housing Act 1969	4

Unfit Houses—Demolition

The modest but steady increase in the number of houses demolished in Clearance Areas continued throughout 1972. The total number was 1,057 compared with 1,001 in the previous year and 768 in 1970.

	<i>Houses</i>
In Clearance Areas	944
Individual unfit houses	13
On undertakings by owners (not in clearance areas)	3
On certificates of unfitness (Corporation properties)	97
	1,057

Unfit Houses—Rehousing

It was not to be expected that the high figures for rehousing from unfit houses during 1970 and 1971 could be maintained, but, nevertheless the rehousing of 1,237 families, as indicated below, is a highly satisfactory achievement.

	<i>Families</i>
In Clearance Areas	1,102
Individual unfit houses	15
On undertakings by owners (not in clearance areas)	14
On certificates of unfitness (Corporation properties)	106
	1,237

RENT ACT 1968, HOUSING ACT, 1969 AND HOUSING FINANCE ACT 1972

The conversion of controlled tenancies to regulated tenancies under the provisions of the Housing Act 1969 by way of Qualification Certificates continued throughout the year, at a lower level than previously. In 1970 the total number of applications received was 230, in 1971 it was 1,734, whereas in 1972 a total of 751 was received. It would seem that the initial flood of applications for certificates is now over and that there will be a gradual diminution until General Decontrol comes into full operation and eliminates the controlled tenancy entirely.

The procedure contained in the Rent Act 1968 involving the issue of Certificates of Disrepair is now virtually defunct and it would seem that the end of the controlled tenancy itself is in sight. Cur-

rently, controlled tenancies can, subject to certain prescribed conditions, be converted to regulated tenancies but from the 1st January, 1973 there will come into operation a system of General Decontrol under the provisions of the Housing Finance Act 1972. This innovation will result in the gradual elimination of all controlled tenancies, without regard to the present prescribed conditions, but the conversion to regulated tenancies will be phased over a period of three years in a descending order of rateable value. For many decades there have been certain controlled tenancies where the rents derived therefrom have been quite uneconomical and quite inadequate to enable satisfactory repair and facilities to be maintained and the gradual introduction of the Fair Rent principle into the houses of lower rateable value will surely enable a satisfactory level of repair to be maintained to the ultimate and mutual benefit of both landlord and tenant.

At the end of 1972 the position in relation to Qualification Certificates was as follows:

Improvement Cases

No. of applications for Qualification Certificates under consideration at end of period	72
No. of Certificates of Provisional Approval issued	180
No. of Qualification Certificates issued	113

Standard Amenities Already Provided

Total number of applications received	579
No. of applications for Qualification Certificates under consideration at end of period	74
No. of Qualification Certificates issued in respect of—	
(i) Dwellings with rateable value of £60 or more	62
(ii) Dwellings with rateable value of £40–£60	291
(iii) Dwellings with rateable value of less than £40	8

PUBLIC HEALTH ACTS 1936—1961

Nuisances

There was a marked increase in the number of complaints during the year when 3,377 were received compared with 2,515 in the previous year. This 1972 figure was the highest since 1966 and it is significant that a sizeable proportion of the complaints can be attributed to adverse conditions in areas of unfit houses awaiting either representation or demolition. The unfortunate occupants of these unfit houses were enduring serious nuisance arising from

buildings standing empty providing harbourage for rodent infestations and which, not infrequently, were used as sites for indiscriminate tipping, in addition to the more dangerous nuisance caused by the deliberate firing by vandals. Such a situation exists in many parts of the City, but the main area of complaint was in Byker.

There is little doubt that these circumstances presented a serious hazard to children, who, despite any precautions taken, invariably gain access to derelict buildings. Such unsatisfactory living conditions formed the subject of a number of petitions received during the year.

Perhaps the most frequently repeated and most serious single source of complaints related to nuisance caused by the deliberate firing of houses in the course of demolition. This undesirable practice was particularly marked in the Sandyford, Byker and Battlefield areas, but the main protests came from various residents and street organisations in Byker. It has been argued that this method of demolition is much more economical, but there can be no doubt that the deliberate firing of property in situ creates a serious nuisance, a health hazard and, in certain circumstances, a fire danger.

During the numerous meetings held in the early part of the year many residents in the Byker area expressed resentment at the apparent inability of the Corporation to prevent these nuisances. Reports were submitted to the Health Committee, and eventually with the co-operation of the Engineer's Department and the demolition contractors employed in these areas, a substantial improvement was achieved.

A particularly intractable odour nuisance persisted throughout the year in the Fawdon area from the emanation of extremely penetrating odours from a chemical plant in the area. The process involved was not a scheduled process under the provisions of the Alkali Works Etc. Act, but, nevertheless, the assistance of the District Inspector of Alkali Etc. Works was called in and he was of considerable assistance to the department in examining and investigating the chemical processes involved.

At least one of the causes of this nuisance was the poor standard of house-keeping carried on in the works whereby the handling and spillage of materials contributed greatly to the level of odour escaping into the external atmosphere. Improved internal management and a tighter staff control resulted in a general improvement,

but the situation will never be entirely satisfactory because of the unfortunate juxtaposition of residential development with this offensive trade.

Representatives of the firm concerned met the Health Committee and discussed these problems and outlined proposals for dealing with the situation. Additional gas scrubbing equipment was subsequently installed and, generally, odour control and suppression is now of the first priority with this organisation. Even with the greatest co-operation from the firm concerned and the regular monitoring of the area by the Health Department, these chemical processes could continue to be a source of complaint as it is not possible to have such a chemical plant sited in the middle of a purely residential area without residents having to suffer occasional nuisance.

Noise Control

In previous Annual Reports I have remarked on the comparative freedom from excessive noise enjoyed by the citizens of Newcastle as there are no excessively noisy industries established within the City boundaries. Nevertheless, during the past year the number of complaints increased at a much higher rate than hitherto and, indeed, few citizens will dispute that the central area of the City is now noisier than in the past. It is to be hoped that the period of turmoil arising from demolition and redevelopment in our City will be as short as possible when once more freedom from excessive noise will be restored.

Examples of noise nuisances encountered during the year included the following:

- (a) In the City centre an extension to a multiple store involved the excavation of the site to prepare foundations for a basement area. When rock was encountered during pile driving operations the increase in the volume of noise was substantial and provoked many complaints by members of the public. The ready co-operation of the contractor resulted in manual excavation with the assistance of pneumatic hammers and no further complaints were received.
- (b) Another noise nuisance was created by a pile driver and air compressor used in connection with the building of another departmental store in the same neighbourhood. Not only did

the compressor produce a noise at quite unacceptable levels, but it also discharged the exhaust fumes directly onto the footpath. Verbal representations immediately resulted in this compressor being taken out of service and when, eventually, it was used it was repositioned well within the building site.

- (c) A particularly difficult problem arose in connection with another pile driver on this same site. It was intended to carry out excavation in connection with the basement but the nature of the ground was such that there was considerable risk of subsidence in the adjoining pavement and the contractor was forced to resort to pile driving. This resulted in many complaints being received from members of the public and from employers in the adjacent offices and shops. The obvious suggestion was that pile driving should be carried out at night when the daily business activity of the neighbourhood had ceased. When it was pointed out, however, that pile driving during such a period would create a very serious nuisance to residents in the central area, such as in Bewick Court, the commercial community had to endure the high noise levels with as much patience as they could muster. Fortunately the pile driving was completed in a relatively short space of time.
- (d) In the East end of the City several complaints were received concerning the serious noise nuisance arising from pile driving carried out in connection with the construction of a new petrol station adjacent to a railway embankment. In this case the actual times of pile driving were regulated by British Rail in accordance with the times of rail traffic and after representations were made by the department it was eventually agreed to restrict pile driving to the hours of 8.00 a.m. to 5.00 p.m. and to permit pile driving to continue between 7.00 a.m. and 5.00 p.m. on the following Saturday and Sunday to enable the work to be completed without night noise nuisances arising.
- (e) Amongst other nuisances dealt with during the year was a noise emanating from loud speakers at a self-service petrol filling station. Noise levels were particularly high at night between 11.00 p.m. and 4.00 a.m. and after consultation with the petrol station proprietor it was arranged for the loud speakers near the self-service pumps to be reduced in amplification and repositioned so as to reduce the noise in the direction of the complainants.

- (f) A particularly interesting complaint was received in connection with the Janet Square Pilot Housing Scheme where residents had complained of noise caused by children playing and from pedestrian traffic passing through Janet Square. Noise level readings indicated that in the Square itself levels never exceeded 47 dBA whereas inside the flats levels were as low as 28dBA. It was, therefore, obvious that any slight increase in noise in the outside area could be a source of nuisance to residents sitting quietly within their dwellings. At the conclusion of the investigation certain recommendations were submitted to the Director of Housing all designed to secure a reduction of noise levels within the dwellings by increased insulation and other means.

Complaints were also received with regard to noise nuisances created by the use of air compressors in Shieldfield, pile driving in Sandyford, guard dogs protecting a greengrocer's premises, noise arising from milk bottle and crate handling in the early hours of the morning, loud speakers and horns from mobile shops on Council estates, loud speakers at Brough Park Greyhound Stadium, musical entertainment in social clubs in the Benwell and Blakelaw districts and miscellaneous complaints involving a circular saw in a joiner's shop, a garage used for repairs and extractor fans and compressor motors in various situations.

There is little doubt that citizens are becoming more noise conscious and, indeed, with an increasing awareness of the importance of the environment in relation to the quality of living, noise control will surely in the future be an extremely important part of the Environmental Health Service.

Statutory Notices Served

(a) Public Health Acts 1936-1961	..	..	..	..	..	626
(b) Corporation Act 1936	..	..	..	..	..	143
(c) Final letters sent	..	..	..	..	..	104
(d) Prevention of Damage by Pests Act 1949	..	..	..	..	..	1

Legal Proceedings

(Under Public Health Acts and Newcastle Corporation Act)						
Hearings pending at end of 1971	..	..	..	..	..	4
Complaints and Informations laid	..	..	..	..	..	11
Summonses withdrawn (nuisances abated)	..	..	..	..	..	3
Orders made (Corporation Act 1935)	..	..	..	..	..	—
Nuisance Orders made	..	..	..	..	..	3
Informations proved	..	..	..	..	..	6
Hearing pending at end of year	..	..	..	..	..	4

Places of Public Entertainment

For some years there has been in operation a system of planned overtime which enables District Public Health Inspectors to visit and carry out inspections at premises which are not normally available for inspection during normal office hours. Although in many cases the primary purpose of inspection is in relation to food hygiene and offices and shops legislation, advantage is taken on these occasions to carry out inspections in places of public entertainment to ensure that hygienic conditions in connection with lighting, ventilation, cleanliness, sanitary accommodation, washing facilities, etc. reach the requisite standard. Indeed, it is during late evenings and weekends that deficiencies and contraventions are most likely to occur.

During 1972 a total of 121 visits were made to cinemas, dance halls, theatres etc. and although conditions in the main were found to be satisfactory, 96 contraventions were detected which resulted in the delivery of ten written and 13 verbal notices.

The premises inspected during the year included the following.

Bingo Halls	..	..	..	..	..	11
Bowling alleys	..	..	..	..	..	1
Cricket Grounds	..	..	..	..	..	4
Concert Halls	..	..	..	..	..	1
Cinemas	..	..	..	..	..	13
Dance Halls	..	..	..	..	..	4
Football Grounds	..	..	..	..	..	1
Greyhound Stadiums	..	..	..	..	..	1
Lawn Tennis Clubs	..	..	..	..	..	4
Leisure Centres	..	..	..	..	..	9
Music Halls	..	..	..	..	..	1
Theatres	..	..	..	..	..	3
Temporary Theatre Licences (Church Halls, Schools, etc.)	..	..	..	..	..	46

Offensive Trades

With the exception of one business, all the offensive trades listed below are centralised in the buildings of the Tyneside Meat Market and Abattoir where conditions generally are quite satisfactory. However, during the year a number of complaints were received of offensive odours emanating from the other offensive trade premises in the Walker area of the City, although the number of complaints were a mere fraction of those received in the department in 1971, which is indicative of the success attending the efforts of the Company who adopted proposals and advice offered by the department designed to reduce nuisances from smell and flies at these premises.

Certain modifications to the processing plant enabled soft materials to be processed much more quickly, thus avoiding excessive periods of storage of offensive material and a substantial reduction in the volume of offensive vapours escaping into the atmosphere. It is to be hoped that this improvement will continue throughout the future.

At the end of the year the operations being carried out in the City are as follows:

<i>Trade</i>					<i>No. of Trades</i>	<i>No. of Premises</i>
Bone Boiler	..	..	..	..	1	1
Fat Extractor	..	..	..	..	1	
Fat Melter	..	..	..	..	1	
Soap Boiler	..	..	..	..	1	1
Gut Scraper	..	..	..	..	1	1
Tripe Boiler	..	..	..	..	1	1
Fell Monger	..	..	..	..	1	

Tents, Vans and Sheds

No particular problem was encountered during the year relating to the unauthorised use of tents, vans or sheds, except during Race Week at the Temperance Festival. Since 1926, when a Corporation Act was introduced to prohibit the use of vans and sheds for living purposes unless certain prescribed conditions were fulfilled, the number of casual and itinerant van dwellers has been relatively small. It is, therefore, somewhat surprising to record the importance which appears to be attached to the provision of accommodation for gypsies under the provisions of Part II of the Caravan Sites Act 1968.

During the year the department was involved in surveying suitable sites for the accommodation of some fifteen or so gypsy caravans and although consideration had previously been given to seeking exemption from the obligation of providing such accommodation, at the end of the year a suitable site in Scotswood was being surveyed for this purpose. Until the complete integration of the gypsy community into the normal social structure is achieved, provision will have to be made for the nomadic element of the population, but it is hoped, that with the passage of time, the dislike of the gypsy population for a permanent residence will disappear.

At the Temperance Festival site in June there was a greater number of caravans and families attending than there has been for several years. A total of 507 caravans housing 1,690 persons attended this event, of which 92 caravans housing 307 persons were

unauthorised residents. The remarkable feature of this unauthorised parking is the fact that 76 of the caravans were occupied by holiday-makers who were taking advantage of the Temperance Festival to have free parking on the Town Moor for their vans whilst, at the same time, enjoying the shopping and entertainment facilities offered by the City. Other unauthorised living vans housed horse dealers, odd jobbers, tarmac sprayers and the ubiquitous scrap dealers.

On this occasion the unauthorised site was maintained in a state of reasonable tidiness because of the regular attention given by the Cleansing Department staff. Nevertheless, were this site in private ownership and used as a holiday caravan site, the Health Committee would be imposing certain prescribed standards in relation to hygiene and management and it seems somewhat incongruous that because this particular site is in the ownership of the Corporation, the same standards are not applied. Perhaps a better alternative to providing the expensive facilities needed for such a site would be to prohibit the use of the Town Moor for unauthorised caravan use.

Common Lodging Houses

The Salvation Army Men's Hostel remains the only registered common lodging house in the City and continued, as formerly, to be operated in a very satisfactory manner.

Reference was made in the last Annual Report to discussions which took place with the Tyneside Cyrenians Ltd. in connection with their efforts to establish a common lodging house in Leazes Park Road to meet the needs of homeless persons who were unable, or who did not wish to take advantage of the facilities of the Salvation Army Men's Hostel. An application for registration, as required by the Public Health Act 1936, had been made at the end of 1971 and despite the patient efforts exerted by the department, it was not possible by the end of 1972 to secure standards which would satisfy the rather austere minimum requirements of the Public Health Acts to enable registration to be granted. Standards of sanitation and safety in case of fire must be observed and it is undesirable that such matters should be entirely disregarded because of the charitable motives of the keeper of a common lodging house and, although many difficulties can be foreseen, it is hoped that a satisfactory situation will evolve in early 1973. The only

alternative with which the Health Committee will be faced will be to refuse registration and consider what steps should be taken to deal with the unlawful use of premises as a common lodging house.

New Buildings and Alterations

Throughout the year the three Senior Public Health Inspectors on the District Division continued the practice of examining plans submitted to the Planning Department and the City Engineer's Department. This duty is often inconvenient and always time consuming, but it is extremely effective in preventing developments which could give rise to unsatisfactory conditions in relation to food hygiene, offices and shops legislation and many other matters after the building has been completed.

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 his 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 and taste, and was in every way satisfactory for use as a public water supply. The average lead content of the mains water throughout the year was less than 0.02 parts per million, the maximum figure recorded being 0.04 parts per million. The maximum level of lead in drinking water supplies recommended by the World Health Organisation is 0.05 parts per million. In addition to the above 48 routine water samples, two additional samples of water were submitted for chemical analysis on complaint from the occupiers of premises in the City. These samples also proved to be satisfactory.

At the end of the year the supply of water to domestic dwellings was as follows:

(a) Total number of dwelling-houses supplied	..	..	81,426
(b) Population supplied from public mains—			
(i) direct to dwelling-houses	..	..	217,220
(ii) from stand pipes	..	..	—

Fluoridation of Water Supplies

The continuous fluoridation of the water supply to the City was interrupted during the year for a period of a fortnight during September. This was due to the fact that the national dock strike prevented replenishment supplies of sodium silico fluoride being imported from Scandinavia during this period and that the stocks held by the Newcastle and Gateshead Water Company were exhausted.

During the year a total of 485 samples were taken on a weekly basis of which 22 were submitted to the Public Analyst for analysis to establish the fluoride content of the water. The remaining samples were tested within the department and by the laboratory staff of the Newcastle and Gateshead Water Company. The average fluoride figure for the year was 0.964 parts per million. The lowest fluoride figure obtained from a sample during 1972 was 0.20 p.p.m. which was due to the interruption of the fluoridation programme. The highest figure obtained was 1.15 p.p.m.

Bacteriological Examination of Water

During the year a total of 359 samples of water were taken for bacteriological examination. This figure includes 316 samples of mains water taken from the various sampling points distributed throughout the City. In order to obtain a better coverage of the mains water supply system in the City a further sampling point was installed in the basement of Montagu Swimming Baths in December, 1972. This sampling point now enables the department to check the mains water supply in the north west area of the City, an area of expanding development. The use of the water sampling point situated in the basement of Scotswood Swimming Baths has been discontinued in favour of a new sampling point situated in the Tyneside Meat Market, Whitehouse Road. Mains sampling points from which samples are taken weekly are now situated at:

Northumberland Road Swimming Baths

Jesmond Swimming Baths

Heaton Swimming Baths

Walker Swimming Baths

Fenham Swimming Baths

Tyneside Meat Market

Montagu Swimming Baths

Further samples of water were taken from water points in domestic and commercial premises. These samples were taken because of complaints by the inhabitants or staff and included an investigation of the bacteriological quality of the water supplied to and used in British Rail Restaurant Car Carriages at Heaton Sidings.

Fifteen samples of water were taken from the water stand pipes at the Town Moor Temperance Festival, all of which proved to be of excellent bacteriological quality.

In order to determine the bacteriological quality of the water being used to wash animal carcasses from the spray hoses at the Abattoir, and also to check if contamination was occurring from the nozzles and flexible piping of these hoses, six samples of water were taken from this source during the year, all of which proved to be satisfactory.

The table below reflects the general satisfactory bacteriological quality of the City water supply.

Origin of Sample	Coliform Bacteria				Total
	0	1-3	4-10	10+	
Main Sampling points	311	5	0	0	316
Water Points at Town Moor Festival	15	0	0	0	15
Domestic Premises on Complaint	9	2	0	0	11
Commercial Premises on Complaint	11	0	0	0	11
Abattoir Spray Hoses	6	0	0	0	6
Total	352	7	0	0	359

Infestation of *Asellus Aquaticus*

In May, 1972 the Newcastle and Gateshead Water Company carried out a programme of disinfection to try and eradicate the colonies of freshwater shrimp (*Asellus aquaticus*) which had become established in parts of the water main system in the City. This crustacean had become troublesome in parts of the main system and localised infestations were beginning to overspill into other parts. In order to control this creature, pyrethrin insecticide at the rate of 0.01 parts per million was added to the water supply. This

treatment resulted in dead Asellus being washed out of water supply taps in various parts of the City so resulting in several complaints from householders.

On complaint, each household was visited and informed of the situation and, in addition, to ensure that bacteriological contamination was not occurring, bacteriological samples were taken from some of the complainants' houses with quite satisfactory results.

Public and School Swimming Baths

Of the 18 swimming baths in the City, one situated in Byker was out of commission throughout 1972, and the baths at Jesmond were converted for indoor bowls during the winter periods and therefore were not used for swimming purposes during these periods. A total of 33 visits were made to 17 of the swimming baths throughout the year for the purpose of taking 66 samples from inlet and outlet positions of the baths. These samples were submitted to the Public Health Laboratory Service for bacteriological examination. The results, tabulated below, show the high standard maintained in the swimming bath waters of the City.

	Coliform Bacteria				Total
	0	1-3	4-10	10+	
Number of Samples	65	1	0	0	66

Bath-side tests were also carried out for free and total chlorine levels of the water and for pH value.

Difficulties continued with the operation of the therapeutic pool at Pendower Hall School and many additional visits were made to this school to give advice on the correct chlorination and running of the pool. On one occasion it was necessary to empty the pool as the swimming bath water had become completely super-chlorinated and very alkaline. At other times the pool was found to be completely devoid of free chlorine. The situation at this pool indicates the necessity of having an experienced and trained swimming pool operative present at all times and this matter has been taken up with the Education Department.

At another school swimming pool it was necessary to point out unhygienic conditions in the changing rooms and surrounds of the pool.

The practice of allowing canoe clubs to use some of the City swimming baths presented problems during the year. On occasions it was noticed that considerable contamination of the water was occurring with sand, leaves and grasses which, on investigation, proved to come from canoes used by some canoe clubs whilst holding practice sessions in the baths. These contaminating articles were picked up by the canoes when they were used on lakes and rivers and became subsequently detached when the canoe entered the swimming pool water. At the same time it was observed that small pieces of expanded polystyrene were breaking loose from the canoe flotation blocks and that these materials presented a considerable hazard to swimmers as they could possibly be swallowed and cause choking. This matter was drawn to the attention of the City Baths Manager which resulted in a considerable improvement in the situation.

SUMMARY OF VISITS CARRIED OUT BY PUBLIC HEALTH INSPECTORS FOR THE YEAR 1972

Complaints received	.. .. .	3,116
Nuisances found on District in addition to above	.. .. .	248
Noise	.. .. .	13
		3,377

Dwellinghouses

1. Under Housing Acts:

(a) On inspection of district and under any Regulations made under Acts	.. .. .	6
(b) Individual Unfit Houses		
(i) Repairable at reasonable cost	.. .. .	48
(ii) Not repairable at reasonable cost	.. .. .	194
(c) Houses let in lodgings	.. .. .	1,998
(d) Clearance and redevelopment areas	.. .. .	5,406
(e) Overcrowding provisions	.. .. .	84
(f) Certificates of Unfitness	.. .. .	52
(g) Improvement Grants	.. .. .	2,824
(h) Other visits	.. .. .	20,739
(i) Decontrol Applications: Qualification Certificates	.. .. .	2,625

2. Under Rent Acts:

(a) In connection with Certificates of Disrepair	1
(b) In connection with other certificates	1
(c) Other Visits	4

3. Under Public Health Act and Water Act:

(a) Water closets	765
(b) Common courts, yards and passages	43
(c) Filthy and verminous premises	187
(d) Dustbins	135
(e) Statutory nuisances.. .. .	6,134
(f) Water supplies	290
(g) Disinfestation	1,889
(h) Infectious Diseases (other than Food Poisoning)	93
(i) Drains and Sewers	767
(j) Other visits	2,990

Other Premises

1. Under Public Health Acts:

(a) Premises used for the keeping of animals	4
(b) Places of Public Entertainment	121
(c) Public Conveniences	37
(d) Offices	—
(e) Schools	4
(f) Shops	1
(g) Offensive trades:	
(i) Blood boiler and blood drier	1
(ii) Bone Boiler	1
(iii) Fat extractor and Fat melter	1
(iv) Fell Monger	—
(v) Glue maker and size maker	—
(vi) Gut scraper	2
(vii) Rag and bone dealer	1
(viii) Soap boiler and tallow melter	—
(ix) Tripe boiler	—
(h) Baths and wash-houses	3
(i) Common Lodging houses	10
(j) Watercourses, ditches, ponds, etc.	4
(k) Tents, vans, sheds	5
(l) Exhibitions	—
(m) Hide and skin depot	2
(n) Other visits	71

2. Food and Drugs Act:

(a) Bakehouses—Mechanical	92
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(b) Bakehouses—Non-Mechanical	18
(c) Butchers	202
(d) Premises used for the preparation of sausages or potted, pressed, pickled or preserved food	221
(e) Catering premises	420
(f) Confectioners (sweet shops and bakers shops)	230
(g) Dairies	23
(h) Fishmongers	38
(i) Food factories	38
(j) Fried fish shops	85
(k) General dealers and supermarkets	365
(l) Greengrocers	76
(m) Grocers	63
(n) Ice cream factories	19
(o) Ice cream retail premises	197
(p) Ice cream vehicles	25
(q) Licensed premises:	
(i) Public Houses and Hotels	141
(ii) Clubs	64
(iii) Off licenses	69
(r) Milk retail premises	229
(s) Mobile shops	207
(t) Street traders	303
(u) Food poisoning	73
(v) Unsound Food	434
(w) Other visits	552
(x) Delivery vehicles	16

3. Under Clean Air Act and Regulations and Orders made thereunder:

(a) Smoke observations (half-hour)	51
(b) Smoke observations (eight-hour)	3
(c) Visits to boiler and other plant (routine)	54
(d) Visits to boiler and other plant (smoke, grit and dust emissions)	27
(e) Smoke Control Areas	14,105
(f) Smoke nuisances	142
(g) Air Pollution Survey	975
(h) Other visits	69

4. Offices, Shops and Railway Premises Act 1963:

(a) General Inspections	
(i) Offices	795
(ii) Shops (retail)	767
(iii) Wholesale departments or warehouses	169
(iv) Catering establishments open to the public	64

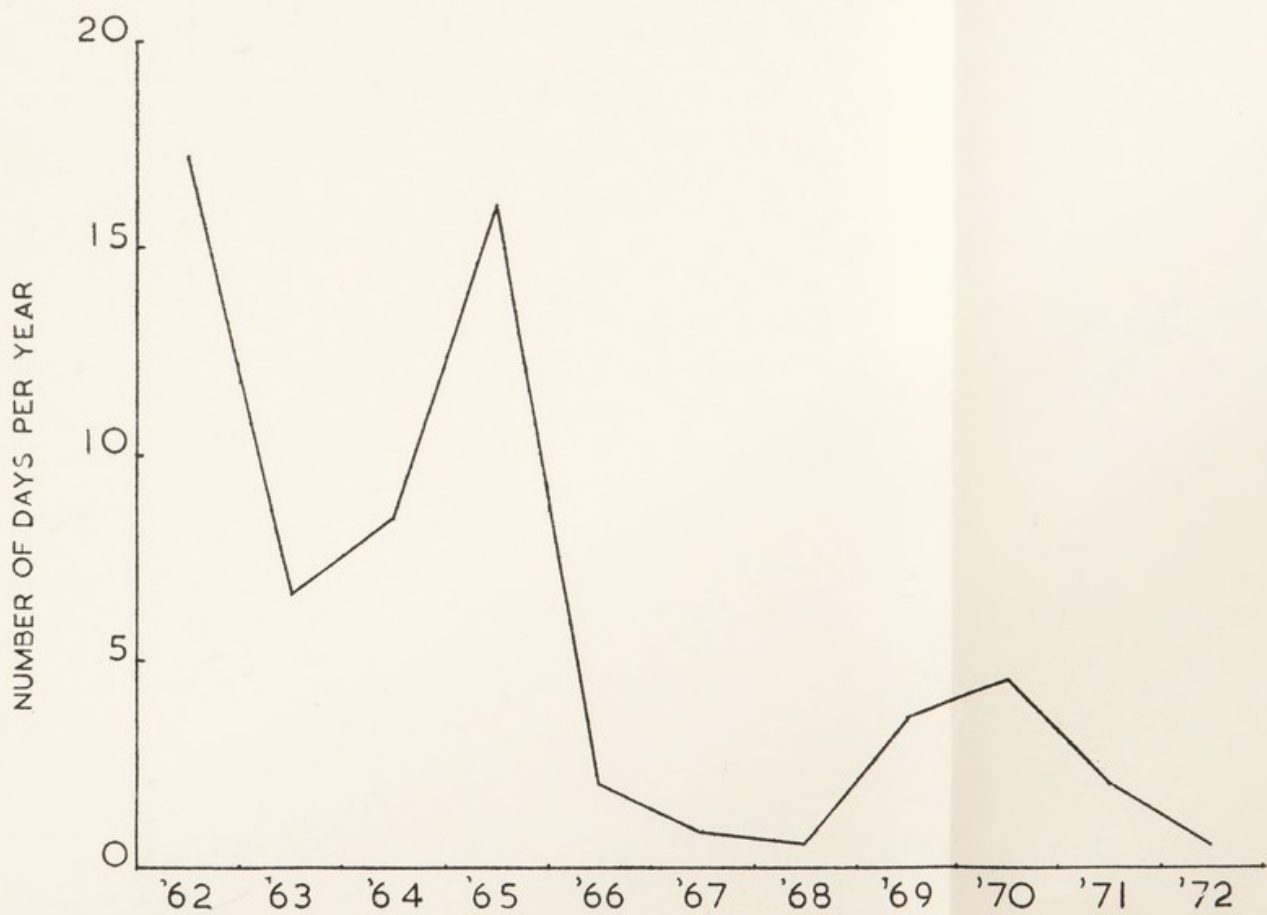
(v) Staff canteens	12
(vi) Fuel storage depots	—
(b) Other visits	3,019
5. Factories Act 1961:	
(a) Factories without mechanical power	64
(b) Factories with mechanical power	1,573
(c) Other premises where Section 7 is enforced by Local Authority (excluding outworkers' premises)	28
(d) Outworkers' premises	54
6. Other Miscellaneous Acts, Orders and Regulations:	
(a) Burial Act, 1857 (Exhumations)	28
(b) Merchandise Marks Acts	2
(c) Hairdressers (Corporation Act 1956)	150
(d) Tents, Vans and Sheds (Caravan Sites and Control of Develop- ment Act 1960 and Corporation Act 1926)	41
(e) Corporation Act 1935 (drains, etc.)	363
(f) Pet Animals Act 1951	28
(g) Riding Establishments Act	5
(h) Animal Boarding Establishments Act 1963	—
(i) Prevention of Damage by Pests Act 1949	13,744
(j) Pharmacy and Poisons Act 1933	31
(k) Noise Abatement Act 1960	190
(l) Rag Flock and Other Filling Materials Act 1951	43
(m) Slaughter of Poultry Act 1967	8
(n) Newcastle upon Tyne Corporation Act 1968 (water supply)	21
	88,368

AIR POLLUTION

The National Survey of Air Pollution

The steady reduction in air pollution concentration experienced in the previous year was continued in 1972 with an average smoke concentration in the City of 104 $\mu\text{gs}/\text{m}^3$ compared with 111 in 1971 and 321 $\mu\text{gs}/\text{m}^3$ of SO_2 compared with 138 $\mu\text{gs}/\text{m}^3$ in 1971. This gradual diminution is an accepted feature of a steady smoke control programme and it can be anticipated with some confidence that the concentration figures for 1973 will be even lower because of the accelerated smoke control programme introduced at the end of 1972. The figure of 104 $\mu\text{gs}/\text{m}^3$ of smoke compares quite unfavourably with the national average of 60 $\mu\text{gs}/\text{m}^3$ for 1971, but there are many factors which account for this apparent disparity, not

GRAPH SHOWING NUMBER OF DAYS PER YEAR WITH CONCENTRATIONS EXCEEDING $500 \mu\text{G}/\text{M}^3$ SO_2 AND $250 \mu\text{G}/\text{M}^3$ SMOKE, FROM 1962-1972.



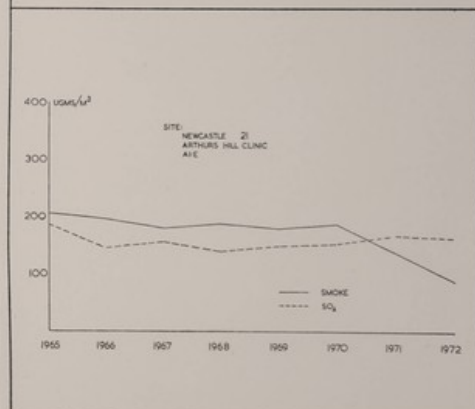
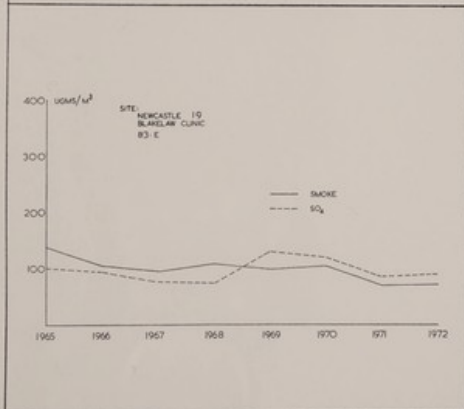
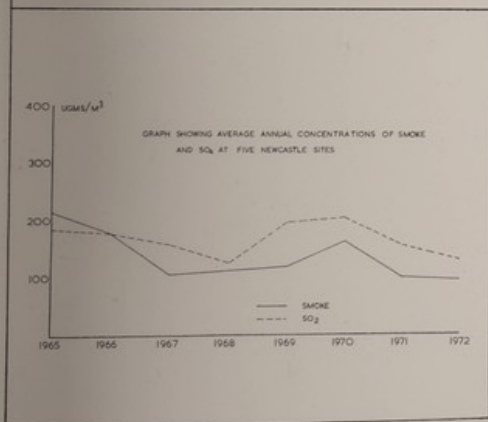
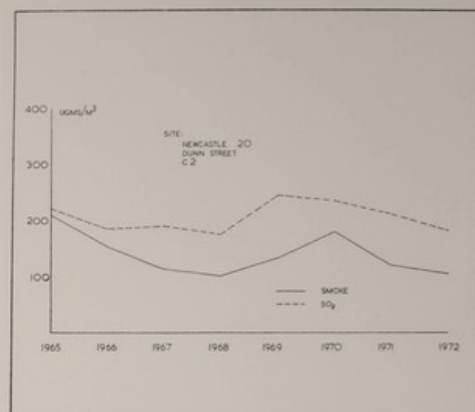
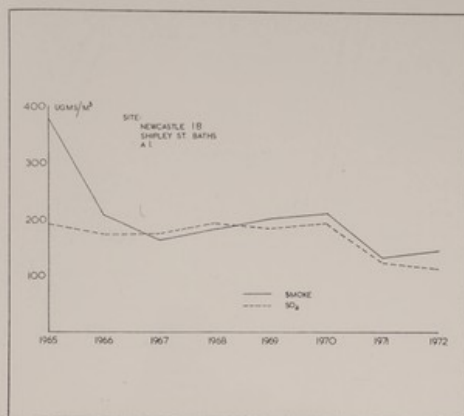
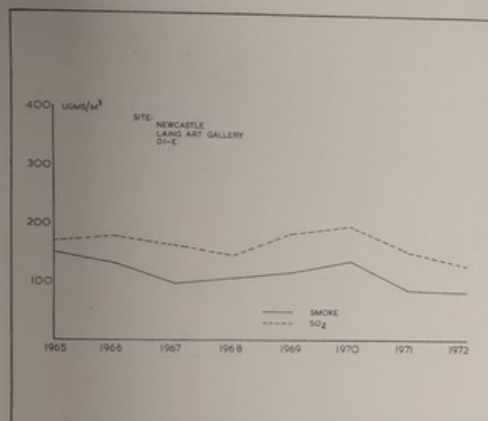
the least being the rigours of the adverse climatic conditions prevalent in the North East. The comparable national figure for SO_2 is $102 \mu\text{gs}/\text{m}^3$ which is still well below our Newcastle figure. Although these figures relate to daily mean concentrations they are in this context only of real significance when the daily mean SO_2 concentration rises above $500 \mu\text{gs}/\text{m}^3$ and this is accompanied by a daily mean smoke concentration of $250 \mu\text{gs}/\text{m}^3$. It is generally accepted that these figures represent a criterion indicating a health hazard.

Nevertheless, although it is gratifying to see a steady decrease in concentrations of smoke and SO_2 , we have some way to go before we can reach the long term goal recommended by the World Health Organisation Expert Committee. Their recommended long term goals are an annual mean of $60 \mu\text{gs}/\text{m}^3$ of SO_2 with 98% of the observations falling below 200 and, in relation to smoke, the annual mean should not exceed $40 \mu\text{gs}/\text{m}^3$ with 98% of the observations falling below $120 \mu\text{gs}/\text{m}^3$. Some very considerable time must elapse before such standards are within reach in industrial areas such as Tyneside, but persistence with the smoke control programme, together with the careful monitoring of SO_2 emissions will go a long way towards reaching this goal.

NATIONAL SURVEY

The following table shows the average smoke and SO₂ concentrations, given in microgrammes per cubic metre, for the seven sites during 1972.

Gauge Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average during	
													1972	1971
<i>Blakelaw Clinic</i>														
SO ₂ ..	68.8	88.6	81.3	44.7	51.6	45.0	47.0	42.4	83.8	128.0	119.4	202.8	83.6	80.1
Smoke ..	94.6	108.0	138.0	38.6	41.7	32.8	28.4	34.6	51.4	88.8	68.8	112.0	69.8	68.7
<i>Arthurs Hill Clinic</i>														
SO ₂ ..	192.1	182.2	186.0	92.0	100.0	91.7	86.1	78.9	132.4	157.6	163.2	215.3	139.7	144.1
Smoke ..	139.7	106.8	141.1	61.5	58.0	54.4	40.5	39.1	74.4	115.1	110.0	128.6	89.1	115.6
<i>Dunn Street</i>														
SO ₂ ..	184.1	123.1	252.6	187.7	131.4	116.6	107.4	142.4	155.0	232.2	273.5	211.9	176.4	208.0
Smoke ..	166.6	123.1	146.6	64.3	60.2	57.5	45.6	56.6	97.0	137.7	170.2	156.6	106.8	127.7
<i>Laing Art Gallery</i>														
SO ₂ ..	148.1	—	—	111.4	99.4	101.4	93.7	72.4	146.4	186.6	202.2	236.4	139.8	151.5
Smoke ..	157.8	—	—	49.1	49.8	49.0	47.5	41.7	72.8	112.2	105.7	131.1	81.6	81.7
<i>Shipley St. Baths</i>														
SO ₂ ..	101.5	116.2	133.1	88.9	105.2	101.7	108.2	136.6	132.5	149.1	146.0	228.4	128.9	134.3
Smoke ..	261.0	182.5	205.8	89.9	104.8	76.3	59.3	68.7	106.3	162.2	166.3	262.8	145.4	135.0
<i>Heaton Baths</i>														
SO ₂ ..	155.8	131.2	153.8	77.7	101.9	97.1	89.2	73.2	100.2	159.0	134.7	239.5	126.1	128.3
Smoke ..	204.9	150.0	177.6	64.8	72.8	54.8	42.3	41.6	80.7	148.4	129.2	221.8	115.7	128.6
<i>Walkergate Clinic</i>														
SO ₂ ..	118.5	167.2	151.9	94.0	97.7	90.3	98.6	73.2	111.7	178.8	192.2	203.0	131.4	125.7
Smoke ..	166.8	187.5	192.0	77.0	62.4	62.8	41.1	48.2	94.7	144.4	190.5	186.8	121.1	121.1



Prior Approval

During the year 11 applications for prior approval in respect of proposed chimney heights were received and, after discussions with the applicants, were in due course approved. The approved height of a proposed chimney is determined by using the Ministry Memorandum on Chimney Heights as a basis for calculation, although the procedure is complicated in a city such as Newcastle because of the wide variations in land contours, particularly in the Riverside and Central areas. Nevertheless, the careful consideration and application of this Memorandum, together with other relevant factors has, it is submitted, been a useful contribution towards the elimination of SO_2 concentrations in the atmosphere of our City.

A total of three applications were also received during the year for the prior approval of fuel burning installations as provided for in Section 3 of the Clean Air Act 1956. In all cases the applications were satisfactory and approved.

Industrial Air Pollution

Ever since the introduction of the Clean Air Act 1956 industry generally has been eager to co-operate and this attitude has been so effective that by far the vast proportion of smoke pollution is now from domestic sources. Therefore, so far as industrial pollution is concerned, one is inclined to say that the picture is generally satisfactory, but there is, nevertheless, room for considerable improvement, if not in relation to smoke emissions, at least in connection with other forms of pollution such as grit, dust and SO_2 .

The greatest single inhibiting factor is the shortage of inspectorial staff. It is vital that such staff should be available to spend much more time in discussing various problems with engineers who are responsible for the operation of boilerhouse plant and during the year only 54 such routine visits were made.

A total of 51 half-hour smoke observations were taken and for a commercial and industrial city of the size of Newcastle this cannot be regarded as reasonably adequate. Although a number of contraventions were detected in this way, in only two instances were legal proceedings instituted for contraventions of Section 1 of the Clean Air Act 1956 which resulted in convictions in the Magistrates' Court.

On four other separate occasions dark smoke was seen to be emitted from industrial premises other than through a chimney and on all of these occasions the smoke was caused by the burning

of waste materials contrary to the provisions of Section 1 of the Clean Air Act 1968. This type of smoke emission is invariably dense and, because of its low level, always objectionable but, because of the legal restrictions imposed on a local authority in relation to notification of the offence, it was possible in only one case to secure a conviction, although there was no doubt whatever that the defendants were guilty in all cases.

The problem of notification, as required by Section 30 of the Clean Air Act 1956, presents almost insuperable problems. The requirement is that the occupier of the premises from which the smoke was seen to be emitted must be notified within 48 hours of the offence and a major obstacle often arises in trying to establish within the short period of two days who is the actual occupier. It is not unusual for fictitious names to be given, or the offence might occur on a Friday and the necessary information might not be available within the 48 hours immediately following. This problem was considered by the Health Committee during the year and suitable representations were made to the Association of Municipal Corporations with a view to repealing this apparently unnecessary requirement or, alternatively, to have the time period extended sufficiently to enable the necessary enquiries to be completed.

Lead Contamination of the Environment

During the year a great deal of national publicity was given to the contamination of the environment by heavy metals with particular reference to lead.

The North of England and Tyneside once formed one of the major centres in the country of the lead industry. In Newcastle only the Elswick Works remain and for nearly 200 years it has formed a part of the history of lead technology since most processes have been carried out at these works. A comment made in the 1890s about one of the oldest lead firms, which was then in Newcastle and is now associated with the present works, contained the following information—

“It is noticeable throughout that whilst the utmost efficiency prevails with respect to machinery and capacity, the hygienic welfare of the work people is provided for with great adequacy, every precaution suggested by legislative enactments on the subject being faithfully adopted. The Company provide a free early morning breakfast for their

employees to effectively guard against the possibility of any of them going to work on an empty stomach."

The Elswick Works has continued to develop both in technology and in the spirit of the 1890s. New welfare facilities are considered to be ahead of the present statutory requirements.

Early in the year, at the request of the Department of Health and Social Security, the Department of Trade and Industry undertook analyses of soils and dust samples in the vicinity of the lead works and a member of Warren Spring Laboratory visited Newcastle to advise on the sampling points. Two sets of samples comprising 26 samples in all were taken in the first two months of the year and, although the results have not been published, at the end of the year sampling was discontinued at the request of the Department of Trade and Industry. This would indicate satisfactory results.

Smoke Control Programme

The Smoke Control Order No. 14 came into operation on the 1st October, having been made in April 1971 and confirmed by the Minister in August 1971. This area covers 346 acres and involves 3,073 premises of all types, including 2,949 houses. With the coming into operation of this order, the area of the City now under smoke control is 5,786 acres, comprising 36,375 premises including 29,253 dwellings.

In addition to the area brought into operation during the year, work was in progress with area No. 15 which adjoins the No. 14 area in the extreme west end of the City. A survey of this area which had been commenced in the latter months of 1971, was completed during the early months of the year and a smoke control order for the area was made on the 22nd May. The order, which was confirmed by the Ministry on the 21st September, is due to become operative on 1st October, 1973. Thus the total area covered by the fourteen smoke control orders in operation, plus the one confirmed and being brought into operation, is 6,197 acres representing 54% of the area of the City. The total of 39,801 premises in the fifteen areas represents 42% of the total premises in the City and the total number of dwellings, i.e. 32,655 involved by the orders, represents 40% of the total number of dwellings.

Towards the end of 1971 studies had been made and reports prepared concerning the financial and other implications of increasing the rate at which smoke control orders were being made

so that the programme might be completed as soon as possible after the original target date of 1975, this date now being recognised as impossible of achievement. Two proposals were made—one for completion of the programme by 1984, involving the making of smoke control orders at the rate of two each year, and the other for completion by 1977 requiring the making of orders at the rate of three each year. In the early months of this year, the programme was reviewed again and in March it was agreed that it was feasible that the proposals for accelerating the completion date to 1977 be accepted.

The Management Committee therefore made financial provision in the Capital Programme to enable the plan for the completion of smoke control in the City by 1977/78 to be put in motion. At a meeting in April the Health Committee formally accepted the new plan. Approval of the Establishment Working Group was given for the appointment of five additional technical assistants and one clerk in order to carry out the greatly increased volume of work of survey of premises, presentation of reports, approval of proposed works of fireplace conversion, claims for grant etc., which the implementation of the new plan would entail. In August and September this additional staff was recruited and trained and by the end of the year a survey of the first area of the new programme (No. 16) had been completed and a report prepared ready for presentation to the Health Committee in January, 1973.

Considerable progress was also made on the survey of the No. 17 area and preparatory work in connection with No. 18 area was put in hand. It is anticipated that reports for all of these three areas will be made in the early months of 1973 and that the Smoke Control Orders will be made and submitted to the Minister to enable confirmation to take the place for the 1st October, 1973.

Although with the continuous but relatively slow progress of the smoke control programme, the recorded yearly figures for smoke pollution in the City continue to fall, it nevertheless remains true that the figures for the City are above the average for the Northern Region as a whole, and the Northern Region has figures which are the highest of all the regions in the country. In view of this sombre state of affairs in the Northern Region the Secretary of State for the Environment appointed in February a panel of members of the Clean Air Council to examine the progress of domestic smoke control in the 'black' areas of the Northern Region, to suggest improve-

ments insofar as practicable, and to advise the Clean Air Council upon any further steps which should be taken to this end. Each of the nineteen 'black' local authorities in the region was invited to submit a memorandum of written evidence concerning their activities in relation to smoke control, and most important, the speed with which they were implementing a smoke control programme for their districts. Oral evidence by two representatives of each local authority was also asked for on an appointed day following the submission of the written evidence to the panel. The Newcastle representatives appeared before the panel on the 20th April and were able to confirm the Council's recently taken decision to accelerate the smoke control programme to completion in 1977.

In their report published in October, the panel were able to state that they were in no doubt that Newcastle upon Tyne Council (together with seven other local authorities) were fully committed to an active smoke control policy and that they intended an early completion of their programmes. The panel in their report also exhorted the other local authorities to quicken the rate of making smoke control orders so that the region as a whole could catch up with achievements of the other regions, and by the end of the year there were indications that most local authorities in the region were re-appraising their smoke control programmes as a result of the activities of the panel.

Statistical Table

(a) Areas Reported to Health Committee

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 15	411	3,402	3,526	22.5.1972	21.9.1972

(b) Orders Made and Confirmed

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 15	411	3,402	3,526	22.5.1972	21.9.1972

(c) Position at 31st December, 1972

	<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. 8.1972
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
Area No. 14	346	2,949	3,073	1.10.1972
Area No. 15	411	3,402	3,526	1.10.1973
Totals	6,197	32,655	39,801	

(d) *Formal Action During 1972*

No. of approvals of proposed works dealt with	532
No. of claims for 70% grant approved	669
No. of claims for 100% grant approved	89
No. of Section 12 notices served	17
No. of Section 12 notices complied with	1
No. of Section 12 notices work still outstanding	16
Works carried out in default	—

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Introduction

During the past years there has been little change in the working patterns under this Act and, as in previous years, compliance by owners and occupiers of all types of premises has been good, although there have again been numerous contraventions of a relatively minor nature.

In the 1971 report reference was made to the increasing pressure of work in other fields which perhaps adversely affected the high standard of enforcement which had been achieved during the first six years of the operation of the Act. During 1972 the number of inspections carried out was 623 lower than in 1971 but 1,658 inspections less than in 1970. Whilst the number of staff authorised to carry out duties under this Act is reported as 24, in actual fact ten of these inspectors are rarely, if ever, available for duties under the Act and of the remaining 14 (ten public health inspectors and four technical assistants) the Public Health Inspectors are under so much pressure from other work that sufficient time cannot be given to the desired development of the duties under this Act. In consequence most of the work carried out and the details given in this report deal with basic enforcement procedures.

In a letter dated the 4th December, 1972 from the Department of Employment a request was made for details of exceptionally good or bad standards in the observance by employers of their responsibilities under the Act. It is pleasing to be able to report that there have been no instances of exceptionally bad standards during 1972. By far the majority of premises controlled by this Act are now maintained at a satisfactory standard and it is difficult to give exceptionally good examples.

In this letter comments were also requested on instances where Section 22 had been invoked during 1972. Within the City the need

to use these provisions has never arisen, but during the year a goods lift was discovered which was in such a dangerous condition as to suggest the use of this Section. However, on representations being made to the occupiers of the property concerned, the lift was immediately put out of operation and effectively sealed. In consequence it was not necessary to follow the procedure of Section 22.

N.B. Section 22 of the Act gives power to Magistrates' Courts, on a complaint being made by or on behalf of an authority or person having power to enforce the provisions of the Act, to make Orders prohibiting dangerous practices or conditions where there is a risk of bodily injury or injury to health.

Registrations and Inspections

The total number of registered premises is slightly less than during 1971 but the number of premises duly registered during the year increased by one. Once again the number of premises receiving a general inspection was less than in 1971 and it is quite certain that during the next year or two all thoughts concerning the possibility of carrying out a general inspection of all premises registered at least once in every year must be discarded.

It is interesting to note that although the number of registered premises fell only by 24, the number of persons employed fell by 587 and of this total 460 were females.

The General Provisions of the Act

During the year three exemptions relating to sanitary conveniences and one exemption relating to washing facilities expired and were not renewed. However, one new exemption was created in respect of washing facilities. The position is, however, very satisfactory inasmuch as there are only three premises in the City where exemptions operate.

Contraventions generally followed similar patterns to those of previous years and whilst the number for 1972 is lower than for 1971, the difference is marginal and may be related to the lower number of inspections carried out. By far the majority of contraventions are relatively trivial but on occasions more serious contraventions are discovered. The fencing of exposed parts of machines is an extremely important provision of the Act and, with the fre-

quent introduction of new machinery, it is essential that time is allocated to inspecting machinery in order to prevent accidents which on occasions can be very serious.

To illustrate this point, during the year a certain type of paper shredder was purchased by several firms within the City. Fortunately one of these machines was inspected shortly after the purchase took place and it was decided that the shredder mechanism was not sufficiently guarded. In consequence some firms returned the shredder to the vendor and advice was given by the Public Health Inspectors on the provision of a satisfactory guard. It is understood that this machine was of foreign origin and not constructed so as to comply with the provisions of this Act.

In another case, a firm used a goods hoist which was entirely unsatisfactory and could well have led to a serious accident but, here again, after advice being given by the Inspector, satisfactory guards and safety features were installed which enabled the company to use the lift without any danger being present.

Accidents

169 accident reports were received and of these 94 were investigated in detail. Unfortunately this is a higher number than was received during 1971 and is probably far short of the number of accidents which actually took place and necessitated a person being away from work for more than three days.

The type of accident varied greatly but by far the majority were due to carelessness by employees and although as much time as possible was given to discussing accident prevention with the various responsible persons, over the last seven years the detailed accident reports have been remarkably similar for each year.

It should be realised that all accidents can have serious consequences although the cause may be trivial. Persons falling, for a variety of reasons, always head the list of accidents and whilst, on occasions, this may result in nothing more than a sprained ankle or wrist, on other occasions limbs are broken. In almost every case this type of accident was due to carelessness by the person sustaining the injury.

A typical example of such an injury caused by a fall was in a builders' warehouse where an employee, after checking stock on a storage rack, descended a ladder which had been insecurely fixed and which slipped causing him to fall approximately 7 ft. on to a

concrete floor resulting in a fractured leg and a chipped hip bone. Had this ladder been properly used the accident might have been prevented. Another similar incident occurred in a gents' outfitters when a member of the staff stood on a chair placed on a table to reach some merchandise stored on a high shelf. On stepping down the unfortunate employee missed his footing and fell and fractured his right elbow. Since then instructions have been issued requiring the correct use of steps. Once again this is a case of care being taken but too late.

Other accidents which are usually more dramatic are generally associated with machinery and during the year there were nine accidents of this nature. This type of accident is investigated in great detail and every effort made to prevent a similar occurrence in the future. The inspector carrying out this duty needs to be extremely observant and very conscious of accident prevention. He is also required to have an inventive mind so that he can suggest means of protecting machines, which means in many cases methods which are entirely original, and not simply to request the fitting of a standard type guard.

However, due to human failings, it would appear impossible to foresee all possibilities of accidents and one example may illustrate this viewpoint.

In one of the stores of the City a conveyor belt is used for transporting goods from one floor to a higher floor and in three separate positions switches are fitted which will stop the machine immediately a problem arises. However, an accident did occur due to the operator standing in a position where he could not reach any of the three switches unless he placed his arm across the conveyor. A fourth switch has now been fitted to the conveyor to prevent a similar accident in the future. Nevertheless, it may well be that some other person will find yet another position to stand when using this conveyor and may well suffer a similar accident because he cannot reach the stop switch without placing himself in danger.

Legal Proceedings

The number of informations laid totalled four which resulted in three convictions and one absolute discharge. Two of the informations were in respect of meat slicing machines without a proper guard fitted and where an accident had occurred. There is really no excuse for this type of contravention as guards are readily

available and all persons with any responsibility whatsoever should be well aware of the necessity of having a proper guard on this type of machine before it is used. The other two informations were in respect of unsatisfactory sanitary conveniences and although of a minor nature, it was necessary to issue summonses in order to secure compliance with the relevant section of the Act.

Details of prosecutions during 1972 are as follows:

Section 9	Sanitary conveniences	2 informations laid— 1 proved 1 absolute discharge	Fine £20
Section 17	Fencing exposed parts of machinery	2 informations laid— 2 proved	Fine £105 Costs £5

Ministerial Publications

During the year the following circulars were issued by the Department of Employment and Productivity.

Circulars

L.A. Circ. 4 (Supp. 5)	Exclusions and Exemptions
L.A. Circ. 7 (Supp. 13 (Rev.))	Prevention of explosions of water heating systems in laundrettes.
L.A. Circ. 11 (Supp. 9)	First Aid Provisions, First Aid Leaflet S.H.W. 1.
L.A. Circ. 31	Amendments arising from Fire Precautions Act 1971.

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	198	1,839	795
Retail Shops	132	1,987	767
Wholesale Shops, warehouses ..	37	432	169
Catering establishments open to the public, Canteens	13	365	76
Fuel storage depots ..	—	5	—
Totals	380	4,628	1,807

(b) Number of visits of all kinds by Inspectors to Registered Premises 4,826

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

Class of Workplace	Number of persons employed
Offices	27,365
Retail Shops	17,367
Wholesale departments, warehouses	5,709
Catering establishments open to the public	4,110
Canteens	392
Fuel Storage Depots	36
Total	54,979
Total Males	25,436
Total Females	29,543

(d) *Exemptions*

Class of premises	No. of exemptions current at end of year	During the year				
		No. of exemptions			No. of applications	
		newly granted	Ex-tended	expired or w'drawn	refused	opposed by emp'yers
SPACE	—	—	—	—	—	—
TEMPERATURE	—	—	—	—	—	—
SANITARY CONVENIENCES						
Offices	—	—	—	—	—	—
Retail Shops	1	—	—	3	—	—
Wholesale shops, warehouses	—	—	—	—	—	—
Catering establishments open to public, canteens	—	—	—	—	—	—
Fuel storage depots	—	—	—	—	—	—
WASHING FACILITIES						
Offices	1	1	—	—	—	—
Retail shops	—	—	—	1	—	—
Wholesale shops, warehouses	—	—	—	—	—	—
Catering establishments open to public, canteens	—	—	—	—	—	—
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 9	2	1
Section 17	2	2
Totals	4	3

No. of persons or companies prosecuted 4

No. of complaints (or summary applications) made under Section 22 .. Nil

No. of interim orders granted Nil

(f) *Staff*

No. of inspectors appointed under Section 52 (1) or (5) of
the Act 24

No. of other staff employed for most of their time on
work in connection with the Act 1 Clerk (Part-time)

(g) *Analysis of Contraventions*

Section	Number of Contra-ventions found		Section	Number of Contra-ventions found	
4	Cleanliness	226	14	Seats (Sedentary Workers)	1
5	Overcrowding	6	15	Eating Facilities	—
6	Temperature	149	16	Floors, passages and stairs	291
7	Ventilation	24	17	Fencing exposed parts machinery	47
8	Lighting	24	18	Protection of young persons working at dangerous machinery	—
9	Sanitary Conveniences	285	19	Training of young persons working at dangerous machinery	—
10	Washing facilities	90	23	Prohibition of heavy work	—
11	Supply of Drinking water	—	24	First Aid—General Provisions	176
12	Clothing Accommodation	6	49	Failure to Register with Local Authority	99
13	Sitting Facilities	—	50	Abstract of Act not displayed	172
			Total		
			1,675		

(h) *Notified accidents—O.S.R. 2—169 received; 94 investigations made*

Year	1967	1968	1969	1970	1971	1972
Machinery	7	3	2	10	3	9
Others	185	165	156	160	143	160
Totals	192	168	158	170	146	169

(i) *Analysis of Reported Accidents*

Year	1967	1968	1969	1970	1971	1972
Machinery	7	3	2	10	3	9
Transport	3	1	—	4	2	2
Falls of persons	69	58	58	74	60	59
Stepping on or striking against object or person	24	21	15	21	9	3
Handling Goods	35	43	53	35	26	24
Struck by falling object	16	13	9	13	18	13
Fires and explosions	4	1	1	—	—	2
Electrical	9	1	—	—	—	—
Use of hand tools	—	4	4	7	5	4
Not otherwise specified	19	23	16	6	23	53

FACTORIES ACT, 1961

Once again there was a reduction in the number of visits made to premises controlled by the Factories Act. Although this unfortunate situation can be attributed to general staff shortages, nevertheless, 1,655 inspections were made which resulted in 78 written notices and one prosecution.

Although the number of inspections is lower than in any other previous year the number of factories has also greatly reduced and when one considers the number of inspections in relation to the number of factories on the register the situation is not quite as unsatisfactory as it may at first appear.

Number of Inspections 1,719

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF
THE FACTORIES ACT 1961

PART I OF THE ACT

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

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	78	64	56	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	688	1,574	17	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding outworkers' premises)	118	28	5	1
Total	884	1,665	78	1

2. CASES IN WHICH DEFECTS WERE FOUND. (IF DEFECTS ARE DISCOVERED AT THE PREMISES ON TWO, THREE OR MORE SEPARATE OCCASIONS THEY SHOULD BE RECKONED AS TWO, THREE OR MORE "CASES")

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. In- spector (4)	By H.M. In- spector (5)	
Want of Cleanliness (S1)	46	30	—	—	—
Overcrowding (S2)	1	—	—	—	—
Unreasonable Temperature (S3)	—	—	—	—	—
Inadequate Ventilation (S4)	23	11	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7)					
(a) Insufficient	16	5	—	—	1
(b) Unsuitable or defective	31	27	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outworkers)	25	6	2	—	—
Total	142	79	2	—	1

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Nature of work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply list (4)	No. of instances of work in unwholesome premises (5)	Notices Served (6)	Prosecutions (7)
Wearing apparel: Making etc.	13	—	—	—	—	—
Making, filling Christmas crackers, stockings or similar articles	20	—	—	—	—	—
Total	33	—	—	—	—	—

FOOD AND DRUGS ACT 1955

Meat Inspection

During 1972 a total of 103,647 animals were slaughtered at the City Abattoir. This is an unwelcome decrease of 5,005 animals in the annual throughput and is in general a reflection of the world shortage of meat, with consequent higher prices and the export of meat to Europe from other abattoirs in this country.

Though the number of animals slaughtered was less, the income from meat inspection charges was increased from £6,726 in 1971 to £8,001 in 1972 due to higher meat inspection charges introduced by the Meat Inspection (Amendment) Regulations 1971, since when the maximum permissible charges have been imposed. The total inspection units decreased from 479,311 in 1971 to 440,255 in 1972. An inspection unit is the basis for statistical calculations, and for this purpose a beast is equivalent to ten inspection units, a pig or calf three units and a sheep two units.

Total throughput during 1972 was as follows:

Cattle	Calves	Sheep	Pigs	Total Slaughtered	Total Inspected	Total Units Inspected
25,431	94	48,703	29,419	103,647	103,647	440,255

A 100% inspection of all food animals was continued as required by the Meat Inspection Regulations 1963. As the times of operation at the abattoir still permit Saturday slaughtering to take place it was necessary for the staff to work 1,104 hours of overtime. The District Public Health Inspectors again gave valuable assistance to enable this extra work to be carried out.

Prosperity in farming, combined with advancing knowledge and assistance from research has been mainly responsible for a general upgrading in the quality and health of the livestock used for food with a consequent reduction in the amount of disease found post mortem.

The complications caused by parasitic infestation are now the most frequent reason for the condemnation of parts of carcasses and offals, with liver fluke far exceeding other afflictions, and accounting mainly for the percentage of animals found to be suffering from diseased or other abnormal conditions remaining at the apparently high figure of 20-30%.

An increasing and valuable part of the duties of the inspection staff at the abattoir is the collection and preparation of information and specimens of both diseased and healthy meat and organs which are necessary for research and education by various establishments in the area. During the year these included Newcastle University Departments of Physiology, Biology and Agriculture, the Royal Victoria Infirmary, Newcastle General Hospital, Newcastle Education Authority, Winthrop Laboratories and the Ministry of Agriculture, Fisheries and Food Veterinary Investigation Centre.

Veterinary, medical and agricultural research workers were given every assistance in carrying out their essential work.

The demonstration room and lecture hall at the abattoir were in constant use for educational purposes, and lectures were given by the staff to groups of catering workers, farmers, and hospital staffs. The premises were also used as an examination centre by the Royal

Society of Health. There were many visitors to the abattoir during 1972 from various parts of this country and from abroad including Africa, Holland, New Zealand and Ceylon.

TABLE I

WHOLE CARCASSES CONDEMNED BECAUSE OF DISEASE OR
OTHER ABNORMAL CONDITIONS

Disease	Cattle	Sheep	Pigs	Total
Anaemia	—	1	—	1
Arthritis and emaciation	—	13	2	15
Emaciation	—	2	—	2
Jaundice	—	—	1	1
Multiple Abscesses	2	1	6	9
Multiple Neoplasms	1	—	1	2
Oedema	2	1	1	4
Oedema and Emaciation	7	24	2	33
Pyrexia	2	—	3	5
Pyaemia	2	—	8	10
Pneumonia and Oedema	1	2	—	3
Septic Arthritis	—	3	9	12
Septic Mastitis	3	—	2	5
Septic Metritis	3	—	—	3
Septic Pleurisy	1	1	—	2
Septic Peritonitis	—	1	2	3
Septic Pneumonia	4	1	1	6
Septicaemia	5	3	3	11
Traumatism	1	3	2	6
Traumatism and Oedema	—	1	—	1
Traumatic Gangrene	—	1	—	1

TABLE II
PART CARCASSES CONDEMNED BECAUSE OF DISEASE OR
OTHER ABNORMAL CONDITIONS

Disease	Cattle	Sheep	Pigs	Total
Abscesses	1,279	77	292	1,648
Arthritis	17	100	168	285
Actinobacillosis	57	—	—	57
Actinomycosis	11	—	9	20
Ascariasis	—	—	1,251	1,251
Blood Splashing	3	22	1	26
Brucellosis	102	—	—	102
Congestion	51	22	29	102
Cirrhosis	147	28	117	292
Contamination	12	181	20	213
Cyst. bovis	40	—	—	40
Cyst. ovis	—	73	—	73
Enteritis	7	28	10	45
Echinococcosis	19	2	7	28
Emphysema	48	—	—	48
Fascioliasis	4,215	2,888	—	7,103
Hydronephrosis	37	3	22	62
Hypernephroma	2	—	—	2
Hypostasis	—	—	76	76
Johnes Disease	7	—	—	7
Multiple Abscesses	1	—	—	1
Mastitis	102	—	95	197
Metaplasia	—	1	1	2
Melanosis	19	—	—	19
Metritis	16	—	1	17
Nephritis	74	9	96	179
Necrosis	24	7	—	31
Neoplasms	1	5	—	6
Oedema	3	—	—	3
Pleurisy	614	594	562	1,770
Pericarditis	32	34	102	168
Pneumonia	119	368	1,735	2,222
Peritonitis	134	42	168	344
Pleurisy and Peritonitis	115	181	968	1,264
Parastic	8	1,032	21	1,061
Parasitic and Pneumonia	—	95	14	109
Pentastomes	8	230	—	238
Pyrexia	—	25	4	29
Retention Cysts	38	13	59	110
Traumatism	62	35	455	552
Telangiectasis	381	—	4	385
Tenuicollis	—	51	—	51
Tuberculosis	24	—	58	82

Bovine Tuberculosis

The total number of cattle found to have tuberculosis was 24 and this number included 19 reactors to the tuberculin test which were sent in for slaughter by the Ministry of Agriculture under the

Tuberculosis Order 1964. A further 16 cattle were also sent for slaughter as contacts of these reactors.

In all cases the disease was localised and no whole carcass was condemned during the year. The small number of eight cases of tuberculosis found during routine meat inspection, though not advanced, were reported to the Ministry of Agriculture so that the animals could be traced back to the farm.

TABLE III

Animals Slaughtered	No. of Cattle examined	Post-Mortem Evidence		
		Advanced	Localised	No visible evidence
Diseases of Animals Act 1950	19	—	16	3
Tuberculosis Order 1964 ..	16 (contacts)	—	—	16
Totals	35	—	16	19

Avian Tuberculosis

This form of tuberculosis continued to affect pigs. There were 58 pigs found with avian tuberculosis of the submaxillary lymphatic gland resulting in condemnation of the heads only.

TABLE IV

THE TOTAL CONDEMNATION OF CARCASSES OF ANIMALS BECAUSE OF TUBERCULOSIS SLAUGHTERED IN THE CITY BETWEEN THE YEARS 1966-1972

Year	Cattle	Calves	Sheep	Pigs	Total Animals
1972	—	—	—	—	—
1971	—	—	—	—	—
1970	1	—	—	—	1
1969	4	—	—	—	4
1968	2	—	—	—	2
1967	—	—	—	—	—
1966	1	—	—	—	1

Cysticercus Bovis

This parasitic infestation in cattle appears to be receding in this country. It was not usually found before the last war, nor was any special examination made for it as is now required by the Meat Regulations which followed an upsurge in the incidence of this parasite after the war. There were seven carcasses found in 1972 during routine inspection where viable cysts made it necessary to have the carcasses subjected to special cold storage treatment in order to render them safe for human consumption. As further evidence of the incidence being reduced no carcasses were sent in to the City cold store from outside authorities during 1972 as compared with 38 in 1971.

Cysticercus Ovis

There were 73 cases of this parasite during the year. These cases were localised to some organ and there was no generalised case. Although generalised cases are totally condemned, when the condition is localised and the affected part is condemned, it is safe to release the rest of the carcass for food.

TABLE V
INSPECTION OF SLAUGHTERED ANIMALS, 1972
CARCASSES AND OFFALS INSPECTED AND CONDEMNED IN
WHOLE OR PART

	Bovine	Calves	Sheep and Lambs	Pigs
Animals killed	25,431	94	48,703	29,419
Animals inspected	25,431	94	48,703	29,419
<i>Tuberculosis:</i>				
Carcasses condemned	—	—	—	—
Part carcasses or organs condemned	24	—	—	58
% affected by tuberculosis ..	0.10	—	—	0.20
<i>Cysticercosis:</i>				
Carcasses affected	7	—	—	—
Carcasses condemned	—	—	—	—
Part carcasses or organs condemned	40	—	73	—
Carcasses treated by refrigeration ..	7	—	—	—
<i>Diseases or Abnormal Conditions other than Tuberculosis or Cysticercosis:</i>				
Carcasses condemned	34	—	58	43
Part carcasses or organs condemned	7,821	—	5,969	6,244
Overall % of animals found on inspection to be affected with disease or abnormal conditions ..	30.60	—	12.20	21.60

Imported Food Regulations 1968

Imported foodstuffs which were landed at the Newcastle Quay were varied and seasonable, the main item being citrus fruit from Israel. Newcastle has now become one of the chief importation centres for this fruit which arrives in large quantities during a season extending from November to June.

A percentage of the following foods was inspected and sampled on arrival at Newcastle Quay.

	<i>Kilos</i>
Beans	890,587
Beef Casings	2,286
Butter	1,575
Carrots	799,000
Cauliflowers	150,201
Cheese	69,227
Chocolates	696
Fresh Fruit	215,576,000
Ground Nuts	385,000
Macaroni	13,470
Onions	422,710
Potatoes	992,865
Tea	3,460
Tinned Fruit	1,025,582
Tinned Meat	1,526,093
Tomato Puree	5,508
Vegetable Preserves	173,782

A total of 214 sealed containers of meat and other foods were consigned to Newcastle from other ports in the country and were inspected on arrival. The most regular items of this service are containers of fresh meat from Eire. The remainder comprises imported tinned meat, fruit and vegetables from various parts of the world.

Meat and Other Foodstuffs Condemned (At Wholesale Premises Outside the Abattoir)

The City continues to be the main distribution centre for meat in the North East. There are two separate wholesale meat markets, the trade being divided fairly equally between one market in the modern abattoir and the old meat shops in the Marlborough Crescent area near the cold store where premises are still in use although there is space available at the modern meat market.

Less than half of the meat sold in the City is slaughtered at the abattoir. Home killed meat comes into the wholesale shops for resale from Eire, Northern Ireland, Scotland, Northumberland,

Durham and Yorkshire. Frozen and chilled meat is mainly from New Zealand, Australia and the Argentine. There is a large trade in frozen rabbits from China, but the poultry is all home produced.

In the wholesale meat shops the following meat was condemned.

Home Killed

BEEF: 6,145 lbs., 275 lbs. heads, 49 lbs. lungs, 403 lbs. livers, 632 lbs. ox tails, 92 lbs. ox tongues, 21 lbs. ox hearts.

MUTTON: 534 lbs., 57 lbs. lungs, 157 lbs. kidneys, 131 lbs. livers.

PORK: 918 lbs., 2,096 lbs. heads, 146 lbs. lungs, 80 lbs. kidneys, 10 lbs. calves heads, 127 lbs. plucks, 47 lbs. spleens, 50 lbs. veal, 65 lbs. lamb sweetbreads, 6 lbs. tripe, 65 lbs. black pudding.

Imported Meat:

BEEF: 1,826 lbs., 143 lbs. livers, 178 lbs. kidneys, 19 lbs. ox tails, 48 lbs. ox sweetbreads.

MUTTON: 284 lbs., 170 lbs. livers, 249 lbs. kidneys, 14 lbs. sheep sweetbreads.

The total weight of meat and other foodstuffs condemned in the City during 1972 was 125 tons 0 cwts. 0 qtrs. 2 lbs. as compared with 113 tons 16 cwts. 0 qtrs. 14 lbs. during the previous year.

	<i>Tons</i>	<i>Cwts.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Beef, Veal, Mutton and Pork	21	10	2	15
Offals	38	7	0	19
Provisions and Tinned Goods	56	18	0	16
Fresh Fruit and Vegetables..	8	1	0	8
Total	125	0	0	2

These condemnations involved the issue of 1,019 certificates.

TABLE VI

POULTRY AND GAME, FRUIT AND VEGETABLES, PROVISIONS,
ETC., DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION
DURING THE YEAR 1972

POULTRY AND GAME		PROVISIONS—Continued		TINNED GOODS—Continued	
	lbs.		lbs.		Tins lbs.
Chicken	4,902	Jelly	11	Frankfurters	3
Ducklings	16	Lard	766	Fruit	30,744
Turkey	92	Lentils	20	Fruit Juice	738
Fish	131	Macaroni	4,492	Fruit Pulp	30
		Margarine	49	Ham	13,425
		Meat Paste	71	Hamburgers	277
		Dried Peas	563	Hot Dogs	64
		Preserves	10,297	Irish Stew	91
		Rice	2	Kidney	24
		Salad Cream	13	Meat	1,098
		Salt	122	Mincedmeat	14
		Sauce	625	Mixed Grill	49
		Sausages	43	Milk Powder	124
		Semolina	17	Milk	83
		Soup pkts.	19	Milk Puddings	201
		Spaghetti	18	New Potatoes	753
		Split Peas	9	Peas	1,321
		Sugar	57	Pease Pudding	10
		Tea	6	Pickles (jars)	39
		Vermicelli	2,319	Pie Filling	38
		Yeast	34	Potato Salad	28
		Yogurt (cartons)	19	Puddings	9
				Soft Drinks(btls.) ...	28
				Sweet Corn	3
				Soup	635
				Spaghetti	38
				Steak & Kidney ...	5
				Stewed Steak	209
				Syrup	4
				Tomatoes	2,101
				Tomato Juice	49
				Tomato Puree	17
				Tongue—Lambs ...	54
				Tongue—Ox	69
				Vegetables	237

Bacteriological Examination

During the year six specimens were submitted to the Ministry of Agriculture Veterinary Investigation Centre and the staff are pleased to acknowledge the assistance always readily available from this laboratory.

On the occasions when obscure or unidentifiable lesions are found during routine meat inspection a bacteriological report can not only be the means of preventing unfit meat from being passed for food, but can also result in meat being saved which would otherwise have to be condemned as a safety precaution without the assistance of such a report. Bacteriological reports are also useful as a means of supplementing the knowledge of the staff engaged on meat inspection.

Research work continued during the year by various laboratories and individuals and the abattoir continued to provide a useful source of specimens when required.

Type of Animal	Disease or Condition Suspected	Bacteriological Report	Action Taken
Steer	Pyæmia	Confirmed	Carcase condemned
Cow	Septicæmia	Negative	Carcase passed
Cow	Septicæmia	Negative	Carcase passed
Heifer	Septicæmia	Negative	Carcase passed
Cow	Lymphosarcoma	Positive	Carcase condemned
Sheep	Parasitic	Parasite identified	Carcase passed

FOOD INSPECTION AND CONTROL

Analysis of Food and Drugs

A total of 491 samples of food and drugs were submitted during the year to the Public Analyst for chemical analysis under the Food and Drugs Act 1955. Of this total, 11·4% were found to have some irregularity either compositionally or with their associated labelling. During 1971 a total of 449 samples were submitted of which 7·1% were found to be unsatisfactory.

NUMBER OF SAMPLES SUBMITTED FOR NUTRITIONAL AND LABELLING STANDARDS

Foodstuff	Number of samples submitted	Number Unsatisfactory
(1) Milk	17	1
(2) Goats' Milk	1	0
(3) Ice Cream	12	0
(4) Cheese	18	3
(5) Yoghourt, Cream and Cream Products	21	5
(6) Condensed, Evaporated and Dried Milks	9	1
(7) Butter and Margarine	10	0
(8) Sausage and Other Meat Products ..	61	12
(9) Meat Pies and Sausage Rolls ..	28	6
(10) Canned Meat Products	30	2
(11) Fish and Fish Products	14	1
(12) Bread and Flour	15	0
(13) Jams and Preserves	9	0
(14) Soups and Soup Mixes	5	1
(15) Vinegars, Pickles and Sauces ..	13	4
(16) Sweet Confectionary	9	1
(17) Coffee and Coffee Products	5	0
(18) Soft Drinks	16	1
(19) Drugs	8	2
(20) Other Foods	60	6

On routine inspection a further 11 samples of food were found to have unsatisfactory labels.

(1) Milk

Seventeen samples of milk and Channel Island Milk were purchased throughout the year, sixteen of which were of a good standard and easily met the requirements of the Sale of Milk Regulations 1939 and the Milk and Dairies (Channel Island and South Devon Milk) Regulations 1956 where appropriate.

COMPOSITION OF THE GENUINE SAMPLES OF MILK
PROCURED IN 1972

Designation	Number of Samples Taken	Average Composition	
		Fat %	S.N.F. %
Untreated (Farm Bottled) Milk ..	1	3.70	8.89
Untreated (Channel Island) (Farm Bottled) Milk	2	4.82	9.22
Pasteurised Milk	7	3.63	8.81
Pasteurised (Channel Island) Milk	2	4.37	8.95
Sterilised Milk	2	3.60	8.71
Ultra-Heat-Treated Milk ..	2	3.55	8.54
Total	16	—	—

The remaining sample was taken from a churn delivered to Newcastle General Hospital after complaints had been received from the hospital catering staff on the quality of the milk. On analysis the results of the sample were as follows:

<i>Fat</i>	<i>Solids Non Fat</i>
2.16%	6.47%

The milk had been adulterated with extraneous water. Further samples proved to be genuine and, on investigation, it was discovered that the producer of this milk used a system of 'in churn' cooling of the milk at his dairy. This is a method of cooling milk by spraying cold water on the outside of churns containing milk. It was, therefore, assumed that the extraneous water had got into the churn through a defect while undergoing this process. The dairy in question has since ceased to use this system of cooling milk.

(2) Goats Milk

One sample of goats milk was submitted for chemical analysis during the year. This proved to be satisfactory with a fat content of 4.56% and a solids non-fat content of 8.69%.

One further source of goats milk sold in the City proved to have an unsatisfactory label on its packaging as the name and address of the producer was not displayed, as is required by the Labelling of Food Order 1953. This was taken up with the producer who subsequently amended the labelling.

(3) Ice cream

Samples of ice cream were procured from twelve sources in the City which included samples from nationally and locally based manufacturers. All samples complied with the requirements of the Ice Cream Regulations 1967, i.e. 5% fat content and, indeed, some were of extremely good quality.

<i>No. of Samples Taken</i>	<i>Average Fat Content</i>
12	7.86%

(4) Cheese

In only one sample was the compositional quality not maintained. This was a sample of Double Cream Cheese which did not meet the fat content prescribed in the Cheese Regulations 1970. The manu-

facturer and retailer were informed of this and subsequent samples proved to be satisfactory. Irregularity in the labelling occurred with five types of cheese examined. The retailers, producers and wholesalers of these cheeses were notified and the labelling of these products was subsequently suitably amended. A considerable improvement in the labelling of pre-packed cheeses was observed during the year and although labelling of unwrapped cheese is still unsatisfactory in some retail shops in the City, considerable improvements have also been made in this field.

(5) Yoghourt, Cream and Cream Products

The increasing number and popularity of these products led to 21 samples being taken throughout the year. One sample of yoghurt was found on analysis to be unfit for human consumption in that the carton had 'blown' and the foodstuff was contaminated with mould. This product was date coded and the product was 'within code'. On inspection of the refrigerated cabinet from which the yoghurt had been sold it was discovered that the machine was working inefficiently and was maintaining too high a temperature for the satisfactory storage of the yoghurt. After this had been rectified and the retailer informed of the correct conditions for retailing yoghurt, no further complaints have arisen.

The labelling on a sample of Chocolate Low Fat Yoghurt was unsatisfactory in that the actual printing was not clearly legible, was partially obscured and in any case did not specify the name and address of the manufacturer or the list of ingredients of the food as is required by the Labelling of Food Order 1953. The matter was taken up with the manufacturer who produced a new and satisfactory label for this product.

The Cream Regulations 1970 specify that all pre-packed cream must carry a label which declares that the cream is either untreated, pasteurised or ultra-heat-treated. During the year one type of Double Cream was found not to bear this statement but, after the contravention had been pointed out to the packer, further batches of the product carried the necessary information.

Faults in the labelling of two further cream products viz., a pasteurised half-cream and a flavoured milk drink, were also dealt with in 1972. The actual legality of the latter product under the Food and Drugs Act 1955 was taken up with the Ministry of Agriculture, Fisheries and Food and the matter is still under consideration.

A sample of cherry cream cakes purchased in the year proved to be non-genuine as they did not contain any butterfat. The 'cream like filling' was in fact imitation cream. The Food and Drugs Act 1955 makes it an offence to sell or expose for sale any substance which resembles cream in appearance, but which is not cream, under a description which includes the word 'cream'. The matter was taken up with the manufacturer and retailer who now exhibits a notice in his window display declaring that the 'cream' used in his products is, in fact, imitation cream.

(6) Condensed, Evaporated and Dried Milk

Of the nine samples of foodstuffs taken in this category, only one item was found to contravene the Regulations. This was a 'fresh milk concentrate' which on analysis and inspection was found to be a type of full cream unsweetened condensed milk, more commonly known as evaporated milk. This foodstuff, however, while nutritionally good, did not meet either the compositional or labelling requirements of the Condensed Milk Regulations 1959. The product was marketed by a large dairy foods company with an international reputation who had invested considerable capital in the production and promotion of their product. Nevertheless, after lengthy discussion it was decided to cease production of the foodstuff and withdraw it from sale.

(7) Butter and Margarine

Ten varieties of butter and margarine were sampled throughout the year, all of which proved to be satisfactory and sold in compliance with either the requirements of the Butter Regulations 1966 or the Margarine Regulations 1967.

(8) Sausage and Other Meat Products

Foodstuffs which fall under this heading include beef and pork sausages, sausagemeat, salamis, beefburgers, hamburgers, meat rissoles, meat patties, brawn and potted meats. Because of the large number of small manufacturers involved in producing these items considerable attention is paid to these commodities and 61 samples of this category of food were taken in the year.

The Sausage and Other Meat Product regulations 1967 prescribe that beef sausage shall contain a minimum of 50% meat and pork

sausage a minimum of 65% meat. All the samples of sausages procured in the year were found to be of good quality and complied with this standard.

Four samples of sausages contained undeclared preservatives in contravention of the Preservatives in Food Regulations 1962. These Regulations permit manufacturers to add up to 450 p.p.m. of sulphur dioxide preservative to sausagemeat, provided that this is declared to the purchaser by way of a notice on the packaging or on display in the vendor's premises. The vendors were notified in each case and this resulted in the appropriate declaration being displayed.

Five samples of beefburgers and hamburgers did not comply with the 80% meat content standard prescribed for these products in the Sausage and Other Meat Products Regulations 1967. After warnings were issued to the manufacturers, some decided to cease production as they thought it uneconomical to comply with the standard, while later, formal samples of others proved to be satisfactory.

Foods described as 'meat with jelly' must have a meat content of 80% and two samples of foods so described were found to be deficient. The manufacturers in these cases agreed to change their recipes and labelling for these products and have since produced new foodstuffs which have been found to comply with the relevant standard.

A sample of corned beef patties was found to have a meat content of only 10%, whereas the Sausage and Other Meat Products Regulations 1967 prescribe a minimum of 35% meat for meat rissoles and patties. Because of the large deficiency in this case legal proceedings were instituted which resulted in the manufacturer being fined.

(9) Meat Pies and Sausage Rolls

Twenty-eight varieties of meat pies, pasties and sausage rolls were sampled during 1972 of which six proved to be deficient in meat content. All the unsatisfactory items were mince pies which did not comply with the 25% meat content as prescribed in the Meat Pie and Sausage Roll Regulations 1967. Warning letters were sent to the manufacturers who, in most cases, changed their recipe for their products by adding a vegetable content and then retailing their pies as 'meat and vegetable pies', the prescribed standard

for these products being a minimum of 12% meat. All other samples proved to be satisfactory.

(10) Canned Meat Products

Most canned meat products are maintained at a high standard and of the thirty samples taken only two were at fault. The first sample was of a canned ham roll with egg which on analysis was found to contain a phosphorylated organic compound which was not declared in the list of ingredients. This was taken up with the manufacturer who has since amended his labelling to include this ingredient in the declared list of ingredients. The second sample at fault was a minced meat loaf which was imported from Australia, and while the quality of this product was satisfactory, the Analyst found the internal lacquer coating of the tin to be defective and loose. The importer was informed of this and the matter reported to the manufacturer.

(11) Fish and Fish Products

The fourteen samples of fish and fish products procured for analysis for compositional quality included samples of fishcakes, fishfingers and fish pastes. Only one sample was found to be deficient and this was a sample of fishcakes which was found to contain only 29.2% of fish, whereas the Food Standards (Fishcakes) Order 1950 prescribes a minimum of 35% fish content for fishcakes. Legal proceedings were instituted against the manufacturer in this case.

(12) Bread and Flour

All fifteen samples of bread and flour proved to comply with the provisions of the Bread and Flour Regulations 1963.

(13) Jams and Preserves

Foods under this heading included samples of diabetic low sugar preserves, fruit and mixed fruit jams, sweet mince meats and fruit curds. All proved to be satisfactory.

(14) Soups and Soup Mixes

Five samples of soup and soup mixes were sampled during 1972. One sample, a Crab Bisque dried soup mix proved to have a totally

unsatisfactory label in that the list of ingredients was not clearly legible, being partially obscured, and also the list detailed an ingredient, artificial colouring matter, that was not in fact present in the foodstuff. This was taken up with the manufacturer who withdrew all stocks from sale.

(15) Vinegars, Pickles and Sauces

Four samples in this category were found to be unsatisfactory.

One sample of mayonnaise was found to have a lead peroxide value of 25.7 which, in association with its smell, showed that it was rancid and unfit. The premises from which it was purchased were later visited when a quantity of pickles and sauces were, on examination, found to be in a similar condition. These were seized and condemned by the Magistrates. Successful legal proceedings followed.

Two Chinese sauces, namely an oyster flavoured sauce and a red vinegar were found to be unsatisfactory. The oyster flavoured sauce was found to contain 120 p.p.m. of sulphur dioxide, whereas the Preservatives in Food Regulations 1962 specify a maximum of 100 p.p.m. of sulphur dioxide in pickles and sauces. This product was being imported through the Port of Liverpool and this information was passed on to the Liverpool Port Health Authority.

The red vinegar contained only 2.8% weight/volume of acetic acid whereas the Food Standards Committee Report on Vinegars 1971 recommends that all vinegars should contain at least 4% w/v of acetic acid. This product was being imported through Southampton and, therefore, this information was passed to the City of Southampton Port Health Authority who subsequently informed us that later imported consignments of this product have been seized and either destroyed or exported.

The remaining unsatisfactory item was a sample of sliced beetroot which had an inadequate designation on its labelling. This was pointed out to the manufacturer who agreed to produce new labels for this product.

(15) Sweet Confectionery

Sixteen samples of sweets were purchased during the year of which one proved to be unsatisfactory because of an inadequate label.

(17) Coffee and Coffee Products

The Coffee and Coffee Products Regulations 1967 specify compositional and labelling requirements for such items and five samples were submitted for analysis. All were found to comply with the Regulations.

(18) Soft Drinks

Only one sample was found to be deficient out of sixteen submitted. This was an orange drink, the label of which was obscured and not legible. The matter was taken up with the manufacturer. Three further types of soft drink were found, on routine inspection, to have irregular labels. The manufacturers and distributors were informed of this.

(19) Drugs

A sample of Super Halibut Liver Oil capsules was found to be deficient in that halibut liver oil was not listed as an ingredient of the drug. The list of ingredients was also unsatisfactory in that the ingredients were not listed in order of weight. After correspondence with the manufacturer, they agreed to produce new labels for this item. A type of slimming tablets proved to have a minor deficiency in its labelling and this was pointed out to the manufacturer.

(20) Other Foods

Sixty items of other foods were sampled in 1972 including some of spirits. One sample of shandy was found to have a proof spirit of only 0.8% whereas the Public Analyst was of the opinion that shandy should have a proof spirit of 1.7% to 2.0%. The Labelling of Food Regulations 1970 prescribe a standard for shandy as having a minimum strength of 1.5% proof spirit, but this particular requirement did not come into operation until 1st January, 1973. During correspondence with the manufacturers of this product it became clear that they were not prepared to comply with this standard until it became law and therefore formal samples will be taken early in 1973.

A sample of 70° proof brandy proved to be deficient as it had a strength of only 66.3°. It was apparent, however, when considering the institution of legal proceedings in this case, that the vendor

could rely on the defence provided under Section 3 of the Food and Drugs Act 1955 and therefore this matter was dealt with by way of a warning letter.

Other items in this general category which proved to be deficient included a soy sauce, mustard and cress, concentrated grape juice compound and a pineapple piping jelly, all of which samples were found to have labelling faults.

Number of Samples Submitted for Additives and Contaminants

The monitoring of foodstuffs for chemical contaminants and non-permitted additives is becoming increasingly important in the work of the Environmental Health Department, as the work has considerable public health significance. As a result of this the number of samples procured under this heading represented a large proportion of the total number taken, details of which are shown below.

Foodstuff	Number of samples submitted	Number Unsatisfactory
(1) Mercury in fish	12	0
(2) Antibiotics in milk	19	0
(3) Lead in baby foods	6	0
(4) Heavy metals in fruit juices ..	5	0
(5) Heavy metals in pig livers	50	18
(6) Preservatives in steak mince ..	8	1
(7) Pesticide Residues in food ..	10	0
(8) Aflatoxin in groundnuts	6	0
(9) Other foods	12	0

(1) Mercury in Fish

The monitoring of fish for the presence of mercury residues continued during 1972 and eleven of the twelve samples taken contained traces of mercury, but all were below the maximum recommended level of 0.50 parts per million. The samples taken with their associated mercury contents were:

<i>Sample of</i>					<i>Mercury Conten</i>
Tuna	..	..	..	..	0.03 p.p.m.
Tuna	..	..	..	..	0.20 p.p.m.
Cod Fillets	..	..	..	..	0.48 p.p.m.
Tuna	..	..	..	..	0.12 p.p.m.
Tuna	..	..	..	..	0.05 p.p.m.
Tuna	..	..	..	..	0.06 p.p.m.
Dried Squid	..	..	..	..	Nil
Cod Fillets	..	..	..	..	0.10 p.p.m.
Plaice Fillets	..	..	..	..	0.13 p.p.m.
Prawns	..	..	..	..	0.10 p.p.m.
Tuna	..	..	..	..	0.18 p.p.m.
Squid	..	..	..	..	0.04 p.p.m.

The average mercury content of all samples taken was 0.124 p.p.m.

(2) Antibiotics in Milk

Eighteen samples of cows' milk and one sample of goats' milk were submitted for analysis for the presence of antibiotic residues. Antibiotics are used in the treatment of conditions affecting the udder, such as mastitis, and if used when the animal is giving milk, can be passed in the milk, with possible harmful effects to persons who consume it. None of the samples submitted were found to contain such antibiotic residues.

(3) Lead in Baby Foods

During the year the Minister of Agriculture, Fisheries and Food and the Secretary of State for the Social Services issued regulations amending the Lead in Food Regulations 1961 by reducing the maximum limit of lead permitted in food specially prepared for babies or young children from 2 p.p.m. to 0.5 p.p.m. These regulations came into force on the 1st January 1973, but in order to gain some information on this subject, six samples of baby foods were procured for analysis of their lead content in 1972. The results were as follows:

<i>Sample of</i>					<i>Lead Content</i>
Liver Broth with vegetables	..	..	..	..	0.40 p.p.m.
Beef Dinner	..	..	..	..	Nil
Lamb Dinner	..	..	..	..	1.00 p.p.m.
Vegetables and Liver	..	..	..	..	0.08 p.p.m.
Bone and Vegetable Broth	..	..	..	..	trace
Lamb and Liver Broth with vegetables	..	..	..	..	0.30 p.p.m.

All samples complied with the then current standard and only one sample, the Lamb Dinner, exceeded the amount of lead permitted by the new standard. Further samples will be taken in 1973.

(4) Heavy Metals in Canned Fruit Juices

The high citric acid content of fruit juices can lead to the acid attacking the metal of the can. The food absorbing such metal, if present in large enough quantities, could produce chemical poisoning in any person consuming it. Samples of canned fruit juices were therefore obtained for analysis of their metal content. Fortunately none were found to be contaminated in excess of legal limits. The results were as follows:

<i>Sample of</i>	<i>Lead Content</i>	<i>Tin Content</i>	<i>Cadmium Content</i>
Orange Juice	1 p.p.m.	15 p.p.m.	less than 1 p.p.m.
Grapefruit Juice	less than 1 p.p.m.	less than 1 p.p.m.	less than 1 p.p.m.
Grapefruit Juice	less than 0.2 p.p.m.	17 p.p.m.	less than 1 p.p.m.
Orange Juice	less than 0.2 p.p.m.	20 p.p.m.	less than 1 p.p.m.
Grapefruit Juice	0.5 p.p.m.	0.6 p.p.m.	Nil

(5) Heavy Metals in Pigs Livers

During the year under review, as a consequence of certain metals having been detected in the livers of animals sent to the abattoir for casualty slaughter, it was deemed desirable to carry out a survey of livers using routine sampling methods and, in particular, to determine the extent to which copper was occurring in the livers of apparently healthy pigs.

It has been known for some time that, when certain substances are added in small quantities to animal feeding stuffs, they stimulate animal growth. In general these additives—which may include vitamins and other minerals as well as copper, aim to produce about 170-180 p.p.m. of copper in the finished meal ration. Uneven concentrations may occur, however, as a consequence of improper mixing. When this happens excess copper appears to become concentrated in the caudate lobe of the liver and the danger to human life is that the liver would be passed as fit for human food as rarely would there be any indication of its unfitness for such a purpose.

As a consequence of the investigation the opinion was formed that while the copper content in livers is, in the majority of cases less

than 20 p.p.m., instances do occur of higher concentrations which may be undesirable in human food.

There has been no expression of concern from toxicologists, however, and the W.H.O. Expert Committee on Food Additives have said that if the intake of copper is no greater than 0.5 milligrams per kilogram of bodyweight a day no deleterious effect would be expected.

During the survey in question a total of 58 samples of pigs livers was submitted to the Public Analyst for determination of copper content, seven of which samples were submitted in 1971 and which were from animals sent to the Abattoir for casualty slaughter. The remaining samples were taken from apparently healthy animals slaughtered at the Abattoir and the results of the analyses are tabulated below:

Range (all samples) p.p.m. of copper	No. of samples
0- 9	31
10-19	13
20-49	9
50 and more	5

The highest copper content found was 150 p.p.m. and the lowest 2 p.p.m., the average content being 15.14 p.p.m.

The Food Standards Committee Report on Copper of 1956 did not lay down any statutory standard for copper in foodstuffs, but they recommended that this metal in beverages and foods should not exceed 2 p.p.m. in beverages ready to drink and 20 p.p.m. in all other foodstuffs. It is therefore significant that of the samples taken during the survey 15% contained more than 20 p.p.m. of copper and 9% contained 50 or more p.p.m. of copper. Details of the information derived from this survey were sent to the Ministry of Agriculture, Fisheries and Food.

(6) Preservatives in Steak Mince

The Preservatives in Food Regulations 1962 permit preservatives to be used in connection only with certain foods and mince steak is not one of those foods. Nevertheless, because minced foods have a high deterioration rate because of their bacterial content, it has been fairly common practice in the past for butchers to use a

preservative, especially sulphur dioxide, with steak mince. Eight samples of steak mince were procured in 1972 for determination of the presence of preservatives and one sample was found to contain 225 p.p.m. of sulphur dioxide. The retailer was warned about this practice and further samples proved to be satisfactory.

(7) Pesticide Residues in Food

Ten samples of food, viz., lamb, milk, cod, lettuce, pears, cheese, prawns, oranges, mushrooms and cooking oil were examined for the presence of pesticide residues. No samples were found to have organochloride or organophosphorus pesticide residues present in unacceptable quantities.

(8) Aflatoxin in Groundnuts

Aflatoxin is a poison produced by a mould that can attack groundnuts. All six samples of imported groundnuts proved to be free from contamination.

(9) Other Foods

Foods sampled under this heading included artificial colouring matters, tinned meats, tomato juices and preserved vegetables all analysed for, and found to be free from, excessive levels of contaminants or additives.

Bacteriological Examination of Food

Milk

All four types of specially designated milks are retailed in the City and two types, pasteurised and sterilised, are processed in three dairies situated in the City.

Untreated farm-bottled milk sold in the area originates from five dairy farms all situated in Northumberland. Untreated milk is also sold from a small number of dispensing machines situated in cafes and restaurants and samples taken from these sources caused a great deal of concern as can be seen by referring to the table below. Over half the samples of milk taken from these sources proved to have an unsatisfactory bacteriological quality.

Samples of untreated milk, from churns delivered to the processing dairies in the City from farm producers, were also taken and the

results of these samples were conveyed to the Regional Milk Officer of the Ministry of Agriculture, Fisheries and Food as his department is responsible for clean milk production on the farm. Samples taken from the churn also provide an indication of the cleanliness of the churns and it is pleasing to report that only a small percentage of these samples failed the statutory Methylene Blue test thus indicating the satisfactory bacteriological quality of the milk and churns.

Pasteurised bottled and cartoned milk is processed and retailed from dairies situated in the City and in Sunderland and all samples passed the Phosphatase test indicating that the pasteurising processes were being satisfactorily maintained by these dairies. Only a small number of samples of pasteurised bottled and cartoned milk failed the Methylene Blue test indicating post-pasteurisation contamination or prolonged storage. Pasteurised milks sold from cafe and restaurant dispensers were also widely sampled and in this field the handling of milk appears to be steadily improving. In 1971 23.5% of samples failed the Methylene Blue test, whereas in 1972 only 12.7% of the samples proved to be unsatisfactory.

There are only two vending machines in the City retailing milk to the public and samples were also taken from these sources. The danger here is that the milk can be kept for prolonged periods if a careful watch is not kept on stock rotation.

Sterilised milk sold in the City is processed by a dairy in the City, by one at Sunderland and one at Stocksfield-on-Tyne.

Ultra-heat-treated milk is processed in dairies at Settle, Cardiff and Southampton for distribution in the City. All samples of sterilised and ultra-heat-treated milk satisfied the prescribed tests.

BACTERIOLOGICAL EXAMINATION OF MILK

Designation of Milk	Samples Taken	Satisfactory	Unsatisfactory	% Unsatisfactory
Untreated Farm Bottled (Methylene Blue Test)	106	92	14	12.3
Untreated Dispenser (Methylene blue test)	7	3	4	57.1
Untreated Churn (Methylene blue test)	50	47	3	6.0
Pasteurised Bottled and Cartoned (Methylene blue test)	172	166	6	3.5
Pasteurised Bottled and Cartoned (Phosphatase test)	172	172	0	0
Pasteurised Dispenser (Methylene blue test)	102	89	13	12.7
Pasteurised Dispenser (Phosphatase test)	102	102	0	0
Pasteurised Vending Machines (Methylene blue test)	5	4	1	20.0
Pasteurised Vending Machines (Phosphatase test)	5	5	0	0
Sterilised Bottled (Turbidity test)	67	67	0	0
Ultra-heat-treated Cartoned (Colony count test)	25	25	0	0
Total	813	772	41	—

Tubercle Bacilli

114 samples of untreated milk were submitted to the Public Health Laboratory to be examined for the presence of tubercle bacilli. All samples were found to be free from infection.

Brucella Abortus

The above 114 samples of untreated milk were also examined for the organism of brucella abortus which causes undulant fever in man. These samples comprised 65 farm bottled and 49 churn samples. Six samples reacted to the Ring (or screening) test, but on further biological examination, none were found to be positive. The Regional Milk Officer of the Ministry of Agriculture, Fisheries and Food was notified of these results.

Goats' Milk

Untreated Goats' milk is retailed in the City originating from two goat herds, one at Ryton and one at Corbridge. Four samples were submitted for bacteriological examination during 1972, and were all found to be of good bacteriological quality and free from tubercle bacilli organisms.

Ice Cream

The bacteriological monitoring of ice cream handled and retailed in the City continued during 1972. Samples were taken from manufacturing sources, retail freezers and mobile vans and were submitted to the Public Health Laboratory for bacteriological examination. Sixty-eight or 70.23% of the samples submitted proved to be satisfactory or reasonably satisfactory when subjected to the Methylene blue test. Samples giving an unsatisfactory result were repeated after advice had been given regarding the possible sources of contamination that might be affecting the ice cream. This generally proved to be post-pasteurisation contamination due to mishandling or prolonged storage by the food handler, or by the use of unclean equipment.

The bacteriological quality of the ice cream retailed in the City has not shown much improvement in the last few years. In 1971 70.88% of the samples were satisfactory, and much work remains to be done in this field.

Provisional Grade	BACTERIOLOGICAL EXAMINATION OF ICE CREAM		
	Classification	No. of Samples	Percentage
1	Satisfactory	50	51.6
2	Reasonably satisfactory	18	18.63
3	Unsatisfactory	8	8.27
4	Unsatisfactory	21	21.50
	Total	97	100.0

Other Foods

Pasteurised Liquid Egg

During the year eight samples of pasteurised liquid egg were taken from a processing factory in the City and all samples com-

plied with the alpha-amylase test prescribed in the Liquid Egg (Pasteurisation) Regulations 1963.

Pasteurised, Untreated and Ultra-Heated-Treated Cream

(a) Pasteurised Cream

No cream is produced in the City but nine manufacturers have retail outlets for pasteurised cream in the area. The cream is sold in bottles and cartons, which to a large extent are open-dated coded. Storage conditions for the sale of cream are generally satisfactory as most retailers have refrigerated cabinets. Problems do occur, however, during the soft fruit season when many greengrocers who do not normally stock cream retail it with strawberries and other soft fruits. In many cases greengrocers do not have suitable refrigerated storage facilities and it is at this time, during midsummer, when the cream deteriorates very rapidly.

Pasteurised creams are submitted for examination of their bacteriological quality and in particular for compliance with the Methylene blue test and for the presence of *E. coli* organisms. Of the 27 samples obtained in 1972, three proved to be unsatisfactory.

One of the unsatisfactory samples was due to incorrect storage conditions and the other two originated from the same manufacturer and were heavily contaminated with *E. coli* organisms. After correspondence with this manufacturer, there has been a remarkable improvement and this source of cream is now eminently satisfactory.

(b) Untreated Cream

There is one source of untreated cream in the City and this is from a farm near Penrith. All four samples taken proved to have a poor bacteriological quality and this matter is at present being further investigated. Samples of this untreated cream were also examined for the presence of tubercle bacilli and brucella abortus organisms and were all found to be free from infection.

(c) Ultra-Heat-Treated Cream

Only one manufacturer retails this type of cream in the City and both samples taken were of a good bacteriological quality.

The main advantages of U.H.T. cream are that it does not have to be kept in a refrigerated unit and it also has a much longer storage life than other types of cream.

Cream Cakes

Eleven samples of cream cakes were submitted for bacteriological examination of which six proved to be unsatisfactory having failed the Methylene blue test and being contaminated with *E. Coliform* organisms. Much more work will need to be carried out in the future on this type of product.

Cooked Meats

These foodstuffs are often incriminated in cases of food poisoning as they are consumed without further heat treatment. They can be contaminated with bacteria from raw meat by hands and dirty equipment or by the food handler.

Twenty-seven samples of cooked meats were obtained from retail grocers and butchers and were submitted for bacteriological examination and the results, using the recommended standard of the Public Health Laboratory Service, were as follows:

Grading	No. of Samples	Total Plate Count No. of Organisms per Gram
Satisfactory	22	Under 100,000 bacteria
Suspicious	2	100,000-1,000,000 bacteria
Unsatisfactory	3	Over 1,000,000 bacteria
Total	27	—

The samples were also examined for the presence of food poisoning organisms and one was found to be contaminated with *Clostridium welchii* organisms. Unsatisfactory and suspicious samples are further checked and advice is given to the food handlers concerned to try and improve their handling of cooked meats.

Fried Rice

In the Autumn of 1971 there were six reported cases of food poisoning on Teesside and elsewhere in Yorkshire implicating the consumption of fried rice from Chinese restaurants and the organism

Bacillus cereus. In 1972, therefore, 27 samples of fried rice were obtained from Chinese restaurants and take-out meal premises for examination for the presence of food poisoning organisms and other contamination. Two of these samples, both from the same premises, proved to be unsatisfactory being contaminated with bacteria of a faecal origin. On further investigation it was found that the food hygiene practices in these premises could be improved and after advice had been given further samples proved to be satisfactory and free from contamination.

Water Cress

This is a foodstuff which can become contaminated by being grown in polluted watercourses, with coliform organisms and also with Liver Fluke (*Fasciola hepatica*) and nine samples were taken for bacteriological analysis during the year. Two samples were found to be contaminated with coliform bacteria but further samples proved to be satisfactory.

Shrimps and Prawns

The preparation of these items for human consumption involves considerable handling and, therefore, a high risk of contamination. The prepared crustaceans may then be consumed without any further heat treatment, i.e. as a prawn cocktail. Eleven samples of prawns and shrimps were procured from retail establishments and submitted to the Public Health Laboratory for bacteriological analysis. Two samples had high plate counts and were contaminated with coliform organisms. On investigation defects in the handling and preparation of food were noted and after discussion, these were rectified.

Mussels

Twelve samples of mussels, comprising six of boiled and brined mussels and six of raw mussels were obtained from retail fishmongers in the City and submitted to the Public Health Laboratory for examination for faecal contamination. One sample of raw mussels was found to be heavily contaminated and on investigation it was discovered that these mussels originated from Holy Island harbour, an area in which there are sewer outfalls. After co-operation with Berwick upon Tweed Health Department the collection of mussels from this area was stopped.

Registrations and Licences

(a) Milk and Dairies (General) Regulations 1959

During 1972 43 new licences were issued and nine distributors ceased to operate leaving a total of 540 licences in force at the end of 1972.

(b) Milk (Special Designation Regulations) 1963

At the end of the year there were 540 licences in force in respect of the sale of designated milk.

(c) Registration of Food Premises

During the year there were 26 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. 17 persons ceased to manufacture or sell ice cream during the year. In addition there were 14 applications made under the provisions of the Food and Drugs Act 1955 for the registration of premises on which sausages or potted, pressed, pickled or preserved foods were to be prepared (the registration of four premises was cancelled during the year).

At the end of the year there were 496 premises registered for the manufacture or sale of ice cream and 221 premises registered for the preparation of other foods.

Food Hygiene

In the last Annual Report I indicated a substantial reduction in the number of premises in the City which are subject to the Food Hygiene Regulations and stated that this reduction could be attributed to the central area redevelopment and the compulsory purchase of property in other areas. During 1972 this reduction continued until at the end of the year the figure was 2,017 premises compared with 2,086 at the end of the previous year. More important, however, was the serious fall in the number of inspections carried out in relation to food hygiene. In 1972 a total of 4,200 inspections were made compared with 5,915 in the previous year and thus 1972 indicates the lowest level of work ever carried out in respect of this extremely important duty.

This regrettable development is related directly to the shortage of District Public Health Inspectors and is accompanied by signs

throughout the City that food hygiene conditions are deteriorating generally. This evidence is supported by the increasing number of complaints made by the public, complaints which should never have arisen in the first place and, indeed, would not have arisen if adequate supervision and control of food handlers and food preparing premises had been effectively carried out during the year. Publicity, propaganda and education play extremely important roles in the field of food hygiene but they are not and cannot be, effective substitutes for a thorough and detailed personal inspection of premises carried out by a competent health inspector.

Unless this situation is resolved and food hygiene enforcement improved in the near future it may well be that serious problems will eventually result.

FOOD PREMISES SUBJECT TO THE FOOD HYGIENE (GENERAL) REGULATIONS 1970

GROUPED INTO CATEGORIES OF TRADE

Type of Premises	Total Number
Abattoir	1
Bakehouses	51
Bingo Halls	11
Butchers	173
Catering	322
Chemists	40
Cinemas and Theatres	16
Confectioners	324
Dairies	9
Fish Fryers	56
Fishmongers	34
Food Manufacturers.. .. .	29
Food Packers.. .. .	6
Food Stores	25
General Dealers	325
Greengrocers	114
Grocery and Provisions	127
Leisure Centres	9
Licensed Premises	341
Poultry Slaughtering Premises	4
Total	2,017

DISEASES OF ANIMALS

Anthrax

No outbreaks of this disease occurred in the City during 1972. There were 82 outbreaks elsewhere in the country in relation to which 88 animals died.

Brucellosis

This disease is now being eradicated in this country. Area Orders have been made which enforce compulsory eradication and will result in cattle in those areas being free from brucellosis. Newcastle is not yet included in a Compulsory Eradication Area but a voluntary scheme exists to encourage farmers to make their herds brucella free by slaughtering reactors to the test. Part of this scheme requires the farmer to produce proof to the Ministry of Agriculture that the animal has been slaughtered and during the year 116 cows, one bull and three calves were slaughtered at the City Abattoir. These numbers are expected to increase as eradication progresses.

Foot and Mouth Disease

There was no outbreak in the country.

Fowl Pest

400 outbreaks occurred in the country. There was none in Newcastle.

Rabies

There were no cases of Rabies in the country during 1972.

Swine Fever

There was no swine fever in the country during the year.

Swine Vesicular Disease

This disease is new to this country, the first outbreak occurring in the South towards the end of the year. It was at first mistaken for foot and mouth disease, which it closely resembles, and restrictions were imposed which permitted movement of pigs by licence only. Up to the end of the year 13 outbreaks had been confirmed and 3,922 pigs had been slaughtered as diseased or exposed to infection.

Tuberculosis

The few cases passing through the abattoir in the City during the year were not advanced.

Abattoir and Meat Market, Transit of Animals

The reduction in the animal throughput at the abattoir was mainly due to the fact that the premises, though of modern design and construction, do not satisfy the very high standard which has been agreed between members of the E.E.C. for premises used for the export of meat to other members of the community. Consequently the abattoir does not qualify for a Ministry Licence for the export of meat to Europe. There would, however, appear to be a fair amount of export trade available which is at present going to licensed abattoirs further afield.

Work was started towards the end of the year on the construction of a separate casualty slaughtering room and the extension of a division wall to segregate the pig line from other animals. Various other items such as foot operated taps, an additional number of sterilizers and screening over windows and ventilators against flies and birds are still to be completed.

During the year one cow, five pigs and two sheep died in the lairage at the abattoir and it was considered advisable on two occasions to call in the veterinary consultant as a precaution when Scheduled Disease was a possible cause of the death.

Constant vigilance is necessary on the part of the meat inspection staff to ensure that the animals are in a healthy condition on arrival and during the period of detention in the lairage and the outbreak of Swine Vesicular Disease made it necessary for extra care to be exercised in the cleansing and disinfection of both lairages and stock wagons as required by the Diseases of Animals Act.

PEST CONTROL

Mice

The year 1972 produced a smaller increase in the number of mouse infested properties than has occurred for the last three years and whilst one hesitates to be too optimistic, it may well be that the techniques and poisons now being used are beginning to show encouraging results. In my 1971 report I referred to this situation at length and indicated possible lines of action to contain this serious pest problem. Whilst it has not been possible to carry out large block control schemes it has, nevertheless, been possible to limit the use of anti-coagulant type poisons to which some of the mice in this City have become resistant.

Year	Mice infested properties found
1968	1,096
1969	1,091
1970	1,327
1971	1,606
1972	1,678

Rats

There was a slight reduction in the number of properties infested with rats and it is pleasing to report that the rat is now not a serious problem in this City. When they are discovered little difficulty is experienced in control. The number of infested properties found and dealt with during the year was 479 compared with 482 in 1971.

RAT AND MICE INFESTATIONS DURING 1972

	Dwelling Houses	Other Premises	Total
Number of properties inspected	2,476	558	3,034
Number of visits (including revisits) ..	6,716	3,312	10,028
Number of properties found to be infested:			
Rats ..	366	113	479
Mice ..	1,362	316	1,678
Number of infested properties treated by Local Authority:			
(a) on complaint ..	1,728	468	2,196
(b) under contract	—	56	56
"Block Control" schemes	138	—	138

Feral Pigeons

The demolition and constructional turmoil which continued to engulf the city centre during the year continued to inhibit efforts at pigeon control as no effective and stable site could be used for trapping purposes. This situation caused a reduction in the number of pigeons caught during the year to 205 as compared with 350 in 1971.

Disinfestation (prior to rehousing)

During the year there was a decrease in the disinfestation of household effects prior to removal into council houses from unfit houses when 989 cases involving 1,345 visits were dealt with compared with 1,441 in 1971. The work involved the spraying of 2,037 rooms. Most of the houses from which rehousing took place and in respect of which disinfestation was carried out were in the Cromwell Street, Bolam Street and Isabella Street areas.

Disinfestation (General)

A total of 978 premises were dealt with during the year. In dealing with these infestations 163 lbs. of insect powder, 36 gammexane smoke generators and 250 gallons of liquid insecticide was used. Two men are engaged on disinfestation work and are also responsible occasionally for carrying out disinfection after cases of infectious disease. The number of visits for disinfestation purposes (including revisits) during the year was 2,257. The table below shows the kind of insects, etc. in respect of which disinfestation measures had to be taken during the year.

Insect Control

From the table set out below it will be seen that the cockroach still dominates the insect pest world in our City, although the overall level of infestation has been considerably reduced during the year. The total of 978 premises which required disinfestation during the year compares very favourably with the figure of 1,195 for 1971.

PREMISES DISINFECTED			
Premises infested with cockroaches	..	..	687
Premises infested with fleas	..	..	90
Premises infested with bugs	..	..	33
Premises infested with red mite	..	..	23
Premises infested with wasps and bees	..	..	40
Premises infested with flies	..	..	25
Premises infested with lice	..	..	13
Premises infested with ants	..	..	23
Premises infested with earwigs	..	..	2
Premises infested with golden spider beetles	..	..	24
Total	..	..	978
Premises fumigated	..	..	70
Premises disinfected—Scabies	..	..	17
Total	..	..	87
Grand Total			1,065

Pest Control in Council Houses

As a result of numerous complaints made to both the Health and Housing Departments a house-to-house survey was made of 130 houses on an estate under the control of the Director of Housing. Of the 130 houses visited, 36 were found to be infested with cockroaches (*Blatta Orientalis*) and a further 17 were found to be infested to a lesser degree. In order to cover all possible eventualities it was decided to treat houses on either side of an infested house thus increasing the total number of houses requiring treatment to 122.

The first treatments began on the 8th September 1972, the second commenced on the 16th October and the third and final treatment on the 18th December and the total number of treatments in the area was 280. If all infested and adjacent premises had been treated three times the number would obviously have been 366. However, this was not possible because in some cases, after the first treatment, householders refused further access in order to carry out subsequent treatments. It is fair to say that the treatment involved the lifting of fitted carpets and the cutting of floor boards in order to gain access to the sub-floor space and, therefore, a great deal of disruption was involved.

These three individual treatments were necessary, however, because of the life cycle of *Blatta Orientalis* which extends over several weeks. Some adult female cockroaches deposit their eggs capsules at random while others conceal them more carefully. These egg capsules contain 16 embryos and, depending upon temperature, hatch out in approximately 40 days. In order to ensure that embryos which emerge from the concealed egg capsules after the first treatment are effectively dealt with, second and third treatments are necessary to ensure the successful eradication of infestations.

This method of treating groups of houses, instead of individual houses as complaints arise, is very effective. This has been confirmed by the success achieved in previous similar incidents. In order to achieve lasting freedom from infestations, however, methods of control must include recommendations for cleaning, the avoidance of food spillage and whenever possible harbourage should be denied to the cockroaches by the effective sealing of all cracks and crevices. It is known from experience that a certain degree of tolerance and acceptance of minor infestations of cockroaches

exists and very often complaints are not received until an infestation reaches alarming levels.

MISCELLANEOUS MATTERS

During the year the following legislation affecting the work of the department came into operation.

The Agriculture (Miscellaneous Provisions) Act 1972

This Act makes important changes in those parts of the Food and Drugs Act 1952 and the Slaughterhouses Act 1928 which deal with the provision and licensing of slaughterhouses.

As from 1st January, 1974 it will no longer be necessary to seek the approval of the Minister before licensing a slaughterhouse. The local authority may issue any licence provided that the premises comply with the relevant hygiene and constructional requirements and any byelaws which may be in force.

Local authorities are not now required to ensure that adequate slaughterhouse facilities exist in their area, nor may they pass resolutions restricting the number of, or preventing the use of, private slaughterhouses. As from the passing of the Act local authorities are given an absolute discretion in the charges which may be made for the use of public slaughterhouses.

The Deposit of Poisonous Waste Act 1972

The purpose of this Act is to prohibit the deposition on land of poisonous, noxious or polluting waste so as to give rise to an environmental hazard.

The Local Government Act 1972

The Local Government Act 1972 brings about some very substantial changes in local government and gives effect to the reforms foreshadowed in the Government White Paper Cmnd 4584 dated February, 1971. Local Authorities as at present constituted will cease to exist and will be replaced by new counties, districts and parishes. To each type of authority has been allocated certain functional responsibilities which they will undertake from 1st April 1974.

The Poisons Act 1972

This is an Act to consolidate certain enactments relating to poisons. It re-enacts some of the provisions of the Pharmacy and Poisons Act 1933 which will be repealed when the Medicines Act 1968 is brought fully into force and provision is made for registration of persons selling non-medical poisons.

The Trades Description Act 1972

This Act extends the provisions of the 1968 Act and the two may be cited together as the Trades Description Acts 1968-1972. It is a requirement of the legislation that names and marks applied to imported goods are accompanied by an indication of the country of origin.

The Bread and Flour (Amendment) Regulations 1972

These amending regulations, which came into operation on 1st November, 1972, extend the list of bleaching and improving agents which may be added to flour. The additional chemicals are azodicarbonate, L-cysteine hydrochloride and L-cysteine hydrochloride monohydrate. The specified forms in which chalk, iron, vitamin B and nicotinic acid or nicotinamide may be added to flour are also amended.

The Lead in Food (Amendment) Regulations 1972

By virtue of these amending regulations the amount of lead which may be present in food specially prepared for consumption by babies and young children is restricted to 0.5 p.p.m.

The Food (Control of Irradiation) (Amendment) Regulations 1972

The use of ionising radiation in the treatment of food is controlled by limiting the permissible amount to not more than 50 rads.

The Labelling of Food (Amendment) Regulations 1972

In these regulations the meaning of 'flour confectionery' is extended to include any flour confectionery product containing a filling which has, as an ingredient, any meat or fish or any animal, vegetable or microbial material processed to resemble the texture of meat or fish.

The definition of intoxicating liquor is also amended so as to exclude liquor (apart from cider and perry) which does not require an excise licence. The expression 'prepacked' is amended and a definition is given of 'mineral' so as to exclude salt.

Appropriate designations are given for species of fish. Certain amendments are made to the schedule of foods which are exempt or partly exempt from labelling provisions. Restriction is imposed on the use of the word 'protein' in any statement which constitutes a claim.

Claims made in respect of vitamin content in food are restricted to certain substances included in the Schedule to the amendment regulations and slimming claims are brought under stricter control.

The Milk (Special Designation) (Amendment) Regulations 1972

These Regulations allow the sale of milk which has been ultra-heat-treated by the direct application of steam. In the process of applying heat by this method the milk must not be changed in composition.

The Smoke Control Areas (Authorised Fuels) No. 3 Regulations 1971 and The Smoke Control Areas (Authorised Fuels) No. 4 Regulations 1971

The first of these regulations came into force on the 15th December, 1971. The No. 4 Regulations came into force on the 28th January, 1972. They declare "Anthrite" and "Fireglo" to be authorised fuels for the purposes of the Clean Air Act 1956.

The Smoke Control (Exempted Fireplaces) Order 1972 and The Smoke Control (Exempted Fireplaces) (No. 2) Order 1972

By virtue of these Orders the fireplaces known as the Parkray Coalmaster and the Trianco TGB 17 are exempted from the provisions of Section 11 of the Clean Air Act 1956 upon certain conditions as to proper installation, maintenance and operation.

The Housing (Intermediate Areas) Order 1972

The purpose of this Order is to apply the provisions of the Housing Act 1971 to works eligible for financial assistance under the provisions of the Housing Act 1969 if they are carried out in an 'inter-

mediate' area, that is to say a locality designated by the Minister as needing special measures to encourage growth and distribution of industry. The effect, in so far as the Department is concerned, is to maintain the grant for improvement of houses at 75 per cent.

The Housing (Payment for Well Maintained Houses) Order 1972

Under Sections 30 and 60 of the Housing Act 1957 local authorities may be required to make payments in respect of houses which are unfit for human habitation but have been well maintained and by virtue of Section 67 of the Housing Act 1969 payments may be payable for partial good maintenance of parts of buildings at half of the rate for full maintenance.

Where after the 23rd April 1968 a payment was made in respect of any house which had been treated under the Act the amount of any payment was four times the rateable value.

The new order prescribes a multiplier of eight instead of four to be used in calculating any payment made for full good maintenance in respect of any order which becomes operative after 17th October 1972. The Order applies also to cases where Unfitness Orders are made and where undertakings to demolish are given.

The Importation of Carcasses and Animal Products Order 1972

This Order prohibits the import into Great Britain of animal carcasses and parts of carcasses and certain other animal products except in accordance with the terms of a licence issued by the Minister of Agriculture, Fisheries and Food. The Order applies in general to the carcasses of horses, asses, mules, pigs, cattle, sheep, goats and other ruminants and to any products derived from such animals.

The Live Poultry (Restrictions) Amendment Order 1972

This Order amends the 1971 Order so as to prohibit the granting by a local authority of a licence authorising a sale by auction of store poultry between the dates 1st October and 31st December in any year.

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	£20	
2	Food Standards (Fish Cakes) Order 1950	1	£20	
3	Food and Drugs Act, 1955, Sec. 8	1	£50	£5.25
4	Sausage and Other Meat Products Regulations 1967		Dismissed	
5	Food and Drugs Act 1955, Sec. 2	1	£20	£5.25
6	Food and Drugs Act 1955, Sec. 2	1	£10	£5.25
7	Food and Drugs Act 1955, Sec. 8	1	£50	£7.00
8	Food and Drugs Act 1955, Sec. 2	1	£50	£5.00
9	Noise Abatement Act 1960, Sec. 1		Adjourned Sine Die Premises closed	
10	Food and Drugs Act 1955, Sec. 2	1	£20	
11	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966	Withdrawn. (Defendant in prison on another charge)		
12	Housing Act 1961, Sec. 19	1	£15	£0.88
13	Housing Act 1961, Sec. 19	1	£15	
14	Housing Act 1961, Sec. 19	1	£15	
15	Public Health Act 1936, Sec. 39	1	£5	
16	Food and Drugs Act 1955, Sec. 8	1	£20	
17	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966	6	£18	£0.75
18	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966	4	£20	£8.00

SUMMARY OF LEGAL PROCEEDINGS—*continued*

Case No.	Contravention of	No. of Offences Proved	Fines Imposed and Orders Made	Costs Ordered to be paid
19	Clean Air Act, 1968, Sec. 1	1	£10	
20	Food and Drugs Act 1955, Sec. 2	1	£50	£5.00
21	Food and Drugs Act 1955, Sec. 2	1	£50	
22	Housing Act 1969, Sec. 64	1	£25	£5.00
23	Housing Act 1969, Sec. 64	1	£25	
24	Housing Act 1969, Sec. 64	1	£25	
25	Housing Act 1969, Sec. 64	1	£25	
26	Factories Act 1961, Sec. 7	1	£15	£3.00
27	Offices, Shops and Railway Premises Act 1963, Sec. 9	1	£15	£3.00
28	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966	4	£20	
29	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966	6	£42	
30	Offices, Shops and Railway Premises Act 1963, Sec. 9	Absolute Discharge		
31	Food Hygiene (General) Regulations 1970	Case adjourned 'Sine Die' Defendant left the country		
32	Sausage and Other Meat Products Regulations 1967	1	£20	
33	Offices, Shops and Railway Premises Act 1963, Sec. 17	1	£75	£5.00
34	Public Health Act 1936, Secs. 45 and 93/94	2	£5	£5.00
35	Food and Drugs Act 1955, Sec. 2	1	£40	£5.00
36	Clean Air Act 1956, Sec. 1	1	£50	£5.00
37	Offices, Shops and Railway Premises Act 1963, Sec. 17	1	£30	

SUMMARY OF LEGAL PROCEEDINGS—*continued*

Case No.	Contravention of	No. of Offences Proved	Fines Imposed and Orders Made	Costs Ordered to be paid
38	Food and Drugs Act 1955, Sec. 2	1	£20	£10.00
39	Public Health Act 1936, Secs. 80/89	Withdrawn as work almost complete at time of hearing		
40	Food and Drugs Act 1955, Sec. 2	1	£30	£5.00
41	Housing Act 1961, Sec. 19	2	£50	£5.00
42	Clean Air Act 1956, Sec. 1	1	£25	£5.00
43	Housing Act 1961, Sec. 19	1	£25	£5.00
44	Public Health Act 1936, Secs. 93/94	1 Nuisance Order—28 days		
45	Clean Air Act 1968	Adjourned Sine Die		
46	Public Health Act 1936, Secs. 93/94	1 Nuisance Order—28 days		
47	Food and Drugs Act 1955, Sec. 2	1	£25	
48	Public Health Act 1936, Secs. 45 and 93/94	Withdrawn		

Hairdressing Establishments

There were 16 new applications for the registration of hairdressing premises approved during 1972 and 11 premises ceased to operate bringing the total of registered premises at the end of the year to 264. 150 inspections of hairdressing establishments were made during the year.

Stray Dogs—Dog Warden Service

As a result of earlier discussions by the Health Committee concern had been expressed over the excessive number of stray dogs encountered in various parts of the City and particularly on Council estates. This concern led ultimately to the General Purposes Committee taking steps to inaugurate a Dog Warden Service. Certain

initial difficulties were encountered in bringing the service into operation but ultimately in June 1972 an arrangement was made with the Dog and Cat Shelter of Claremont Road to carry out this service for an experimental period of six months. The Dog and Cat Shelter effectively undertook this work and the scheme operated quite smoothly with the result that a total of 175 dogs had been collected and dealt with by the end of the year. The majority of the dogs were seized following reports to the Shelter, by members of the public, of nuisance being caused although, in some cases, instructions were issued from the Department as a result of complaints received.

In addition to complaints 32 dogs were seized on routine patrols and it is thought that considerable benefit would arise from an extension of routine patrols, but the financial restrictions involved in this service are such that these routine patrols must be kept to a minimum.

At the end of the six months period a report on progress was submitted to the General Purposes Committee at their meeting in December and it was resolved that the service be continued for a further period of six months.

The general aim is to continue with the service until the number of stray dogs in the City has been reduced to a practicable minimum and in this way protect the public at large from the hazards and dangers of an excessive dog population.

The total number of dogs seized during the year and recorded by the Police was as follows:

	<i>No. of Dogs</i>		
Newcastle West End Police Station	..	..	117
Newcastle East End Police Station	..	..	42
Newcastle Central Police Station	..	..	13
Gosforth Police Station	..	..	2
Newburn Police Station	..	..	1

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 ..	5
Licensed premises at the end of the year ..	1
Number of inspections	43
Samples	7
(One sample failed—sample number 5)	

	SAMPLES TAKEN					
Layered Felt ..	..	..	..	..	..	4
New Cotton Felt ..	..	..	..	..	..	1
Loose Flock ..	..	..	..	..	..	2
Total ..	..					7

Pharmacy and Poisons

During the year one new registration was approved and in five 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 ..	..	..	..	..	..	63
Hairdressers ..	..	..	..	..	..	4
Druggists ..	..	..	..	..	..	4
Hardwaremen ..	..	..	..	..	..	9
Seedsman ..	..	..	..	..	..	5
Chemical and disinfectant manufacturers ..					..	2
Ironmongers ..	..	..	..	..	..	5
Motor Factors ..	..	..	..	..	..	1
Total ..	..					93
New registrations ..	..	..	..	..	..	1
Ceased to sell Part II poisons ..	..	..	..	..	..	5

Pet Animals Act 1951

During the year 21 licences were granted to persons to keep pet shops in the City. A total of 28 inspections of the premises concerned were carried out and the conditions generally were found to be reasonably satisfactory.

STAFF

Recruitment

Because of the acceleration of the smoke control programme and the increasing momentum of house improvement, the year 1972 was undoubtedly the year of the Technical Assistant. A total of 12 additional such assistants were recruited comprising, Messrs. D. Doig, J. Black, A. Monkley, S. Dalton, H. Tulip and T. Robson who are engaged on smoke control survey work, and Messrs. K. Todd, I. J. Turnbull, I. A. Wallace, W. S. Dunn, T. B. Harrison and J. W. Rourke, all of whom are involved in either slum clearance or house improvement work.

On the inspectorial staff, Mr. J. T. Spoors took up the post of Senior Public Health Inspector in the Housing Section in February and has since then given excellent service. Messrs. L. A. Kelly and C. Hawthorne were pupils who successfully passed their final qualifying examination during the year and were immediately appointed as District Inspectors, although the latter left before the end of the year to take up a more remunerative post with Ryton U.D.C. A further recruit to the inspectorial ranks was Mr. B. Makepeace, a former technical assistant who had trained with another authority, but who qualified during the year and was appointed as a District Inspector at the end of the year.

Messrs. J. D. Wildsmith, H. L. Stainthorp and M. J. Warriner were appointed in September to fill the current vacancies for pupils and duly commenced on the sandwich training course at the College of Arts and Technology.

Resignations

During the year the most serious loss of staff through resignations took place in the District Division which suffered the departure of Messrs. H. D. Wilson to Whitley Bay M.B., G. A. Curran to Blyth M.B., R. Jackson to Chester-le-Street R.D., G. Dobson to Tynemouth C.B. and, as mentioned above, C. Hawthorne to Ryton U.D.

Because of unsatisfactory progress Mr. A. Stubbs resigned his post as Pupil Public Health Inspector at the beginning of the year and Messrs. G. Stewart and P. Ions, both Technical Assistants (Housing), also left to take up posts with other local authorities.

In the administrative section the only departures during the year were Miss S. Peat, a shorthand typist and Miss A. Bell, a divisional clerk, who were replaced later in the year by a shorthand typist and a junior clerk.

Retirements

Mr. W. Chalk, who had served the department so well as a Smoke Control Investigator almost from the inception of the smoke control programme, retired in October and it was a matter of concern and distress to his colleagues when he passed away quite suddenly only some weeks after his retirement.

Conclusion

At the end of the year it became clear that the future expansion of the environmental health services is inextricably interwoven with the new, and as yet, largely unknown pattern of future local government administration, but undoubtedly it is that even wider and more fruitful opportunities will emerge to ensure a richer and healthier environment for the future citizens of our Novacastrian community. The environmental health services of the new authority will achieve this, but not without that helpful co-operation which has been extended by other departments during the past year, and in particular the very friendly assistance so readily offered to the District Division by the Building Surveyor and his staff in connection with plans and building proposals.

To both the administrative and inspectorial staff thanks are tendered for their loyalty and willing service throughout the year in circumstances which at times must surely have been trying. A particular feature of the year has been the friendly encouragement tendered by so many Members of the Council and particularly of the Health and Housing Committees. I value and appreciate this greatly.

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 'general ophthalmic services'.

On 1st April, 1973, there were 194 doctors (109 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors' lists was 234,332.

1,662,732 prescriptions were submitted for payment during the year by City chemists and appliance contractors of which at 31st March, 1973, there were 66. The total cost of these prescriptions to the National Health Service after deduction of patients charges was £1,341,522.

During the year, 2,509 claims were submitted by doctors for maternity services rendered to their patients. The gross fees paid for these services amounted to £26,369. The Medical Officer of Health is a member of the Local Obstetric Committee.

At the 31st March, 1973, there were 54 principal practitioners providing general dental services in the City. 88,535 courses of treatment were given during the year 1st April, 1972 to 31st March, 1973, as compared with 85,308 the previous year.

Under the general ophthalmic service, 52,172 sight tests were given during the year, 1,128 to children under arrangements made with the Local Authority. 33,021 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, 1973, was as follows:—

	£
General Medical Services	908,980
Pharmaceutical Services	1,342,873
General Dental Services	353,013
General Ophthalmic Services	98,654
Administration	47,085
	£2,750,605

Based on the Registrar General's estimate of population at 30th June, 1972, this represents an expenditure of £12.66 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, 1972 to 31st March, 1973, viz.:—

Coun. B. Abrahams, Ald. N. Cooper Bailey, Coun. E. R. Ball, Coun. Mrs. V. H. Grantham, Coun. Mrs. O. Kaer, Coun. Mrs. T. Russell, Coun. Mrs. A. I. Telford, Ald. Dr. M. Thompson, Dr. D. L. Wilson and Coun. T. W. Yellowley.

APPENDIX II

OCCUPATIONAL HEALTH SERVICE

The following tables show the work of the occupational health service for the year 1972:

TABLE I
PRE-EMPLOYMENT MEDICALS

	<i>Sick Pay</i>	<i>Sup'ation</i>	<i>Teachers</i>	<i>Total</i>
Questionnaires received ..	2,029	1,185	524	3,738
Accepted without examination	1,531	871	367	2,769
Medical examinations:				
(a) routine	123	144	104	371
(b) selected	375	170	53	598
Fit for employment but unfit for superannuation and sick pay	127	23	2	152
Unfit for Employment ..	77	37	11	115
Resigned	1	—	1	2
Failed to take up appointment	1	3	2	6

TABLE II
SPECIAL EXAMINATIONS

	<i>Sick Pay</i>	<i>Sup'ation</i>	<i>Teachers</i>	<i>Total</i>
Number referred	312	78	5	395
Medical examinations ..	565	102	6	673
Home visits	64	—	—	64
Fit for light work	5	—	—	5
Retired on medical grounds	54	8	—	62
Resigned	7	3	—	10
Died	4	1	—	5
Pending	20	—	—	20
Appointment terminated ..	1	1	—	2

TABLE III
WORK OF THE MEDICAL CENTRE
(1971 figures in brackets)

Medical examinations:

(i) Sick pay and superannuation	1,642	(1,300)
(ii) On behalf of other Authorities	82	(82)
(iii) Children in Care	14	(14)
(iv) Trianing College entrants	34	(—)
(v) Injuries and illness	211	(225)
	<u>1,983</u>	<u>(1,621)</u>

Vaccinations and Immunisations:

Influenza	4	(8)
Poliomyelitis and boosters	42	(56)
Smallpox	78	(112)
T.A.B. (T), Typhoid	137	(71)
Yellow Fever	136	(24)
Heaf tests	17	(18)
B.C.G.	3	(5)
Cholera	31	(13)
	<u>448</u>	<u>(307)</u>

Treatments:

Staff—industrial conditions	780	(685)
Non industrial conditions	4,365	(4,149)
General Public	106	(80)
	<u>5,251</u>	<u>(4,914)</u>

APPENDIX III

NEW PREMISES COMPLETED DURING 1972

1. ELSWICK HEALTH CENTRE

The building is of traditional brick construction with a tile hung upper storey and pitched roofs. It provides ten medical consulting/examination room suites on the ground floor divided between ten general practitioners in four practices. The shared treatment room, recovery room and patients' toilets are also on the ground floor.

The first floor accommodation comprises a dental surgery with recovery room and dark room, reception and waiting area, office accommodation for health visitors and district nurses and staff toilets.

	£
The total cost of the building including land, fees, etc. . .	87,639
Furnishings, etc.	7,500
	£95,139

Architect: City Architect.

Main Contractor: Stephen Easten Ltd.

2. SHILDFIELD HEALTH AND SOCIAL SERVICES CENTRE

Both Health and Social Services Department services are provided in the Centre. The building comprises a Day Nursery, Health Centre accommodating two General Practitioners, Child Health Clinic, Family Planning Sessions, Chiropody, a wide variety of School Health Services including Dental Services, Speech Therapy, special sessions for impaired hearing, routine medicals, minor ailments, etc.

The building also includes a Day Centre for the Physically Handicapped adults where individuals will be taken—transport provided by the Ambulance Service. The various Clinics, Day Nursery and Group Practice will provide the conventional facilities for such establishments and the Day Centre which is housed on the second and third floors will cater for the Social, Occupational and Rehabilitative needs for Physically Handicapped in the City.

In addition to these activities the Centre offers a great deal of scope for exciting and interesting experimentation because of the wide variety of activities and skilled staff which will operate in the building.

A wide range of Medical and Nursing Services including Health Visitors, District Nurses, School Nurses and Ancillary staff will be available and the General Practitioners will be able to call upon the skills of these staff when necessary.

	£
Total cost of Building including fees, etc.	416,000
Furnishings, etc.	33,000
	£449,000

Architect: Housing Architect.

Main Contractor: Stanley Miller Ltd.



Shieldfield Health and Social Services Centre



Elswick Health Centre

APPENDIX IV

SUMMARY OF A CENTURY

FROM

THE ANNUAL REPORTS OF THE MEDICAL OFFICER OF HEALTH OF NEWCASTLE UPON TYNE

- 1873 Dr. H. E. Armstrong, first M.O.H. appointed.
Fever Hospital, Bath Lane handed over to Corporation and Home at
Byker Hill for smallpox convalescents.
- 1875 Slum Clearance – first area.
City Hospital for Infectious Disease, Walkergate opened – Bath Lane
closed.
- 1882 Newcastle upon Tyne Improvement Act – Notification of Infectious
Disease.
- 1888 Town Moor Smallpox Hospital opened.
- 1891 Transfer of Inspection of Common Lodging Houses to Health Department.
- 1893 Town Moor Cholera Hospital opened.
- 1901 Two Health Visitors appointed.
- 1904 Provision of Bacteriological Services.
- 1907 Bacteriological Control of Water and Milk.
Supervision of Milk Production.
- 1911 National Insurance Act came into force.
- 1912 Pulmonary Tuberculosis Notification (Newcastle upon Tyne Corporation
Act, 1911).
Dr. H. Kerr appointed Medical Officer of Health.
- 1913 Tuberculosis Dispensary.
Health Week and Exhibition.
Appointment of School Nurses.
- 1914 Recording of Atmospheric Pollution.
- 1915 Further extensions to Walkergate including T.B. Pavilion.
- 1917 Venereal Diseases Scheme for free diagnosis, treatment and education in
Counties and County Boroughs of Northumberland and Durham.
- 1920 Rats and Mice Destruction.
Maternity and Child Welfare Scheme including appointment of a medical
Officer, taking over nine centres of the Mothers' and Babies' Welcome
Society and provision of 10 beds.
- 1921 Barrasford Sanatorium acquired.
Voluntary T.B. Care Council formed.
- 1924 'Unhealthy' housing areas defined and approved for demolition.
- 1928 Bacteriological supervision of Swimming Bath Water.
- 1930 Local Government Act, 1929 – Transfer of health functions from Board
of Guardians.
Wingrove Hospital renamed Newcastle General Hospital.
Domiciliary Medical Service ('Parish Doctors').
Care of Boarded-out children and poor children under five years.
Public vaccination.
Health Visitor Training School in Health Department.
Five year housing clearance programme approved included 2,388
dwellings.

- 1932 Dr. J. A. Charles appointed Medical Officer of Health.
- 1933 Domiciliary Medical Service for those in receipt of Public Assistance – changed to open choice system.
Crematorium opened.
- 1934 Neurosurgical Department, N.G.H. established.
Second five year housing clearance programme approved – included first closing and demolition orders on individual unfit houses.
Diphtheria Immunisation.
- 1935 Maternity Flying Squad.
- 1936 Municipal Midwives Scheme.
Wilton Tower – Rothbury – convalescent home for children.
Home Helps for newly delivered mothers.
Thoracic Surgery Department, N.G.H. established.
- 1937 X-ray Department N.G.H. established.
- 1938 Paediatric Department N.G.H. established.
Radium and Deep X-ray Therapy Department N.G.H. established.
- 1939 Maternity Unit N.G.H. established.
Department of Prostatic Surgery N.G.H. established.
Civil Defence and Emergency Hospital Service (Shortley Bridge).
First and second five year slum clearance programmes completed and third five year programme approved.
- 1940 Blood Bank at N.G.H. formed.
- 1941 Day Nurseries established.
Welfare foods and vitamins.
- 1943 V.D. Contact Tracing (Tyneside Scheme).
Adoption Act (1939) came into force.
- 1944 Mass Radiography Unit based at N.G.H.
- 1945 N.E. Joint Cancer Committee set up (Cancer Act, 1939).
Premature Baby Nursing Service.
- 1946 Dr. W. S. Walton appointed Medical Officer of Health and Principal School Medical Officer.
- 1948 National Health Service Act – Transfer of Hospitals to H.M.C's.
Mental Health Services transferred from Public Assistance Officer.
Ambulance Service.
- 1949 L.A. District Nursing Service from voluntary organisation.
- 1952 Health Control Airport – Public Health (Aircraft) Regulations.
Smoke Control programme.
- 1954 Blakelaw Child Health Centre.
Health Department took over Welfare Foods Service for distribution of food.
Occupation Centre, Jubilee Road (off City Road) opened.
Housing Repair and Rents Act.
10 year Slum Clearance Programme.
- 1956 Dr. R. C. M. Pearson appointed Medical Officer of Health and Principal School Medical Officer.
Bath Orderlies appointed.
- 1958 Smoke Control Area No. 1.
Laundry Service for Elderly and Incontinent.
- 1959 Ten year clinic programme.
Medical Rehousing.
Home Advisers.

- 1961 Chiropody Service.
First Health Visitor attachment.
Consultant Psychiatrist appointed.
- 1962 Health and Welfare Departments combined.
Meals on Wheels Service.
Fenham, Fawdon and Kenton Clinics.
St. Abb's Holiday Home.
Summerhill Psychiatric Hostel.
Birthday check-up scheme.
Smokers' Advisory Clinic.
Lancefield House – homeless families.
Psychiatric Clubs.
- 1963 Night Sitters.
Millmount and John Chapman Residential Homes.
Occupational Health Service commenced.
Child and Family Guidance Service commenced.
Senior Medical Officer Geriatrics.
Principal Social Worker.
Offices, Shops and Railway Premises Act.
- 1964 Elswick Dene Residential Home.
Dressing Attendants.
James Clydesdale House Residential Home.
Closure of old Workhouse – Elswick Grange.
Cervical Cytology Scheme.
- 1965 Atkinson Road and Ravenswood Clinics.
Psychiatric Day Centre.
- 1966 Wardens for Elderly.
Shirley Lodge Residential Home.
- 1967 New Ambulance Headquarters and Dame Catherine Scott Adult Training Centre.
Sunnycrest Psychiatric Hostel.
- 1968 Sheriff Leas Training Centre.
Municipal Abattoir.
Ella McCambridge House Residential Home.
Fluoridation of Water Supply.
Family Service Unit.
Bacteriuria Survey.
- 1969 Dr. D. L. Wilson appointed Medical Officer of Health and Principal School Medical Officer.
Cragston House Residential Home.
Wincomblee Psychogeriatric Home.
North East Ambulance Training Centre.
- 1970 Armstrong Road Clinic and Day Nursery.
Welford Psychiatric Day Centre.
Bolam House Residential Home.
Arthur's Hill Clinic.
Whiteleas Home (Mentally Handicapped).
Walker Health Centre.
Cruddas Park Clinic
Registration of Houses in Multiple Occupation.
- 1971 Social Services Department.
Reorganisation of Nursing Services Management.
- 1972 Elswick Health Centre opened.
Completed attachment scheme for Health Visitors and District Nurses.
Joint Liaison Committee, N.H.S. Re-organisation.
First Local Authority Family Planning Clinic.
- 1973 Shieldfield health and Social Services Centre opened by Prime Minister

