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NORTHUMBERLAND COUNTY COUNCIL

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# ANNUAL REPORT

OF

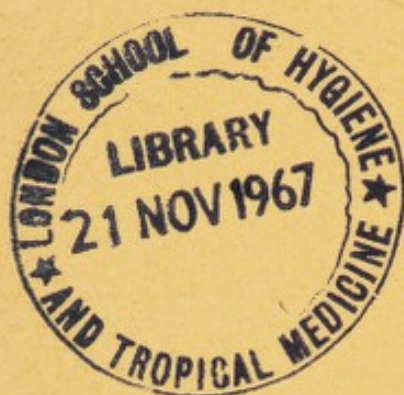
THE COUNTY  
MEDICAL OFFICER  
OF HEALTH

FOR THE YEAR

**1951**

JOHN B. TILLEY, M.D., B.Hy., D.P.H., *County Medical Officer*

66467







NORTHUMBERLAND COUNTY COUNCIL

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THE COUNTY  
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**1951**

JOHN B. TILLEY, M.D., B.Hy., D.P.H., *County Medical Officer*



## HEALTH COMMITTEE, 1951.

---

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### *Vice-Chairman.*

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### *Aldermen.*

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SLACK, W. RENTON B.

WILLIAMSON, Miss M. M., O.B.E.

## STAFF OF THE HEALTH DEPARTMENT.

---

County Medical Officer and School Medical Officer...	...	...	JOHN B. TILLEY, M.D., B.Hy., D.P.H.
Deputy County Medical Officer	...		WILSON MINNS, M.B., B.S., B.Hy., D.P.H.
Maternity and Child Welfare Officer			JANET M. EDWARDS, M.B., Ch.B., D.P.H.
Deputy School Medical Officer	...		WILLIAM J. PIERCE, M.B., Ch.B., D.P.H.

### Area Executive Medical Officers :—

Central Area	...	...	CATHERINE B. MCGREGOR, M.B., Ch.B., D.P.H.
East Area	...	...	ALEXANDER DONALDSON, M.B., Ch.B., D.P.H.
South Area	...	...	MADGE HOPPER, M.B., B.S. B.Hy., D.P.H.
South East Area	...	...	WILLIAM CUNNINGHAM, M.B., Ch.B., D.P.H.
Wallsend Area	...	...	GEORGE M. CUBIE, M.B., Ch.B., D.P.H.
West Area	...	...	JOHN H. MAUGHAN, M.B., B.S., D.P.H.

Assistant County Medical Officer and Assistant School Medical Officer	...	...	MARGARET H. McKEITH, M.B., B.S.
---	-----	-----	---------------------------------

Assistant County Medical Officer (Child Welfare)	...	...	MARGARET F. FRASER, M.B., Ch.B., D.P.H.
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Do.	Do.	...	MURIEL S. ALEXANDER, M.B., Ch.B., D. (Obstet.) R.C.O.G.
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Do.	Do.	...	SHEILA M. E. GREW, M.R.C.S., L.R.C.P. (Commenced 8th January, 1951).
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Do.	Do.	...	ELAINE M. SUNDERLAND, M.B., Ch.B., D. (Obstet.) R.C.O.G. (Commenced 5th January, 1951).
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### Staff of the Health Department—*continued.*

Assistant School Medical Officer	...	...	MARY W. DEWELL, M.B., B.S.
Do.	Do.	...	ANNA M. REID, M.B., Ch.B., D.P.H.
Do.	Do.	...	EDNA T. EVERDELL, M.B., B.S., B.Hy., D.P.H.
Do.	Do.	...	WILLIAM W. BURNETT, M.B., Ch.B. M.R.C.S., L.R.C.P., D.C.H.
Do.	Do.	...	ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H.
Senior Dental Officer	...	...	ARNOLD E. ROBINSON, F.D.S., R.C.S.
Superintendent Health Visitor	...	...	ANN A. GRAHAM, S.R.N., S.C.M., H.V. Cert. R.S.I.
Deputy Superintendent Health Visitor	...	...	MAY FOTHERGILL, S.R.N., S.C.M., H.V. Cert. R.S.I.
Nursing Superintendent and Super- visor of Midwives	...	...	BARBARA MALLABURN, S.R.N., S.C.M. M.T.D.
Assistant Superintendent of Midwives	...	...	LILIAN LAPES, S.R.N., S.C.M.
Do.	Do.	...	MARY GILLILAND, S.R.N., S.C.M., H.V. Cert. R.S.I.
Almoner	...	...	ELEANOR M. FOSTER, A.M.I.A.
County Sanitary Officer	...	...	JAMES ATKINSON, M.R.San.I., M.I.Mun.E., M.S.I.A.
Do.	...	...	DOUGLAS LISTER, Cert. S.I.B., M.S.I.A., M.R.San.I.
Ambulance Officer	...	...	GEORGE D. DICKINSON.
Supervisor of Blind Welfare	...	...	EILEEN METCALFE, Home Teacher's Certificate.
Home Help Organiser	...	...	DOREEN GROSE. (Commenced 1st March, 1951).
Chief Clerk	...	...	GEORGE W. SCOTT.



# CONTENTS

	<i>Page</i>
Acreage ... ..	11
After-Care—Tuberculosis ... ..	28, 89
„    Committees ... ..	28, 89
„    General ... ..	29
Ambulance Service ... ..	54, 95
Ante-Natal and Post-Natal Clinics ... ..	37, 92
Ante-Natal and Post-Natal Hostel ... ..	36
B.C.G. Vaccination ... ..	7, 23
Births and Birth Rates ... ..	11, 82
Births—Illegitimate ... ..	33, 82
Births—Notification and Registration ... ..	32, 91
Blind Welfare ... ..	72, 105
Cancer ... ..	14, 15, 85
Child Welfare Centres ... ..	8, 39, 92
Chest Clinic Service ... ..	25
Circulatory Disease ... ..	14
Convalescence ... ..	29, 90
Day Nurseries ... ..	42
Deaths—Classification of ... ..	84
Deaths and Death Rates ... ..	12, 80
Dental Service ... ..	9, 48, 94
Diphtheria ... ..	7, 16, 51
Diphtheria Immunisation ... ..	51
Food and Drugs Act ... ..	68
Food Poisoning ... ..	18
Gas/Air Analgesia ... ..	93
General Statistics ... ..	81
Handicapped Persons—Welfare ... ..	72
Health Committee ... ..	2
Health Education ... ..	30
Health Visiting Service ... ..	43, 92
Heart and Blood Vessels, Diseases of ... ..	14
Home Help Service ... ..	57, 97
Home Nursing Service ... ..	9, 46
Housing ... ..	9, 67, 102
Ice Cream ... ..	63, 101
Illegitimate Births... ..	33, 82
Immunisation ... ..	42, 51
Infant Deaths ... ..	33, 81
Infant Foods and Vitamins ... ..	40
Infantile Mortality ... ..	7, 12, 33, 80
Infectious Diseases ... ..	16, 83

## CONTENTS—continued

	<i>Page</i>
Mass Miniature Radiography ... ..	26, 88
Maternal Mortality ... ..	12, 36, 91
Maternity and Child Welfare Service ... ..	8, 32, 91
Mental Health ... ..	58, 98
Midwifery and Home Nursing Service ... ..	9, 46, 93
Milk ... ..	61
Ministry of Health Inquiries ... ..	66
Mortality—Principal Causes ... ..	14
Neo-Natal Deaths ... ..	35
Nursing Homes Registration ... ..	47
Occupation Centre... ..	60
Occupational Therapy ... ..	28
Overcrowding ... ..	9
Poliomyelitis and Polio Encephalitis ... ..	17
Population ... ..	11, 78, 79
Post-Natal Clinics ... ..	38
Premature Births ... ..	32, 91
Puerperal Pyrexia ... ..	46, 93
Rateable Value ... ..	11
Road Safety ... ..	31
Rural Housing Survey ... ..	67, 103
Sewage Disposal ... ..	65
Smallpox ... ..	52
Special Investigations ... ..	8, 40
Staff ... ..	3
Still Births ... ..	12, 32, 82
Statistical Tables ... ..	78-105
Tuberculosis ... ..	7, 14, 21, 86
„ After Care ... ..	28, 89
„ Deaths and Death Rates ... ..	7, 86
„ Notifications ... ..	86, 87
„ Chest Clinic Service ... ..	25
Ultra-Violet Light Clinics ... ..	41
Vaccination ... ..	51
Venereal Diseases ... ..	19
Vital and Mortality Statistics ... ..	80
Water Supplies ... ..	64
Whooping Cough ... ..	52



TO THE CHAIRMAN AND MEMBERS OF THE NORTHUMBERLAND  
COUNTY COUNCIL.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present the Annual Report for 1951, the 59th in the series of reports of the County Medical Officer.

In the 59 years that have elapsed since the issue of the first of this series of reports, there have been many remarkable improvements in the state of the public health. Although some of the major triumphs of sanitation and preventive medicine were achieved many years ago, and are to-day accepted as commonplace, progress still continues and the many and varied factors which affect improvements in the general well-being of mankind combine to reduce the effects of "the natural shocks that flesh is heir to" almost to the eradication of some of the ills that afflict us. In Northumberland, this progress was maintained in 1951, and new records were established in some of the statistics which serve as indices of the health of the county. The infant mortality rate, the tuberculosis death rate and the mortality in children from diarrhoea were each lower than ever before, while the incidence of diphtheria fell to a new low level and only two cases occurred during the year.

These facts are but indications of the progress that has been made. The report shows that the death rate from tuberculosis has fallen by more than 50 per cent. since 1946 and, while no decrease in the number of new cases of pulmonary tuberculosis coming to light has yet been achieved, there is evidence of improved control of the disease brought about by the new methods of treatment and by the increase in the number of beds provided by the Regional Hospital Board for treatment of this condition. Now at last it seems that prevention or at least the protection of the uninfected can advance alongside of the improvements in treatment, and B.C.G. vaccination has been successfully established in the county. I am most grateful to the Chest Physicians for the valuable contributions which are included in the Report. When it is seen from Dr. Wollaston's report that the only eight known infectious cases out of the 50,000 population of the west of the county are all adequately housed and that all the children



in the families save one have been protected by B.C.G. vaccination, we can look forward with hope to the achievement of similar conditions in the industrial parts of the area.

The section of the Report dealing with Maternity and Child Welfare, which has been prepared by Dr. J. M. Edwards, shows that this service expanded yet again, and at the end of the year there were 89 clinics in operation. Few of these clinics operate in satisfactory premises ; many are held in dark, draughty and dismal side rooms in church halls. More and more the purpose of these clinics is to practise health education, with a success which is at least to some extent reflected in the improved statistics. Good work can best be done in good premises, as is well recognised by the provision of new buildings for schools, but no success attended the Council's efforts to provide new accommodation for any of its clinics during the year. It is indeed a pity that even in the present days of shortages of material so little can be spared for the preventive medicine services.

Much has been said in the last four years about the need for co-operation between the various parts of the National Health Service, and the Local Health Authority by virtue of the geographical spread of its services is well placed to assist in this matter. The report shows something of the help that can be given by one part of the National Health Service to another in its reference to the Department's work in assisting the maternity hospitals in assessing the home circumstances of patients seeking admission on social grounds and to the system whereby the ante-natal clinics provided by the Council have undertaken a considerable part of the ante-natal care of expectant mothers from the County who are to be admitted to the Princess Mary Maternity Hospital, the teaching hospital of the University of Durham, and to Preston Hospital. As many of these ante-natal clinics are conducted by family doctors, co-operation is achieved between the three main sections of the Service.

During the year the Department took part in some special investigations in conjunction with the Ministry of Health and the Nuffield Institute of Social Medicine. While this made additional calls upon the time of the staff, the investigations should prove to be of the greatest value, and they will ultimately provide



new information and new standards of measurement for use in the child welfare service.

The amount of work done by the home nursing service increased slightly, but there was an appreciable reduction in the work of the midwives. Hospital confinements accounted for 61 per cent. of all the births in the county, and it seems that with the new maternity accommodation that has been opened by the Regional Hospital Board since the end of 1951 there is no urgent need for any further maternity beds in the immediate future. The decline in domiciliary midwifery has been a factor in the amalgamation of districts which has been carried out since July, 1948. The provision of cars has made it possible to absorb several districts into surrounding areas with an appreciable reduction in staff. Accommodation for staff in some country districts remains a difficulty, but one nurse's house was built during the year. This is the first new building it has been possible to provide for the health services of the county since 1940.

The difficulties of the Local Health Authority and Local Education Authority dental services have been the subject of so much comment that little need be added here to that story. It is noteworthy, however, that despite these difficulties the number of pre-school children receiving treatment has steadily increased in the county and was twice as great in 1951 as it was in 1948. In the report on the dental service, which has been prepared by Mr. A. E. Robinson, reference is made to the special work done and, happily, to the improvement in the staffing position. The cases chosen to illustrate what can be done to preserve the bite of pre-school children who must have all their teeth extracted are of considerable interest.

Fifty years ago, in the Report of the County Medical Officer, Dr. Hembrough wrote :

"Overcrowding with all its evils continues in many districts . . . . Wherever new houses have been provided they have been eagerly taken, but building operations were not carried out on a sufficiently extensive scale."

To-day we still find that one of the outstanding needs is for new houses. It is indeed disappointing to find that fewer houses were built in 1951 than in 1950 and that the number has decreased



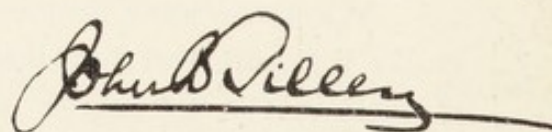
year by year since the post-war peak of 1948. In 1938, the last full year before the outbreak of war, 3,994 houses were built in the county, 1,911 of them by local authorities, while, in 1951, 2,153 were completed, of which 1,885 were built by local authorities. Thus some five years after the war we were able to provide in total little more than half the new houses that were provided before the war, and even the local authorities were not able to surpass their pre-war effort. It is a sad commentary that our present economic situation and the lack of security in international affairs combine so to limit the amount of labour, material and money that can be used for housing that we must lag behind in our efforts to deal with this great social problem.

During the year, as a result of requests from the districts concerned, a sub-committee was formed to administer some of the Council's services under the National Health Service in the Alnwick area. There is little doubt that the local knowledge and interest of the Area Sub-Committees is of great assistance in the smooth working of the services, and I am grateful to the Executive Medical Officers in the areas of the sub-committees for their help throughout the year.

In conclusion, I would say how much I am indebted to Dr. Minns, who has been closely concerned with the preparation of this report, to Dr. Edwards, Mr. Robinson and all the members of the staff for their work for the Department during the twelve months that the Report covers, and I thank the Chairman and the members of the Health Committee for their continued interest and support.

I am, My Lords, Ladies and Gentlemen,

Your obedient Servant,



County Medical Officer.





## NORTHUMBERLAND COUNTY COUNCIL.

### Report of the County Medical Officer of Health for the Year 1951.

#### VITAL STATISTICS.

		Urban Districts.	Rural Districts.	Total.
Area (Acres) ...	...	79,573	1,196,632	1,276,205
Population ...	...	336,800	100,800	437,600
Rateable Value ...	...	£1,913,613	£566,563	£2,480,176

#### BIRTH RATE.

The birth rate continued in 1951 to show the decline which had been noted since the post-war peak of 1947. The total of 7,202 live births was 116 less than in 1950, and the birth rate was 16·46 compared with 16·69 the previous year. The decline was less than in any of the three years since the peak rate was recorded and the birth rate remained higher than it was for eight years before the war.

### INFANT MORTALITY RATE.

Infantile mortality was reduced to the record low level of 32·49 per 1,000 births. The number of babies who died before their first birthday was 234, and this was 34 less than the year before. The graph on page 13 shows the satisfactory fall in the infant mortality rate since the beginning of the century, though it must be noted that the rate for the County remains higher than the national figure.

### STILL BIRTHS.

The still birth rate for the County is little more than half what it was ten years ago. Improvement in this rate has continued alongside the falling infant mortality rate and the two are closely associated. There was a slight increase of the rate to 23·85 per 1,000 registered births compared with the record low figure of 23·09 recorded in 1950.

### MATERNAL MORTALITY.

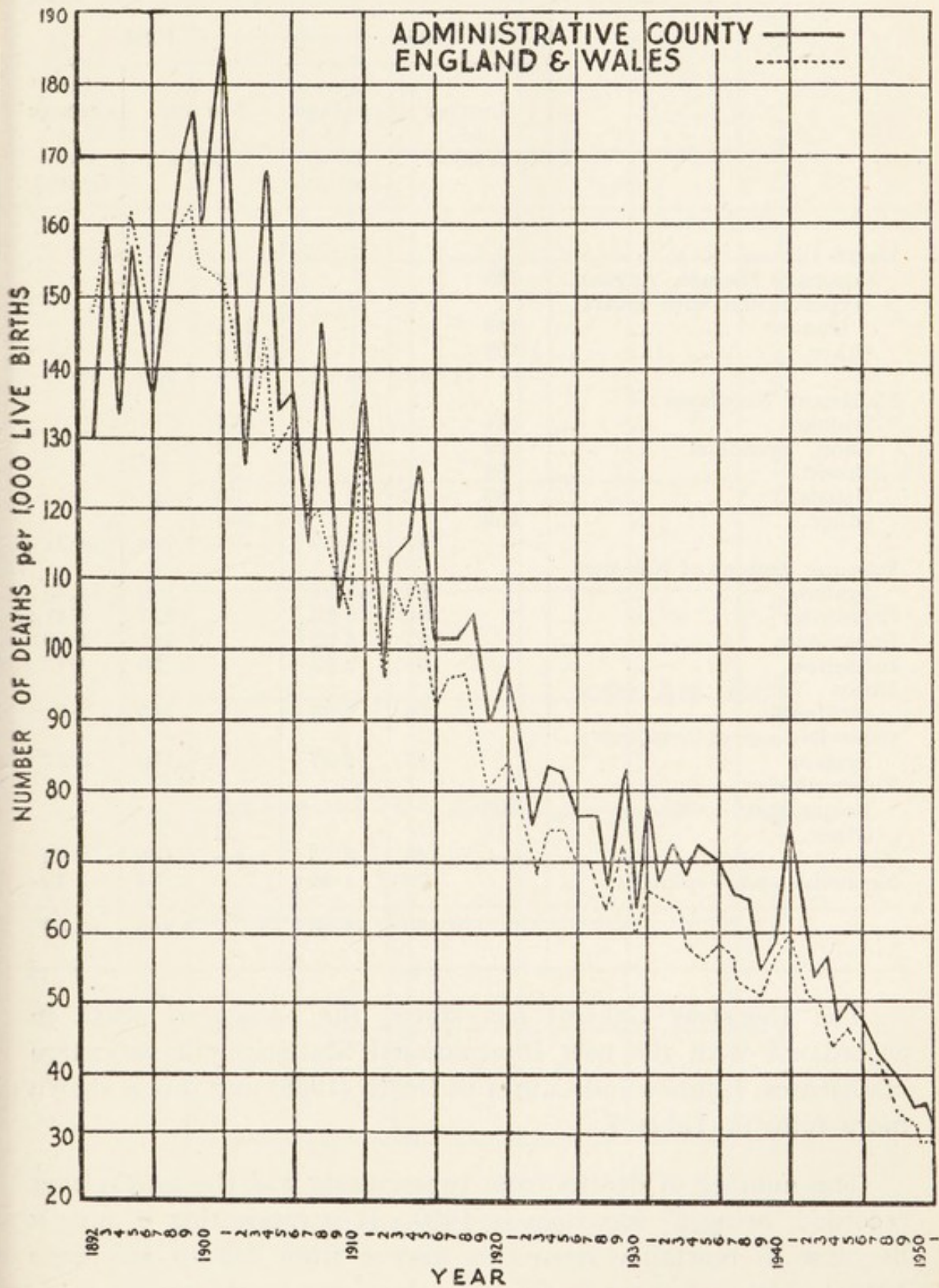
The number of maternal deaths is happily so few that small variations from year to year cause marked fluctuations in the mortality rate. In 1951, only 6 mothers died from conditions associated with their pregnancy, and the rate fell to 0·81 per 1,000 total births.

### GENERAL DEATH RATE.

The general death rate was 12·58 per 1,000 population which was higher than it had been for ten years. The increase was related to an epidemic of influenza in the early part of the year which caused an increase in the number of deaths from respiratory conditions. The lowest death rate ever recorded in the County was in 1930, and since then the gradually increasing age of the population has resulted in a cessation in the decline of the mortality rate.



COUNTY OF NORTHUMBERLAND  
INFANT MORTALITY RATES—1892-1951





## PRINCIPAL CAUSES OF MORTALITY.

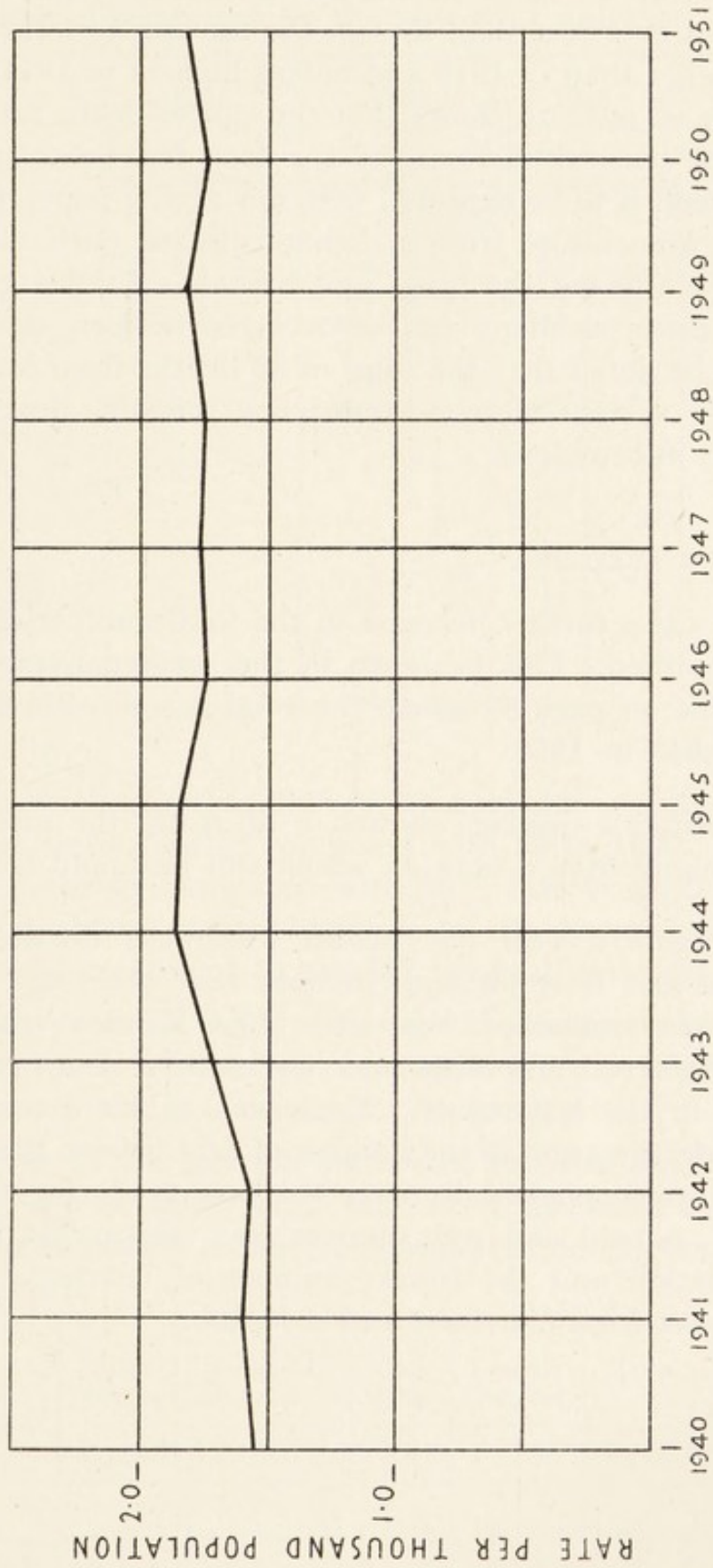
The total number of deaths from all causes was 5,503. The chief causes are shown in the following table :—

	1951.		1950.	
	Number of Deaths.	Per-centage of Total Deaths.	Number of Deaths.	Per-centage of Total Deaths.
Heart Disease :—				
Coronary Disease, Angina...	733		704	
Hypertension with Heart Disease ... ..	149		134	
Other... ..	1,103		1,118	
	1,985	36·07	1,956	36·44
Malignant Neoplasm :—				
Stomach ... ..	184		174	
Lung, Bronchus ... ..	99		93	
Breast ... ..	56		55	
Uterus ... ..	55		50	
Other... ..	403		396	
	797	14·50	768	14·31
Vascular Lesions of Nervous System ... ..	783	14·21	770	14·35
Bronchitis ... ..	282	5·13	237	4·41
Pneumonia ... ..	167	3·03	161	3·00
Influenza ... ..	161	2·93	59	1·1
Motor Vehicle and other accidents ... ..	160	2·93	145	2·7
Other Diseases of Circulatory System ... ..	147	2·67	138	2·57
Tuberculosis :—				
Respiratory ... ..	105		124	
Other... ..	18		26	
	123	2·23	150	2·79
Nephritis and Nephrosis ...	75	1·36	75	1·40
	4,680	85·06	4,459	83·07

The Registrar General has stated the causes of death in accordance with the new International Statistical Classification of Diseases, Injuries and Causes of Death (1948) and this is shown more fully in Table 7.

The number of deaths from tuberculosis was the lowest ever recorded, being 27 less than in 1950. It is interesting to note a decrease in mortality from this disease from 242 to 123 since 1946. Fuller reference is made to this later in the report.

CANCER.  
TREND OF DEATH RATE—YEARS 1940 TO 1951.





As if to offset this, the number of deaths from cancer was the greatest ever recorded, though the death rate from this cause was no higher than in 1949 and not as high as in 1944 and 1945. The graph on page 15 shows that the cancer death rate does not reveal any marked increase in the last ten years, though an upward trend is to be expected with our ageing population. More men than women died from malignant disease, particularly where the disease affected the lungs and bronchi. In this group more than six times as many deaths occurred in men as in women. It should be noted that the total of 99 deaths from cancer of the respiratory system closely approaches the 105 deaths due to respiratory tuberculosis.

#### INFECTIOUS DISEASES.

There was a further decrease in the total number of infectious diseases notified. This is shown in the accompanying table and in the table on page 83 where the total cases notified was 7,455 against 8,643 in 1950.

All notifiable diseases showed a decrease, the most welcome being Poliomyelitis, a note on which will be found later.

Once again a year has passed without a death caused by diphtheria and it is pleasing to note that the total number of proved cases remained less than 10. Measles remained the commonest fever, but 1951 was not such a peak year as was indicated in the last report. There was an increase in meningococcal infections and in the number of deaths from these diseases. Cases occurred sporadically over the County during the summer months. A cold and wet summer was responsible for a small fly population and the lowest number of deaths of pre-school children ever from diarrhoea and enteritis.

The following table shows the incidence and mortality of the chief infectious diseases during the past four years :—

	1951.		1950.		1949.		1948.	
	Notifi- cations	Deaths	Notifi- cations	Deaths	Notifi- cations	Deaths	Notifi- cations	Deaths
Diphtheria ...	2	—	6	2	18	—	50	—
Measles ...	4,648	2	5,441	—	3,394	1	4,706	2
Whooping Cough ...	1,418	5	1,482	7	916	4	1,741	8
Meningococcal Infection ...	26	7	14	3	—	—	—	—
Scarlet Fever ...	626	—	684	—	560	—	871	—
Enteric and Para-typhoid Fevers	6	—	4	—	11	1	8	—
Diarrhoea and Enteritis (under 2 years)	—	—	—	—	—	27	—	31
Diarrhoea, etc. (under 5 years) ...	—	6	—	16	—	—	—	—
Acute Poliomyelitis ...	12	1	99	11	34	2	9	2
Acute Polioencephalitis ...	2	—	3	—	1	—	1	—

#### POLIOMYELITIS.

The year was not responsible for an epidemic of poliomyelitis. Twelve cases were notified compared with 99 in 1950. Half the cases were paralytic compared with 75% last year, and this is pleasing as it shows earlier diagnosis of the disease and correspondingly early treatment to prevent residual paralyses.

The cases occurred wholly during the summer months and whether the dismal weather was responsible for the low incidence of the disease or not is a matter for conjecture.

As a result of the sporadic nature of the disease, it was not necessary to advise any special preventive measures and this is shown in the increased number of immunisation injections given during the year.

Poliomyelitis.	First Quarter.		Second Quarter.		Third Quarter.		Fourth Quarter.		Total		Total Paralytic and Non-Paralytic.
	P.	N.P.	P.	N.P.	P.	N.P.	P.	N.P.	P.	N.P.	
Boroughs ...	—	—	—	—	1	3	1	—	2	3	5
Urban Districts	—	—	—	—	1	3	2	—	3	3	6
Rural Districts	—	—	—	—	1	—	—	—	1	—	1
TOTALS ...	—	—	—	—	3	6	3	—	6	6	12



## FOOD POISONING.

The number of notified cases decreased from 74 in 1950 to 30 in 1951.

An outbreak of 13 cases, due to *Salmonella Typhi-Murium*, was notified among the staff and child patients of a Mental Deficiency Hospital in Rothbury during the summer and early autumn and these cases continued to excrete the organisms for some time.

Isolated cases occurred in the Urban Districts of Newburn, Newbiggin, Whitley Bay, Longbenton, Amble and Ashington. The majority of cases were caused by the *Salmonella* mentioned above and an adult male patient from Whitley Bay died in hospital. Further cases due to the same cause were noted from Castle Ward and Morpeth Rural Districts.

It was not possible to find the cause of the outbreak of food poisoning among the mentally defective children, in spite of a very careful and thorough check of all points.

Propaganda for cleaner food and more hygienic cooking and catering premises continues to be the best preventive measure to eradicate food poisoning as a cause of sickness. Several District Councils have taken steps to improve matters by the introduction of bye-laws and it is hoped that continued note will be taken of the warning against complacency given in the last report.

## VENEREAL DISEASES.

Almost the whole of the treatment of venereal disease in patients living in the County is carried out at the Newcastle General Hospital and the Wansbeck Hospital Clinic, Blyth. The number of new patients seeking treatment at the Newcastle General Hospital fell to 629 compared with 703 in 1950. Of these patients, 166 were suffering from venereal conditions compared with 196 the previous year. The figures for the Blyth Clinic show a similar decrease from 187 new registrations in 1950 to 124 in the year under review, while the number suffering from venereal disease was reduced from 88 to 45 patients.

The annual report issued by Dr. W. V. Macfarlane, from the Newcastle Clinic, shows that the fall in new registrations has continued steadily since 1946, and he is of the opinion that the incidence of venereal disease in the area is still on the decline.

### Prevention of Venereal Diseases.

#### CONTACT TRACING.

This part of the work is presenting regrettable difficulties. Many of the patients who are being interrogated in the clinics have already been treated for previous infections of gonorrhoea. They are familiar with our methods of contact tracing and consequently have their stories "all prepared" when interviewed by the social worker, thereby throwing a greater burden on the contact tracer, or rendering the information received absolutely valueless for contact tracing purposes.

The total number of male and female contacts sought was 61, involving 100 visits. It was possible to identify 55 of these.

#### DISPOSAL OF IDENTIFIED CONTACTS :—

Brought to the clinic by consorts	...	...	...	24
Brought to the clinic by contact tracer	...	...	...	22
Refused to attend the clinic	...	...	...	2
In prison	...	...	...	1
Persons named more than once	...	...	...	6

#### DIAGNOSIS OF IDENTIFIED CONTACTS :—

Syphilis	...	...	...	...	...	...	8
Gonorrhoea	...	...	...	...	...	...	21
Syphilis and gonorrhoea	...	...	...	...	...	...	1
Non-venereal conditions	...	...	...	...	...	...	22



#### TREATMENT DEFAULTERS.

During the year under review the contact tracer paid 531 visits to treatment defaulters within the area, often providing transport and accompanying patients to the clinic to re-commence treatment or surveillance.

#### ANTE-NATAL SEROLOGICAL TESTS.

Thirteen cases of maternal syphilis were diagnosed and treated during the year. Each of these women was treated with penicillin after admission to Newcastle General Hospital. Thirty-three visits were paid by the contact tracer to these patients. The babies born to these women were tested and found to be healthy.

Pregnant women require particularly close supervision and guidance by the social worker. They have many problems, *e.g.* anxiety about other members of the family, viz. husband and other children who are often persuaded to undergo Wassermann tests. There is often reluctance to leave the family for hospital treatment and here use can be made of other social services, *e.g.* Home Helps and the Children's Department.

## TUBERCULOSIS.

Fewer deaths from tuberculosis occurred in the County during 1951 than in any previous year, and the death rate of 0·28 per 1,000 population reached a record low level. The total number of deaths was 123, which was 18% less than in 1950. The steady fall in mortality from tuberculosis over the past fifty years is shown in the graph on page 22 and it is noteworthy that the rate of fall has increased in recent years, the current rate being only 47% of that recorded in 1946.

The records for respiratory forms of the disease show that there were more than twice as many deaths in males as in females during the year. By far the greater part of the mortality from pulmonary tuberculosis occurs between the ages of 15 and 65 years, and the following tables show the number of deaths and the number of new cases from 1941 to 1951 in two groups covering that age period:—

YEAR.	NOTIFICATIONS.				DEATHS.			
	Age		Age		Age		Age	
	15-45 years.		45-65 years.		15-45 years.		45-65 years.	
	M.	F.	M.	F.	M.	F.	M.	F.
1941 ...	143	100	45	14	58	82	40	17
1942 ...	111	92	47	12	48	49	38	8
1943 ...	163	148	53	21	62	73	41	8
1944 ...	179	189	51	17	57	67	42	11
1945 ...	260	185	69	18	63	61	34	9
1946 ...	178	125	68	20	76	54	38	15
1947 ...	178	141	61	16	62	57	45	7
1948 ...	155	158	53	18	68	50	43	16
1949 ...	173	182	71	13	46	51	34	15
1950 ...	187	177	55	28	49	29	26	11
1951 ...	175	147	83	20	24	21	36	9

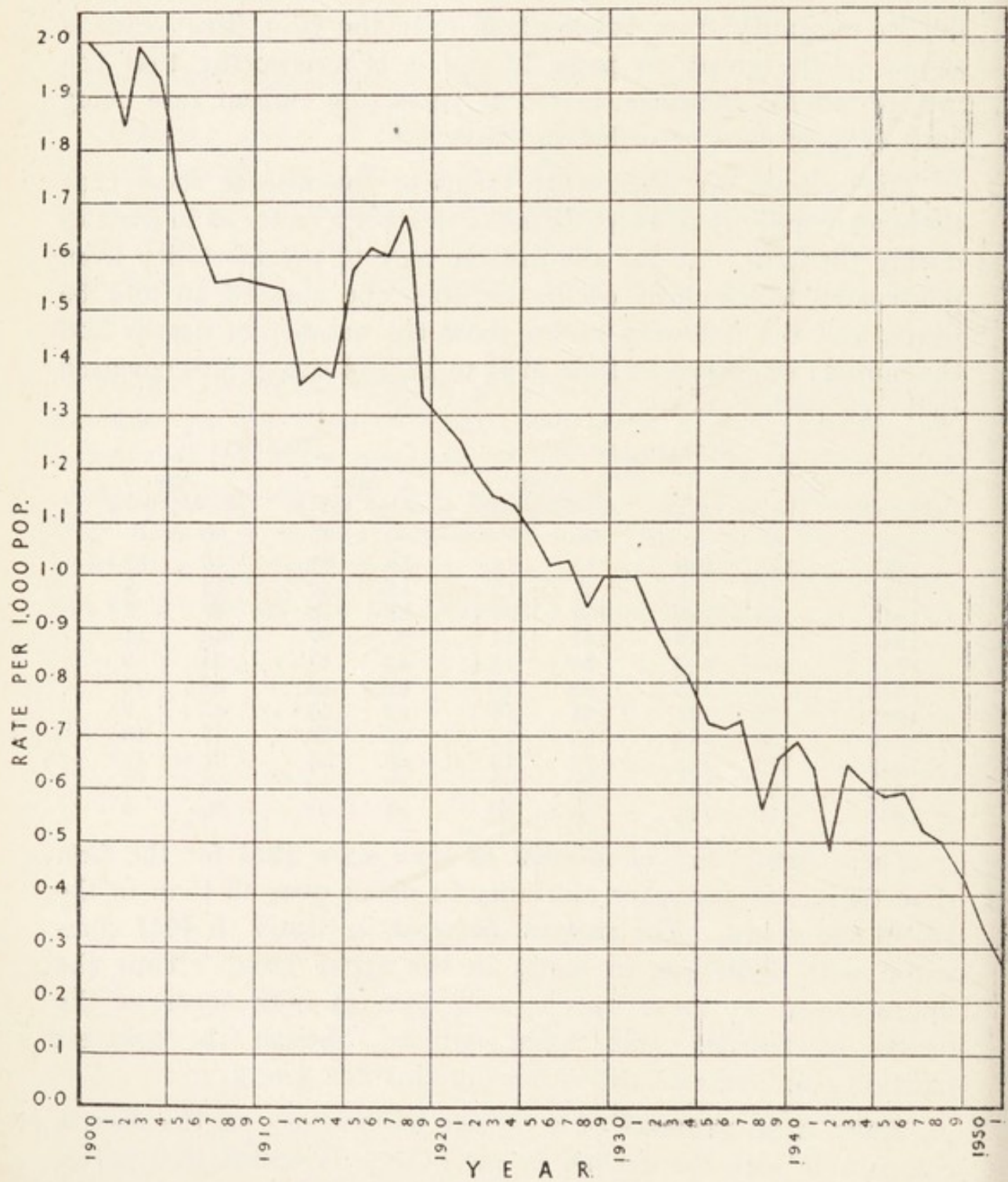
These figures are of interest as they show that for the first time there was a greater mortality in males over 45 than in the 15-45 age group. The greatest decrease in deaths in 1951 compared with 1950 was in males in the latter group. Thus the improvement at these ages is now seen in both sexes as the deaths in females were again reduced, though the greatest mortality for females still occurs in this age group.

There is no evidence of a decline in incidence of the disease comparable with the decline in mortality. It seems that better ascertainment is resulting in earlier treatment, and that the remarkable advances with antibiotic and chemo-therapeutic agents have greatly accelerated the fall in the death rate.



## TUBERCULOSIS—ALL FORMS

TREND OF DEATH RATE—YEARS 1900 TO 1951.



It seems clear that we face a new position in the tuberculosis field, where many patients who formerly would have died will now survive, and will swell the number of potentially infectious cases in the community. While the number of tubercle bacilli in the sputum of patients treated with streptomycin and various chemo-therapeutic substances can be very substantially reduced, it is difficult completely to eliminate the possibility of infectivity. The problem of the employment of infective persons may well be intensified by the survival of many who may be substantially handicapped.

The treatment of known cases of tuberculosis is not in itself sufficient to reduce the incidence of this condition which exacts its greatest toll of morbidity and mortality in the best years of adult life. The education of patients, the abatement of overcrowding, the examination of contacts, and now the protection of susceptible contacts by B.C.G. vaccination are all of the greatest importance in the scheme for the prevention of tuberculosis.

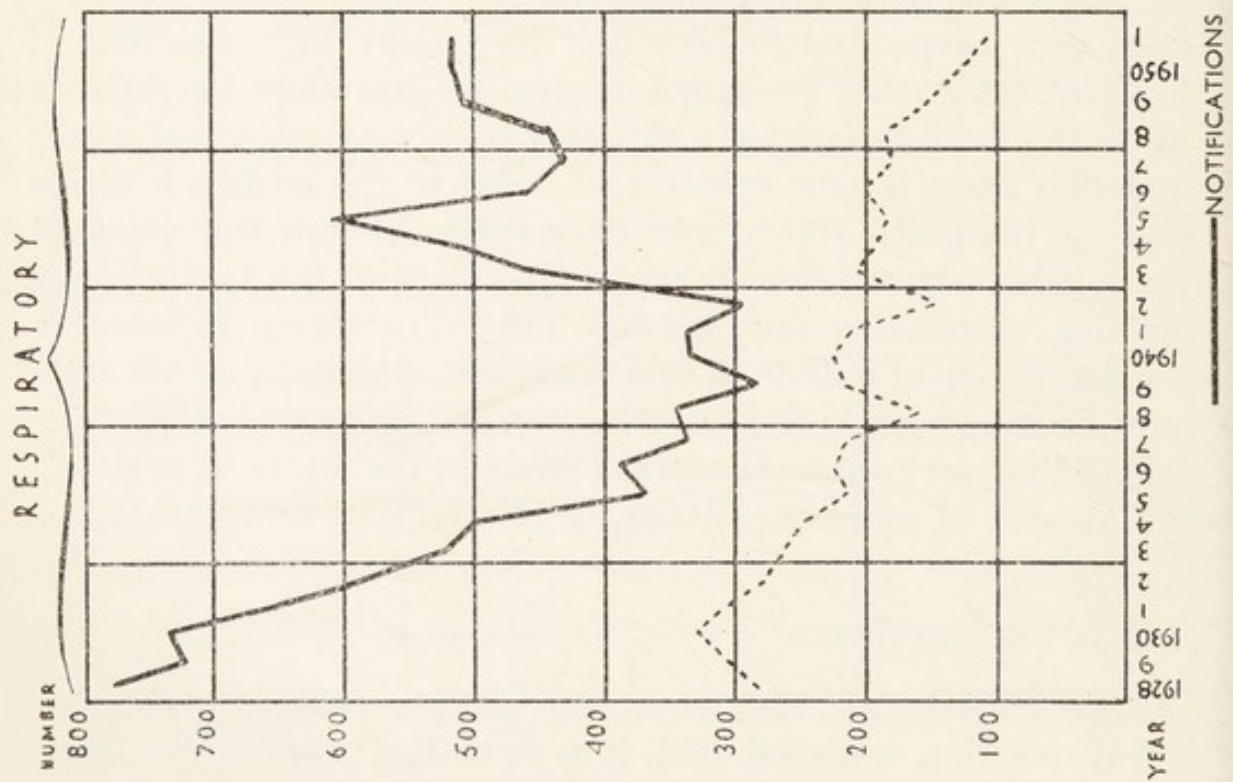
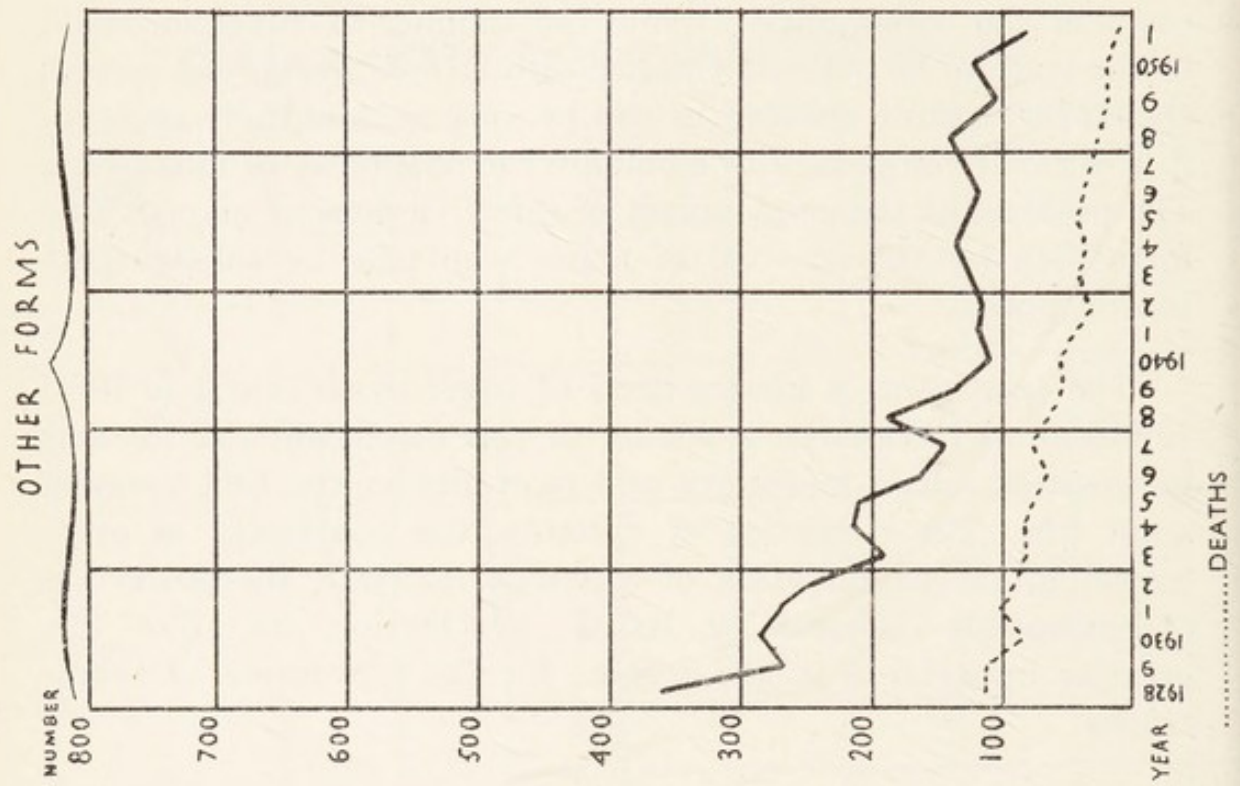
Non-pulmonary tuberculosis claimed fewer victims in 1951 than ever before and for the first time there were less than a hundred new cases. The graph on page 24 shows how the number of deaths has fallen steadily for the past twenty years and more, and that there is now evidence of a fall in the incidence which had not decreased appreciably since 1940. A large proportion of these infections are due to the bovine form of the bacillus and are due to drinking raw infected milk. The steady increase in the production of milk from tuberculin tested herds in the County, and the expansion in the facilities for the heat-treatment of milk should have an even more marked effect in the future in reducing the number of patients affected by this form of tuberculosis.

#### B.C.G. VACCINATION.

The schemes for the protection of susceptible contacts by B.C.G. vaccine were brought into operation during the year, or in some cases at the end of 1950. The Ministry of Health approved a number of chest physicians to carry out this work



## TUBERCULOSIS.



on behalf of the Council, and the following table shows the numbers vaccinated up to the end of 1951 :—

*Number of County persons vaccinated through the County's approved arrangements between 1st October, 1949, and 31st December, 1951.*

Dr. C. G. R. Goodwin	...	...	6
Dr. J. R. Beal	...	...	60
Dr. J. M. Gilmore	...	...	70
Dr. F. L. Wollaston	...	...	79
Dr. C. Verity	...	...	4
			<hr/> 219 <hr/>

### Chest Clinic Service.

I am indebted to Dr. J. R. Beal, Dr. J. M. Gilmore, and Dr. F. L. Wollaston, the chest physicians, for the following information about new cases attending the Chest Clinics :—

#### WALLSEND CHEST CLINIC.

The number of new cases attending the clinic decreased to 836, compared with 965 in 1950 and 1,220 in 1949. Of these, 91 patients were found to be suffering from tuberculosis, 76 being pulmonary and 15 non-pulmonary cases. This was seven fewer infected patients than in 1950.

A total of 370 cases remained on the register at 31st December, 1951. Of these cases, 315 were classified as pulmonary cases, and of these, 147 were in the group TB+. However, it is most pleasing to note that only 31 of this group were known to have a positive sputum within the preceding six months, or approximately 9% of all pulmonary cases could be regarded as open infectious cases, a high conversion rate.

During the year, 99 cases were removed from the register as recovered, and 20 deaths from all causes were recorded. Of the pulmonary deaths, 44% occurred within two years of notification.

A total of 513 contacts was examined during the year with a yield of six definite cases.

The number of contacts tuberculin tested was 331, of these 205 were tuberculin positive and 126 tuberculin negative. Sixty contacts were vaccinated with B.C.G.



#### NORTH NORTHUMBERLAND CHEST CLINICS.

These were held at Alnwick, Ashington, Berwick and Blyth.

The number of new cases attending these clinics increased to 1,778 compared with 1,542 in 1950. Of these, 218 patients were found to be suffering from tuberculosis, 204 pulmonary and 14 non-pulmonary cases. There were 30 fewer infected patients than in 1950.

There were 1,355 cases on the register at the end of the year, 1,108 pulmonary cases and 451 in the group TB+.

A total of 571 contacts was examined during the year resulting in the finding of 16 definite cases of tuberculosis.

The number of contacts tuberculin tested was 348 and, of these, 214 were tuberculin negative and 68 contacts were successfully vaccinated with B.C.G.

#### HEXHAM CHEST CLINIC.

The number of new cases attending the clinic was 208 compared with 275 in 1950 and 181 in 1949. Of these, only 23 were found to be suffering from tuberculosis, 22 pulmonary and one non-pulmonary case.

Of 239 cases on the register at the end of the year, 27 were classified as TB+ cases.

Seven new cases of tuberculosis were found by the routine check up on contacts of other cases. This number was found from 159 contact examinations.

Dr. Wollaston reported that there were only 8 known infectious cases living at home in the 50,000 population of the clinic area, and these had all been satisfactorily housed with adequate facilities for segregation and the children protected by B.C.G. except in one case in which protection had been refused. A total of 73 contacts was vaccinated with B.C.G. during the year.

#### Mass Miniature Radiography.

The following details have been extracted from the full report by Dr. J. R. Beal on the work of the Northumberland Unit No. 2 during the year.

1951 was a period of continued progress in the work carried out by the unit. The total number of County population dealt with was 20,466, an increase of 6,000 over the previous year. The total number of active cases of tuberculosis newly discovered amounted to 101, these being divided between males 64 and females 37, equivalent to a percentage of 0.53 and 0.43 for all areas of the County surveyed.

As a result of the experience gained in 1950, it was felt that the attention paid during that year to the rural areas could better be spent in the more heavily populated areas nearer the Tyne.

#### I. WEST NORTHUMBERLAND.

Visits were paid to Hexham (2), Prudhoe and the I.C.I., Prudhoe, and in a period of three weeks 966 miniature films were taken, a weekly average of 322. No active case of tuberculosis was discovered.

#### II. NORTH NORTHUMBERLAND.

One visit was paid in this area to Alnwick Training College, resulting in the discovery of two active cases of tuberculosis, a percentage of 1.74.

#### III. SOUTH EAST NORTHUMBERLAND.

Twenty-five weeks were spent in this area, and a total of 15,596 miniature films was taken, a weekly average of 624. The number of active cases of tuberculosis discovered was male 44 and female 23, equivalent to a percentage of 0.47 and 0.36. In addition, 79 cases of dust disease of the lung were discovered, and 14 suspect malignant lung (13 males and 1 female).

#### IV. INSTITUTIONS.

In the County the following were among the institutions visited: Netherton Training School, Prudhoe and Monkton Hospital, Northgate Hospital, St. Mary's Hospital, and St. George's Hospital, and the number of active cases of tuberculosis discovered was males 20 and females 12, equivalent to a percentage of 0.98 and 0.5.

Details of the x-ray films taken in each area and the number of cases of tuberculosis and other chest diseases diagnosed will be found in Table 11.



### After-Care.

#### TUBERCULOSIS.

The twelve sub-committees of the Central Tuberculosis After Care Committee continued to meet regularly and maintain voluntary funds which were of special benefit to the patients in cases where it was not possible to assist from County funds. Enthusiasm was again shown for the sale of Christmas Seals and local funds benefited accordingly.

Two Almoners continued to attend at Chest Clinics and Hospitals throughout the County, while, in Newcastle, County patients were advised by the Almoner attached to the City Clinic.

Nursing equipment was loaned to patients as recommended by the Chest Physicians and stocks of beds, mattresses and bed linen were increased as the service became more widely known.

The Council's policy of allowing suitable patients to go to Papworth and Preston Hall Rehabilitation Settlements was continued. Chest Physicians recommended many cases for convalescence and a high standard of care and comfort was given to the patients by the Matron of the private Rest Home in Doxford Hall, near Chathill.

Satisfactory resettlement into suitable employment continued to be one of the biggest problems in the area of heavy industry. In October, to cover the mid-Northumberland area, a special Resettlement Clinic was established at the Blyth Chest Clinic making for the fullest co-operation with officers of the Ministry of Labour and, so far, the results have been encouraging. The year also saw an increase in the number of patients admitted to the Ministry of Labour Medical Rehabilitation Unit at Felling, but, as this is non-residential, travelling difficulties limited the selection.

#### OCCUPATIONAL THERAPY.

The domiciliary occupational therapy service continued to expand during the year and a total of 573 visits were made to patients at home and in hospitals. It was found to be beneficial to pay a visit to sanatoria before the patient was discharged

home to rest so that immediate arrangements could be made to start therapy at home. The service continued to be very popular and 130 patients were given instruction in one or another art or craft. The most popular crafts were lampshade making, embroidery and rug making.

Exhibitions of work done by the patients were given in connection with civic exhibitions in Wallsend during the year.

#### GENERAL ILLNESS.

Section 28 of the National Health Service Act, 1946, allows the County Council to make arrangements for the after-care of persons who have suffered from illness, and the administration of the County Council's scheme was delegated to the Area Health Sub-Committees.

The County is divided into a large number of districts, the majority of which have voluntary care committees which have worked in close conjunction with the general practitioners, the district nurses and the Area Health Sub-Committees. The health visitors or almoners have visited the homes of the sick and, when necessary, have arranged for nursing needs to be met from the stock of equipment held in store at the nurses' home. They also have ensured that domestic help was obtained where necessary and generally looked after the social welfare of the household. Much more could be achieved in this field of preventive medicine, especially when the sick person is living alone, if the hospital offices would tell the department of all discharged persons who would be likely to need help of any sort.

The provision of a holiday after hospital treatment is a form of convalescence which has been expanded and the table on page 90 shows details of the Convalescent Homes to which patients have been sent. A charge was made in all cases where the assessment of the household income exceeded the scale approved by the County Council.



## HEALTH EDUCATION.

The various methods used to educate the public in health matters as described in the last report were continued to an increasing extent.

The most profitable source for education was undoubtedly the infant welfare centre and further attempts were made there by the health visitors to stress important points in the fight against disease.

Pamphlets, posters and stands emphasising particular problems were shown at all large centres of population and the literature supplied by the Central Council for Health Education was widely used.

A certain number of public lectures and film shows were given in rural centres and an innovation was the introduction into the home helps' refresher course of talks on matters affecting the prevention of disease.

The Area Executive Medical Officer in Wallsend organised two exhibitions during the year, one in connection with a special civic week in the Borough and the second in the Health Centre, where he also had regular talks illustrated with a film strip projector to the mothers who attended ante- and post-natal clinics.

### ROAD SAFETY.

The Chief Constable of the County has supplied the following figures for accidents on all roads in Northumberland :—

#### ROAD ACCIDENTS INVOLVING PERSONAL INJURY.

Fatal.	Serious Injury.	Slight Injury.	Total.
42	374	1,148	1,564

#### CHILDREN UNDER AGE OF 5 YEARS (included in above figures).

Fatal.	Serious Injury.	Slight Injury.	Total.
3	20	97	120

The figures show a continued increase in the number of injured persons as a result of road accidents. The total number of accidents was 1,564 compared with 1,426 last year, almost a 10% increase. The number of persons killed on the roads, 42, was five fewer than last year and there was a corresponding decrease in the number of children killed, from seven to three. This was most pleasing, but on the debit side was the large increase in children injured, namely from 91 to 117.

This wholly preventable cause of absence from work or school is an increasing problem which requires further thought and if necessary more education of road mindedness during school hours.



## MATERNITY AND CHILD WELFARE.

The routine work of the Maternity and Child Welfare Section has been maintained at a satisfactory level and despite the high incidence of sickness among the health visiting staff good progress was made with some new activities connected with the care of mothers and young children. Central administration has continued, except for the maintenance of child welfare centres which was undertaken by the Area Health Sub-Committees.

### NOTIFICATION OF BIRTHS.

The number of notified births was 7,266, of which 2,818 took place at home and 4,448 in hospital or nursing home. Of this total, 150 babies were still-born — 37 at home and 113 in institutions. Registered births numbered 7,378, including 176 still-births. The fact that out of a total of 112 un-notified births 26 were still-births makes it seem that some doctors and midwives may think it not necessary to notify still-births.

### STILL-BIRTHS.

The still-birth rate showed a slight increase from the record low rate of 23·09 per 1,000 total births in 1950 to 23·85 in 1951. The still-birth rate should be considered in conjunction with the neo-natal mortality rate and in 1951, as in previous years, the slight rise in the still-birth rate was accompanied by a fall in the neo-natal mortality rate. A comparison of the two rates over the last three years illustrates this tendency :—

Year.	Still-birth Rate. (per 1,000 total births).	Neo-Natal Mortality Rate. (per 1,000 live births).
1949	24·58	18·6
1950	23·09	21·2
1951	23·85	18·2

### PREMATURE BIRTHS.

Of 4,448, births in hospital, 240 were premature, and of 2,818, births at home, 106 were premature. The incidence of prematurity was, therefore, slightly higher in hospital than in domiciliary births—5·3% in the former compared with 3·7% in

the latter—but in the aggregate, approximately 83% of the premature babies survived the first month of life. The incidence of prematurity in the total of notified hospital and domiciliary births was 4.7%.

In 1950 the incidence was 5.1% and of the total of premature births notified 81% survived at the end of one month.

#### ILLEGITIMATE BIRTHS.

Of the 7,378 registered births 231 were illegitimate and, of these, 225 babies were born alive and 6 were still-born. The illegitimate births represented 3.1% of the total births, a decrease on the previous two years. The infant mortality and neo-natal rates in illegitimate babies were 31.1 and 26.6 per 1,000 live births and the still-birth rate was 25.9 per 1,000 total births. Although the statistics for illegitimate births were not so satisfactory as they were in 1950, they demonstrate a marked improvement over the course of the last few years and there is no doubt that the lowering of the infant mortality rate in illegitimate children has contributed to a considerable degree in the lowering of this rate in all infants, as the following figures demonstrate :—

##### *Infant Mortality Rate.*

			1949.	1950.	1951.
Legitimate Births	...	...	35.3	36.7	32.5
Illegitimate Births	...	...	66.7	35.7	31.1

It would appear that the provision made for the care of the unmarried mother and her child, the principal aim of which is to encourage the mother to be responsible for the welfare and maintenance of her baby, has met with some measure of success.

#### INFANTILE MORTALITY.

The deaths of infants under the age of one year, out of a total of 7,202 live births, numbered 234, and the infant mortality rate was 32.49 per 1,000 live births. This represented a decrease of 4.11 per 1,000 on the previous year, when the rate was 36.60, but is still above that for England and Wales, which declined from 30 to 29.6 per 1,000.



The causes of death, according to the Registrar-General's classification, were as follows :—

	Boroughs and Urban Districts.			Rural Districts.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Tuberculosis (Other forms) ...	—	1	1	—	—	—	—	1	1
Whooping Cough ...	1	3	4	—	1	1	1	4	5
Meningococcal Infections ...	—	1	1	—	—	—	—	1	1
Measles ...	1	1	2	—	—	—	1	1	2
Other infective and parasitic diseases ...	1	—	1	—	—	—	1	—	1
Vascular lesions of Nervous System ...	1	—	1	—	—	—	1	—	1
Influenza ...	—	1	1	—	—	—	—	1	1
Pneumonia ...	29	13	42	8	2	10	37	15	52
Bronchitis... ..	7	—	7	1	1	2	8	1	9
Other diseases of respiratory system ...	—	—	—	—	1	1	—	1	1
Gastritis, Enteritis, and Diarrhoea ...	5	—	5	—	—	—	5	—	5
Congenital malformations ...	13	14	27	4	3	7	17	17	34
Other defined and ill-defined diseases ...	59	35	94	11	9	20	70	44	114
All other accidents ...	4	2	6	—	1	1	4	3	7
TOTALS ...	121	71	192	24	18	42	145	89	234

It will be noticed that respiratory infections again formed one of the largest single causes of infant death, being the primary cause in 62 cases or 26% of the total—an increase of 5% on that of the previous year. Overcrowded living conditions form one of the most important causes of respiratory infections in infants. The deaths due to gastritis, enteritis and diarrhoea again showed a decline, probably due to improved knowledge of methods of infant feeding. Congenital malformations again formed an important cause and one to which preventive measures cannot be applied as there is still no certain knowledge of the cause of such conditions.

Whilst the fall in the infant mortality rate may be regarded with some satisfaction, it is hoped that at some time in the future it will be consistently below the national rate.



## NEO-NATAL MORTALITY.

Deaths of infants during the first four weeks of life numbered 131, and the neo-natal mortality rate was 18·2 per 1,000 live births. The rate in 1950 was 21·2, but during that year there was a record low still-birth rate. Neo-natal deaths accounted for 56% of all infant deaths. The most important single factor was prematurity, which was the primary cause of 42 neo-natal deaths and a contributory cause in an additional 16 cases—in all, 44% of the total of neo-natal deaths and approximately 25% of all infant deaths. Reference has been made in previous years to the wastage of foetal and infant life revealed by the still-birth and neo-natal mortality rates. The infant mortality rate has declined in a fairly satisfactory fashion during the last ten years, but the combined neo-natal mortality and still-birth rates have not shown such a steady decrease, largely owing to the continued high incidence of prematurity. The efforts made to improve the domiciliary care of premature infants, on which comment has been made in previous reports, have been successful in that 83% of premature infants nursed both at home and in hospital have survived the first month of life. Effort is now being directed towards discovering some of the underlying causes of prematurity, and, with this end in view, investigation is being made into all still-births and neo-natal deaths occurring in babies normally resident in the County.

The causes of all neo-natal deaths were as follows :—

Prematurity	...	...	...	...	...	...	42
Atelectasis	...	...	...	...	...	...	15
Respiratory Disease	...	...	...	...	...	...	13
Cerebral Haemorrhage	...	...	...	...	...	...	10
Other Haemorrhage	...	...	...	...	...	...	7
Congenital Deformity	...	...	...	...	...	...	7
Haemorrhagic Disease	...	...	...	...	...	...	7
Haemolytic Disease	...	...	...	...	...	...	3
Congenital Heart Disease	...	...	...	...	...	...	4
Heart Failure	...	...	...	...	...	...	5
Birth Injuries	...	...	...	...	...	...	4
Asphyxia	...	...	...	...	...	...	3
Neo-natal Anoxia	...	...	...	...	...	...	2
Congenital Debility	...	...	...	...	...	...	2
Uraemia	...	...	...	...	...	...	2
Acute Septicaemia	...	...	...	...	...	...	1
Gastro Enteritis	...	...	...	...	...	...	1
Misadventure	...	...	...	...	...	...	1
Asthenia	...	...	...	...	...	...	1
Meningomyelocele	...	...	...	...	...	...	1



## MATERNAL MORTALITY.

Six mothers resident in the County, out of a total of 7,378 deliveries during the year, died as a result of childbirth. The maternal mortality rate was, therefore, 0·81 per 1,000 total births, compared with a rate of 0·79 for England and Wales. The rate has been below one per 1,000 on only two previous occasions—in 1949 when it was 0·38 per 1,000 and in 1947 when it was 0·90 per 1,000.

Of these six deaths, two took place at home (one after discharge from hospital) and four in hospital. None of the deaths was due to sepsis, the causes being as follows :—

### *At home.*

- (1) Sudden death on the fifteenth day after confinement and after discharge from hospital—Pulmonary Embolism.
- (2) Obstetric shock following post-partum haemorrhage.

### *In hospital.*

- (1) Placenta praevia,  
Ante-partum and post-partum haemorrhage.
- (2) Obstetric Shock,  
Retained placenta,  
Valvular disease of heart.
- (3) Spontaneous rupture of uterus,  
Toxaemia of pregnancy,  
Laparotomy.
- (4) Eclampsia.

## **Bowmer Bank Ante-Natal and Post-Natal Hostel.**

This hostel, which was established at Morpeth in 1948, again showed very satisfactory results. Reference has been made in the section dealing with illegitimate births to the improvement in the still-birth and infantile mortality statistics in the case of unmarried mothers and it is probable that this improvement could be attributed to the care devoted to those mothers and their babies by the hostel staff. Although the numbers admitted appear to be small in proportion to the total number of illegitimate births, they were the cases in which the care of the mother and baby would otherwise have been inadequate and in which the loss of foetal and infant life would, therefore, have been heavy.



The number of admissions during the year was 44 and 3 left before confinement. The records relating to the babies were as follows :—

Taken home by mothers on discharge...	...	...	22
Taken by mothers to places of employment ...	...	...	2
Adopted ... ..	...	...	11
Placed in Foundling Homes			
(Mother still has access to child) ...	...	...	2
In hostel at end of year :			
For adoption ... ..	...	...	2
To be taken home by mothers ...	...	...	3

The death took place towards the end of the year of Miss Grace Myers, the first matron of the hostel. Her passing was greatly regretted, not only by her colleagues but also by the mothers who had come under her care. Much of the success of the work undertaken at the hostel was due to her capable and sympathetic administration.

### Ante-Natal Clinics.

The number of expectant mothers who attended at the ante-natal clinics during the year was 5,583 compared with 5,800 in 1950, the decrease in numbers attending being roughly proportionate to the fall in the number of births. A new clinic was opened at Acklington and there were 34 in operation in the County at the end of the year. It is extremely satisfactory that the numbers in attendance at these clinics were so well maintained and there is no doubt that this was due to the liaison which has been maintained in the majority of the County areas between the Council's staff of health visitors and midwives, the general practitioners and the maternity hospitals. Routine ante-natal care was carried out at the clinics for patients who are resident in the County and had arranged to be confined at the Princess Mary Maternity Hospital or Preston Hospital. They attend at the hospital for booking and again at the 36th week and are referred to their local clinic for routine care during the intervening period. Reports on the progress of the patients are sent to the hospitals as required and they are referred back there in the event of any emergency arising.

When patients from the County have applied for admission to maternity hospital on the grounds that their homes were not suitable for a confinement, the conditions have been investigated



by the health visitor and a report on the circumstances, together with a recommendation, have been returned to the hospital.

These opportunities for collaboration with the maternity hospitals were greatly appreciated by the medical and nursing staff at the clinics, mainly because they established a contact between the expectant mother and the doctors (who are, at the majority of the clinics, the medical practitioners practising in the area), the midwives and the health visitors working in the area. These officers would otherwise have no knowledge of the mother during the ante-natal period and would, therefore, not be so fully prepared to deal with any emergency which might arise on her return from hospital. The fact that approximately two-thirds of the confinements of mothers resident in the County took place in hospital made it even more desirable for the liaison between the various branches of the maternity services to be maintained.

During the year a class for instruction to mothers in ante-natal exercises and relaxation was commenced at Gosforth. The class was conducted by a physiotherapist who has had considerable experience in this type of work. It was begun mainly as an experiment but has been well attended and the service will probably be extended to other ante-natal clinics in the County.

### **Post-Natal Clinics.**

During the year a post-natal clinic was opened at Blyth and has proved extremely successful. At Hexham, Seaton Delaval and Seghill it was found that post-natal examinations could conveniently be carried out at the ante-natal clinic and the separate session was discontinued. A total of 1,294 mothers received post-natal care during the year, either at special clinics or at the ante-natal clinics—an increase of 70 on the previous year. This number does not represent all the mothers who received post-natal care, as a large number attended hospital or their private doctor for post-natal examination. Progress in this branch of the service, although slow, was maintained, and the educational work which is constantly being done by the medical and nursing staffs at the clinics is beginning to bear fruit.



Mothers who wished to be given advice on methods of contraception were referred to the clinics arranged by the Family Planning Association at Ashington, Berwick, Blyth and Newcastle upon Tyne. At Blyth and Ashington the Association was allowed the use of the child welfare centre for the operation of its clinics and an annual grant was paid to cover the cost of patients referred from the ante-natal clinics.

### **Child Welfare Centres.**

At the end of 1951 there were 89 child welfare centres operating in the County—6 more than at the end of the previous year, and 15 more than at the end of 1948. New centres were opened in the following areas: Acklington, Coupland, Felton, Morpeth Common, Scremerston and Wallsend (North). The centre at Acklington is operated in premises at the aerodrome and serves the families of Royal Air Force personnel stationed there. At Morpeth Common and Coupland, huts were adapted as centres to serve the families now living in the converted buildings of former service camps. The centres at Scremerston, Felton and Wallsend (North) were opened as part of the development scheme—two in Church Halls and one in a Miners' Welfare Hall.

No progress was made with the building programme during the year, although the Ministry of Health agreed in principle that new centres should be erected at Morpeth and Whitley Bay.

Endeavours were made to provide centres wherever there was a demand and it seemed probable that there would be a sufficient attendance to justify the expenditure and, what is equally important, the time devoted to them by the staff. In view of the increasing number of duties devolving on health visitors and the difficulty of maintaining their establishment, it is imperative that their working time should be planned on the most economical basis. The care of mothers and young children still forms the major portion of their duties. Although visiting in the homes remains one of the most effective means of carrying out these duties, it should be remembered that in the time occupied by a child welfare session many more mothers can be helped and advised at the centre than could be dealt with if the same service were performed in their own homes. It is, therefore, reasonable to consider that routine visiting may be greatly reduced in the case



of mothers and babies who are in regular attendance at the child welfare centre, especially in cases where the home circumstances are satisfactory and the baby is making normal progress. Visiting time can then be concentrated on those cases where there are special problems or the maternal care is not satisfactory.

The advantages conferred on mothers and babies by attending at the centres are unquestioned. One of the most beneficial is the opportunity afforded for regular medical inspection. This is especially valuable in the case of mothers who are anxious to discuss some aspect of the care of their babies which does not appear to be of sufficient gravity to justify a visit to their own doctor but which, nevertheless, is a source of anxiety to them. The centre also provides an excellent opportunity for mothers to participate in health education, and group teaching by the health visitor is one of the most economical and effective ways in which she can carry out her duties in this sphere.

The distribution of infant foods and vitamin supplements at the centres is a great convenience and even the social aspect of attendance at them is appreciated, especially by young mothers.

It is sometimes said that the babies' risk of exposure to infection is increased if they are brought to busy centres. In 1948, 18,054 children attended at centres in Northumberland. The number has increased each year since then and, in 1951, 21,558 children made 120,345 attendances. A fair proportion of these children were babies under the age of one year, an age group more susceptible to infection than any other class of the community. Yet during the period 1948-1951 the infant mortality rate fell from 40 to 32·49 per 1,000 live births—a fact which does not seem to suggest that any increased risk to babies has arisen as a result of their attendance at the child welfare centres.

### **Special Investigations.**

One interesting aspect of the work of the Maternity and Child Welfare Section that has been briefly referred to in previous reports consists of participation in surveys and special investi-



gations. The section was, during or before 1951, taking part in the following :—

- (1) An inquiry into the health and development of children.

The children concerned in this inquiry are now of school age and any further investigations will be carried out by the School Health Service Section.

- (2) Survey of the growth of babies.

- (3) Inquiry into virus infections occurring during pregnancy.

- (4) Newborn infant survey.

Of these, (2) and (3) have been instituted by the Ministry of Health and the fourth by the Nuffield Institute of Social Medicine. The investigations are carried out at the child welfare centres and ante-natal clinics and by means of visits to parents, doctors and hospitals by the health visiting and medical staffs. They require a considerable amount of organisation by the staff and a careful preliminary inquiry and follow-up and the keeping of accurate records by the clinic staff. The effort involved must be sustained over a prolonged period before any results are obtained and because of this the work often appears to be without much reward. However, no progress in social medicine is possible without much research and the information collected may help towards a solution of the problem of causation of certain conditions, the aetiology of which is at present obscure.

### Ultra Violet Light Clinics.

No new clinics were opened during the year and there was a slight fall in the numbers treated.

	1950.	1951.
Total attendances ... ..	12,526	11,373
New cases ... ..	903	739
New cases under 5 years ... ..	574	555

The clinics were closed during the summer months, largely because of the difficulty of maintaining all the services during the holiday period, but this temporary withdrawal did not appear to have had any detrimental effect on the health of the children.



### Day Nurseries.

The day nurseries at Alnwick, Prudhoe, Wallsend and Willington Quay continued to function successfully during the year, all places being filled and a waiting list maintained. There were no major epidemics amongst the children. There is no doubt that children from poor and overcrowded homes derive great benefit from admission to the nurseries and their medical records do not lend any support to the allegation that they are exposed to increased risk of infection. Nevertheless, it cannot be denied that the care of pre-school children, especially those under the age of 2 years, should be the responsibility of their mothers and the nurseries have only been maintained for those cases in which the mother was required to do outside work or there were other domestic difficulties.

### Immunisation of Pre-School Children.

The immunisation of pre-school children continued to be the responsibility of the Maternity and Child Welfare Section during the year. The majority of these immunisations were carried out at the child welfare centres. Mothers were informed that the injections could be given by their own doctors, payment being made by the County Council, but a large number continued to refer their patients to the special clinics.

The numbers immunised at the centres, compared with the two previous years were as follows :—

		1949.	1950.	1951.
Immunisation against diphtheria only	...	5,079	4,686	5,139
Combined diphtheria and pertussis	...	1,377	1,206	1,501
Total	... ..	6,456	5,892	6,640
Pertussis only...	... ..	379	214	258

The increase in the numbers immunised is most satisfactory, especially in view of the fact that there had been received during the year a reminder from the Ministry of Health that continued efforts should be made to maintain the previous high level of protected children.



## HEALTH VISITING SERVICE.

During the year 1951 the benefit of the increase in the previous year's establishment of health visitors was partly off-set by an unusually high sickness rate, involving long-term absence of several members of the staff. Considering the national shortage of health visitors, however, the establishment was well maintained. The additions to the staff compensated for those members who terminated their appointments.

Staff at the end of the year comprised 1 Superintendent Health Visitor, 1 Deputy Superintendent Health Visitor, 80 Health Visitors, 1 Part-time Health Visitor, 2 School Nurses and 1 Full-time Clinic Assistant. Part-time clinic assistants were employed as in the previous year to relieve the health visitors of routine duties, and 8 newly qualified health visitors who trained under the Council's grant-aided scheme joined the service. Five health visitors resigned for domestic reasons and three retired. It is with regret that I report the death in March of Miss E. Fogo, health visitor in the Haltwhistle area.

More than the usual amount of relief work had to be undertaken but, in spite of this, there is cause for satisfaction when reviewing the work accomplished, which was in no small measure due to the enthusiasm and willing co-operation of the staff as a whole.

The scope of the health visitor's work was further extended in the field of the prevention of tuberculosis. The commencement of the scheme for B.C.G. vaccination entailed a large number of visits in connection with ascertaining, testing and follow-up of contacts as well as attendance at clinic sessions.

More follow-up visits to patients discharged from hospital were made and, in some areas, the number of visits to old people was increased.

During the year health visitors paid 7,456 first visits to infants, re-visits to children under 1 year numbered 33,912 and to children in the 1-5 years group 82,538.

The health visitor's intimate knowledge of social conditions and family problems gained through the experience of years of home visiting, in which a unique relationship with the people



has been built up, was more and more recognised and made use of by other social bodies. In this connection, she was asked to submit a greatly increased number of detailed reports which obviously made great demands on her time and necessitated the constant re-orientation of her work as a whole.

Perhaps the greatest expansion was shown in the field of health education in centres, schools and in connection with other organisations. Demonstrations on a wide variety of subjects were arranged and a considerable amount of the health visitors' free time was devoted to the preparation of teaching material. The increased number of talks given in the schools is noted with satisfaction and the opportunity afforded to the health visiting staff by the head teachers was very much appreciated. A mother's club was commenced during the year in the maternity and child welfare centre, Netherton Moor. This has proved to be a great social and educational success, whilst at Blyth a series of evening talks to mothers and fathers on "Preparation for parenthood" stimulated much discussion.

A toddlers' class, in charge of a voluntary trained teacher, was commenced during the child welfare session at Shiremoor. This is an experiment which we would like to see adopted in other centres, should teachers be available and willing to give their services.

The health exhibition, staffed by health visitors, was on display at Whitley Bay and Wallsend and, on both occasions, attracted a large number of visitors.

In accordance with the usual procedure, several health visitors gave instruction in County work to 15 students from the Newcastle upon Tyne training school. Lectures on County administration were also given by the staff of the Department.

Two administrative students from the Royal College of Nursing, London, each spent two weeks in the Health Department to study methods of administration.

Post-certificate study was afforded to 10 health visitors who attended courses arranged by the Royal College of Nursing and the Women Public Health Officers' Association, and 46 health

visitors attended a course of evening lectures on child psychology at King's College.

A visit to Wooley Sanatorium was arranged for 26 new members of the staff. This observation visit was combined with a most helpful talk on B.C.G. vaccination by Dr. F. L. Wollaston, Medical Superintendent.

Three staff conferences were held during the year in County Hall, at one of which members were addressed by Dr. J. R. Murray, Medical Superintendent, St. George's Hospital, Morpeth, his subject being "The early recognition of mental illness." This was of great value and much appreciated.

We were proud to afford facilities for the observation of the health visiting services to the assistant editor of *The Nursing Times*. A lengthy and illustrated account was subsequently published in that journal.



## MIDWIFERY AND HOME NURSING SERVICE.

Domiciliary midwifery and maternity cases again showed a decrease. There were 29 midwifery and 158 maternity cases fewer than in 1950. 389 maternity cases were discharged home from maternity hospitals on the tenth day of puerperium. 1,139 midwifery and maternity patients received gas and air analgesia as compared with 1,060 last year.

There were 17 puerperal pyrexia cases notified during the year as against 22 last year. With the advent of the "Puerperal Pyrexia Regulations, 1951," it was thought the number would have been greater.

The home nursing cases attended have again increased as is shown in the table on page 93. It is gratifying to know that this service continued to be appreciated by the medical practitioners, hospitals and the general public.

The voluntary care committees continued the good work of their organisations for the benefit of the chronic sick and aged infirm, and sufficient supplies of nursing equipment were available.

New district nurse's homes were secured at Embleton, Seahouses, Stamfordham and Holy Island. The County Council built a bungalow and garage at Harbottle for the district nurse. Approval was granted by the Ministry of Health to build nurse's homes in Glanton, Bellingham, Falstone, Willington Quay and Broomhill, but it was not possible to start any house during the year.

Structural improvements were carried out in three nurse's homes, and much attention was given to new furniture and soft furnishings for the homes.

The amalgamation of districts took place at Newbrough, Bamburgh and Alnmouth and these are working satisfactorily.

Professor Sir James Spence again kindly arranged a series of post-graduate lectures for the midwives at the Royal Victoria Infirmary, and during the year a number of midwives attended resident post-graduate courses at Dilston Hall Maternity Hospital and Preston Hospital.

Two interesting and constructive staff conferences were held at County Hall, and helpful discussions took place.

The Council's thanks are due to the County Surveyor who kindly made facilities available for car driving instruction to be given to midwives and district nurses, and to date 100 per cent. successes have been recorded in driving tests.

The devotion to duty of the full-time nursing staff has been most praiseworthy, while the work of the emergency relief staff has again been of very great help to the service during the year.

### **REGISTRATION OF NURSING HOMES.**

There was no change in the number of maternity and nursing homes in the County.

The maternity homes in Gosforth and Warkworth providing 26 beds were regularly inspected by medical and nursing members of the staff and were found to be quite satisfactory.

The nursing home in Gosforth was enlarged and accommodation increased to 19 beds at the beginning of the year, while in October the registration of the home in Hexham was cancelled since the Regional Hospital Board had made contractual arrangements for the maintenance of all beds in the home.



## DENTAL SERVICE.

### GENERAL OBSERVATIONS.

The overall picture shows a fall in the amount of dental treatment carried out for mothers and young children during the year under review, due mainly to the fact that by midsummer the dental staff had fallen to its lowest level since pre-war years. Happily by the end of the year it was possible to make a number of new appointments and the outlook for the future became very much brighter.

Since the National Health Service Act came into being the main effect upon the dental service provided by the Council seems to have been a swing over of the type of patient presenting for treatment, viz. :—a decrease in the number of expectant and nursing mothers attending and a very marked increase in the number of pre-school children who are brought for treatment.

The following table illustrates this point :—

	1948.	1949.	1950.	1951.
Number of Expectant and Nursing Mothers who received dental treatment ... ..	1,280	1,362	1,089	813
Number of Pre-school Children who received dental treatment ... ..	723	1,362	1,536	1,813

With regard to the treatment of mothers, the amount of conservative treatment per patient remained the same as in 1950 and there was greater willingness for treatment than there was a few years ago. It was quite a common practice for a certain type of patient who apparently had no great interest in the care of her teeth to visit the clinic to have aching teeth removed and then fail to attend for the completion of treatment which included conservative work. Finally the patient would present herself again after six to nine months with toothache in one or more of the teeth which should have been filled, extraction then being the only form of treatment possible.

There was a further fall in the number of dentures provided during the year, 588 as compared with 688 in the previous year.

In the case of the treatment of children under 5 years of age, a general increase in all types of treatment carried out has been noted, most outstanding being that carried out under general







WITHOUT DENTURES



WITH DENTURES

anaesthesia. In 1950, 690 general anaesthetics were administered, whilst in 1951 this figure had increased to 1,309.

There were still a number of very young children being brought to the clinics with teeth so badly calcified that total extraction was the only form of treatment possible.

As an experiment, three children (average age 3 years) were provided with dentures. This has proved very successful for the following reasons:—

- (a) They were otherwise edentulous and would be unable to chew food properly until the eruption of their permanent teeth commenced at 6 years. This could have a serious effect upon the metabolism of a young growing child. They would have the benefit of these dentures for at least two years, a matter of considerable importance.
- (b) The fitting of dentures maintains a 'normal bite.' When the child attempts to chew without them, using only his gums for this action, the lower jaw closes too far, throwing abnormal strain upon the temporo-mandibular joint which might well sustain permanent damage.
- (c) The psychological effect: this appears to be most marked. Once the child gets accustomed to wearing dentures, it is difficult to persuade him to take them out.

In all cases the dentures were accepted and worn by the children without trouble, and they have had no ill effect upon the oral tissues. When the permanent teeth begin to erupt the denture will be cut away to allow the teeth to come into place and when the anterior teeth appear at about 7 years the dentures will be discarded. The photographs show one of the cases, a boy  $3\frac{1}{2}$  years old, with and without his dentures.



## CLINICS.

Dental treatment was again provided at the following centres :—

Alnwick.	Cramlington.	Prudhoe.
Amble.	Dudley.	Seaton Delaval.
Ashington.	Gosforth.	Shiremoor.
Berwick.	Guide Post.	Throckley.
Bellingham.	Haltwhistle.	Wallsend.
Blyth.		

The centre which was held in the Whitley North C.P. School, Whitley Bay, was discontinued and patients attended Shiremoor for treatment. This was not a very satisfactory arrangement, and the opening of a new clinic in Whitley Bay would be a great convenience to the local inhabitants. Similarly in Morpeth, since the closing of "The Willows," use has had to be made of the clinic situated on Morpeth Common, but, as this is so far out of the town, the attendance has been poor.

## IMMUNISATION AND VACCINATION.

The arrangements made under the National Health Service Act described in the last report continued as before.

Pre-school children are mentioned in the report of the maternity and child welfare section.

The year was noteworthy because there were only two cases of diphtheria, the lowest number ever recorded in the history of the County's Public Health Service, and there were no deaths.

### (a) DIPHTHERIA.

The Area Medical Officer receives record cards of all injections given and the following table gives a summary of the total injections during 1951 :—

Sub-Committee Area.	Number of children who com- pleted a full course of immun- isation (including temporary residents).			Total number of children who were given a secondary or re-inforcing in- jection ( <i>i.e.</i> sub- sequent to com- plete full course).
	Age at final injection.		TOTAL.	
	Under 5 years.	Years 5-14 (incl.)		
North No. 1 ...	352	8	360	129
North No. 2 ...	389	7	396	254
Central ...	949	363	1,312	1,963
East ...	497	198	695	1,450
South ...	1,063	53	1,116	1,274
South East ...	900	272	1,172	2,730
Wallsend ...	582	154	736	1,151
West ...	407	23	430	269
	5,139	1,078	6,217	9,220

Records now show that since 1937, when the County immunisation scheme first commenced, 76,768 children under the age of 15 years had completed a full course of immunisation against diphtheria. This equals 76% of the children in the County.



## (b) SMALLPOX.

There were no cases of the disease in the County during the year. The number of primary vaccinations was again higher than last year and was more than for the past twenty years.

Sub-Committee Area.	NUMBER VACCINATED.						NUMBER RE-VACCINATED.					
	Age at date of Vaccination.											
	Under 1 year.	1 year.	2—4 years.	5—14 years.	15 or over.	TOTAL.	Under 1 year.	1 year.	2—4 years.	5—14 years.	15 or over.	TOTAL.
North No. 1	126	79	9	4	4	222	1	1	6	18	66	92
North No. 2	123	92	17	6	24	262	—	1	4	5	55	65
Central	53	13	4	4	8	82	—	—	9	1	17	27
East	31	20	3	3	14	71	4	—	—	—	9	13
South	115	139	55	46	37	392	—	—	4	21	178	203
South East	157	168	49	49	85	508	—	—	1	28	112	141
Wallsend...	213	9	14	5	34	275	1	—	—	9	73	83
West	62	89	14	8	38	211	—	—	2	16	91	109
TOTALS	880	609	165	125	244	2023	6	2	26	98	601	733

## (c) WHOOPING COUGH.

There was a sharp increase in the number of parents asking for protection against whooping cough for their young children. 603 babies under one year were inoculated instead of 336 last year.

Some progress has been made in the preparation of a more effective antigen following the findings of the Medical Research Council and it is hoped that soon we shall see an improvement in the death rate from whooping cough and in the number of notifications among children.

# WHOOPIING COUGH PROPHYLAXIS WITH PERTUSSIS VACCINES.

SUB-COMMITTEE AREA.	Combined with Diphtheria Prophylactic.			Pertussis only.			Total.					
	AGE AT DATE OF FINAL INJECTION.											
	Under 1 year.	1-4 years.	5-14 years.	Total.	Under 1 year.	1-4 years.	5-14 years.	Total.	Under 1 year.	1-4 years.	5-14 years.	Total.
North No. 1	...	...	...	...	...	...	...	...	...	...	...	...
North No. 2	...	...	...	...	...	...	...	...	...	...	...	...
Central	...	...	...	...	...	...	...	...	...	...	...	...
East	...	...	...	...	...	...	...	...	...	...	...	...
South	...	...	...	...	...	...	...	...	...	...	...	...
South East	...	...	...	...	...	...	...	...	...	...	...	...
Wallsend...	...	...	...	...	...	...	...	...	...	...	...	...
West	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	...	...	...	...	...	...	...	...	...	...	...	...



### AMBULANCE SERVICE.

The use of the County ambulance service by the public showed signs of reaching its peak and during the year an average of 110,000 miles per month was run. The total mileage for the service increased slightly from last year's record figure to 1,352,787 while carrying 132,373 patients.

No major changes in policy were made. The ambulance depots remained unchanged except that the vehicles in Whittle and Alnwick were concentrated in January in new garages rented from the Urban District Council at Alnwick.

Five Bedford Lomas ambulances and one Austin sitting case car were purchased and delivered during the year and the total number of vehicles in the service (including Agencies) remained the same as at the end of 1950, namely 69 : 58 ambulances and 11 cars.

It was decided that resuscitation apparatus be provided in one vehicle at each depot for use in cases of shock and asphyxia.

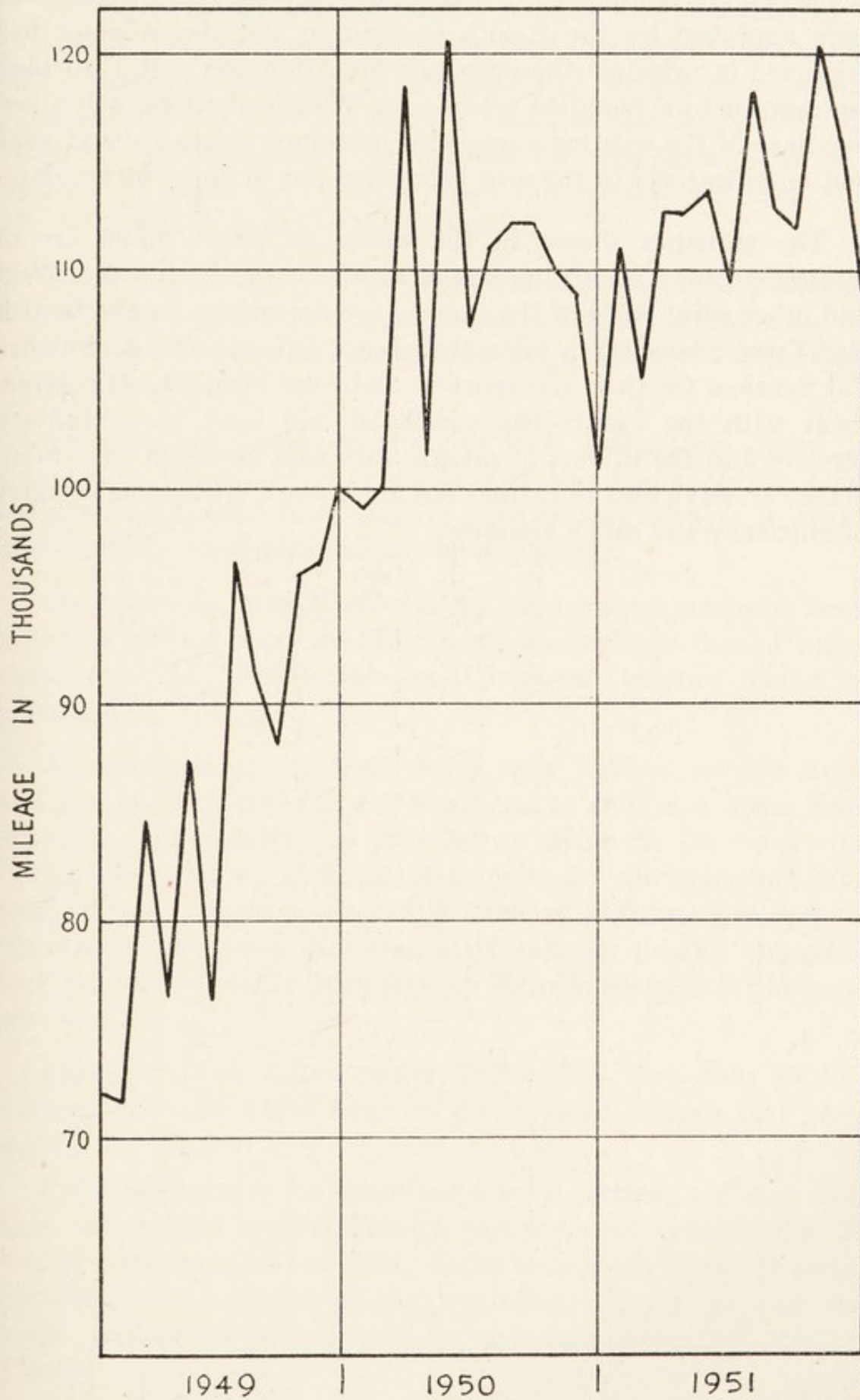
The number of drivers was increased by one at Berwick in an attempt to reduce the amount of work outside of shift hours which the single driver had been doing. The strength of drivers at the end of the year was 82.

An improvement in calling out ambulances during daytime hours was made by paying an honorarium to drivers' wives, etc., to deal with telephone demands for the service when all drivers were away from the station.

Further investigations were made into the possibility of having a radio link between mobile ambulances and headquarters, and the matter was being considered by the Health Committee at the end of the year.

In spite of having had the approval of the Ministry of Health to erect ambulance garages at Seaton Delaval and Wallsend since October, 1950, it was impossible to obtain a starting date during 1951, and once more it is reported that no new ambulance depot has yet been commenced.

## AMBULANCE SERVICE — MILEAGE, 1949-1951.





Further proposals for a combined depot and petrol station at Wideopen and for depots at Ashington, Throckley and Bedlington were approved by the Health Committee and the Minister has approved in principle the proposals for Ashington and Throckley and agreed to a modified scheme for Wideopen which will allow purchase of the existing garages to be completed early next year and modifications to them to be carried out at some future date.

The statistics shown in the tables on pages 95-96 are of interest as they show the extent to which the North and West and other rural parts of the County are dependent on the British Red Cross Society, St. John Ambulance Brigade and Ambulance Car Services for their transport to and from hospital. The agreement with the agents has continued and both the voluntary services and the drivers of private cars who maintain the ambulance car service have carried out their work with a high degree of efficiency and much kindness.

### HOME HELP SERVICE.

A further steady increase in the demand for the assistance of the Home Help Service has been observed throughout the County. The greatest increase was in domestic help for the homes of the aged and chronic infirm and as a result of this demand on the service, full-time help was reduced to part-time help in a number of cases by ensuring that the service was used only for the domestic duties in the household.

Table No. 25 sets out the numbers of home helps available, the number of home helps employed for varying hours in the Areas of the County, and also shows the number of cases helped during the year.

Visits to the homes of the sick were made throughout the County as frequently as possible and the hours of the home helps were adjusted from time to time to suit changes in health and domestic circumstances of the applicants.

Overalls were distributed to home helps, special attention being given to provide extra overalls to houses having a case of tuberculosis so that disinfection and frequent washing could be carried out.

Annual meetings of home helps were held in several Areas and proved both popular and beneficial to staff and home helps alike. An opportunity was provided to stress the few most vital rules of the service and for home helps to ask questions and offer suggestions. The Area Executive Medical Officer, members of the Area Committees, the area staff and the County Organiser took part in a friendly open forum. Refreshments or a film were provided.

Excellent work (often under difficulties) was done by the residential mobile home helps in the homes to which they were sent.

Refresher courses for home helps were started, and one Area most successfully carried through the proposed syllabus despite several evenings of bad weather. Talks were given by the National Institute of Houseworkers and the County Organiser and the course was ended with a talk by the Area Executive Medical Officer.



## MENTAL HEALTH SERVICES.

Responsibility for duties in connection with the mental health service is that of the Health Committee which discharged its functions through a Mental Health Sub-Committee consisting of eight members of the Council together with three co-opted members. Five of the members were ladies.

Meetings were held at the County Hall, Newcastle upon Tyne, at intervals of approximately six weeks when the Sub-Committee received and considered reports upon the service generally, and action was authorised in individual cases. Recommendations were made to the Health Committee on the question of policy and the development of new services.

Three members of the clerical staff of the department were employed in connection with the mental health service, and they also had other duties to perform.

Six duly authorised officers covered the administrative County of Northumberland, and they were stationed at the following centres :—

Berwick-upon-Tweed, Alnwick, Ashington, Blyth, Newcastle upon Tyne and Hexham.

It was found expedient to appoint two assistant authorised officers at the end of the year, one for the combined areas of Ashington and Blyth, and the other in the South Northumberland area, stationed at Newcastle upon Tyne, to cover the more populous parts of the County where it is necessary to arrange relief duties. The authorised officers had other duties to perform, apart from dealing with cases under the Lunacy and Mental Treatment Acts, and also the Mental Deficiency Acts. The senior duly authorised officer also acted as assistant petitioning officer.

Early in the year, an arrangement was made with the Management Committee of Northgate and District Hospital, Morpeth, for its female social worker to devote 30% of her time to the Health Authority in connection with the periodical visitation of adult females under statutory supervision. This officer also took over from the authorised officers the visitation of all patients on licence from that hospital.



In connection with the occupation centre at Wallsend, the staff consisted of a qualified male supervisor and two female assistants (unqualified), one of whom was appointed during the year when additional pupils were admitted to the centre. The supervisor attended a refresher course held at Manchester.

Two of the duly authorised officers also attended a local refresher course during the year organised by the Department of Psychological Medicine, Durham University.

### **Work by Voluntary Associations.**

No duties were delegated to voluntary associations, and the arrangement which was made in 1949 with the National Association for Mental Health for the use of their workers in connection with the community care of psychotics and neurotics, was regrettably terminated by the association in October, 1951.

### **Account of Work undertaken in the Community.**

The duties of the six duly authorised officers were as follows :—

- (1) Obtaining orders for, and removal of, certified cases to mental hospitals under the Lunacy Acts ;
- (2) Removal of uncertified cases to other hospitals for " observation " under Three Day Orders (Section 20).
- (3) Assisting in the admission of voluntary, or of temporary patients, into mental hospitals under the Mental Treatment Act, 1930 ;
- (4) Safeguarding the property of persons admitted into mental hospitals, when necessary.

These officers also made investigations on behalf of the County Welfare Committee into applications made by aged and handicapped persons for admission into accommodation provided under Part III of the National Assistance Act, 1948. Two officers also acted as part-time registrars of births, deaths and marriages.



### **Mental Deficiency Acts, 1913-1938.**

During the year, 39 cases were notified under Section 57 (3) and (5) of the Education Act, 1944, in addition to those ascertained by general practitioners, duly authorised officers and the police. The majority of these new cases were placed under statutory supervision and, in some instances, arrangements were made for attendance at the occupation centre.

The duly authorised officers also visited mental defectives under statutory supervision. Every endeavour was made to obtain suitable remunerative employment for those cases who were considered fit for work. The difficulty in obtaining institutional accommodation was still a matter of grave concern but every effort was made through the Regional Hospital Board and the certified institutions in the region for the admission of mental defectives. Many of the cases on the waiting list, both high and low grade, were considered to be in urgent need of institutional care, control and training.

It was not necessary during the year to place any further mental defectives under guardianship, as all those under statutory supervision were visited at regular intervals and received monetary assistance from the National Assistance Board.

Particulars of cases dealt with during the year and the numbers on the waiting list for admission into institutions, are shown in table 27.

### **Training and Occupation Centres.**

The occupation centre at Wallsend which was established in May, 1950, proved a great success during the year. General improvement was maintained by the children, and the adult females made good progress and gave satisfaction in their work. All the pupils were very happy at the centre and the parents expressed their great appreciation of the work done by the supervisor and his assistants. The pupils were supplied with a hot lunch each day through the school meal service.

Numerous efforts were made during the year to obtain premises in other parts of the County for the establishment of additional centres, but it was not possible to secure suitable buildings.



**MILK.**

Sampling of milk for biological and bacteriological examination was carried out during the year and the results of the examinations made by the Public Health Laboratory were as follows :—

**EXAMINATION OF MILK FOR TUBERCULOSIS (Biological Test).**

Number of positive results	...	...	...	...	20
Number of herds examined	...	...	...	...	21
Cases completed by the slaughter of one or more cows					11
(Number of cows slaughtered—11)					
Cows disposed of or died before investigation	...				6
No information obtainable	...	...	...	...	3

**Food and Drugs Acts, 1938 to 1950, Milk  
(Special Designations) (Raw Milk) Regulations, 1949 and 1950.**

The Ministry of Agriculture and Fisheries Veterinary Inspector, Animal Health Division, has kindly supplied the following information with regard to the total number of designated licences issued up to the 31st December, 1951 :—

Tuberculin Tested only	...	...	...	...	163
Attested and Tuberculin Tested	...	...	...	...	177
Attested, not Tuberculin Tested	...	...	...	...	425

**Hospital Dairy Farms.**

At the request of the Ministry of Health, arrangements were made with the County Council for the periodical sampling and examination by the methylene blue reduction test of milk produced at Hospital Dairy Farms as follows :—

Prudhoe Hall East Park Farm.  
St. George's Hospital, Morpeth.  
Northgate and District Hospital, Morpeth.  
St. Mary's Hospital, Stannington.

Samples were also submitted over every three months for biological examination for organisms of tuberculosis and for brucella abortus.

For the year under review 44 samples were submitted to the Public Health Laboratory for the Methylene blue test, and 16 samples for B. tuberculosis and brucella abortus. This work was done by the department and a copy of each report was forwarded to the Ministry of Health.



### The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1950.

The work of licensing and inspection of the pasteurising dairies in the County continued during the year.

Number of inspections made ... ..					149
Number of samples taken at dairies :—					
Methylene Blue Test.			Phosphatase Test.		
Passed.	Failed.	Void.	Passed.	Failed.	Void.
202	1	—	198	2	3

There was no increase during 1951 in the number of pasteurisers' licences in force in the County, namely 4, but towards the end of the year, work had commenced on the proposed dairy at Alnwick in the north of the County.

The last of the four dairies to operate on the "holder" principle was converted during the summer to a modern H.T.S.T. installation, but not before strong representations had been made by my department about the condition of the old plant. The delay was entirely due to the slow delivery by the makers of the new dairy machinery. Such delays in delivery are a very real problem in the dairy industry, and the very high cost, still apparently increasing, of dairy equipment, appears to be acting as a deterrent to smaller firms who might otherwise enter the pasteurising field. It is pleasing to be able to report that all four pasteurising firms in the County have now changed over entirely to bottles with overlapping foil caps.

Two of the dairies are also licensed for the sale of "T.T. Pasteurised" milk. There are no "Sterilised" milk plants within the administrative County. A small amount of sterilised milk sold in the industrial districts is obtained from outside the area.

### Milk in Schools Scheme.

The number of schools receiving milk under the above scheme was as follows :—

Grade of Milk :—					
Pasteurised	...	...	...	165	50.0%
Tuberculin Tested	...	...	...	108	32.7%
Ungraded	...	...	...	45	13.6%
Dried Milk	...	...	...	12	3.7%



All milk supplied to schools was approved by the department, and received constant supervision and examination.

The pasteurised milk was submitted to the Phosphatase and Methylene Blue Test, and the Tuberculin Tested and ungraded raw milk to biological and Methylene Blue Test.

Pasteurised or Tuberculin Tested milk was supplied to schools wherever possible, but in some of the rural schools this was not obtainable, and ungraded or dried milk had to be used.

The percentage of children taking milk daily throughout the County was 84.

### ICE CREAM.

#### Ice Cream (Heat Treatment, etc.) Regulations, 1947 to 1951.

During the year 392 samples of ice cream were examined and graded, an increase of 49 on the previous year. The position as to ice cream sampling was, however, far from satisfactory. Over half the urban and rural districts in the County failed to submit any samples for examination and, of those who did, many did not submit sufficient samples from each source of supply to justify the drawing of any conclusion from the results. The Public Health Laboratory Service rightly insist that it is unwise to pay too much attention to the bacteriological results on a single sample but that judgment should be based on a series of samples.

Details of the results in table 28 show that 62% of the samples were Grade I or II. This compares adversely with 1950, when the figure was 66%. The proportion of Grade IV samples increased from 18% in 1950 to 24% in 1951. While some of this may be due to intensive sampling and advisory work among unsatisfactory producers in some areas, it is obvious that there is much room for improvement.

Transport of samples to the Newcastle laboratory is known to be a difficult problem for authorities at the extremities of the County.



## WATER SUPPLIES.

The bacteriological examination of water is undertaken free of charge by the Public Health Laboratory situated at the General Hospital, Newcastle upon Tyne. A copy of the report on each sample of water submitted by the County districts is forwarded to the department, and any failures are investigated by a member of my staff.

Newcastle and Gateshead Water Company maintained a good supply of water for the South East part of the County, and from 25 samples submitted for bacteriological examination 23 were classified as highly satisfactory, and 2 as satisfactory. In the area supplied by Tynemouth Corporation the quantity was well maintained as the Corporation was able to obtain additional water from Newcastle and Gateshead Water Company. During the year 44 samples were submitted for bacteriological examination, 43 of which were classified as highly satisfactory, and 1 satisfactory. During the year 643 samples were submitted from Local Authorities for bacteriological examination, and of these 375 were highly satisfactory, 50 satisfactory, 91 suspicious, and 127 unsatisfactory. The majority of the samples not graded as satisfactory were from private water sources under investigation and before any chlorination had taken place.

Schemes submitted to the County Water and Sewerage Committee by Local Authorities for new or extensions to existing water services under Section 2 of the Rural Water Supplies and Sewerage Act, 1944, were as follows :—

### BELLINGHAM RURAL DISTRICT COUNCIL.

General water supply scheme to be carried out by Newcastle and Gateshead Water Company.

### CASTLE WARD RURAL DISTRICT COUNCIL.

General water supply scheme to be carried out by Newcastle and Gateshead Water Company.

### GLENDALÉ RURAL DISTRICT COUNCIL.

Wooler—Stage 1 of proposed regional water scheme.  
Bowsden—Proposed water supply scheme.

## SEWAGE DISPOSAL.

The County Committee approved schemes under the Rural Water Supplies and Sewerage Act, 1944, for the provision of works of sewerage and sewage disposal in rural districts as follows :—

### CASTLE WARD RURAL DISTRICT COUNCIL.

Stannington—Sewerage and sewage disposal scheme.

Matfen—Sewerage and sewage disposal scheme.

Ogle—Sewerage and sewage disposal scheme.

### MORPETH RURAL DISTRICT COUNCIL.

Scots Gap—Sewerage and sewage disposal scheme.

### ROTHBURY RURAL DISTRICT COUNCIL.

Whittingham—Sewerage and sewage disposal scheme.



## MINISTRY OF HEALTH INQUIRIES AND INVESTIGATIONS.

The following local public health inquiries and investigations were held during the year by Ministry of Housing and Local Government Inspectors :—

- (a) At Fenwick on the 9th May by Norham and Islandshires Rural District Council for consent to borrow the sum of £11,893 for the provision and supply of water for Fenwick and district.
- (b) At Stannington Station on the 13th June by Castle Ward Rural District Council for consent to borrow the sum of £8,087 for works of sewerage and sewage disposal in connection with the Land Settlement and adjoining property near the Great North Road.
- (c) At Matfen Village on the 7th November by Castle Ward Rural District Council for consent to borrow the sum of £15,800 for works of sewerage and sewage disposal for the parish of West Matfen.
- (d) At Alnwick on the 8th November by Alnwick Rural District Council for consent to borrow the sum of £480,000 for works of water supply for all the parishes in Alnwick Rural District, and the parish of Longframlington in the Rural District of Rothbury.
- (e) At Newcastle upon Tyne on the 4th December by the City and County of Newcastle upon Tyne for consent to borrow the sum of £68,000 for works of sewerage by extending the Ouseburn sewer from a point near Salters Bridge on the City boundary along the side of the Ouseburn to where the stream crosses Fawdon Wagonway. The scheme had the support of the adjoining Urban Districts of Gosforth, Longbenton and Newburn and also the Rural District of Castle Ward.
- (f) At Whittingham on the 5th December by Rothbury Rural District Council for consent to borrow the sum of £13,177 for works of sewerage and sewage disposal in the parish of Whittingham.

## HOUSING.

The number of new houses erected during the year is shown on page 102. At 2,153 the figure is 307 less than the previous year and 1,286 less than in 1948. Whilst the figure is disappointing, it must be borne in mind that there were a fair number nearing completion at the end of the year. The number of houses discontinued as dwellings during the year was 655, so that there was a net increase of 1,498 houses.

In the rural districts there are a large number of houses that could be improved and modernised and thus help towards solving the housing position and at the same time prevent them becoming dilapidated and unfit as dwellings. If the housing problem is to be solved, then it is imperative that close attention must be paid to existing houses as well as the erection of new dwellings.

### Rural Housing Survey.

Up to the end of December 18,079 houses were inspected and classified in the rural districts out of a total of 26,501.

Four districts completed their survey, namely Belford, Castle Ward, Glendale and Norham and Islandshires. In some of the rural districts slow progress was made owing to the shortage of qualified staff. Until such time as the survey is complete, it will not be possible to assess the true housing position within the County. In so far as the survey has progressed, there can be no doubt as to its necessity:

From the total houses surveyed and classified, the number of dwellings requiring repair, structural alterations or improvement was 7,617, and of these some are suitable for reconditioning under the Housing Act, 1949.

From table 31 will be seen the number of applications made by owners of property for improvement grants under the Housing Act, 1949. From a total of 93 applications, 79 were approved.



## FOOD AND DRUGS ACTS.

REPORT BY MR. C. L. ARLIDGE.

During the year ended 31st December, 1951, the Inspectors of Weights and Measures who are also appointed as Sampling Officers for the purposes of the Food and Drugs Acts, 1938-1950 and the Defence (Sale of Food) Regulations, 1943, procured a total of 2,596 samples.

The following list briefly summarises the samples taken during 1951 :—

Name of Sample.	Total number analysed.	Samples certified as adulterated or other- wise not complying with the Regulations.
Bacon ... ..	10	—
Baking Powder ... ..	14	—
Beer ... ..	27	—
B.P. Official Preparations and Household Medicaments ... ..	82	—
Cereal Products ... ..	90	1
Cheese ... ..	18	—
Coffee ... ..	19	—
Condiments, Flavourings, Sauces, Pickles, etc. ... ..	77	—
Confectionery ... ..	21	—
Flour ... ..	8	—
Fish Cakes ... ..	13	—
Gelatine ... ..	11	—
Ice Cream (Iced Lollies, etc.) ... ..	102	31
Jam, Preserves, etc. ... ..	82	—
Lard, Cooking Fat, Butter, etc. ... ..	29	—
Meat Products (Open and Tinned) ... ..	23	1
Milk ... ..	1,412	29
Paste (Meat and Fish) ... ..	16	—
Soft Drinks ... ..	40	—
Sausages ... ..	50	5
Soups ... ..	17	—
Spirits (Rum, Whisky, Gin) ... ..	29	1
Sugar (Icing Sugar) ... ..	9	—
Tea ... ..	2	—
Vinegar ... ..	38	—
Miscellaneous (unclassified samples) ... ..	357	12
	<hr/> 2,596 <hr/>	<hr/> 80 <hr/>

The fact that the standard of compositional quality for ice cream which came into force on the 1st March, 1951, was long overdue, is evidenced by the large percentage of samples found by the Public Analyst to be below the required standard by reason of deficiencies in the fat and/or sugar content. The Minister

of Food in making the standard, also announced that he regarded the standard as an interim one and that he proposed progressively to improve the standard as supplies of ingredients became more plentiful.

It should be borne in mind that the sale of sub-standard ice cream is not only a sale to the prejudice of the purchaser but it also enables such manufacturers to produce a greater volume of ice cream than competitors, with the same sugar and fat allocations, who keep to the legal standard.

In order to enable manufacturers to become fully conversant with the new standard and to adjust their recipes accordingly, no sampling of the commodity was undertaken until after the 1st July but it was found even then that far too many persons were producing ice cream without previously taking advice as to the accuracy of their recipes. In some instances manufacturers had the audacity to admit that although their allocations of fat and sugar were either exhausted or insufficient to meet the desired production they had nevertheless continued to market and sell their products as usual.

The enormous increase in the sale of iced lollies called attention to the need for a standard for these articles which at present range from the high quality frozen sweetened fruit juices to articles consisting solely of frozen mineral water. It would appear that iced lollies have taken the place of the cheap lines of sugar confectionery previously manufactured by firms who could no longer produce this type of confectionery owing to the shortage of materials. As iced lollies are almost exclusively consumed by children it is essential for a standard of compositional quality and for regulations governing their manufacture and sale, to be introduced as soon as possible.



**Prosecutions instituted by the Department during 1951, in respect of offences under the Food and Drugs Acts, 1938-1950, and the Defence (Sale of Food) Regulations, 1943.**

No.	Trade.	Nature of Offence.	Result of Prosecution.
1.	Farmer	Exposing for sale milk to which water had been added	Conditional discharge on payment of costs.
2.	Dairyman	Do.	... Discharged.
3.	Farmer	Do.	... Fined £1 and £4 costs.
4.	Farmer and Milk Seller	Selling milk not of the quality demanded	Fined £2 and £1 15s. 0d. costs.
5.	Ice Cream Manufacturer	Selling ice cream which did not comply with the standard	Fined £10 and £2 19s. 6d. costs.
6.	Do.	Do.	... Fined £10 and £2 19s. 6d. costs.
7.	Do.	Do.	... Fined £20 and £4 0s. 6d. costs.
8.	Do.	Do.	... Absolute discharge on payment of £4 4s. 0d. costs.
9.	General Dealer	Do.	... Fined £5 and 17/6d. costs.
10.	Ice Cream Vendor	Do.	... Fined £2 and £1 1s. 0d. costs.
11.	Do.	Do.	... Fined £2 and £1 1s. 0d. costs.
12.	Do.	Do.	... Fined £2 and £1 1s. 0d. costs.
13.	Ice Cream Manufacturer	Do.	... Fined £2 and £2 19s. 6d. costs.
14.	Do.	Do.	... Fined £5 and 17/6d. costs.
15.	Ice Cream Vendor	Do.	... Fined £2 and 17/6d. costs.
16.	Ice Cream Manufacturer	Do.	... Fined £2 and 17/6d. costs.
17.	Farmer	Having in possession for sale for human consumption, milk to which water had been added	Fined £3 and £5 5s. 0d. costs.
18.	Do.	Do.	... Fined £10 and £7 5s. 6d. costs.

No.	Trade.	Nature of Offence.	Result of Prosecution.
19.	Baker and Confectioner	Selling ice cream which did not comply with the prescribed standard	Fined £5 and £1 1s. 6d. costs.
20.	Do.	Do.	... Absolute discharge on payment of 4/- costs.
21.	Ice Cream Vendor	Do.	... Fined £7 and 17/6d. costs.
22.	Do.	Do.	... Fined £5 and 17/6d. costs.
23.	Do.	Do.	... Fined £5 and 17/6d. costs.
24.	Do.	Do.	... Fined £5 and 17/6d. costs.
25.	Confectioners	Do.	... Fined £2 and 17/6d. costs.
26.	Do.	Do.	... Fined £3 and 17/6d. costs.
27.	Do.	Do.	... Fined £2 10s. 0d. and 17/6d. costs.
28.	Do.	Do.	... Fined £2 and 17/6d. costs.
29.	Do.	Do.	... Fined £3 and 17/6d. costs.
30.	Ice Cream Manufacturer	Do.	... Fined £5 and 17/6d. costs.
31.	Confectioner	Do.	... Fined £2 and £1 18s. 6d. costs.
32.	Do.	Do.	... Fined £4 (each partner fined £2) and £2 19s. 6d. costs.
33.	Farmer	Exposing for sale milk to which water had been added	Fined £2 and £5 5s. 0d. costs.



## WELFARE OF HANDICAPPED PERSONS.

### Blind and Partially Sighted.

#### REGISTRATION.

During the last few years the number of registered blind has shown an increase each year, from 516 in 1943 to 669 in 1950 and to 707 in December, 1951, when the age groups of the registered blind were :—

Age Periods.	Males.	Females.	Total.
0—4 ...	—	—	—
5—10 ...	1	1	2
11—15 ...	5	5	10
16—20 ...	6	2	8
21—30 ...	14	6	20
31—39 ...	20	20	40
40—49 ...	27	17	44
50—59 ...	50	27	77
60—64 ...	35	32	67
65—70 ...	40	43	83
70 and over ...	148	208	356
	<hr/> 346	<hr/> 361	<hr/> 707

Of 200 persons examined by ophthalmic surgeons during the year, 124 were certified blind. This number included two children of school age examined through the School Health Service, and a young baby. In addition, one girl was re-examined under the Referee Service of the North Regional Association for the Blind by two independent surgeons and certified blind.

The baby's blindness was due to retrolental fibroplasia. The child left the area before the end of the year and was therefore not included in the above table.

The primary causes of blindness of those certified during the year were :—

	Males.	Females.	Total.
CONGENITAL AND UNDETERMINED CAUSES.			
Congenital, hereditary and developmental defects ...	2	5	7
Myopic error ...	1	9	10
Glaucoma ...	8	7	15
Cataract ...	22	26	48
Detachment of retina, retinal and choroidal degeneration, optic atrophy	1	3	4
Retinitis Pigmentosa ...	—	1	1
	<hr/>	<hr/>	<hr/>
Carried forward ...	34	51	85

			Males.	Females.	Total.
Brought forward	...		34	51	85
INFECTIOUS AND BACTERIAL.					
Ophthalmia neonatorum ...	...	...	1	—	1
Congenital and acquired syphilis	...	...	—	2	2
Septicaemia, irido-cyclitis, keratitis	...	...	3	3	6
TRAUMATIC.					
Non-industrial trauma ...	...	...	—	2	2
Industrial trauma ...	...	...	2	—	2
GENERAL DISEASES.					
Disseminated sclerosis ...	...	...	—	1	1
Arterio Sclerosis ...	...	...	13	5	18
Diabetes ...	...	...	2	3	5
Muscular atrophy ...	...	...	1	—	1
Cerebral thrombosis ...	...	...	—	1	1
Intracranial neoplasm ...	...	...	1	—	1
			<u>57</u>	<u>68</u>	<u>125</u>

As in previous years, cataract was the most common cause of blindness. Several of those certified blind were either too old or unwilling to undergo treatment, but in the case of patients agreeing to undergo operative treatment and with the practitioner's approval, arrangements were made for their names to be placed on hospital waiting lists.

During the year there were 80 deaths as compared with 74 in the previous year.

#### HOME TEACHERS.

One home teacher resigned early in the year, and the vacancy could not be filled until the autumn, when the Committee agreed to the appointment of a probationer home teacher. The continued increase in the registered blind population and additional duties in connection with the partially sighted, meant that in some areas home teachers had little time to devote to individual instruction.

The Blind Welfare staff paid 6,281 visits during the year, the great majority being for social welfare purposes.

Handicraft centres conducted fortnightly at Ashington, Wallsend, Longbenton, Alnwick, Gosforth and Lemington, continued to provide occupational therapy in a social atmosphere, and the attendance at most of the classes showed an increase over the previous year.



## TRAINING AND EMPLOYMENT.

Representatives of the Ministry of Labour and National Service, the National Institute for the Blind, the North Regional Association for the Blind and the Department, conducted five panels during the year when blind and partially sighted persons were interviewed in connection with training and employment. The actual number of employable blind persons registered during the year was small but a second and third attendance at a panel was often necessary. Two blind and one partially sighted men, and two women (one blind and one partially sighted) were accepted for industrial rehabilitation at the National Institute for the Blind's centre at Torquay. One partially sighted girl was accepted for a course of industrial rehabilitation at the Ministry of Labour's Centre at Felling-on-Tyne; one man and one woman received training in telephony, and one man commenced employment as a telephonist without training. Employment in a light engineering factory—after a short period of training at the Ministry's training centre at Letchworth—was found for a blind man. Six men and two women received industrial training for sheltered employment. Twenty-five men were employed at the Newcastle Workshops for the Adult Blind throughout the year.

Three men were employed as approved home workers under the Council's scheme which included supplementation of wages, and in addition 19 blind persons were in full-time employment.

## CHILDREN.

Eight blind children received education in special schools; the remaining five registered blind children did not attend school owing to other physical or mental handicaps.

## DEAF AND HARD OF HEARING BLIND.

The Council was responsible for the welfare of the deaf-blind, and the home teachers visited as often as possible. Fortunately the number of total deaf-blind in the County was small, the numbers in December being seven with speech and six without speech. One of this number has been maintained by the Council in a Catholic Home for many years.



As the deaf-blind are scattered, it was impracticable to arrange special functions for them, but they were encouraged to attend the ordinary classes and social centres where the hearing blind made them welcome.

The deaf-blind living in the south east area of the County were invited to attend religious services and social functions in Newcastle and Blyth arranged by the Mission for the Deaf.

There were approximately 70 hard of hearing blind in the County in December, a great number of whom had been tested for hearing aids under the National Health Scheme. The blind continued to receive priority for hearing aids, and during the year, 14—mostly newly registered—were tested.

#### SOCIAL WELFARE.

Grants were made out of the County blind persons' trust fund to each voluntary committee for the blind functioning in the County. Two new committees were established in April at Berwick and Alnwick, and the 13 committees now cover practically the whole of the County, except for the western area, where the blind population is scattered. In seven areas, in collaboration with the home teachers, the committees conducted clubs for the blind, and six of these competed for the George Domino Shield.

Summer outings were arranged as in previous years by both the voluntary committees and centrally by the trust fund.

Clothing and bedding, chiropody treatment, wireless maintenance and holidays at National Institute for the Blind holiday homes were also provided out of the fund.

The Department continued to act as agent for the British Wireless for the Blind Fund, and during the year 51 additional radio sets or relay services were provided.

One blind and one partially sighted person received social rehabilitation at America Lodge, Torquay.

#### NICHOLAS GARROW HOME.

The Council's Home for the Blind at Hepscott Manor, near Morpeth, continued to accommodate 22 men and women. Residents are encouraged to take an interest in handicrafts, and the



more able, to perform light household duties. During the year a number of blind persons enjoyed a holiday in the home during periods when permanent residents were spending holidays with friends or relatives.

#### BLIND PERSONS IN HOSPITALS AND HOMES.

Fifty other blind people were accommodated in old persons' homes administered by the Council, and in hospitals. Home teachers visited them periodically, carrying out welfare services on their behalf.

#### PARTIALLY SIGHTED.

During the year, the names of 19 persons were transferred from the register of partially sighted to the register of blind, following re-examination. The register was revised during the year, a total of 84 names being removed, including transfers and deaths; 46 additional persons were registered, and at the end of the year, the names of 109 persons, including 15 children, were on the register.

Some of the partially sighted became interested in handicrafts, and where there was a possibility of their becoming blind, they were encouraged to learn Braille or Moon.

#### Other Handicapped Persons.

In pursuance of Circular 32/51 issued by the Ministry of Health and the Council's undertaking to carry out a survey in relation to the provision of appropriate welfare services for handicapped persons, other than the blind and partially sighted, under Sections 29 and 30 of the National Assistance Act, the Welfare Committee recommended that schemes for the provision of welfare services as follows, be prepared and submitted to the Council for approval.

- (i) Persons who are deaf or dumb;
- (ii) Handicapped persons other than the blind, partially sighted and deaf or dumb.

A special sub-committee recommended that I should be responsible for the Council's functions in relation to the above schemes, including keeping the required registers of handicapped persons, applying for assistance under the two schemes and this was approved by the Welfare Committee.

TABLES  
*of*  
STATISTICS  
1951



POPULATION—YEAR 1951.

BOROUGH:—

Berwick-upon-Tweed	...	...	...	...	...	12,460
Blyth	...	...	...	...	...	34,110
Morpeth	...	...	...	...	...	10,770
Wallsend	...	...	...	...	...	48,570
						<hr/> 105,910

URBAN DISTRICTS :—

Alnwick ... ..	7,459
Amble ... ..	4,731
Ashington ... ..	28,440
Bedlingtonshire ... ..	28,520
Gosforth ... ..	24,500
Hexham ... ..	9,264
Longbenton ... ..	28,360
Newbiggin-by-the-Sea ... ..	9,742
Newburn ... ..	21,890
Prudhoe ... ..	9,484
Seaton Valley ... ..	26,330
Whitley Bay ... ..	32,170
	<hr/> 230,890

## RURAL DISTRICTS :—

Alnwick	...	...	...	...	...	...	11,920
Belford	...	...	...	...	...	...	5,155
Bellingham	...	...	...	...	...	...	5,565
Castle Ward	...	...	...	...	...	...	14,570
Glendale	...	...	...	...	...	...	7,550
Haltwhistle	...	...	...	...	...	...	7,591
Hexham	...	...	...	...	...	...	20,560
Morpeth	...	...	...	...	...	...	17,910
Norham and Islandshires	...	...	...	...	...	...	4,470
Rothbury...	...	...	...	...	...	...	5,507
Newcastle upon Tyne (Moothall and Precincts)	...	...	...	...	...	...	2
							<hr/> 100,800
Totals	...	...	...	...	...	...	<hr/> 437,600

TABLE 2.  
POPULATION—DISTRIBUTION FOR PURPOSES OF  
AREA ADMINISTRATION.

AREA.				POPULATION.
North No. 1	...	...		29,635
North No. 2	...	...		29,617
Central	...	...		66,862
East...	...	...		62,630
South	...	...		73,126
South East...	...	...		86,860
West	...	...		40,300
Wallsend	...	...		48,570
TOTAL				437,600



TABLE 3.  
VITAL AND MORTALITY STATISTICS.

YEAR.	Birth rate per per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 births.	Principal Infectious Diseases death rate per 1,000 living.	Death rate from Respiratory Tuberculosis per 1,000 living.
1892	33.25	18.41	130.00	1.42	1.67
1893	33.22	18.50	160.00	2.35	1.67
1894	31.76	16.12	131.73	1.51	1.56
1895	32.59	18.72	156.28	2.29	1.62
1896	31.75	15.87	136.74	1.46	1.43
1897	31.57	16.73	150.66	1.69	1.50
1898	30.88	17.44	169.80	1.99	1.32
1899	31.46	17.71	173.88	2.29	1.27
1900	31.24	17.53	160.31	1.73	1.38
1901	33.22	18.72	183.57	2.80	1.25
1902	32.76	16.63	126.90	1.40	1.25
1903	32.58	16.81	145.43	1.58	1.19
1904	29.42	17.12	168.69	1.99	1.17
1905	30.41	15.01	133.57	1.26	1.02
1906	29.09	14.52	136.28	1.51	1.04
1907	28.25	13.51	112.93	1.03	1.00
1908	29.46	14.82	146.41	1.28	0.95
1909	28.43	13.39	106.99	1.03	1.01
1910	26.91	12.99	114.73	1.01	0.93
1911	27.48	13.96	136.79	1.94	0.98
1912	27.05	12.98	93.80	1.02	0.86
1913	26.43	13.61	111.39	1.28	0.91
1914	26.61	13.31	113.78	1.33	0.91
1915	24.42	15.82	122.00	2.04	1.03
1916	21.91	13.75	101.00	0.84	1.10
1917	20.39	13.60	101.00	0.97	1.06
1918	21.54	17.26	101.00	1.07	1.22
1919	22.14	14.11	102.00	0.92	0.97
1920	28.30	12.89	90.00	0.76	0.92
1921	25.50	12.42	95.00	1.01	0.87
1922	22.54	12.72	87.00	0.41	0.88
1923	22.56	11.33	76.00	0.74	0.85
1924	22.18	12.06	83.00	0.40	0.82
1925	20.88	11.63	82.00	0.67	0.78
1926	20.02	11.37	77.00	0.53	0.73
1927	17.90	11.53	77.00	0.27	0.81
1928	18.37	11.39	67.00	0.28	0.68
1929	16.79	12.22	81.00	0.65	0.74
1930	17.13	11.02	62.00	0.23	0.78
1931	16.66	12.24	77.00	0.41	0.75
1932	15.94	11.33	67.00	0.25	0.68
1933	15.42	11.93	71.00	0.31	0.65
1934	15.48	11.78	69.00	0.43	0.60
1935	15.60	11.67	71.00	0.32	0.53
1936	15.26	12.02	70.00	0.30	0.55
1937	15.16	12.67	66.00	0.26	0.54
1938	15.00	11.76	64.00	0.31	0.40
1939	14.80	11.84	55.50	0.20	0.52
1940	15.00	12.44	59.00	0.17	0.55
1941	15.07	12.84	74.00	0.25	0.51
1942	16.39	11.59	54.00	0.20	0.39
1943	17.61	12.50	56.00	0.18	0.51
1944	19.87	12.16	48.00	0.21	0.50
1945	17.58	12.24	50.00	0.17	0.47
1946	19.74	11.98	48.00	0.13	0.49
1947	20.66	12.14	43.00	0.13	0.44
1948	18.04	11.13	40.00	0.09	0.43
1949	17.52	11.92	36.00	0.08	0.37
1950	16.69	12.24	36.60	0.08	0.28
1951	16.46	12.58	32.49	0.07	0.24

TABLE 4.  
GENERAL STATISTICS.

	NUMBERS.			RATES.		
	Boro's and Urban Districts.	Rural Districts.	Total for County.	Boro's and Urban Districts.	Rural Districts.	Total for County.
Population ...	336,800	100,800	437,600	—	—	—
Births (Live) ...	5,751	1,451	7,202	17·07	14·39	16·46
Legitimate ...	5,582	1,395	6,977	16·57	13·84	15·94
Illegitimate ...	169	56	225	0·50	0·55	0·52
				(Per 1,000 po	pulation)	
Births (Still) ...	145	31	176	24·59	20·92	23·85
Legitimate ...	139	31	170	24·30	21·74	23·79
Illegitimate ...	6	—	6	34·29	—	25·97
				(Per 1,000 regis	tered	
				births)		
Births (Live and Still)	5,896	1,482	7,378	17·50	14·70	16·86
Legitimate ...	5,721	1,426	7,147	16·98	14·15	16·33
Illegitimate ...	175	56	231	0·52	0·55	0·53
				(Per 1,000 po	pulation)	
Deaths (Total) ...	4,163	1,340	5,503	12·36	13·29	12·58
				(Per 1,000 po	pulation)	
Deaths of Infants under 1 year of age	192	42	234	33·39	28·95	32·49
Legitimate ...	187	40	227	33·50	28·6	32·53
Illegitimate ...	5	2	7	29·58	35·71	31·11
				(Per 1,000 live	births)	
Deaths of Infants under 4 weeks of age	106	25	131	18·43	17·23	18·19
Legitimate ...	102	23	125	18·27	16·49	17·91
Illegitimate ...	4	2	6	23·69	35·71	26·66
				(Per 1,000 live	births)	
Maternal Deaths ...	5	1	6	0·84	0·68	0·81
				(Per 1,000 birth	s—live	
				and still)		



TABLE 5.  
BIRTHS (LIVE AND STILL).

COUNTY DISTRICTS.	LIVE.					STILL.					Total Births— Live and Still.
	Leg.		Illeg.		Total	Leg.		Illeg.		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Boroughs :—											
Berwick ...	116	114	5	4	239	2	1	1	1	5	244
Blyth ...	335	316	8	15	674	5	7	—	—	12	686
Morpeth ...	106	91	8	5	210	5	2	—	—	7	217
Wallsend...	443	432	12	11	898	14	16	—	—	30	928
Urban Districts :—											
Alnwick ...	57	53	—	3	113	1	3	—	—	4	117
Amble ...	44	45	7	—	96	1	—	—	—	1	97
Ashington ...	266	251	3	4	524	4	5	2	—	11	535
Bedlingtonshire	261	269	6	10	546	9	6	—	1	16	562
Gosforth ...	180	169	4	4	357	1	1	—	—	2	359
Hexham ...	64	66	—	1	131	1	2	—	—	3	134
Longbenton	225	230	4	6	465	9	6	—	—	15	480
Newbiggin-by- the-Sea ...	85	79	2	3	169	—	6	—	—	6	175
Newburn...	182	182	6	7	377	11	3	—	—	14	391
Prudhoe ...	63	57	4	2	126	3	3	—	—	6	132
Seaton Valley	208	171	5	4	388	2	3	—	1	6	394
Whitley Bay	224	198	7	9	438	3	4	—	—	7	445
Rural Districts :—											
Alnwick ...	94	79	3	3	179	2	—	—	—	2	181
Belford ...	27	35	2	2	66	1	—	—	—	1	67
Bellingham	41	37	3	2	83	3	2	—	—	5	88
Castle Ward	114	87	4	3	208	4	1	—	—	5	213
Glendale ...	46	50	1	2	99	—	1	—	—	1	100
Haltwhistle	52	51	2	2	107	2	1	—	—	3	110
Hexham ...	143	132	6	4	285	3	1	—	—	4	289
Morpeth ...	140	115	4	4	263	3	6	—	—	9	272
Norham and Islandshires	40	30	4	1	75	—	1	—	—	1	76
Rothbury	39	43	2	2	86	—	—	—	—	—	86
TOTALS	3595	3382	112	113	7202	89	81	3	3	176	7378

TABLE 6.  
NOTIFICATIONS OF INFECTIOUS DISEASES.  
CIVILIANS ONLY.

COUNTY DISTRICTS.	Smallpox.	Enteric Fever.	Paratyphoid Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Erysipelas.	Measles.	Pneumonia.	Puerperal Pyrexia.	Acute Poliomyelitis.	Acute Polioencephalitis.	Meningococcal Infection.	Ophthalmia Neonatorum.	Food Poisoning.	Dysentery.	TOTALS.
Boroughs :—																	
Berwick ...				8	1			145	1							10	165
Blyth ...				55	93		10	491	53				5			1	708
Morpeth ...				12	4	1	9	62	12				1				101
Wallsend ...				47	149	1	4	245	68	4	5		4			11	538
Urban																	
Districts :—																	
Alnwick ...				19	3		1	105					1			5	134
Amble ...				7				34	7						1		49
Ashington ...				24	28		3	202	13						1		271
Bedlington-shire ...				83	79		6	155	10		2		7	1			343
Gosforth ...				28	117		3	164	25	1						18	356
Hexham ...				9	18			10	7				2			3	49
Longbenton ...			1	38	81		2	393	29	3	2				2	9	560
Newbiggin-by-the-Sea ...		1		6	59		2	145	15	1					2		231
Newburn ...		1		33	211		6	455	37		1				6	7	757
Prudhoe ...					22		3	91	6	1							123
Seaton Valley ...				48	103			485	10							1	647
Whitley Bay ...				72	125		6	309	11		1				2		526
Rural																	
Districts :—																	
Alnwick ...				13	9			98	2								122
Belford ...				2	4			19									25
Bellingham ...				26	19			216	7								268
Castle Ward ...			1	19	65		3	103	12	6					1	2	212
Glendale ...		1		3	80		5	148	9			2					248
Haltwhistle ...				18	2			50	4				2			8	84
Hexham ...				14	44		1	218	26	1	1		3			2	310
Morpeth ...				30	13		4	165	13						2	3	230
Norham and Islandshires				2	15		3	67									87
Rothbury ...			1	10	74		13	73	28				1		13	98	311
TOTALS ...		3	3	626	1418	2	84	4648	405	17	12	2	26	1	30	178	7455



TABLE 7.

CLASSIFICATION OF DEATHS (Year 1951) ACCORDING TO DISEASE.

	BOROUGH AND URBAN DISTRICTS.			RURAL DISTRICTS.			TOTAL COUNTY.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Tuberculosis (Respiratory)	65	29	94	8	3	11	73	32	105
Tuberculosis (Other) ...	7	9	16	1	1	2	8	10	18
Syphilitic Disease ...	7	3	10	—	3	3	7	6	13
Diphtheria ...	—	—	—	—	—	—	—	—	—
Whooping Cough ...	1	3	4	—	1	1	1	4	5
Meningococcal Infections ...	2	4	6	—	1	1	2	5	7
Acute Poliomyelitis ...	—	1	1	—	—	—	—	1	1
Measles ...	1	1	2	—	—	—	1	1	2
Other Infective and Parasitic Diseases ...	4	2	6	1	4	5	5	6	11
Malignant Neoplasm—									
Stomach ...	89	58	147	21	16	37	110	74	184
Lung, Bronchus ...	70	13	83	16	—	16	86	13	99
Breast ...	—	41	41	1	14	15	1	55	56
Uterus ...	—	39	39	—	16	16	—	55	55
Other Malignant and Lymphatic Neoplasms ...	165	136	301	55	47	102	220	183	403
Leukaemia, Aleukaemia ...	7	6	13	1	2	3	8	8	16
Diabetes ...	8	15	23	6	4	10	14	19	33
Vascular Lesions of Nervous System ...	297	300	597	93	93	186	390	393	783
Coronary Disease, Angina Hypertension with Heart Disease ...	360	178	538	132	63	195	492	341	733
Other Heart Disease ...	57	46	103	21	25	46	78	71	149
Other Circulatory Disease...	385	458	843	113	147	260	498	605	1103
Influenza ...	55	42	97	21	29	50	76	71	147
Pneumonia ...	54	50	104	20	37	57	74	87	161
Bronchitis ...	77	46	123	25	19	44	102	65	167
Other Diseases of Respiratory System ...	135	103	238	23	21	44	158	124	282
Ulcer of Stomach and Duodenum ...	28	7	35	6	3	9	34	10	44
Gastritis, Enteritis and Diarrhoea ...	32	13	45	11	8	19	43	21	64
Nephritis and Nephrosis ...	12	5	17	2	2	4	14	7	21
Hyperplasia of Prostate ...	29	21	50	11	14	25	40	35	75
Pregnancy, Childbirth, Abortion ...	31	—	31	12	—	12	43	—	43
Congenital Malformations	—	5	5	—	1	1	—	6	6
Other Defined and Ill-Defined Diseases ...	15	18	33	5	4	9	20	22	42
Motor vehicle accidents ...	179	199	378	41	56	97	220	255	475
All other accidents...	20	5	25	10	6	16	30	11	41
Suicide ...	56	29	85	19	15	34	75	44	119
Homicide and operations of war ...	19	11	30	8	2	10	27	13	40
TOTALS ...	2267	1896	4163	683	657	1340	2950	2553	5503

TABLE 8.  
 CANCER DEATHS AND DEATH RATES.  
 YEARS 1940 TO 1951.

YEAR.	POPULATION.	NUMBER OF DEATHS.	RATE PER 1,000 POPULATION.
1940 ...	411,400	648	1.58
1941 ...	407,120	656	1.61
1942 ...	398,300	635	1.59
1943 ...	397,740	686	1.72
1944 ...	390,320	725	1.86
1945 ..	392,510	725	1.84
1946 ...	412,080	712	1.73
1947 ...	417,510	740	1.77
1948 ...	431,850	750	1.74
1949 ...	436,370	796	1.82
1950 ...	438,310	768	1.75
1951 ...	437,600	797	1.82



## TUBERCULOSIS.

TABLE 9.

STATISTICS—YEARS 1928 TO 1951.

YEAR.	NOTIFICATIONS.			DEATHS.			DEATH RATE PER 1,000 POPULATION.		
	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms
1928	780	357	1,137	277	107	384	0.68	0.26	0.94
1929	722	265	987	301	108	409	0.74	0.26	1.00
1930	730	282	1,012	321	89	410	0.78	0.22	1.00
1931	642	272	914	309	100	409	0.75	0.25	1.00
1932	592	247	839	279	93	372	0.68	0.23	0.91
1933	519	195	714	268	81	349	0.65	0.20	0.85
1934	502	212	714	249	85	334	0.60	0.21	0.81
1935	378	207	585	218	77	295	0.53	0.19	0.72
1936	392	165	557	224	66	290	0.55	0.16	0.71
1937	338	149	487	219	78	297	0.54	0.19	0.73
1938	347	190	537	164	64	228	0.40	0.16	0.56
1939	288	130	418	216	58	274	0.52	0.14	0.66
1940	343	111	454	226	58	284	0.55	0.14	0.69
1941	346	116	462	208	51	259	0.51	0.12	0.63
1942	298	116	414	156	36	192	0.39	0.09	0.48
1943	458	125	583	202	50	252	0.51	0.13	0.64
1944	506	134	640	195	43	238	0.50	0.11	0.61
1945	608	127	735	186	47	233	0.47	0.12	0.59
1946	454	116	570	200	42	242	0.49	0.10	0.59
1947	439	125	564	186	39	225	0.44	0.09	0.53
1948	442	137	579	187	32	219	0.43	0.07	0.50
1949	506	104	610	160	26	186	0.37	0.06	0.43
1950	519	116	635	124	26	150	0.28	0.06	0.34
1951	523	87	610	105	18	123	0.24	0.04	0.28

TABLE 10.

NOTIFICATIONS AND MORTALITY AT SPECIFIED AGE PERIODS  
DURING THE YEAR 1951.

AGE PERIODS.	* NEW CASES.						DEATHS.					
	Respiratory.			Non-Respiratory.			Respiratory.			Non-Respiratory.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0— ...	2	1	3	—	—	—	—	—	—	—	1	1
1— ...	9	4	13	11	1	12	1	—	1	—	—	—
5— ...	24	35	59	13	10	23	1	—	1	—	1	1
15— ...	175	147	322	22	20	42	24	21	45	5	5	10
45— ...	83	20	103	3	3	6	36	9	45	2	1	3
65 and upwards...	21	2	23	—	4	4	11	2	13	1	2	3
TOTALS ...	314	209	523	49	38	87	73	32	105	8	10	18

\* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification.



TABLE II.  
MASS MINIATURE RADIOGRAPHY.

AREA.	MINIATURE FILMS.			LARGE FILMS.			TUBERCULOSIS.								Dust Lesions.		Malignant Suspects.	
	M.	F.	Total.	M.	F.	Total.	Previously Diagnosed.		Active.		Inactive.		Inactive Post Primary.					
							M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
I. West Northumberland	680	286	966	18	3	21	—	—	—	—	—	15	6	3	2	3	—	—
II. North Northumberland	5	115	120	—	3	3	—	—	—	2 1.74%	—	—	1	—	1	—	—	—
III. South East Northumberland	9,210	6,386	15,596	414	126	540	—	—	44 0.47%	23 0.36%	201	115	64	39	79	—	13	1
IV. Institutions ...	2,023	1,761	3,784	126	111	237	22	9	20 0.98%	12 0.5%	34	22	15	19	—	—	—	—
TOTAL ...	11,918	8,548	20,466	558	243	801	22	9	64	37	250	144	82	61	82	—	13	1

TABLE 12.

## TUBERCULOSIS AFTER-CARE.

## CARE COMMITTEES.

Twelve Area Sub-Committees functioned at :—

Alnwick, Ashington, Bedlington, Berwick, Blyth, Gosforth  
and Longbenton, Hexham, Morpeth, Newburn and Castle Ward,  
Seaton Valley, Wallsend and Whitley Bay.

Number of new cases referred to the Almoner	...	...	...	463
Old cases under review	...	...	...	1,292
				<hr/> 1,755 <hr/>

## Visits by Almoners (2) :—

Domiciliary visits ...	...	...	...	...	...	265
Sanatorium and Hospital visits			...	...	...	532
Seen at clinics ...	...	...	...	...	...	776

## Details of Help given :—

Milk and extra nourishment orders issued	...	...	...	233
Beds and bedding (including issues on loan)	...	...	...	59
Clothing	...	...	...	60
Housing advice	...	...	...	72
Invalid comforts	...	...	...	30
Referred to Ministry of Labour for Employment	...	...	...	127
Admitted to Government Training Centre or Industrial Rehabilitation Unit	...	...	...	35
Employment found	...	...	...	41
Referred to other agencies	...	...	...	119
Interviewed at Resettlement Clinic	...	...	...	15
Referred to National Assistance Board for Allowances, Clothing, Bedding, etc.	...	...	...	391
Patients admitted to Convalescent Homes	...	...	...	86

## Other types of help given :—

Correspondence courses, library books, evening classes, settlement of family at Preston Hall, loan of garden shelters, loan of wireless sets.



TABLE 13.—CARE AND AFTER-CARE.—CONVALESCENCE.

	Doxford Hall.		Silloth.		Shotley Bridge.		Whitburn.		N.E.C.F.S., Grange-over-Sands.		Boarbank Hall.		Brathay Hall.		Mumps Ha', Gilsland.		TOTALS.			
	M.	F.	M.	F.	M.	F.	F.	Ch.	M.	—	M.	F.	M.	—	M.	F.	M.	F.	Ch.	Total.
Number of patients in residence on 1st January, 1951 ... ..	5	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	5	—	—	5
Admissions ... ..	58	23	19	33	7	23	4	4	—	—	—	2	—	—	91	87	4	—	—	182
Re-admissions ... ..	10	1	—	1	—	—	—	—	—	—	—	—	—	—	10	2	—	—	—	12
Discharges ... ..	68	20	19	34	7	23	4	4	—	—	—	2	—	—	101	85	4	—	—	190
Received convalescence during year :—																				
Tubercular—Adults ... ..	63	23	—	—	—	—	—	—	—	—	—	—	—	—	63	23	—	—	—	86
Children ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General—Adults ... ..	—	—	19	35	7	29	4	—	1	—	—	2	—	—	33	72	—	—	—	105
Children ... ..	—	—	1	1	—	—	—	4	—	—	—	—	—	—	—	—	—	6	—	6
TOTAL ... ..	63	23	20	36	7	29	4	4	1	—	—	2	—	—	96	95	6	—	—	197
Total number of convalescent days ... ..	2,142	830	294	630	135	483	70	70	7	—	—	35	21	—	2,669	2,076	70	—	—	4,815
Number of patients in residence, 31st December, 1951 ... ..	5	4	—	—	—	—	—	—	—	—	—	—	—	—	5	4	—	—	—	9

Four County patients were admitted to Convalescent Homes in Torquay by the John Routledge Hunter Memorial Fund and in four other instances arrangements were made for the continuance of treatment by admission to Convalescent Homes controlled by the Regional Hospital Board.

# MATERNITY AND CHILD WELFARE SERVICE.

TABLE 14.

## NOTIFICATION AND REGISTRATION OF BIRTHS.

Notified Births.			Registered Births.			Illegitimate Births (included in Registered Births).		
Live.	Still.	Total.	Live.	Still.	Total.	Live.	Still.	Total.
7,116	150	7,266	7,202	176	7,378	225	6	231

TABLE 15.  
MATERNAL MORTALITY.

YEAR.		TOTAL DEATHS.	RATE PER 1,000 BIRTHS.
1948	...	16	2.00
1949	...	3	0.38
1950	...	9	1.20
1951	...	6	0.81

TABLE 16.  
RECORD OF INSTITUTIONAL CONFINEMENTS.

Total Registered Births.	MATERNITY HOSPITALS.												Private Nursing Homes.	Total Institutional Confinements.
	Dilston Hall.	Mona Taylor	Castle Hills.	Princess Mary.	Newcastle General.	Preston Hospital.	Willington Quay.	Wallsend.	Corbridge.	Haltwhistle.	Rothbury.	TOTAL.		
7,378	749	730	305	662	137	474	240	395	278	110	149	4,229	253	4,482

TABLE 17.  
CARE OF PREMATURE BABIES.

Year.	Premature Births Notified.			Home Births.			Hospital or Nursing Home Births.	
	Born at Home.	Born in Hos- pital or Nursing Home.	Total.	Nursed entirely at Home.	Died during the first 24 hrs.	Sur- vived at the end of 1 m'th	Died during the first 24 hrs.	Sur- vived at the end of 1 month.
1948	78	126	204	78	17	48	12	102
1949	147	253	400	140	22	106	17	228
1950	126	258	384	119	16	95	16	217
1951	106	240	346	100	8	82	17	205



TABLE 18.  
INFANT WELFARE CENTRES.

Year.	No. of Centres.	No. of Half-day Sessions held.	Total No. of Children Attending.	Total Attendances.
1948	74	4,441	18,054	128,268
1949	82	4,811	18,549	117,165
1950	83	4,978	19,456	118,425
1951	89	5,215	21,558	120,345

TABLE 19.  
ANTE- AND POST-NATAL CARE.

YEAR.	ANTE-NATAL CLINICS.		POST-NATAL CLINICS.	
	No. of Expectant Mothers attending.	Total No. of Attendances.	No. of Mothers attending.	Total No. of Attendances.
1948	5,639	20,826	960	1,210
1949	6,131	22,207	1,273	1,347
1950	5,800	20,337	1,224	1,362
1951	5,583	19,318	1,294	1,356

TABLE 20.  
HEALTH VISITING SERVICE.

Year.	Live Births Registered in the Administrative County.	First Visits to Infants.	Re-visits to Infants under the age of 1 year.	Visits to Children age 1—5 years.	Ante-Natal Visits.	
					First Visits.	Re-Visits.
1948	7,792	6,644	26,948	53,771	816	637
1949	7,618	7,812	30,624	71,748	896	628
1950	7,318	7,239	34,801	84,496	813	672
1951	7,202	7,456	33,912	82,538	1,015	668

## MIDWIFERY AND HOME NURSING SERVICE.

TABLE 21.

Year.	No. of Midwives and Nurses employed on the Permanent Staff.	No. of Midwives in Private Practice (Domiliary and Nursing Homes.)	No. of Cases attended by Nurses on the Permanent Staff and Relief Staff.					No. of Cases attended by Private Nurses.		
			Mid.		Total.	Surg.	Med.	Total.	Mid.	Mat.
1948	138	23	1,926	1,927	3,853	5,634	5,209	10,843	455	
1949	136	18	1,140	2,003	3,143	4,982	5,755	10,737	14	466
1950	137	19	1,538	1,265	2,803	5,287	7,168	12,455	2	463
1951	132	21	1,509	1,107	2,616	5,453	7,120	12,573	5	472

Year.	No. of Gas/Air Machines used by County Midwives.	No. of Midwives who are in possession of Gas/Air Certificate.	No. of Mothers who had Gas/Air Analgesia.	No. of Mothers attended by Midwives in Private Practice who had Gas/Air Analgesia.	No. of Puerperal Pyrexia Cases notified.		No. of Visits of Inspection made by the Supervisor and Assistants.
					Home.	Hospital	
1948	44	82	572	No Record	11	17	710
1949	62	101	831	262	9	14	619
1950	84	119	1,060	18	8	14	731
1951	91	118	1,139	4	3	14	830



# MATERNITY AND CHILD WELFARE DENTAL SERVICE.

TABLE 22.

(a) NUMBERS PROVIDED WITH DENTAL CARE :—

	Examined.	Needing Treatment.	Treated.	Attendances for Treatment.	Made Dentally Fit.
Expectant and Nursing Mothers	1,220	1,017	813	3,044	532
Children under five years ...	2,346	2,040	1,813	3,140	1,704

(b) FORMS OF DENTAL TREATMENT PROVIDED :—

	Extractions.	Anaes- thetics.		Fillings.	Scalings or Scaling and Gum Treatment.	Silver Nitrate Treatment.	Dressings.	Radiographs.	Dentures provided.	
		Local.	General.						Complete.	Partial.
Expectant and Nursing Mothers...	2797	1597	71	873	356	34	110	46	280	308
Children under five years ...	4801	156	1309	588	82	951	98	7	—	—

## AMBULANCE SERVICE.

TABLE 23.

## AMBULANCES AND SITTING CASE CARS.

AREA.	FIRST QUARTER.			SECOND QUARTER.			THIRD QUARTER.			FOURTH QUARTER.			TOTAL.	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)
North No. 1 ...	375	448	22,721	375	494	25,337	447	790	27,799	414	717	25,513	1,611	2,449
North No. 2 ...	448	942	27,127	486	1,000	27,844	468	1,041	25,965	482	1,231	28,262	1,844	4,214
Central ...	2,107	4,458	61,398	2,253	4,456	62,606	2,116	5,635	65,093	2,140	5,916	64,335	8,616	20,465
East ...	1,385	3,655	40,519	1,387	3,419	38,175	1,383	4,044	38,694	1,369	4,621	37,545	5,524	15,739
South East ...	3,093	7,422	59,145	3,443	8,460	64,456	2,877	7,985	60,553	2,583	7,892	57,193	11,996	31,759
South ...	1,920	4,751	44,211	1,889	5,426	46,507	1,946	5,701	46,971	2,155	6,290	52,330	7,910	22,168
Wallsend ...	1,346	4,671	18,149	1,375	4,869	18,714	1,498	5,134	20,266	1,474	5,736	20,122	5,693	20,140
West ...	1,305	2,445	40,491	1,267	2,685	38,807	1,223	3,947	41,717	1,276	3,683	44,681	5,071	12,760
TOTALS	11,979	28,792	313,761	12,475	30,809	322,446	11,958	34,277	327,058	11,893	36,086	329,981	48,305	129,964
														1,293,246

## AMBULANCE CAR SERVICE.

North No. 1 ..	83	80	4,621	79	131	4,398	63	136	5,119	90	180	7,338	315	527	21,476
North No. 2 ..	6	6	482	2	2	154	—	—	—	—	—	—	8	8	636
Central ...	30	35	1,694	34	57	1,693	71	161	4,091	33	113	1,828	168	366	9,306
East ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
South East ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
South ...	1	1	34	3	5	102	1	2	34	—	—	—	5	8	170
Wallsend ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West ...	172	275	7,804	143	355	6,915	99	400	7,223	110	470	6,011	524	1,500	27,953
TOTALS	292	397	14,635	261	550	13,262	234	699	16,467	233	763	15,177	1,020	2,409	59,541
TOTAL AMBULANCE SERVICE ...	12,271	29,189	328,396	12,736	31,359	335,708	12,192	34,976	343,525	12,126	36,849	345,158	49,325	132,373	1,352,787

(1) Journeys.

(2) Patients.

(3) Mileage.



TABLE 24.  
AMBULANCE SERVICE MILEAGE.

SERVICE.	North No. 1.	North No. 2.	Central.	East.	South East.	South.	Wallsend.	West.	Total.
Direct ... ..	53,975	57,023	253,432	154,933	241,347	177,958	77,251	—	1,015,919
British Red Cross Society ... ..	47,395	—	—	—	—	—	—	131,347	178,742
St. John Ambulance Brigade ... ..	—	—	—	—	—	—	—	32,596	32,596
Other Agents ..	—	52,175	—	—	—	12,061	—	1,753	65,989
Ambulance Car Service ... ..	21,476	636	9,306	—	—	170	—	27,953	59,541
TOTALS ..	122,846	109,834	262,738	154,933	241,347	190,189	77,251	193,649	1,352,787





# MENTAL HEALTH SERVICE.

TABLE 26.

SUMMARY OF VISITS AND ADMISSIONS MADE BY AUTHORISED OFFICERS.

District.	Area (Acres).	Popula- tion (Esti- mated)	Mental Deficiency Visits.					Lunacy and Mental Treatment Cases.					
			Super- vision *	Li- cence *	Guar- dian- ship	New Cases	Mis- cella- neous	Total.	Lunacy Act, 1890 Sec. 20 (3 Day Order)	Lunacy Act, 1890 Sec. 16 (Certi- fied).	Section 20 later Sec. 16	Mental Treatment Act, 1930 Sec. 5 (Tempo- rary Treatment)	Total.
Alnwick	340,856	33,392	164	2	—	18	1	185	5	5	4	—	14
Ashington	97,828	95,382	214	25	2	24	31	296	20	18	22	3	63
Berwick	167,216	25,860	189	—	—	6	14	210	3	6	7	—	16
Blyth	22,059	92,610	240	15	20	29	47	351	46	8	37	2	93
Hexham	548,822	52,464	117	7	—	11	—	135	11	8	14	—	33
South North- umberland	99,424	137,892	187	8	7	22	27	250	47	21	20	4	92
	1,276,205	437,600	1,111	57	29	110	120	1,427	132	66	104	9	311

NOTE.

\* From the 7th March, 1951, all persons on licence from Northgate and District Hospital, Morpeth, and all adult females under supervision were visited by a social worker from that hospital.

Sixty-eight visits to adult females under supervision were made by her.

TABLE 27.  
MENTAL DEFECTIVES UNDER ORDER.

	M.	F.	T.	M.	F.	T.
INSTITUTIONS.						
Number of Mental Defectives in Institutions on 31st December, 1950 :—						
Under 16 years ... ..	22	17	39			
Over 16 years ... ..	134	196	330			
				156	213	369
During 1951—						
(i) Admissions ... ..	7	10	17			
(ii) Admissions from "Places of Safety" ... ..	6	4	10			
(iii) Returned from Licence ... ..	1	8	9			
				14	22	36
(iv) Died... ..	5	6	11			
(v) Commenced Licence ... ..	2	14	16			
				7	20	27
Number of Mental Defectives in Institutions on 31st December, 1951 :—						
Under 16 years... ..	24	15	39			
Over 16 years... ..	139	200	339			
				163	215	378
LICENCE.						
Number of Mental Defectives on Licence on 31st December, 1950 ... ..				29	45	74
During 1951 :—						
(i) Commenced Licence ... ..				2	14	16
(ii) Returned to Institutions ... ..	1	8	9			
(iii) Discharged from Order ... ..	4	5	9			
				5	13	18
Number of Mental Defectives on Licence on 31st December, 1951 ... ..				26	46	72
GUARDIANSHIP.						
Number of Mental Defectives under Guardianship on 31st December, 1951 ... .. (No change during year)				2	2	4
DEFECTIVES IN STATE MANAGED INSTITUTIONS.						
Number on 31st December, 1950 :—						
Over 16 years ... ..				7	3	10
Admission ... ..				1	—	1
Number on 31st December, 1951 ... ..				8	3	11
Total number of Defectives under Order (including those in State Managed Institutions) :—						
On 31st December, 1950 ... ..				194	263	457
On 31st December, 1951 ... ..				199	266	465



TABLE 27—*Continued.*

MENTAL DEFECTIVES IN PLACES OF SAFETY  
AND UNDER SUPERVISION.

	M.	F.	T.	M.	F.	T.
PLACES OF SAFETY.						
Number of Defectives in "Places of Safety" on 31st December, 1950 ... ..				3	1	4
During 1951 :—						
(i) Admissions ... ..				5	6	11
(ii) Certified whilst in a " Place of Safety "	6	4	10			
(iii) Discharged from " Place of Safety "	—	1	1			
				6	5	11
Number of Defectives in " Places of Safety " on 31st December, 1951 ... ..				2	2	4
<hr/>						
	On 31st Dec., 1951.			On 31st Dec., 1950.		
SUPERVISION.						
	M.	F.	T.	M.	F.	T.
Defectives under Statutory Supervision ...	293	250	543	293	234	527
Defectives under Friendly Supervision ...	22	10	32	31	22	53
	315	260	575	324	256	580
Awaiting Institutional Accommodation (in- cluded above) ... ..	62	14	76	63	19	82
Attending Occupation Centre, Wallsend (in- cluded above) :—						
Under 16 years... ..	19	9	28	11	7	18
Over 16 years... ..	1	10	11	—	1	1
	20	19	39	11	8	19

TABLE 28.  
ICE CREAM.

COUNTY DISTRICTS.					GRADES.				
					I.	II.	III.	IV.	Total.
Boroughs :—									
Berwick-upon-Tweed	...	...	...	...	28	13	11	40	92
Blyth	...	...	...	...	18	9	5	2	34
Morpeth	...	...	...	...	4	—	—	—	4
Wallsend	...	...	...	...	7	4	3	1	15
Urban Districts :—									
Alnwick	...	...	...	...	—	—	—	—	—
Amble	...	...	...	...	—	—	—	—	—
Ashington	...	...	...	...	1	1	1	4	7
Bedlingtonshire	...	...	...	...	13	6	4	17	40
Gosforth	...	...	...	...	—	—	—	—	—
Hexham	...	...	...	...	6	1	—	3	10
Longbenton	...	...	...	...	25	8	1	3	37
Newbiggin-by-the-Sea	...	...	...	...	2	—	1	1	4
Newburn	...	...	...	...	—	—	—	—	—
Prudhoe	...	...	...	...	—	—	—	—	—
Seaton Valley	...	...	...	...	41	3	2	—	46
Whitley Bay	...	...	...	...	23	18	7	10	58
Rural Districts :—									
Alnwick	...	...	...	...	—	—	—	—	—
Belford	...	...	...	...	2	3	7	10	22
Bellingham	...	...	...	...	—	—	—	—	—
Castle Ward	...	...	...	...	—	—	—	1	1
Glendale	...	...	...	...	—	—	—	—	—
Haltwhistle	...	...	...	...	—	—	—	—	—
Hexham	...	...	...	...	2	6	10	4	22
Morpeth	...	...	...	...	—	—	—	—	—
Norham and Islandshires	...	...	...	...	—	—	—	—	—
Rothbury	...	...	...	...	—	—	—	—	—
TOTALS					172	72	52	96	392
PERCENTAGES					43·9	18·3	13·3	24·5	



TABLE 29.  
HOUSING.

AUTHORITY.	HOUSES COMPLETED DURING 1951.					Total 1950.	Houses dis- continued as dwellings.
	(A) By Local Authority.		(B) By Other Persons.		Total.		
	Perm.	Temp.	Perm.	Temp.			
Boroughs :—							
Berwick-upon-Tweed	52	—	16	—	68	86	24
Blyth ... ..	141	—	59	—	200	188	140
Morpeth ... ..	45	—	12	—	57	47	2
Wallsend ... ..	273	—	1	—	274	304	—
Urban Districts :—							
Alnwick ... ..	32	—	7	—	39	33	11
Amble... ..	44	—	7	—	51	11	1
Ashington ... ..	42	—	9	—	51	111	—
Bedlingtonshire ...	188	—	7	—	195	253	115
Gosforth ... ..	78	—	33	—	111	165	11
Hexham ... ..	39	—	15	—	54	33	1
Longbenton ... ..	181	—	155*	—	336	231	47
Newbiggin-by-the-Sea	56	—	2	—	58	51	37
Newburn ... ..	85	—	10	—	95	136	7
Prudhoe ... ..	21	—	2	—	23	22	1
Seaton Valley ... ..	113	—	1	—	114	137	61
Whitley Bay ... ..	110	—	22	—	132	171	6
Rural Districts :—							
Alnwick ... ..	32	—	5	—	37	37	12
Belford ... ..	24	—	5	—	29	26	2
Bellingham ... ..	6	—	2	—	8	2	5
Castle Ward ... ..	64	—	13	—	77	84	153
Glendale ... ..	8	—	16	—	24	64	8
Haltwhistle ... ..	36	—	5	—	41	15	4
Hexham ... ..	38	—	5	—	43	42	4
Morpeth ... ..	12	—	9	—	21	130	1
Norham and Islandshires ... ..	—	—	2	—	2	27	—
Rothbury ... ..	10	—	3	—	13	54	2
TOTALS ... ..	1,730	—	423	—	2,153	2,460	655

\* 138 built by Newcastle City Council.

TABLE 30.

## RURAL HOUSING SURVEY.

PROGRESS REPORT TO 31ST DECEMBER, 1951.

AUTHORITY.	Total number of houses to be surveyed.	State of Survey.		* Classification of Houses surveyed Number and Percentage.					Houses condemned but occupied under licence.	Over-crowded houses.
		Completed.	Not yet com.-menced.	I.	II.	III.	IV.	V.		
Alnwick ...	4,100	1,679	2,421	180	371	947	316	181	4	—
Belford ...	1,496	1,496	—	534	269	510	302	183	—	19
Bellingham ...	1,398	834	564	302	204	203	30	125	—	30
Castle Ward ...	4,159	4,159	—	2,041	406	1,288	322	424	11	—
Glendale ...	2,229	2,229	—	282	401	919	797	627	28	—
Haltwhistle ...	2,362	1,632	730	466	175	895	205	96	4	20
Hexham ...	4,000	2,905	1,095	1,014	580	1,210	285	101	—	—
Morpeth ...	4,500	1,577	2,923	235	157	1,121	779	64	1	42
Norham and Islandshires ...	1,307 950	1,307 261	— 689	342 93	291 80	475 49	256 —	199 39	— —	4 —
Rothbury ...	26,501	18,079	8,422	5,489 30.3%	2,934 16.2%	7,617 42.1%	3,292 18.3%	2,039 11.3%	48	115

\* CLASSIFICATION.

I. Satisfactory in all respects.

II. Minor defects.

III. Requiring repair, structural alteration or improvement.

IV. Appropriate for reconditioning (also included in Column III).

V. Unfit for habitation and beyond repair at a reasonable cost.



TABLE 31.  
IMPROVEMENT GRANTS—HOUSING ACT, 1949.

COUNTY DISTRICTS.	APPLICATIONS DEALT WITH.			
	Received.	Approved.	Rejected.	Under consideration.
Boroughs :—				
Berwick-upon-Tweed ...	6	6	—	—
Blyth ... ..	—	—	—	—
Morpeth ... ..	—	—	—	—
Wallsend ... ..	—	—	—	—
Urban Districts :—				
Alnwick ... ..	—	—	—	—
Amble ... ..	2	2	—	—
Ashington ... ..	—	—	—	—
Bedlingtonshire ... ..	2	1	—	1
Gosforth ... ..	—	—	—	—
Hexham ... ..	2	—	—	2
Longbenton ... ..	3	2	—	1
Newbiggin-by-the-Sea ... ..	3	2	—	1
Newburn ... ..	—	—	—	—
Prudhoe ... ..	—	—	—	—
Seaton Valley ... ..	—	—	—	—
Whitley Bay ... ..	2	—	—	2
Rural Districts :—				
Alnwick ... ..	3	1	2	—
Belford ... ..	—	—	—	—
Bellingham ... ..	—	—	—	—
Castle Ward ... ..	9	6	2	1
Glendale ... ..	34	34	—	—
Haltwhistle ... ..	6	6	—	—
Hexham ... ..	2	1	1	—
Morpeth ... ..	4	4	—	—
Norham and Islandshires ... ..	1	1	—	—
Rothbury ... ..	14	13	—	1
TOTAL ... ..	93	79	5	9

TABLE 32.  
BLIND WELFARE.

## REGISTER OF BLIND PERSONS.

Number on register, 31st December, 1950	...	...	...	669
Names added to register :				
New Cases	...	...	...	125
Transfers In	...	...	...	17
				<hr/> 142
				811
Names removed from register :				
Deaths	...	...	...	80
De-certified	...	...	...	3
Transfers Out	...	...	...	21
				<hr/> 104
Number on register, 31st December, 1951	...	...	...	<hr/> 707

## HOME TEACHERS' VISITS.

Social welfare (blind)	...	...	...	...	4,933
Social welfare (partially sighted)	...	...	...	...	299
To give lessons	...	...	...	...	348
To investigate new applications	...	...	...	...	228
To accompany patient to hospital, etc.	...	...	...	...	28
Special visits	...	...	...	...	380
To homes and hospitals	...	...	...	...	65
					<hr/> 6,281



