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NORTHUMBERLAND COUNTY COUNCIL

ANNUAL REPORT

OF

THE COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952

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

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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.
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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.
Do. Do. ...	MURIEL S. ALEXANDER, M.B., Ch.B., D. (Obstet.) R.C.O.G.
Do. Do. ...	SHEILA M. E. GREW, M.R.C.S., L.R.C.P.
Do. Do. ...	ELAINE M. SUNDERLAND, M.B., Ch.B., D.(Obstet.) R.C.O.G. (Resigned 31st March, 1952).
Do. Do. ...	PEGGY J. CLARK-ROBERTS, M.R.C.S., L.R.C.P., D.P.H. (Commenced 10th March, 1952).

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.
Do. Do. ...	Joseph F. Mather, B.Sc., M.B., B.S. (Commenced 8th September, 1952).
Chest Physician	*J. Reginald Beal, M.D., D.P.H.
Do.	*James M. Gilmore, M.D., D.P.H.
Do.	*George Hurrell, M.D., B.Hy., D.P.H.
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Do.	*Frederic L. Wollaston, M.R.C.S., L.R.C.P.
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Deputy Superintendent Health Visitor	May Fothergill, S.R.N., S.C.M., H.V. Cert. R.S.I.
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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.R.San.I. M.S.I.A.,
Ambulance Officer	George D. Dickinson.
Supervisor of Blind Welfare ...	Eileen Metcalfe, Home Teacher's Certificate.
Home Help Organiser	Doreen Grose.
Chief Clerk	George W. Scott.

*Specialist Staff of Regional Hospital Board.

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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 1952, the 60th in the series of the reports of the County Medical Officer. The report contains a special review of the services provided by the Council under the National Health Service Acts since 1948.

The report shows continued improvement in some of the figures which serve as indices of the health of the community. The infant mortality rate fell below 30 per 1,000 live births for the first time; the maternal mortality rate remained below 1 per 1,000 for the second year, and the improvement in mortality from tuberculosis was such that for the first time there were less than 100 victims of the respiratory form of this disease in the county in the year. In the field of infectious disease new records were also established; for the first time no death occurred from whooping cough, and the returns showed no one had died from diphtheria since 1950.

While satisfaction must be felt over these figures, the report contains a note on infantile mortality which shows that in four urban areas there has been much less improvement than in other parts of the county. This is a challenge and calls for careful study and greater efforts by all concerned.

Some of the other statistics do not give such course for satisfaction. The fact that more people died from road accidents than from tuberculosis or pneumonia is a matter of grave import, and calls for considerably greater efforts in the prevention of these wholly preventable deaths. Among as yet unpreventable conditions, malignant disease in its various forms increased its toll, and cancer of the lung caused more deaths than pulmonary tuberculosis. Much research is needed into the prevention of cancer, for more and more people are living to the ages on which malignant disease falls most heavily.

I have commented each year since 1948 on the decrease in the number of new houses erected in the county during the year, and it is pleasant to be able to record that in 1952 this fall was checked and some 500 more houses were built than in the previous year. It is a matter of the greatest regret that economic circum-

stances prevent us from reaching the high level of housing construction which had been achieved before the war. For at least fifty years the need has been for more houses; this need is felt today almost as urgently as at any time during that period.

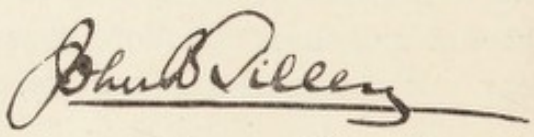
The review of the part of the National Health Service which is provided by the Council covers the services since the Act came into operation. Some interesting facts emerge from the review, some of which have been the subject of comment in previous years. The great expansion of the ambulance and home help services is well known, and this is discussed in detail. Less marked, but of equal interest, is the expansion of the home nursing service and the decrease in the amount of home midwifery during the five years. There has been a steady increase in the amount of dental treatment given to pre-school children. The increase in the number of vaccinations against tuberculosis is of interest, but it is disappointing to find the negligible increase which has been achieved in the admission of mental defectives to hospital.

Despite an increase of 33% in the number of child welfare centres during the five years, the Council was not able to build new premises in a single instance. I am glad that at the time of writing work is in progress on one new building, and others may be commenced in the fairly near future.

Consideration of the vast amount of work that has been done since 1948 makes me realise how much I am indebted to all the professional, technical and clerical staff of the Department, and in particular to Dr. Minns, Dr. Edwards, Mr. Robinson, Miss Graham and Miss Mallaburn. In thanking them, I would like also to thank Mr. Scott, Mr. Woodcock, Mr. Lindsley and Miss Foreman for their help in preparing the report. Lastly, I must thank the Chairman and members of the Health Committee for the interest they continually show in the work of the Department and for the support without which any progress which we have made could not have been achieved.

I have the honour to be,

Your obedient Servant,



County Medical Officer.

NORTHUMBERLAND COUNTY COUNCIL.

Report of the County Medical Officer of Health for the year 1952.

Vital Statistics.

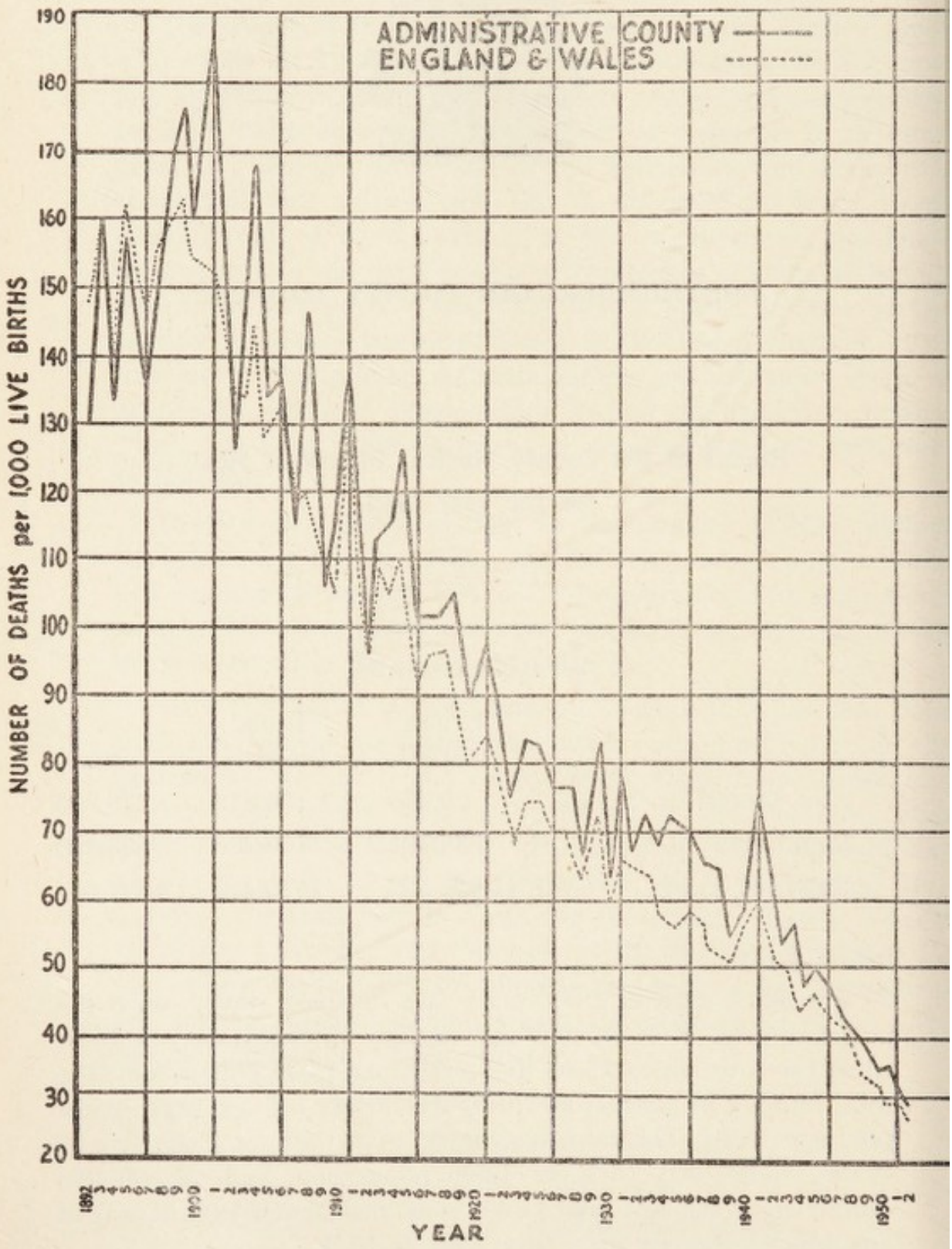
	Urban Districts.	Rural Districts.	Total.
Area (acres)	79,573	1,196,632	1,276,205
Population	338,100	100,200	438,300
Rateable Value ..	£1,952,528	£575,419	£2,527,947

Birth Rate.

The birth rate in the county has declined slowly since the post-war peak of 1947, and this decline was continued in 1952, when the rate fell to 16·08 live births per 1,000 population. The total number of births was 7,047, which was 155 less than in the previous year. The rate was higher than that for England and Wales, which was 15·3 per 1,000 population, and, despite the decline over the last five years, remained higher than it was at any time in the ten years from 1932 to 1941.

COUNTY OF NORTHUMBERLAND

INFANT MORTALITY RATES—1892-1952



Infant Mortality Rate.

For the first time on record the infant mortality rate for the county fell below 30 to a level of 29·37 per 1,000 births. The number of babies who died before their first birthday was 207, which was 27 fewer than in 1951. The graph on page 10 shows the fall in the infant mortality rate since records were first available for the county area. Much has been said in recent years about the improvements in care of expectant mothers and of infants, and it must suffice here to say that the graph shows a remarkable achievement which should be a cause for general satisfaction. It should, however, be noted that the infant mortality rate for England and Wales fell to 27·6 per 1,000 births which may be taken as evidence that the county rate can be reduced still further.

Still Births.

Though the still birth rate for the county is little more than half what it was ten years ago, there was an increase for the second year in succession, and the rate reached 25·04 per 1,000 registered births.

Maternal Mortality.

Only six mothers died from conditions associated with their pregnancy during the year, and the maternal mortality rate was 0·83 per 1,000 total births. While this shows no improvement on the previous year and does not approach the record of 0·38 established in 1947, the number of deaths is so small that variations from year to year can cause marked changes in the rate. It is satisfactory to note that the rate remained below 1 per 1,000 for two years in succession.

General Death Rate.

The general death rate decreased to 11·25 per 1,000 population, compared with 12·58 in the previous year. This decline was expected, because the relatively high figure for 1951 was associated with the epidemic of influenza that year.

Principal Causes of Mortality.

The total number of deaths from all causes was 4,930. The chief causes are shown in the following table :—

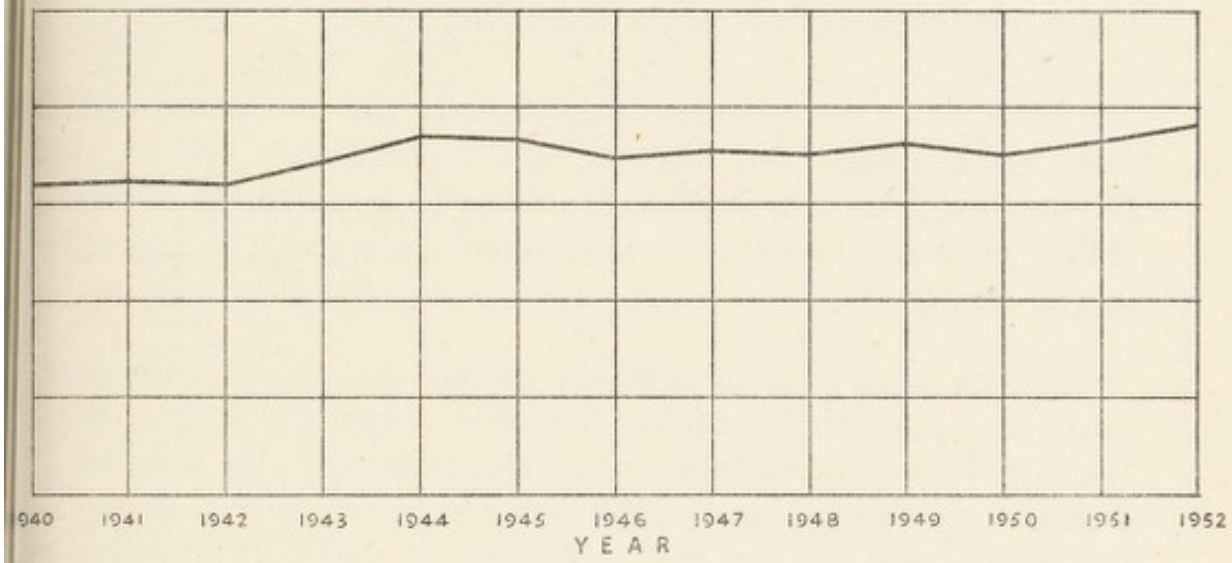
	1952.			1951.		
	Number of Deaths.		Percentage of Total Deaths.	Number of Deaths.		Percentage of Total Deaths
Heart Disease :—						
Coronary Disease, Angina...	747			733		
Hypertension with Heart Disease	106			149		
Other...	947			1,103		
	——	1,800	36·51	——	1,985	36·07
Malignant Neoplasm :—						
Stomach	165			184		
Lung, Bronchus	130			99		
Breast	70			56		
Uterus	46			55		
Other...	432			403		
	——	843	17·1	——	797	14·50
Vascular Lesions of Nervous System		748	15.17		783	14.21
Bronchitis		198	4·01		282	5·13
Pneumonia		120	2·43		167	3·03
Motor Vehicle and other accidents		163	3·31		160	2·93
Other Diseases of Circulatory System		149	3·02		147	2·67
Tuberculosis :—						
Respiratory	77			105		
Other...	15			18		
	——	92	1·87	——	123	2·23
Nephritis and Nephrosis ..		60	1·22		75	1·36
		4,173	84·64		4,680	85·06

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.

Deaths from cancer maintained the increase which has been noted over recent years and the death rate from all forms of malignant disease rose from 1·82 to 1·92 per 1,000 population. The graph on page 13 shows the trend of the cancer death rate

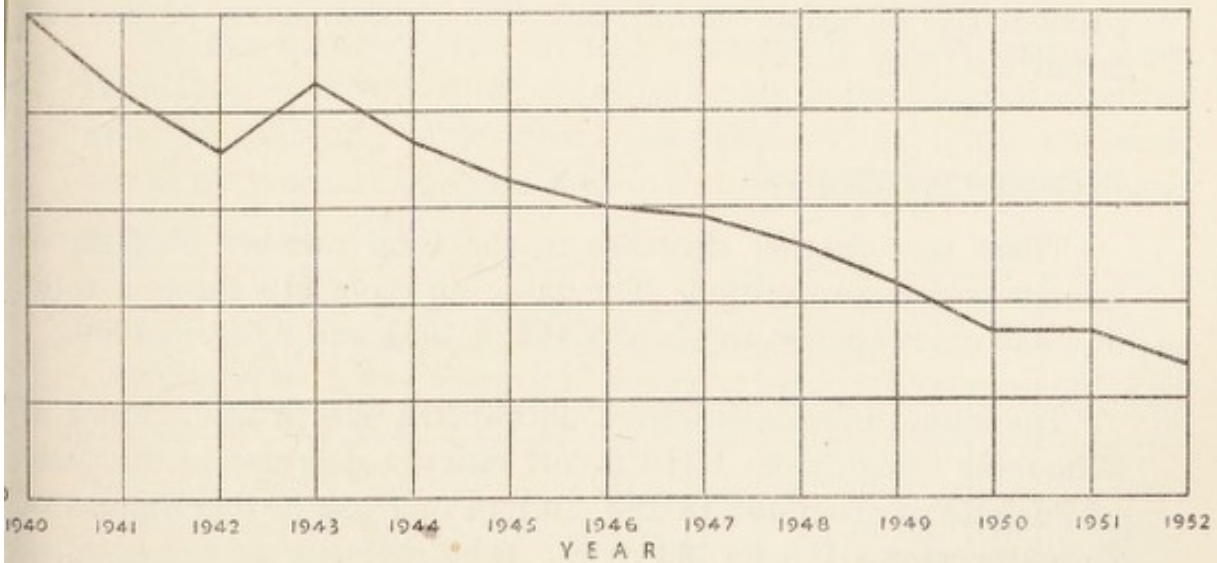
CANCER.

DEATH RATE—1940 TO 1952.



NEPHRITIS AND NEPHROSIS.

DEATH RATE—1940 TO 1952.



since 1940. This increase in mortality from malignant disease is in keeping with the increasing age of the population and in 1952 the increase was not appreciably greater than in previous years. It may be noted, however, that there was a marked increase in mortality from cancer of the lung or bronchus, and that the number of deaths from this form of the disease has more than doubled in the last seven years.

There was a welcome small decrease in the number of deaths from heart disease and diseases of the circulatory system, and for the first time the number of deaths from all forms of tuberculosis was less than 100. Fuller reference is made to this later in the report.

Though there has not been the marked reduction in the mortality from pneumonia which at one time seemed possible following the introduction of antibiotics and chemotherapy, the number of deaths from pneumonia in 1952 was the lowest ever recorded in the county and was, in fact, only half of the number recorded twenty years ago.

The decline in mortality from nephritis and nephrosis is much more marked and the number of deaths during the year was less than a third of the figure for 1940. This is illustrated in the graph on page 13. While it is not possible to find a single cause for this fall in the death rate from these conditions, advances in treatment, particularly of streptococcal infections, must have played an important part.

Infectious Diseases.

There was another decrease in the total number of cases of infectious disease notified. The table on page 119 shows a total of 7,390 cases against totals of 7,455 in 1951 and 8,643 in 1950.

The chief differences were a noteworthy fall in the amount of Whooping Cough from 1,418 to 707 cases, a decrease in the cases of Pneumonia from 405 to 299, and an increase in the amount of Dysentery from 178 to 363 cases. The majority of the cases of dysentery were in the urban districts of Ashington, Newburn and Prudhoe.

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

	1952.		1951.		1950.		1949.	
	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
Diphtheria	2	—	2	—	6	2	18	—
Measles	4,997	2	4,648	2	5,441	—	3,394	1
Whooping Cough ...	707	—	1,418	5	1,482	7	916	4
Meningococcal Infection	19	5	26	7	14	3	—	—
Scarlet Fever ...	771	—	626	—	684	—	560	—
Enteric and Paratyphoid Fevers	20	—	6	—	4	—	11	1
Diarrhoea and Enteritis (under 2 years)	—	—	—	—	—	—	—	27
Diarrhoea, etc. (under 5 years) ...	—	11	—	6	—	16	—	—
Acute Poliomyelitis ...	53	3	12	1	99	11	34	2
Acute Polioencephalitis ..	4	—	2	—	3	—	1	—

POLIOMYELITIS.

There was an increase in notifications of poliomyelitis from 12 in 1951 to 53 this year. This gives the third highest notification rate per 100,000 of the population (namely 12·1) since the year when the war ended. The rate has varied from 2·0 in 1948 to 24·7 in 1947.

Three of the 53 cases died and all the deaths were in adults with paralytic signs.

As has become usual in this country in recent years, more than three-quarters of the cases occurred in the summer months, and the following table shows the details of paralytic and non-paralytic cases in borough and urban and rural district for each quarter of 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	—	—	—	5	1	—	—	6	1	7
Urban Districts	1	—	4	3	11	7	1	—	17	10	27
Rural Districts	—	—	—	—	12	6	1	—	13	6	19
TOTALS ...	2	—	4	3	28	14	2	—	36	17	53

The proportion of non-paralytic cases compared with previous experience in the county decreased to 32% and of these cases 82% occurred in the third quarter of the year. The age of the patients varied from 6 months to 52 years and the distribution was as follows :—

0—5 years	44·4%
5—15 years	26·7%
15+	28·9%

As the cases occurred in small numbers throughout most areas of the county between May and October, it was not necessary to advise any special preventive measures and immunisation sessions were not interrupted.

Food Poisoning.

Two outbreaks of food poisoning occurred in the county during the year. The Medical Officer of Health for the Borough of Blyth described 24 cases of illness among a christening party of 33 people on 2nd March. The illness in most cases was fairly acute but passed off without any recurrence of symptoms within 36 hours. The presumptive evidence was that the symptoms were caused by the consumption of a pre-formed toxin contained in pease pudding contaminated by those persons who prepared it at home. It was of some interest that the laboratory reported the isolation of shigella sonnei from eight specimens of patients' stools. This was presumably a secondary infection to the pease pudding which gave a profuse mixed growth of Type 1 faecal coli, haemolytic streptococci and micrococci.

Cases of food poisoning in Blyth, Bedlington and Newburn were reported between 28th June and 3rd July. These were all traced to a batch of pork pies from a manufacturer in Glasgow following a warning sent out by the Ministry of Health that some contamination of pies might be expected. Samples of unconsumed pie and of stools showed the presence of salmonella typhimurium Type 2c and a total of 15 persons were known to have been affected from this contamination. Symptoms commenced between 2 and 23 hours after consumption and were usually malaise, headache, vomiting and in some cases prostration and rigors.

Single cases of food poisoning were reported from Newbiggin-by-the-Sea and Seaton Valley Urban Districts and from the Rural Districts of Hexham and Morpeth.

It seems that the introduction of bye-laws to ensure cleaner food in shops and restaurants will keep the outbreaks of this truly preventable disease down to single cases. The Blyth outbreak was thought to be associated with the poor hygiene in the homes of those preparing the pease pudding, while the infection spread by the pork pies was believed to have been conveyed in the cellophane wrapping paper infected by a worker in Glasgow suffering from salmonella typhimurium food poisoning.

VENEREAL DISEASES.

There has been a steady decline in the incidence of venereal disease since 1946, and the report issued by Dr. W. V. Macfarlane shows that this was maintained in 1952.

Nearly all of the treatment of venereal disease in the county is carried out at the clinics in Newcastle and Blyth. At the former the number of new registrations was 600, which was 29 less than in the year before, and 103 less than 1950. Of these new registrations only 126 were found to be suffering from venereal disease, compared with 166 in 1951 and 196 in 1950.

There was a very marked fall in the new registrations at Blyth, the total being 80 compared with 124 in 1951 and 187 the year before that. Of these 80 registrations only 30 were suffering from venereal disease; this is a marked improvement on the 88 such patients treated in 1950.

Prevention of Venereal Diseases.

CONTACT TRACING.

The total number of male and female contacts sought was 53, involving 228 visits. It was possible to identify 39 of these as follows :—

Brought to Clinic by consort, or contact tracer ...	32
Refused to attend Clinic	2
Contacts named more than once	5
Diagnosis of identified contacts—	
Syphilis	3
Gonorrhoea	19
Syphilis and Gonorrhoea	1
Non-venereal conditions	8
Not yet diagnosed	1

TREATMENT DEFAULTERS.

During the year under review, the contact tracer paid 376 visits to treatment defaulters within the area. Fifty-seven patients were provided with transport and accompanied to the clinic in an effort to persuade them to re-commence treatment.

ANTE-NATAL SEROLOGICAL TESTS.

Twenty-five cases of maternal syphilis were diagnosed during the year. Fifteen of these patients were already attending the clinic prior to this pregnancy.

Of these patients :—

22 received treatment with penicillin during ante-natal period ;
1 refused treatment ;
1 had a miscarriage before treatment could be given ;
1 was received at the clinic at too late a stage of pregnancy to be treated.

Of the babies subsequently born to the above patients, 23 were tested and found to be healthy.

The contact tracer paid 68 visits on behalf of these patients.

TUBERCULOSIS.

The remarkable fall in mortality from tuberculosis which has been noted since 1946 was continued in 1952, the total deaths forming only 75% of the number in the previous year and reaching a total of less than one hundred in the county for the first time. The total of 92 deaths represents slightly less than half of the number recorded in 1949. The graph on page 21 shows the fall in the death rate since 1900.

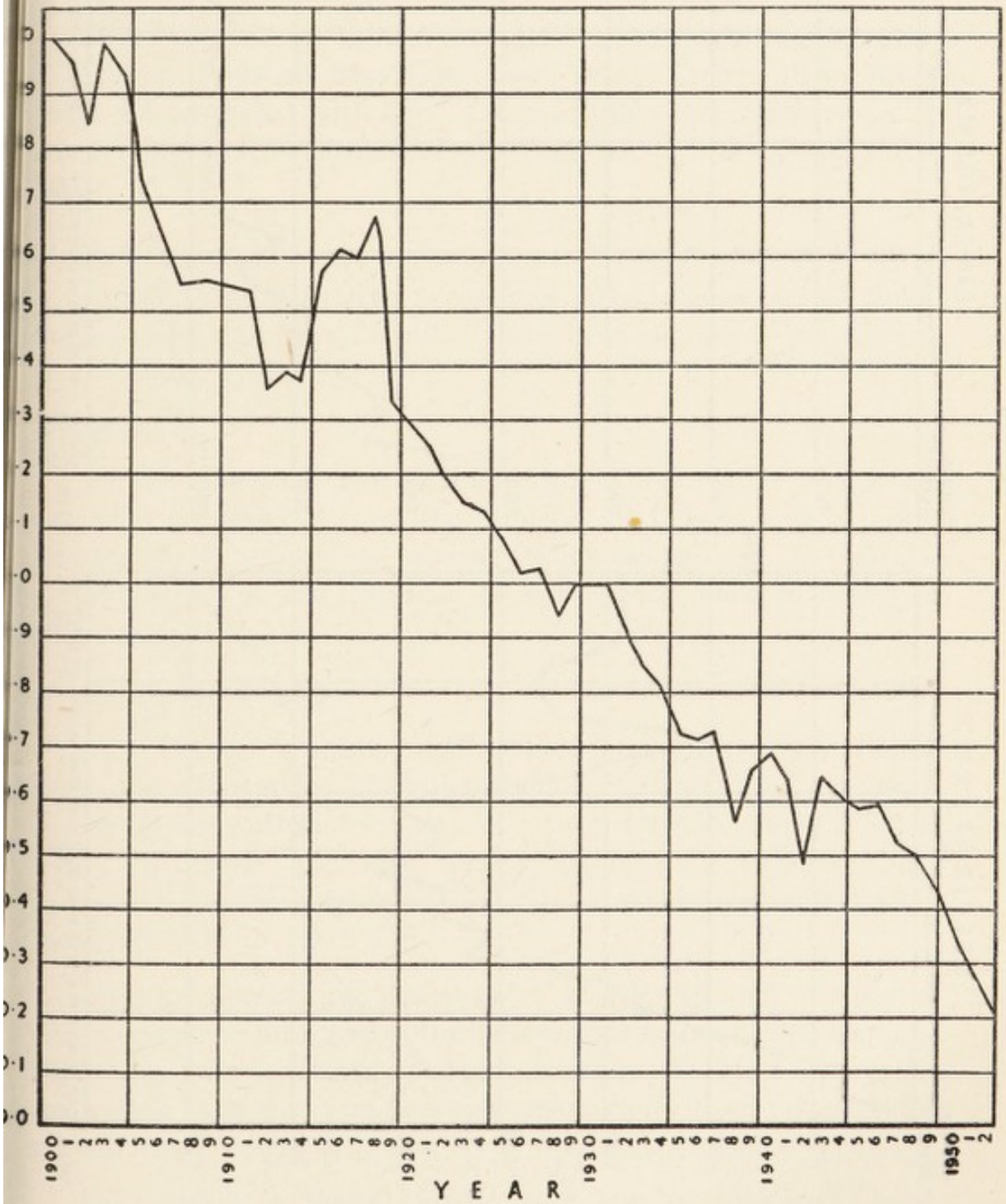
The halving of the death rate in four years is a remarkable achievement, the credit for which must be given largely to advances in treatment. Antibiotics have so altered the outlook in many tuberculous infections and surgical intervention has progressed so remarkably that there is every hope of this rapid fall being continued. Mortality from pulmonary tuberculosis is falling to a greater extent on the older age groups, and there are now more deaths over the age of 45 than before that age, which is the reverse of the position prior to 1951. There were only 10 deaths of women between the ages of 15 and 45 years; this was only one-fifth of the number which occurred five years earlier. A similar though not so marked reduction has occurred in males in the same age group. The tendency for tuberculosis to strike down young men and women in early adult life is diminishing and one-fifth of the mortality for 1952 was in persons over the age of 65 years.

The fact that such a large number of persons infected with tuberculosis now return to the community from sanatoria raises the possibility of spread of infection from a pool of occasionally infectious persons. While there was no decline in the number of cases of tuberculosis ascertained and notified during the year, there was no evidence of any increase in numbers. It seems probable that the risk is greatest from the unknown infectious case and that the known patient takes sufficient precautions to minimise the spread of infection. The graphs on page 22 show the numbers of notifications and deaths for respiratory and other forms of tuberculosis for the year.

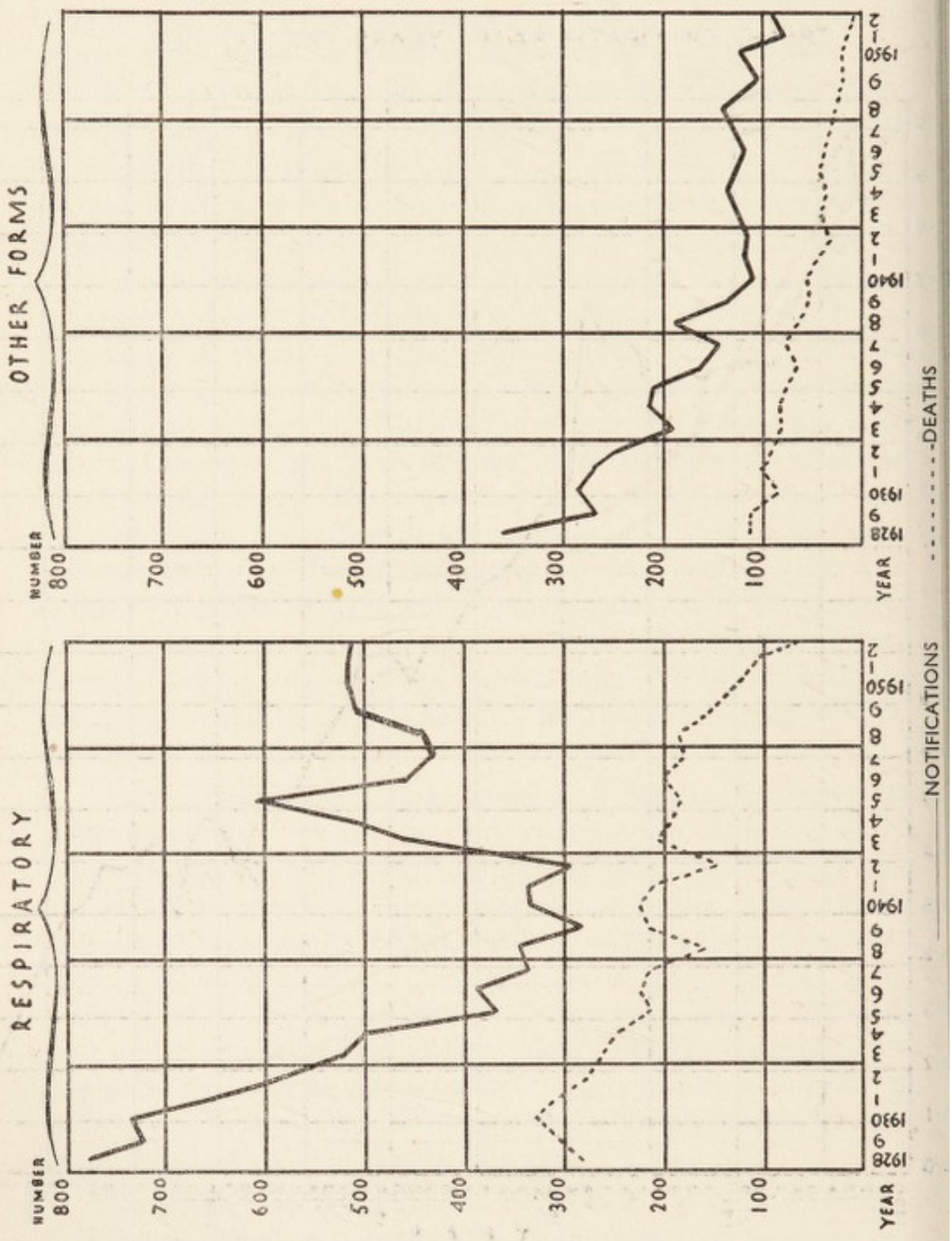
The health visiting staff work closely with the chest physicians in the education of patients, the examination of contacts and protection by B.C.G. vaccination. Furthermore, the almoner and the after-care service assist with overcrowding and other problems. Reference is made to these services later in the report.

TUBERCULOSIS—ALL FORMS

TREND OF DEATH RATE—YEARS 1900 TO 1952.



TUBERCULOSIS.



Chest Clinic Service.

I am indebted to Dr. J. R. Beal, Dr. J. M. Gilmore and Dr F. L. Wollaston for the following information about the ches clinics :—

North Northumberland Area.

Definite cases on the combined clinic registers number 1,240 as against 1,108 at 31st December, 1951. Deaths (all causes) total 49 compared with 52 in the previous year, whilst removals (recovered and for other reasons) amount to 74 against 60 in 1951.

Housing.

Local Authorities give favourable consideration to all tuberculous cases and many families have been rehoused, particularly in the Blyth area.

Resettlement.

Periodic sessions are held at Blyth Chest Clinic which are attended by officials from the Ministry of Labour and National Service with a view to placing tuberculous cases in suitable employment. A fair measure of success has been achieved in this connection.

Blyth Chest Clinic.

An "Odelca" camera was installed at the latter part of the year, and, after minor "teething" difficulties had been overcome, is now giving satisfactory service. In order to make the fullest use of the camera, additional weekly sessions have been arranged : one on Friday evenings 6 to 7.30 p.m. and another on Saturday mornings 9.30 to 11.15 a.m.

All the medical practitioners in the Blyth and Ashington clinic areas were informed of this new service and so far the response has been very gratifying. Approximately 60 films are taken each week at these extra sessions, apart from those taken at the normal clinic sessions.

The camera is being largely used also in connection with contact x-rays and in this way should show an appreciable difference in cost in comparison with the large film hitherto used.

A total of 498 cases (including contacts) were referred, out of which 102 were found to be definite cases of tuberculosis, 93 being pulmonary and 9 non-pulmonary.

NEW PULMONARY CASES (including contacts).

Group.	M.	F.	Children.	Total.
T.B. Minus ...	19 (21)	26 (10)	11 (16)	56
T.B. Positive	19 (39)	18 (19)	—	37
TOTAL ...	38	44	11	93

(Figures in brackets are those for 1951.)

Total number of cases remaining on the register at 31st December, 1952—515 against 456 at the end of 1951. Of these 210 are classified as T.B. positive.

Twenty cases were removed from the register as recovered and 17 deaths from all causes were recorded.

Contacts.

Of 102 new contacts examined at the clinic, 7 were definite cases of tuberculosis, 6 pulmonary and 1 non-pulmonary.

The total number of contacts both old and new attending for examination and x-ray was 139. Number x-rayed by M.M.R. Unit was 802.

272 persons were tuberculin tested, 198 having a negative reaction. These latter were vaccinated with B.C.G.

ASHINGTON CHEST CLINIC.

A total of 951 cases (including contacts) were referred, and of these 93 were found to be definite cases of tuberculosis, 74 pulmonary and 19 non-pulmonary.

NEW PULMONARY CASES (including contacts).

Group.	M.	F.	Children.	Total.
T.B. Minus ...	14 (18)	17 (11)	8 (10)	39
T.B. Positive	18 (23)	16 (20)	1 (—)	35
TOTAL ...	32	33	9	74

(Figures in brackets are those for 1951.)

Number of cases on register at 31st December, 1952, was 478 as against 441 at the end of 1951. Of these, 395 are classified as pulmonary and 83 as non-pulmonary.

Thirty cases were removed from the register as recovered and 22 deaths were recorded.

Contacts.

194 contacts both old and new were seen at the clinic, 11 definite cases being detected, 9 pulmonary and 2 non-pulmonary. 372 were x-rayed by the M.M.R. Unit.

205 were tuberculin tested, 99 returning a negative reaction. These latter were vaccinated with B.C.G.

ALNWICK CHEST CLINIC.

The figures show a considerable increase over 1951, 38 definite cases being detected (including contacts) against 15 for 1951. Of these, 35 were pulmonary and 3 non-pulmonary. Three of the pulmonary cases are contacts.

The same problem exists at this clinic whereby patients have to attend twice, once for x-ray and on another day for examination. It has not been found possible to alter this arrangement so far.

A total of 318 cases (including old and new contacts) were referred to the clinic. Total attendances of all cases 646, plus A.P. refills 210.

NEW PULMONARY CASES (including contacts).

Group.	M.	F.	Children.	Total.
T.B. Minus ...	8 (3)	6 (3)	3 (2)	17
T.B. Positive	9 (3)	9 (4)	—	18
TOTAL ...	17	15	3	35

(Figures in brackets refer to 1951.)

Cases on register at 31st December, 1952, were 143. Of these, 122 are classified as pulmonary and 21 non-pulmonary.

Contacts.

144 contacts (old and new) were examined during the year, 3 definite cases of tuberculosis (pulmonary) being detected.

133 contacts were tuberculin tested; 39 of these were vaccinated with B.C.G.

BERWICK CHEST CLINIC.

A total of 70 new cases were referred to the clinic during the year, 17 of these being definite cases of tuberculosis, 15 pulmonary and 2 non-pulmonary.

Total attendances of all cases were 467, plus A.P. refills 314.

NEW PULMONARY CASES.

Group.	M.	F.	Children.	Total.
T.B. Minus ...	6 (1)	2 (3)	— (1)	8
T.B. Positive	4 (7)	3 (5)	— (—)	7
TOTAL ...	10	5	—	15

Cases on register at 31st December, 1952, 104 against 96 at 31st December, 1951. Of these, 76 are pulmonary and 28 non-pulmonary.

Four cases were removed from the register recovered and three died. Five cases were transferred to other areas.

Contacts.

73 contacts, both old and new, were examined at the clinic during the year, no case of tuberculosis having been detected.

106 contacts were tuberculin tested and of these 45 were vaccinated with B.C.G.

SOUTH-EAST NORTHUMBERLAND AREA.

TYNEMOUTH CHEST CLINIC.

In the latter part of 1952 the long overdue alterations were carried out at this clinic. Better facilities have now been provided for undressing and, in addition, an x-ray screening room and treatment room has been provided.

Accommodation for an almoner within the clinic is still lacking, but there should be no insuperable difficulty in providing this accommodation at little cost.

Towards the end of 1952 a further distribution of cases took place. Cases resident in the Backworth and Shiremoor areas, who formerly attended Wallsend Chest Clinic, were transferred to the Tynemouth Chest Clinic with a view to lessening the inconvenience to patients (in view of the fact that they of necessity had to pass through North Shields).

WHITLEY BAY URBAN DISTRICT (includes contacts).

	PULMONARY.				NON-PULMONARY.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus...	9	7	1	17	3	2	2	7	24
T.B. Positive	15	5	—	20	—	—	—	—	20
TOTAL ...	24	12	1	37	3	2	2	7	44

A total of 595 cases remained on the register at 31st December, 1952, as against 424 on 31st December, 1951.

Of these cases, 527 (383) were classified as pulmonary cases and of these 354 (279) were in the group T.B.+. In this group 25 cases living in the county were known to have had a positive sputum within the preceding six months, 22 in Whitley Bay, and 3 in Seaton Valley. Fifteen of these cases were at home on 31st December, 12 in Whitley Bay and 3 in Seaton Valley.

Contacts.

A new drive has been made to further intensify the control of contact infection. During the year 529 new contacts were examined and x-rayed at the clinic ; 51 were x-rayed by the Mass Miniature Radiography Unit. Old contacts either seen and x-rayed at the clinic, x-rayed alone, or x-rayed by the Mass Miniature Radiography Unit totalled 888, so that in all, 1,468 contacts have been surveyed, equal to 2·4 per case on register.

Only two contacts living in Whitley Bay were found to be suffering from tuberculosis.

Tuberculin Testing and B.C.G. Vaccination.

Tuberculin testing by means of the jelly technique was confined to the 0—15 years age group of contacts and in all 370 children were tested. Of these, 102 were found to be tuberculin negative,

or approximately 27·5%. B.C.G. vaccination was offered to all negative reactors and 17 county children were vaccinated.

B.C.G. vaccination was offered to Mantoux negative nursing staff, and five nurses were vaccinated at this clinic.

Almoning Service.

It is eminently desirable that an almoning service should be available at the Tynemouth Chest Clinic. An almoning service has been provided by the Northumberland County Council for many years. Unfortunately, the almoner is unable to work in the Tynemouth Clinic in respect of residents from the County Areas of Whitley Bay and Seaton Valley, through lack of office accommodation.

Wallsend Chest Clinic.

Statistics.

During the year a total of 756 new cases was referred to the clinic as compared with 836 in 1951. Of these cases, 92 were found to be suffering from tuberculosis as against 91 in 1951. The distribution into groups is detailed below. (Figures include contacts.)

	Pulmonary.				Non-Pulmonary.				Grand Total.
	M.	F.	Children.	Total.	M.	F.	Children.	Total.	
T.B. Minus ...	22 (16)	15 (12)	7 (6)	44 (34)	5	12	7	24	68
T.B. Positive	17 (27)	14 (14)	— (1)	31 (42)	—	—	—	—	31
Totals	39 (43)	29 (26)	7 (7)	75 (76)	5	12	7	24	99

(Figures enclosed in brackets are corresponding for 1951.)

It will be noted that there are 4 fewer pulmonary male cases, but of rather more significance 10 fewer sputum positive male cases. A total of 356 cases remained on the register at 31st December, 1952, as against 370 on 31st December, 1951.

Of these cases, 300 (315) were classified as pulmonary cases and of these 185 (147) were in the group T.B.+. In this group 61 (56) were known to have had a positive sputum within the preceding six months, or approximately 20% of all pulmonary

cases could be regarded as "open infectious cases." Of these 61 cases, 33 were at home on 31st December, 1952.

Contacts.

During the year 246 new contacts were examined and x-rayed at the clinic; 603 old contacts were either x-rayed alone or seen and x-rayed at the clinic, making a total of 849 contacts surveyed, equal to 2·4 per case. Of the contacts examined, 7 were found to be suffering from tuberculosis. The distribution is detailed below :—

Pulmonary.				Non-Pulmonary.				Grand Total.
M.	F.	Children.	Total.	M.	F.	Children.	Total.	
1	1	3	5	—	—	2	2	7

Tuberculin Testing and B.C.G. Vaccination.

Tuberculin testing by means of the jelly technique was confined mainly to the 0—15 years age group of contacts. In all, 302 contacts were tested, the results are detailed below. B.C.G. vaccination was offered to all negative reactors and 41 children were vaccinated.

0—15 years.				15 years and over.			
Tested.	Negative.	% Negative.	Vaccinated.	Tested.	Negative.	% Negative.	Vaccinated.
208	47	22·6	41	94	1	1	—

Hospital Staff.

Fifteen nurses were tuberculin tested and one was found to be tuberculin negative and was accordingly vaccinated.

After-Care.

The Wallsend After-Care Sub-Committee has actively functioned and meets regularly at monthly intervals. Much valuable work has been performed by this committee.

Housing.

The method of rehousing in the Wallsend Borough is based on a points system, additional points being allocated for tuberculous cases.

During 1952, 27 tuberculous families have been rehoused in corporation property.

West Northumberland Area.

Hexham Chest Clinic.

Tuesday clinics have been continued as this is the most convenient day for distant patients. B.C.G. clinics are held at regular monthly intervals on a Friday and in addition arrangements have been made for children living in Prudhoe to be tuberculin tested and given B.C.G. in the local Child Welfare Clinic. Open x-ray sessions for the General Practitioners are available in the X-ray Department of the General Hospital daily, and also at the Chest Clinic on Tuesdays in addition to the normal consultation session. Many of the practitioners are taking advantage of these open sessions and four cases of tuberculosis have been diagnosed.

Disposal of New Patients.

New Cases.			New Contacts.		
Tuberculosis	...	28	Tuberculosis	...	3
Observation...	...	27	Observation	...	35
Discharged ...	...	154	Discharged ...	...	109

Contacts of New Cases of Tuberculosis.

There were 135 home contacts of the 39 cases diagnosed during the year and they were dealt with as follows :—

	Adults.	Children.
Examined at clinic	59	23
Examined by M.M.R.	9	—
Refused examination	8	—
Not yet attended	28	8

Three of the contacts were found to have tuberculosis : one with a chronic lesion of doubtful activity, one with a minimal lesion and the third with progressive disease and a positive sputum.

The 23 children were all tuberculin tested ; 14 were tuberculin positive and the remaining 9 were given B.C.G.

The contacts not yet examined are those of cases diagnosed during the past two months, one of which has 13 other people living in the same house.

CONDITION OF PATIENTS ON REGISTER.

Condition.	Quiescent.	Non-quiescent.		Total.	%
		Neg.	Pos.		
Well and working (or at school)	140	11	2	153	68·0
Well but not yet working	21	5	—	26	11·5
Unfit for work :—					
In Institution	—	13	18	29	12·5
At home	3	4	11	18	8·0
TOTALS	164	33	31	228	
Percentage ...	72·0	14·5	13·5		

There are only four child contacts of the sputum positive cases at home and of these 3 are mantoux positive, one following B.C.G. The parents of the fourth child have refused to allow the child to be tested.

B.C.G. Vaccinations.

Although there have been some refusals of cases in contact with non-respiratory tuberculosis for whom vaccination has not been pressed, there are only 6 children in contact with a respiratory case who have not been vaccinated.

Number tuberculin tested during the year	182
Result : Positive	71
Negative	111
B.C.G. vaccinations (including new born babies who were not tuberculin tested)	120

Housing.

We are grateful for the co-operation of the appropriate Medical Officers of Health in rehousing and can report that there are only three cases for whom rehousing has been recommended still on the waiting list. All three are non-infectious cases.

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 during the year.

A definite programme was made for the whole year and in the county visits were paid to the west, the south-east and to various hospitals. 15,613 persons were x-rayed and 32 new cases of active

tuberculosis were discovered. Seventeen males, equivalent to 0·18%, and 15 females, or 0·23%, were diagnosed, compared with percentages of 0·53 and 0·43 last year for males and females.

1.—*West Northumberland.*

One week only was spent here and a survey of a factory at Prudhoe was carried out. 407 employees were x-rayed and no active case of tuberculosis was discovered.

2.—*South-East Northumberland.*

1,535 persons in Wallsend were x-rayed during one visit and two cases of active tuberculosis were discovered.

A tour of mining communities in this part of the county lasting 17 weeks resulted in 9,849 persons being x-rayed. 259 large films of the chest were taken and as a result 63 persons were referred to the chest clinic through their own doctors. Twenty-three new cases of active pulmonary tuberculosis were discovered and 19 persons were referred to the surgical department for other chest conditions.

3.—*Hospitals.*

Visits were paid to St. George's Hospital, Morpeth ; Prudhoe and Monkton Hospital ; Northgate and District Hospital, Morpeth ; and to Lemmington Hall, near Alnwick.

3,624 patients and staff were x-rayed and seven cases of active tuberculosis were discovered.

4.—*Approved Schools.*

The inmates and staff of Netherton Training School, Longhirst Hall School and the Wellesley Nautical Training School at Blyth were x-rayed during the public sessions at Morpeth and Blyth.

198 boys and men were x-rayed and no active case of tuberculosis was discovered.

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

MATERNITY AND CHILD WELFARE.

The arrangements for the administration of the Maternity and Child Welfare Services remained as they were in 1951. The routine work was satisfactorily maintained, and progress was made in the provision of equipment for health education in Child Welfare Centres and Ante-natal Clinics.

Notification and Registration of Births.

The number of registered births in the county was 7,228, this total including 7,047 live births and 181 still-births. Hospital births numbered 4,546 or 63% of the total and of these 185 took place in private nursing homes.

Notified births numbered 7,036, of which 6,890 were live births and 146 still-births. There was thus a difference of 192 between the total of notified births and that of registered births. In 1951, the number of unnotified births was 112.

Still-births.

During the year under review, the still-birth rate unfortunately rose to 25·04 per thousand total births, which is the highest rate since 1948 and an increase of 1·19 per thousand over that of the previous year. Whilst an increase of the rate over the relatively short period of one year may not be of any great significance, it is a matter for regret that the satisfactory downward trend recorded over the previous four years was not maintained. The rise in the rate has not, as in previous years, been accompanied by a fall in the neo-natal mortality rate. The following is a comparison of the rates over the last four years :—

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
1952	25·04	18·7

Until 1952, very little had been known about the circumstances surrounding the incidence of still-birth in the county. During that year, however, an investigation of all still-births occurring in mothers normally resident in the county and also of a control group of live births was undertaken in association with a number

of other areas in the country. The investigation was instituted at Oxford by the Social Medicine Unit and is being continued in 1953. The information obtained will be collated by the Unit and should be of assistance in determining the factors which influence the rate. In the meantime, no effort will be spared to maintain and improve the arrangements for ante-natal care in the county.

There should be no occasion for despondency about the still-birth rate when it is remembered that the rate twenty years ago in 1932 was 46·4 per thousand total births.

Premature Births.

The incidence of prematurity in the county is increasing. The number of notifications of prematurity in 1952 was 435, compared with 346 in 1951. The previous highest total was in 1949, when there were 400 notifications. Of the 435 notified in 1952, 65 died during the first month. This number represents 31% of all infant deaths.

Of the total of premature babies, 105 were born at home and of these 92 were nursed entirely at home. At the end of the first month, 80 of these or 87% had survived. A total of 330 premature babies were born in hospital and of these 290 or 88% survived the first month. In the aggregate, 85% of premature babies were alive at the end of the first month compared with 83% in 1951. The incidence of prematurity in the total of notified hospital and domiciliary births was 6% compared with 4·7% in 1951.

Illegitimate Births.

The number of illegitimate births in the total of 7,228 registered births was 250, of which 239 were live births and 11 still-births. The illegitimate births represented 3·4% of the total births, a slight increase on the previous year. The still-birth rate in illegitimate births was 44 per thousand compared with 25·9 per thousand in 1951. The still-birth rate amongst legitimate babies was 24.4 per thousand. The neo-natal and infant mortality rates in illegitimate infants were 25·1 and 37·6 per thousand respectively. These rates in 1951 were 26·6 and 31·1 per thousand illegitimate live births. The corresponding rates amongst legitimate infants were 18·5 and 29·08 respectively. It will be noticed that

although the neo-natal mortality rate in illegitimate infants shows a slight decrease, the still-birth and infant mortality rates have risen sharply. In this connection it is of interest to note that in the mothers who were admitted to the hostel at Bowmer Bank during 1952, only one still-birth occurred and there were no infant deaths.

INFANTILE MORTALITY.

The number of babies who died before reaching the age of one year was 207, out of a total of 7,047 born alive. The infant mortality rate was therefore 29·3 per thousand live births, which is the lowest it has ever been. The rate for England and Wales was 27·6 per thousand live births.

The following table sets out the causes of death according to the Registrar General's classification in boroughs, urban districts and rural districts :—

	Boroughs and Urban Districts.			Rural Districts.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Meningococcal infections ...	—	2	2	—	—	—	—	2	2
Measles	1	—	1	—	—	—	1	—	1
Other infective and parasitic diseases	1	—	1	—	—	—	1	—	1
Leukaemia, Aleukaemia ...	1	—	1	—	—	—	1	—	1
Influenza	1	—	1	—	—	—	1	—	1
Pneumonia	20	12	32	1	2	3	21	14	35
Bronchitis...	4	4	8	—	—	—	4	4	8
Gastritis, Enteritis, and Diarrhoea	4	4	8	2	—	2	6	4	10
Congenital malformations ...	13	10	23	3	4	7	16	14	30
Other defined and ill-defined diseases	60	25	85	13	10	23	73	34	108
All other accidents	3	4	7	2	1	3	5	5	10
TOTALS	108	61	169	21	17	38	128	79	207

Rate per 1,000 live births 29·37.

It will be noticed that the two largest groups of causes were again respiratory conditions (including pneumonia and bronchitis) which accounted for 43 deaths and congenital malformations which

caused 30 deaths. These two conditions together were the cause of over one-third of the total infant deaths. As already noted, 31% of all infant deaths were associated with prematurity, some of the latter being included in the total caused by pneumonia and congenital malformations.

The rates in boroughs, urban districts and rural districts for the year were as follows :—

	Live Births.	Infant Deaths.	Infant Mortality Rate.
Boroughs :—			
Berwick	240	6	25·0
Blyth	618	11	17·8
Morpeth	209	7	33·5
Wallsend	930	26	28·0
Urban Districts :—			
Alnwick	132	2	15·2
Amble	67	1	15·0
Ashington	479	20	41·8
Bedlingtonshire	549	20	36·4
Gosforth	361	9	24·9
Hexham	129	8	62·0
Longbenton...	431	18	41·8
Newbiggin-by-the-Sea	165	6	36·4
Newburn	343	10	29·2
Prudhoe	132	4	30·3
Seaton Valley	382	10	26·2
Whitley Bay	412	11	26·7
Rural Districts :—			
Alnwick	156	3	19·2
Belford	79	1	12·7
Bellingham	71	3	42·3
Castle Ward	200	11	55·0
Glendale	96	1	10·4
Haltwhistle	106	4	37·7
Hexham	311	7	22·5
Morpeth	289	7	24·2
Norham and Islandshires... ...	64	1	15·6
Rothbury	96	—	—
TOTALS ...	7,047	207	29·3

Although the infant mortality rate in the county generally has fallen very satisfactorily, there are four urban areas in which, over the last five years, the rate has not shown such a consistent decrease as it has in the rest of the county. The infant deaths in the four areas over these years have been analysed from the point of view of age-groups and causes. Roughly 60% occur in

the first three months of life and of these 75% are due to respiratory infections and conditions associated with prematurity. Social conditions have undoubtedly improved since the war years and the Maternity and Child Welfare Services have expanded, but very little has been done to improve the nursing of sick babies. The only measure that has been taken has been to arrange for the attendance of district nurses at post-graduate courses in infant care. It appears probable that the provision of specialised nursing for premature and sick infants, especially in the thickly populated areas, would still further reduce the infant mortality rate.

Neo-natal Mortality Rate.

A total of 132 infants died during the first four weeks of life and the neo-natal mortality rate was 18·7 per thousand live births—a slight increase on 1951, when the rate was 18·2.

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

Prematurity	53
Cerebral Haemorrhage	13
Congenital Deformity and Abnormality	11
Respiratory Infections	12
Atelectasis	9
Congenital Heart Disease	7
Birth Injury	3
Anoxia	3
Congenital Debility	3
Haemorrhagic Disease	3
Haemolytic Disease of the Newborn	3
Icterus Neonatorum	3
Other forms of Haemorrhage	2
Asphyxia	2
Gastro Enteritis	2
Meningitis	1
Pancreatic Disease	1
Infanticide	1
	132

Neo-natal deaths accounted for 63% of all infant deaths, compared with 56% in 1951 and, as already noted, prematurity accounted for 31%, compared with 25% in 1951.

The investigation into still-births occurring in the county, to which reference has already been made, is associated with in-

vestigations into all neo-natal deaths, and it may be that some related pre-natal conditions will be brought to light which will be of assistance in the institution of preventive measures.

Maternal Mortality.

Six mothers died as a result of pregnancy or confinement during the year and the maternal mortality rate was 0·83% per thousand total births, compared with a rate of 0·81 in 1951. The rate for England and Wales was 0·72 per thousand. Five deaths took place in hospital, one admission taking place after confinement at home. One mother died at home after confinement in hospital.

The causes of death were as follows :—

Cerebral Haemorrhage (Toxaemia of pregnancy) ...	1
Pulmonary Embolism	3
Obstetric Shock due to toxaemia of pregnancy ...	1
Gangrenous Endometritis following abortion (self induced)	1

REGISTRATION OF NURSING HOMES.

There are now two nursing homes and two maternity homes registered in the county.

The private maternity homes are situated in Gosforth and Warkworth and provide a total of 26 beds.

The nursing home in Gosforth continued to function during the year, and an additional registration was granted to a new home in Whitley Bay. The nurse in charge provides 7 beds for medical cases.

Members of the medical and nursing staff inspected all the homes and gave advice when necessary to maintain standards of nursing care, comfort and cleanliness to the requirements of the Council.

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.
54	398	1,032	1,484

Children under Age of 5 Years (included in above figures).

Fatal.	Serious Injury.	Slight Injury.	Total.
6	19	81	106

The figures show a 25% increase in the number of persons killed on the roads and a small decrease in the total number of accidents involving personal injury.

After being able to report less children killed in 1951, it is sad to note that instead of three children dying there were six fatal accidents in pre-school children.

We must continue the education of mothers and children against accidents if the greater number of vehicles on the roads is not to cause a steady increase in loss of life each year.

NATIONAL HEALTH SERVICE ACTS.

REVIEW OF COUNTY COUNCIL SERVICES, 1948-1952.

ADMINISTRATION.

Prior to the introduction of the National Health Service Act, 1946, there had been a move in this county to transfer to the County Council those functions in connection with child welfare and the care of expectant and nursing mothers which were the responsibility of certain County District Councils. This course was adopted by the District Councils in Ashington, Bedlington and Newburn, who were influenced in their action by the advantage of professional direction of the service by this Department, and in addition, the Borough of Blyth arranged for the ante-natal services in that Borough to be supplied from and controlled by the County Authority. Thus the complete transfer of these services throughout the administrative county to the County Council by statute came as the logical conclusion in this area of a series of steps in that direction.

Though the Council remained convinced of the value of central professional direction of these and some other services, the advantage of local knowledge and interest was considered of such importance that arrangements were made for decentralised administration of certain services in a manner which permitted the greatest possible amount of local representation, and the Northumberland Area Health Administration Scheme, 1948, was formulated.

Two important aims were involved in the creation of this administrative machine. The first was that members of the County District Councils should share with members of the County Council in the administration of some of the services of the Local Health Authority, and indeed that they should play the major part in that work, while the second was the linking up of the Health Services of the County District Councils and the Local Health Authority through the joint employment by those bodies of a whole-time medical officer.

The basis of the scheme was thus the creation by the Health Committee of Area Sub-Committees and the appointment of Area Executive Medical Officers who were also employed as Medical Officers of Health for the County Districts within their areas.

Area Sub-Committees were established in six areas in the county, and in each instance the majority of the membership was drawn from the District Councils, the remainder being members of the Health Committee or other members of the County Council from the districts concerned, together with co-opted members representing various interests including the Hospital Management Committee in the area. Save in the case of Wallsend, the Area Committees cover more than one County District, and they are responsible for the following services :—

(1) The Management of the Ambulance Service.

(2) The conduct of the Domestic Help Service.

(3) Measures relating to the Prevention of Illness and the Care and After-Care of Sick Persons, other than persons suffering from mental illness or defectiveness or tuberculosis.

(4) Measures relating to Vaccination and Immunisation.

(5) Measures in connection with the Prevention of Infectious Disease.

(6) Health Education under Section 179 of the Public Health Act, 1936.

(7) The management of all Health Centres and other premises vested in the Local Health Authority and used solely or mainly for local health services in the respective areas.

As Wallsend is an excepted district under the Education Act, 1944, special arrangements were made for a sub-committee which would be responsible only over the area of the Borough, and the sub-committee was charged with the management of the health visiting service and the care of mothers and children in addition to the work done by the other sub-committees.

At the inception of this scheme no arrangements were made to cover the northern part of the county, though the scheme

provided for the establishment of two sub-committees should the need arise. In 1951, a sub-committee was set up for the part of the county comprising Alnwick and Amble Urban Districts with the Rural Districts of Alnwick and Rothbury. This sub-committee is responsible for the management of the Ambulance Service, the conduct of the Domestic Help Service and measures relating to the care and after-care of sick persons. No Area Medical Officer was appointed and the management of the services has remained with the central staff of the Department. The way is not yet clear in either of the northern areas for the appointment by the District Councils of whole-time Medical Officers of Health as several of the part-time officers have held their appointments since prior to 1936, when the County Council prepared its scheme for whole-time Medical Officers of Health under the Local Government Act, 1933. In consequence, there is little likelihood of any appointment in the near future of an Area Executive Medical Officer for the Local Health Authority's services.

The value of the decentralisation of management of the services which I have mentioned has been clearly apparent over the four and a half years since the scheme was adopted. The work of the sub-committees has proceeded smoothly, though interest may have flagged at times in some districts. In general, the system has been successful and it is significant that early in 1953 the Health Committee has decided to transfer to its Area Sub-Committees the work in connection with the after-care of the tuberculous which has hitherto been undertaken centrally.

No arrangements exist for the joint administration of any of the services with other Local Health Authorities. Arrangements are made, however, with Cumberland County Council for the provision by that Authority of midwifery and home nursing services in the parishes of Kirkhaugh and Knaresdale, and these services are provided by the staff of this Department for Durham County Council in a small area near Shotley Bridge. In the Ambulance Service mutual assistance is regularly arranged with Tynemouth, and assistance is received from Durham County Council in the Blanchland and Shotley Bridge districts. Arrangements exist for assistance in an emergency from the Newcastle Ambulance Service, and for the help of that Authority, if necessary, in the transport of smallpox patients.

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

No uniform formal scheme exists over the country as a whole for the co-ordination of the work of the different bodies responsible for the three parts of the National Health Service; it is indeed probably desirable that there should be variations to meet conditions that may differ in one area from another. Co-ordination and co-operation between the services involved is of the greatest importance if the best use is to be made of all resources.

The statutory arrangement whereby members nominated by the Local Health Authority serve on the Executive Council has been advantageous. The Chairman of the Health Committee and several members serve on Hospital Management Committees, while the Chairman is also a member of the Board of Governors of the United Newcastle Hospitals, and Alderman the Reverend R. E. Robson is a member of the Regional Hospital Board. Hospital Management Committees are represented on all Area Sub-Committees and both the doctors and the dentists are represented by members co-opted to the Health Committee.

Despite all these arrangements, each of the three sections of the Service is not always fully aware of what the others are doing, and there might be some advantage in an occasional conference between representatives of the Health Committee, the Executive Council and the Hospital Management Committees about proposals which affect the administrative county which is the area served by two of the bodies concerned.

In the day to day working of the services, every endeavour has been made to ensure co-operation in the county. Considerable success has met these efforts in the field of home midwifery and nursing, where the family doctors and the Council's staff have co-operated to the fullest extent. Less success has been achieved in the health visiting sphere, despite efforts to make new health visitors known to the family doctors. There is, however, some evidence that the extension of the work of the health visitor to cover the whole family is bringing her more into touch with the

doctor. Co-operation is close in those areas where the doctors take part with the health visitor in the ante-natal and child welfare work.

Co-operation with the hospitals is carried out in the following ways :—

(1) Notification of patients discharged from Shotley Bridge General Hospital is received weekly, stating the nature of illness and the name of the patient's general practitioner.

(2) A copy of the letter which is sent to the general practitioner in respect of each child discharged from the Children's Department of the Newcastle General Hospital is sent to this Department. Follow-up is undertaken where this is indicated and the report filed with the child's medical record card for information.

(3) Notification of discharge is also received regarding special cases from the Eye Hospital and the Throat, Nose and Ear Hospital, Newcastle upon Tyne.

(4) The majority of hospital almoners communicate with the Department from time to time regarding reports on environmental conditions of patients in hospital and the follow-up of special cases.

(5) By arrangement with the sister-in-charge of the Premature Unit, Newcastle General Hospital, health visitors visit the department before the discharge of mother and baby in cases of doubtful home conditions.

(6) Maternity hospitals inform the Department of the early discharge of mothers and babies.

(7) The mental hospitals and mental deficiency hospitals send notification of the discharge of patients.

The arrangements for making available such services as the patient may need would be considerably assisted if other hospitals could supply information about hospital discharges, particularly of children. An extension of the almoners' practice of sending information about patients with special needs would be helpful, but almoning services are not available at all hospitals.

A handbook of the Health Services in the county has been produced and sent to all doctors practising in the area, voluntary agencies, Regional Hospital Board, Secretaries of Hospital Management Committees, Executive Council, Chest Physicians, Public Health Laboratories, neighbouring Local Health Authorities, Clerks of Local District Councils, Blood Transfusion Service, National Coal Board Doctors and Welfare Officers of the Ministry of Labour.

JOINT USE OF STAFF.

The family doctors in the county carry out a considerable amount of work for the Health Committee. 71 doctors attend the ante-natal clinics and 26 attend child welfare clinics. Some doctors work in both services and the total number of family doctors involved is 81.

One of the Area Executive Medical Officers is employed by the Regional Hospital Board in an infectious diseases hospital and four members of the Council's dental staff undertake work at hospitals.

The Chest Physicians employed by the Regional Hospital Board carry out preventive work in tuberculosis on behalf of the Health Committee, and the Committee reimburses the Board part of their salary, save in two instances where the amount of time spent on this work is small. The Board also supplies the services of consultants in orthopaedic surgery and in dermatology for clinics organised by the Department for school children and children under school age.

In one instance a resident medical officer in a maternity hospital attends county ante-natal clinics.

VOLUNTARY ORGANISATIONS.

The Health Committee has a formal agreement with the Joint Organisation for St. John Ambulance Brigade and the British Red Cross Society for the provision of ambulance services in the west of the county and in part of the northern area.

Local voluntary Care Committees operate in most of the areas of the previous district nursing associations, and the Area Medical Officers are in close touch with these committees. Grants are available to them where necessary. Almoners on the staff of the Department are in touch with the major voluntary organisations in the county connected with after-care work.

Arrangements are made from time to time for help from the St. John Ambulance Brigade, the British Red Cross Society and the Women's Voluntary Services for assistance with escort duties and with diphtheria immunisation in schools.

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Expectant and Nursing Mothers.

Domiciliary Confinements.

Ante-natal clinics are in operation throughout the urban districts and, as the majority of these are attended in addition to the health visitor and district midwife by the general practitioners practising in the area, they form a common meeting ground for each of these workers in the maternal health service who are encouraged to work as a team. Mothers usually attend at the clinics to make their initial arrangements for the attendance of the midwife at the confinement and the liaison between the midwife and health visitor, and in the majority of cases the general practitioner also, is formed early in the pregnancy. The midwives are also expected to attend at the baby clinics operating in their area and to encourage the mothers to attend with their babies.

In the rural areas there is not such a satisfactory provision of ante-natal clinics owing to the difficulty of securing suitable and accessible premises. In these areas ante-natal care is carried out by the midwives and health visitors, in co-operation with the general practitioner, in the homes of the mothers. In the country areas it has always been the custom to book the family doctor in addition to the midwife for the confinement and the tradition of co-operation between them is much more firmly established than it is in the urban areas.

Hospital Births.

Routine ante-natal care is undertaken at the Department's ante-natal clinics for the majority of the maternity hospitals which are available to mothers resident in Northumberland. The hospitals are supplied with a list of the ante-natal clinics and the days and times of operation. Patients 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 on approved forms and patients are referred back to the hospital

in the event of any emergency arising. In four cases the Council's clinics are operated at, or close by, the hospital and all the hospital ante-natal care is undertaken at them. In other four instances County Council clinics or premises are made available to resident medical officers at maternity hospitals. In one instance, the hospital clinic, which is staffed by general practitioners, is available for domiciliary cases. Details of the arrangements are given in the table on page 48.

A satisfactory arrangement exists whereby the hospitals notify the Health Department when patients are discharged before the end of the nursing period, in order that the midwife may attend until the 14th day and then pass the care of the nursing mother to the health visitor. The arrangement whereby the midwife notifies the health visitor when she has ceased attendance on a patient is, of course, an addition to the list of notified births which is sent to each health visitor weekly. It is made because there is sometimes delay in the delivery of notifications of births in hospitals situated outside of the county.

Ante-natal Clinics.

There are 35 clinics in the area of the county, of which 16 are operated in premises owned by the County Council. The clinics at Alnwick, Haltwhistle, Hexham and Willington Quay are held in hospitals, while 14 are held in halls or other rooms rented by the Council and one in the surgery of a general practitioner.

Medical attendance is provided by general medical practitioners at 26 clinics, which form 74% of the total. The other ante-natal clinics are attended by doctors on the whole-time staff of the Department or by other doctors employed part-time for this work. The Resident Medical Officer from the Mona Taylor Maternity Hospital attends two clinics where he undertakes the ante-natal care of both domiciliary and hospital cases.

Summary of Arrangements for Ante-Natal Care of Hospital Patients.

Hospital.	Ante-natal Arrangements.	Confinements, 1952 (County cases).
Dilston Hall, Corbridge	Routine ante-natal care at any of County Council Clinics accessible to patient Ante-natal clinics operated by Medical Superintendent in two of Council's clinics	764
Mona Taylor Maternity Hospital, Stannington	Routine ante-natal care Resident Medical Officer attends sessions for hospital and domiciliary patients at two County clinics	715
Castle Hills, Berwick ...	All hospital ante-natal care undertaken at County clinic—Matron attends	273
Princess Mary Maternity Hospital, Newcastle	Routine ante-natal care at County clinics	610
Newcastle General Hospital	Patients required to attend hospital clinic. No arrangements with County Council	175
Preston Hospital, North Shields	Routine ante-natal care at County clinics	441
Maternity Hospital, Willington Quay	Ante-natal care given to domiciliary cases at hospital clinic	238
Sir G. B. Hunter Memorial Hospital, Wallsend	Ante-natal care of all cases undertaken at County Council clinic	373
Bridge End, Corbridge...	Ante-natal care at hospital—no arrangement with County Council	278
Maternity Hospital, Haltwhistle	County Council clinic operated at hospital—both hospital and domiciliary cases	114
Coquetdale Cottage Hospital, Rothbury	Unsuccessful attempt made to arrange joint clinic	143
Hillcrest Hospital, Alnwick	County Council clinic operated at hospital—both hospital and domiciliary cases	119
Beulah House, Blyth ...	Routine ante-natal care	118

Location of Clinic.	Type of Premises.				Medical Supervision.		
					No. of Sessions per lunar month attended by :—		
	County Council Clinic.	Accommodation in Hospital.	Rented Premises	Practitioner's Surgery.	Hospital M.O.	County Council M.O.	Rota of G.Ps.
1. Acklington ...			X				1
2. Allendale ...				X			2
3. Alnwick ...		X					6
4. Amble ...	X						6
5. Ashington ...	X					10	
6. Bedlington ...	X						6
7. Berwick ...			X				4
8. Blyth ...	X				8		
9. Cramlington	X						3
10. Dinnington Colliery ...			X				1
11. Dinnington Village ...			X				2
12. Dudley ...	X						4
13. Forest Hall	X				4	2	
14. Gosforth ...	X						10
15. Haltwhistle		X					2
16. Hexham ...		X					3
17. Longbenton			X			2	
18. Lynemouth			X				1
19. Monkseaton Village ...			X			2	
20. Morpeth ...			X		2		6
21. Newbiggin-by-the-Sea	X						4
22. Netherton Moor ...	X						3
23. North Seaton	X					2	
24. Ponteland ...			X				2
25. Prudhoe ...	X						4
26. Seaton Burn			X				1
27. Seaton Delaval	X					2	
28. Seghill ...			X				2
29. Shiremoor ...	X					4	
30. Stocksfield ...			X				2
31. Throckley ...	X				8		6
32. Tweedmouth			X				2
33. Wallsend ...	X						35
34. Willington Quay ...		X					4
35. Whitley Bay			X			4	
	16	4	14	1	22	28	122

Ante-natal sessions for the convenience of mothers who are to be confined at Dilston Hall Maternity Hospital, Corbridge, are operated in county premises at Newburn and Forest Hall by arrangement with the Hexham Hospital Management Committee. They are attended by the Medical Superintendent of the Hospital.

In three instances, midwives on the staff of the Department attend ante-natal clinics arranged by the family doctors in their own surgeries.

Specialist Clinics.

There are no specialist clinics provided by the Council though the Medical Superintendent of Dilston Hall Maternity Hospital examines cases referred to him by general practitioners at the clinics held in the Council's premises at Newburn and Forest Hall. This provision is made by the Regional Hospital Board as is provision for consultations at the other maternity hospitals. The general practitioners may, however, arrange for their patients to be given ante-natal consultations and treatment at the consulting rooms of specialist obstetricians, the fees being paid by the County Council. Little use has been made of this scheme since 1948 and only 11 patients were seen by consultants in 1952. It seems that the facilities for consultation provided by the hospital authorities are adequate.

Blood Testing Arrangements.

Specimens of blood for grouping and Rh and Wassermann testing are taken as a routine at a mother's first attendance at the clinic, unless she has been referred from a hospital and the specimen has been taken there. General practitioners may refer patients to the ante-natal clinic to have a specimen taken, even if they do not wish them to attend for routine ante-natal care. Where necessary, further specimens are taken at the 32nd week and arrangements may also be made for a specimen to be taken from the patient's husband. All the health visitors who are in charge of ante-natal clinics have been trained in taking specimens and the work is carried out by them. A number of the district midwives have also been trained and can deputise for the health visitors when required to do so. Though the number of specimens taken fell from 1948 to 1950, it has increased again in the two subsequent years.

Unmarried Mothers.

The general care of unmarried mothers is in the hands of the Moral Welfare Workers employed by the Newcastle Diocesan Council, and the County Council pay this body a grant for this purpose. The County Council also administer an ante- and post-natal hostel for unmarried mothers and their babies at Bowmer Bank, Morpeth. This institution has accommodation for ten expectant mothers and ten nursing mothers and their babies. Expectant mothers are recommended for admission by general practitioners, health visitors, midwives and moral welfare workers and are normally allowed to remain in the hostel for three months before and three months after confinement, although this period may be exceeded if necessary. Arrangements are made for the confinement to take place in hospital and the mothers attend at the local ante-natal clinic. Their medical care is in the hands of a medical practitioner practising in the area, and one of the assistant maternity and child welfare medical officers attends weekly to advise the matron regarding the care of the babies.

Bowmer Bank Ante-natal and Post-natal Hostel.

The work of the hostel continued satisfactorily during the year, although it was fully occupied on very few occasions. This is greatly to be regretted in view of the rise in the still-birth and infant mortality rates in illegitimate births in the County. As in previous years, a number of married women of the "problem" type were admitted, although this adds to the difficulties of administration. The methods employed in the rehabilitation of such women are somewhat different to those required in the case of young unmarried girls. However, the amenities provided appear to have been appreciated by the majority of the girls who have taken advantage of them, judging by the contact which they maintain with the hostel after their discharge.

The number of admissions during the year was **34**, and the average length of stay was **47** days in the ante-natal period and **34** days post-natally.

The records relating to the babies were as follows :—

Taken home by mothers on discharge...	11
Taken by mothers to places of employment	5
Adopted	12
Placed in Foundling Homes (mother still has access to child)	1
Placed in Residential Nursery	1
Placed with foster parents	1
Still-birth	1
Left before confinement	4
Babies in Hostel at end of year—	
For adoption	3
To be taken home by mothers	2

Mothercraft Training.

The health visitors are encouraged to give talks and arrange demonstrations at the ante-natal clinics. They prepare their own material, but a stock of models, demonstration posters and other visual aids is also maintained centrally. Mothers' clubs have been organised at several centres and at another centre classes in parentcraft, at which both mothers and fathers attend, have been operated. Film shows are held at intervals and the health visitors also give talks to senior boys and girls in schools by arrangement with the head teachers.

At one centre a lecture and a demonstration have recently been given by the local organiser of the Royal Society for the Prevention of Accidents, and it is hoped that this will be arranged at other centres.

Supply of Maternity Outfits.

In areas where there is an ante-natal clinic in operation maternity outfits are supplied to the mothers at the clinic. In the rural areas a stock is held by the district nurse-midwife and the outfits are delivered to the mothers in the course of routine visiting.

Supply of Vitamin Supplements.

Every effort is made to encourage the mothers to take up their supplies of vitamin supplements. Arrangements are made in some of the clinics for stocks to be held there and they are distributed either by the centre clerk or by a clerk or voluntary worker from the Food Office.

Frequent talks are given and demonstrations and poster displays are arranged at the clinics to emphasise the value of vitamins in the diet of expectant mothers. Where there are the necessary facilities, demonstrations in methods of cooking have also been arranged.

Ante-natal Relaxation Classes.

Ante-natal relaxation classes are operated at two of the larger clinics in the county and are well attended. Great difficulty has been experienced in appointing a physiotherapist to carry out this work, but the service, which is obviously appreciated, will be extended to other centres when trained staff are available.

Apportionment of Duties between Health Visitors and Midwives at Ante-natal Clinics.

The health visitors are responsible for the keeping of statistics and patients' medical records; they carry out all educational work, advise the mothers about the various social services available to them and take specimens of blood from new patients. The midwives carry out the routine measures of weighing, urine testing and the taking of blood pressures and assist the doctor in the examination of the patient. They also demonstrate the use of the gas and air machine and instruct the mothers in its use.

Post-natal Care.

Education of the mothers in the value of post-natal care has been carried out over the past five years, but progress has been very slow. It has been found that better results are obtained by carrying out post-natal examinations at the ante-natal clinics than by operating special clinics. Only three of the latter, which were well attended, were in operation at the end of 1952. However, as the apathy of the mothers is being slowly overcome, an increasing number of them are undergoing examination each year and the number was 70% higher in 1952 than it was five years ago. It must be noted that mothers who book the services of the family doctor for their confinement are examined post-natally by him.

Family Planning.

Mothers who require advice on family planning are referred to the clinics arranged by the Family Planning Association at Ashington, Blyth, Berwick, and Newcastle upon Tyne. An annual grant is paid to the voluntary committee which operates the clinic at each of these centres, and at Blyth and Ashington the clinic is operated in County Council premises free of cost.

Use of the Service.

There has been no falling off during the five years in the number of expectant mothers attending the ante-natal clinics

provided by the Department. Indeed, the following table shows that the total was greater in 1952 than in any year except 1949 despite the fall in the number of births.

ANTE-NATAL AND POST-NATAL CARE.
EXTENT OF USE OF CLINICS.

Year.	No. of Notified Births.	ANTE-NATAL CLINICS.			POST-NATAL EXAMINATIONS.	
		No. of Expectant Mothers attending.	Total No. of Attend-ances.	No. of Specimens of blood taken.	No. of Mothers attending Clinics.	Total No. of Attend-ances.
1948	7,642	5,639	20,826	4,274	960	1,210
1949	7,513	6,131	22,207	4,132	1,273	1,347
1950	7,409	5,800	20,337	3,507	1,224	1,362
1951	7,266	5,583	19,318	3,660	1,294	1,356
1952	7,036	5,896	22,053	3,866	1,634	1,737

If the number of mothers attending the clinics is compared with the number of notified births in a year, it is seen to have increased from 73% of that figure in 1948 to 83% in 1952. If this is different from the general experience of Local Health Authorities in other parts of the country, the explanation must lie in the large proportion of clinics attended by family doctors and a growing realisation by the doctors and the mothers of the value of the educational work of the clinics, together with the fact of the attendance of hospital cases at county clinics.

The arrangements made by the Department are, I think, a good indication of the amount of integration which can be arranged in the field of ante-natal care where the tri-partite responsibility for the work can lead to isolationism. It will be seen that here we have county clinics held in hospital premises and hospital clinics held in county premises; we have mothers booked for their confinements in hospital attending county clinics staffed by family doctors and we have domiciliary midwifery cases seen at county clinics by hospital medical staff. These methods of integration, varying as they do to meet differing circumstances in different districts, all can and generally do lead to close co-operation between the individuals upon whom the final working of the whole service depends.

Child Welfare.

Child Welfare Centres.

At the end of 1952 there were 93 child welfare centres operated by the Department, compared with a total of 60 at the beginning of 1948. Of the 33 additional centres, 10 were transferred to the County Council under the provisions of the National Health Service Act, 1946, and 23 were new centres which were put into operation during the period under review, which represents an increase of 33% in five years.

Centres have been established wherever there has been a demand and where the pre-school population was thought to be sufficiently large to provide an attendance which would justify the expenditure on rent and equipment and the time devoted to attendance by medical and nursing staff. The ideal aimed at has been to provide centres reasonably accessible to all mothers with pre-school children resident in the county. However, in practice this ideal has been found to be impossible of attainment, especially in the rural areas. The provision of a mobile clinic has been considered, but a decision in the matter has been deferred in the meantime, not only on account of the initial expenditure but because the high cost of maintenance could hardly be justified by the relatively small numbers of mothers and babies for whom a service could be provided by this means.

Premises.

Every endeavour has been made to provide suitable premises for the operation of the clinics, but a large number are still operating in unsuitable church and village halls.

A scheme for the building of new centres was included in the proposals approved by the Ministry of Health under the provisions of the National Health Service Act, 1946, but sanction has, so far, been given to the building of only one new centre at Morpeth, and no progress was made with that in the period under review, though work has started in 1953. However, it has been possible to proceed with the adaptation of existing premises at Netherton Moor, Blyth, Cramlington and Morpeth Common, and the extension and alteration of the clinics at Ashington, Guide Post, Wallsend and Newburn, where the accommodation provided had proved to be inadequate for the expanding services. It is earnestly

hoped that it will be possible to make more satisfactory progress with the provision of new buildings and the extension of existing ones during the ensuing five years.

CHILD WELFARE CENTRES.

TYPES OF PREMISES OCCUPIED.

Buildings Owned or Rented by County Council.	Accommodation in Hospital.	Accommodation in Church or Village Halls or Institutes.	Accommodation in General Practitioner's Surgery.
21	2	69	1

Equipment.

One aspect of the work in which much more satisfactory progress has been made has been in the provision of equipment. A survey of all the weighing machines in use in the centres has been carried out by the County Council's Chief Inspector of Weights and Measures and machines have been overhauled or replaced on his recommendation. Regular inspection of all the machines has also been carried out by officers of his department over the last four years.

New cupboards, weighing tables, demonstration tables, nursing chairs and poster-boards have been supplied, and a special effort has been made to provide colourful screen covers and floor coverings for centres which are operated in dingy halls, in order to make the surroundings more attractive. The health visitors have been provided with equipment for educational work and have also been encouraged to devise and prepare their own material for exhibitions and demonstrations.

Toddlers Clinics.

A special endeavour has been made over the last five years to secure the attendance of toddlers at the child welfare centres, especially for a complete medical examination at each birthday. At all the larger clinics separate sessions are arranged for this purpose. A card is sent to the mother inviting her to take advantage of the arrangement and, if she accepts, an appointment is made for her to attend with the child. Orthopaedic, ophthalmic,

speech or dental defects noted at the examination can be dealt with at the consultant clinics administered by the School Health Service or arrangements made for consultations at various hospitals for defects of the ear, nose and throat. Arrangements for consultations are only made with the consent of the family doctors. Arrangements can be made, also through the School Health Service, for attendance at the Child Guidance Clinic at Sunderland.

EXTENT OF USE OF SERVICES.
CHILD WELFARE CENTRES.

Year.	No. of Centres provided at end of year.	No. of Sessions held per month.	No. of Children who attended.	Number of Children who first attended during the year.		Total Number of Attendances.	
				Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Over 1 year of age.
*1948	74	398	12,659	3,017	670	41,198	19,466
1949	82	412	18,549	6,063	1,102	76,579	40,586
1950	83	415	19,456	5,880	1,514	75,938	42,487
1951	89	435	21,558	6,416	1,968	71,472	48,873
1952	93	441	22,078	5,873	1,147	73,686	50,048

* Period from 5th July to 31st December, 1948, only.

Diphtheria Immunisation Clinics.

Immunisation of pre-school children against diphtheria and whooping cough has been carried out at the child welfare centres for some years, although since 1948 the arrangements for school children have been made by the Area Executive Medical Officers. The health visitors each maintain an immunisation register in which the name of the child is entered when the notification of birth is received. When the ninth month is approaching, the mother is invited to bring the child to the clinic and when the immunisation is completed it is noted in the register and also in the child's medical record. At the fourth birthday examination the mother is reminded that a reinforcing dose is necessary before the child goes to school and an appointment is made for the purpose when the child is about 4½ years of age. When this injection has been given, the entry in the register and on the medical record is completed. Special immunisation clinics are operated at all the larger centres.

IMMUNISATION.

Immunisations of Children under the age of five years.

Year.	Diphtheria. 1	Diphtheria and Pertussis combined. 2	Total Columns 1 and 2.	Pertussis only.
1948	4,379	412	4,791	154
1949	5,079	1,377	6,456	379
1950	4,686	1,206	5,892	214
1951	5,139	1,501	6,640	258
1952	4,943	1,600	6,543	289

Ultra Violet Light Clinics.

Ultra violet light clinics are in operation during the winter months at eleven centres in the county. Health visitors carry out the treatment at six centres, at two centres a state registered nurse is in attendance and the remaining three are attended by physiotherapists. Attendance by a physiotherapist is the most satisfactory arrangement, as this is not work which a health visitor is normally trained to undertake, but in this area the demand for physiotherapists appears to exceed the number available.

ULTRA VIOLET LIGHT CLINICS.

Year.	New Cases. Attendances.			Old Cases. Attendances.			Consultations with Medical Officer.
	Under 5 years.	5—15 years.	Over 15 years.	Under 5 years.	5—15 years.	Over 15 years.	
1948	749	467		8,265	5,438		2,422
1949	913	333	147	11,668	4,814	2,117	2,632
1950	574	308	21	7,920	3,345	365	1,088
1951	569	155	32	8,384	1,864	406	92
1952	417	131	33	6,039	1,924	449	61

Medical Attendance.

Medical attendance at the centres is provided by the Senior Maternity and Child Welfare Officer and four full-time Assistant Medical Officers who devote the whole of their time to this service, together with School Medical Officers, Area Executive Medical Officers, general practitioners and other doctors who undertake this work on a part-time basis. Medical attendance is not provided at all child welfare sessions—health visitors attend alone at approximately half of the total number of sessions operated.

MEDICAL ATTENDANCE.
(Baby, Toddlers and Diphtheria Immunisation Sessions).
Number of Sessions per Lunar Month.

	Full-time Assistant County Medical Officers.	Full-time Assistant School Medical Officers.	Area Executive Medical Officers.	Part-time Medical Officers employed on sessional basis.	General Practitioners.
Child Welfare Centres ...	113	21	13	78	78
Toddlers Clinics	20	—	—	4	2
Diphtheria Immunisation Clinics ...	10	—	17	11	5
TOTAL ...	143	21	30	93	85

Special Clinics.

The Department does not administer any child health consultant clinics—pre-school children who require the services of a consultant are referred, with the approval of the family practitioner, to the Child Health Department of the Royal Victoria Infirmary, Newcastle upon Tyne. As has already been noted in the section dealing with toddlers, the consultant clinics administered or contributed to by the School Health Service—orthopaedic, ophthalmic, speech therapy and child guidance—are available for pre-school children and expectant and nursing mothers. The majority of the clinics are operated in child welfare centres and, where these are not available, at school clinics, schools or hospitals. In conjunction with the orthopaedic consultant clinics, there are treatment clinics attended by trained orthopaedic nurses. The number of children treated at these clinics are shown in the following table :—

CONSULTANT CLINICS.
Numbers of Pre-School Children Treated.

Year.	Ophthalmic.	Orthopaedic.	Speech Therapy.	Child Guidance.
1948	149	183	—	—
1949	190	359	1	—
1950	256	286	5	2
1951	429	326	22	2
1952	659	314	37	4

Medical Records.

During the last five years a new form of medical record has been devised and put into use at child welfare centres. These records are extremely comprehensive and include columns in which the various birthday examinations can be recorded. They are similar in size and form to the School Medical Records, in order that they may be filed with the latter when the child reaches the age of five years.

CARE OF PREMATURE INFANTS.

The efficient care of premature infants born at home presents many problems in an extensive county area. It is advisable in the case of the smaller infants—say those under 4 lbs. in weight—to arrange for admission to hospital. The only hospital units for the care of premature infants available to residents in Northumberland are situated in Newcastle and accommodation is limited —it is rarely possible to arrange for the emergency admission of infants born at home. In any case, the distances involved are often too great for the journey to be undertaken in safety, so no special transport is provided. It is also difficult to arrange for the services of a specially trained nurse, as in mining and country areas it would be practically impossible to provide accommodation for her.

The midwives employed full-time in the County Council's midwifery service have all attended a post-graduate course at the Child Health Department in neo-natal care, including the care of premature babies. When a district midwife is required to undertake the domiciliary care of a premature baby, arrangements are made for her to be relieved as much as possible of her other duties, leaving her free to devote all her time to the care of the infant. In many areas it is possible to arrange for a part-time midwife, who is resident in the area, to undertake the relief work.

A stock of nursing equipment is maintained at County Hall, and is sent out by road in response to a telephone request. The following items are available :—

Cots, blankets, hot water bottles, special feeding bottles, special garments, catheters.

Arrangements are made for a supply of oxygen to be available and any infant food required, if not available locally, is supplied on request. A full-time or part-time domestic help is also available if necessary.

No special arrangements are made for the services of a consultant paediatrician.

The majority of the maternity hospitals serving the area notify the Health Department prior to the discharge of a premature infant, and arrangements are made for a health visitor to visit the home without delay and, if necessary, make arrangements for the care of the infant. A very satisfactory liaison is maintained between the district midwives and health visitors and, if necessary, the midwife attends beyond the nursing period to carry out the daily care of the infant.

Supply of Dried Milks.

At the majority of the welfare centres in the county the distribution of national dried milk and vitamin supplements is undertaken on behalf of the Ministry of Food. In some areas a clerk or voluntary worker is supplied by the Food Office to undertake the distribution and in only a few instances is distribution limited to the local Food Office. In remote areas where there is no child welfare centre distribution points have been established, and, if these are not available, deliveries are made by the health visitor in the course of routine visiting.

At all centres various brands of dried milk, weaning foods, vitamin supplements and simple medicaments are sold at cost price, or provided free in necessitous cases, on the recommendation of the medical officer in attendance.

Dental Care.

It was not possible to open any new dental clinics during 1952, but sessions were held each week at the following clinics in the county for the dental treatment of expectant and nursing mothers and children under five years of age. The number in brackets after each clinic indicates the number of sessions held each week :—

Alnwick (2).
Amble (2).
Ashington (4).
Berwick (1).
Bellingham (1).
Blyth (1).
Cramlington (2).
Dudley (2).
Gosforth (1).
Guide Post (2).
Haltwhistle (2).
Hexham (2).
Morpeth Common (1).
Prudhoe (2).
Seaton Delaval (2).
Shiremoor (1).
Throckley (2).
Wallsend (2).

All forms of dental treatment are available including the provision of dentures which are made in the Department's dental laboratory.

A general picture of the dental care provided for expectant and nursing mothers and pre-school children over the last five years may be seen from the tables given below :—

EXPECTANT AND NURSING MOTHERS.
Numbers Provided with Dental Care.

	1948.	1949.	1950.	1951.	1952.
Number examined	1,376	2,158	1,567	1,220	1,621
Needing treatment	1,344	1,792	1,306	1,017	1,434
Treated	1,280	1,362	1,089	813	1,211
Attendances	4,907	5,027	4,257	3,044	4,364
Made dentally fit	1,180	867	834	532	719

PRE-SCHOOL CHILDREN.
Numbers Provided with Dental Care.

	1948.	1949.	1950.	1951.	1952.
Number examined	778	1,698	2,209	2,346	2,601
Needing treatment	759	1,496	1,841	2,040	2,295
Treated	723	1,362	1,536	1,813	2,044
Attendances	1,065	2,055	2,317	3,140	3,586
Made dentally fit	709	1,235	1,330	1,704	1,725

EXPECTANT AND NURSING MOTHERS.
Forms of Treatment Provided.

	1948.	1949.	1950.	1951.	1952.
Extractions	4,949	4,841	3,767	2,797	4,577
Anaesthetics—					
Local	Not available.	1,802	2,094	1,597	2,088
General	208	154	79	71	174
Fillings...	782	1,042	1,090	873	1,272
Scalings or scaling and gum treatment	Not available	353	615	356	342
Silver nitrate treatment ...	do.	28	53	34	56
Dressings	do.	177	314	110	125
Radiographs	28	36	32	46	65
Dentures—					
Complete	*817	578	430	280	386
Partial		230	258	308	250
Repaired	123	119	53	49	71

* Complete and partial.

PRE-SCHOOL CHILDREN.

Forms of Treatment Provided.

	1948.	1949.	1950.	1951.	1952.
Extractions	1,596	2,816	3,247	4,801	5,088
Anaesthetics—					
Local	Not available	220	187	156	127
General	397	823	690	1,309	1,453
Fillings...	91	302	391	588	733
Scalings or scaling and gum treatment	Not available	41	76	82	90
Silver nitrate treatment ...	do.	699	656	951	1,103
Dressings	do.	119	141	98	108
Radiographs	4	5	10	7	25
Dentures—					
Complete	Nil	Nil	Nil	5	12
Partial	Nil	Nil	Nil	1	Nil

The dental service is provided by dentists who are engaged for the greater part of their time in the treatment of school children, the amount of time given to the priority classes under the National Health Service being the equivalent of nearly four whole-time officers. The vicissitudes of the School Dental Service since 1948 are too well known to need any comment from me, but the generally felt reduction in staff was less marked in this county than in many areas, and by last year the lost ground was recovered and the dental staff brought up to establishment once more. The figures for the work over the period of five years are thus little affected by changes in staff, and reflect the general impact on the service of the general provision of dental treatment by the Executive Council.

It will be seen that the number of mothers presenting themselves for treatment declined progressively from 1948 to 1951, though by 1952 it had increased until it was only 6% less than the original figure. The fact that the number referred for examination increased by 17% in the same time shows that the young expectant mothers are becoming more aware of the importance of dental care, though it is disappointing that such a small proportion completed their treatment.

In the case of the children the picture is quite different and there has been a great increase in the work of the dentists until by 1952 the number of children examined had increased nearly fourfold and the number treated nearly threefold compared with five years earlier. There seems little doubt that further expansion in this direction can be expected, and that additional staff may be needed in the near future. This will be met to some extent by an increase in the number of school dentists in 1953.

It is most important that the standard of the dental service provided by the Local Health Authority should be comparable with that provided in the hospitals, and staff, premises and equipment all play a part in achieving this. Much thought has been given to the maintenance of premises, and it has been the Council's policy to provide equipment of a high standard. These factors have assisted the dentists in their work and their efforts are reflected in the success that has been achieved.

Other Provision.

In two remote country areas—Kielder and Otterburn—transport is provided for mothers from neighbouring villages. This is undertaken by the Hospital Car Service, the cost being borne by the County Council.

Day Nurseries.

Four day nurseries are in operation in the area served by the County Council—two at Wallsend, one at Prudhoe and one at Alnwick. Admission is limited to the children of mothers who are required to undertake work outside of the home, or where there is illness or other domestic difficulties in the household. All places are filled and there is a waiting list for admission. There has not been any appreciable demand for any increase in the amount of day nursery provision.

General Review.

The field of activity of the child welfare service was less affected by the introduction of the National Health Service Act than were the arrangements for the care of expectant mothers, and the story of the past five years is one of consolidation and progress unattended by the marked fluctuation in the use of the service which occurred, for example, in the dental service for mothers.

There has been a great expansion in the work—greater than would be realised save for a survey such as this extending over five years. I have already noted that the number of centres in operation increased by 33% from 1948 to 1952, and I should draw attention to the figures for the latter year which show a 75% increase in the number of children attending the centres over that same period. A similar comparison of the numbers of children attending for the first time in the year show that the numbers under one year of age have increased by 90% and those over one year by 60%, though the success of the service with infants over one year is even more clearly shown by the fact that the attendances in this group increased by 160% in the five years.

The number of doctors on the staff of the Department devoting the whole of their time to this work has only been increased by one though there have been other increases in sessional arrangements. It is of interest that this work of child welfare is carried out by family doctors to the extent of 23% of the total and by part-time doctors for a further 25% while the remaining 52% is done by the whole-time medical staff of the Authority.

DOMICILIARY MIDWIFERY.

In 1948 the Council took over the entire Domiciliary Midwifery and Home Nursing Service of the County Nursing Association, and since that time the whole of the staff has been directly employed by the Local Health Authority. For reasons of geography and population the services are combined over the greater part of the county and the work is carried out by Nurse Midwives. In only six districts, where the density of the population is greatest, are District Midwives employed and their work completely separated from Home Nursing. The total staff numbers 126, including the Superintendent, 2 Assistant Superintendents, 99 Nurse Midwives employed on combined duties, 13 Midwives and 11 Home Nurses. The service covers the whole of the county save for the parishes of Kirkhaugh and Knaresdale where both midwifery and home nursing is undertaken by Cumberland County Council on behalf of this Authority.

Prior to 1948 local difficulties had prevented the County Nursing Association from carrying out certain amalgamations of districts which were thought to be desirable. The direct employment of the staff removed these difficulties and the provision of additional cars made possible the extension of district boundaries with a concomitant reduction in staff. By 1952 re-arrangement of areas had resulted in the elimination of 11 districts. In nearly all instances the nurses in these districts were transferred to fill vacancies occurring in other parts of the county.

A further economy has been achieved in the employment of relief staff. The present arrangements allow for nurses in adjoining districts to relieve each other for ordinary off duty time, while emergency relief staff is employed on a part-time basis. It was found that there were a number of former nurse-midwives who had left the service on marriage who were able to undertake relief duties for the district nurse in their area and in some cases in two or three other districts within reasonable distance of their homes. This system has worked very satisfactorily.

During the past five years the housing of the nursing staff has received a great deal of consideration. In some districts the accommodation originally available was so poor that the Council

decided to build suitable houses for its staff. Up to the end of 1952 only one house had come into use at Harbottle, though another was nearing completion at Glanton and the provision of six others has been approved. The original standard of furnishing in some of the nurses homes was poor in many instances, and several have been completely refurnished, while the furnishing of others has been greatly improved. The housing arrangements at present are as follows :—

18 houses owned by the Council.
39 houses rented by the Council (including 12 rented from District Councils).
3 houses rented by nurses.
24 houses which are the nurses own homes.

In addition three nurses are in lodgings and at Willington Quay the district nurses are accommodated in the Maternity Hospital.

Telephones have been installed in all the homes. There has been some increase in the provision of transport and 65 cars, 57 of which are owned by the Council, are now in use by the midwives and nurses.

Ever since 1948 there has been increasing evidence of closer co-operation between the staff themselves and an appreciation of working as part of a fairly large organisation rather than in isolation. Regular conferences of staff have been held and these have proved of great value and have tended to increase this co-operation still further.

Supervision.

Supervision of the work of the midwives is undertaken by the Maternity and Child Welfare Officer as Medical Supervisor, while the Superintendent and her Assistants act as non-medical supervisors.

Regular visits of inspection are paid to the midwives, and special visits are made as the necessity arises. Supervision of midwives in independent practice and those working in nursing homes is carried out on lines similar to those adopted for the staff of the Department.

Analgesia.

In 1948 gas and air analgesia was administered by midwives to 572 mothers. Since that time the number of the staff trained

in analgesia has increased and the number of gas/air machines has doubled. Each district has at least one Minnitt's apparatus. The following table shows the position over the five years :—

Year.	No. of Machines.	No. of Trained Staff.	No. of Mothers.
1948	44	82	572
1949	62	101	831
1950	84	119	1,060
1951	91	118	1,139
1952	91	113	1,108

Ante-natal Care.

The midwives attend ante-natal clinics throughout the county and they also visit regularly ante-natal patients in their homes to advise and help with the preparation for the confinement. A detailed report is made by the midwife on the prescribed ante-natal record cards.

Co-operation with General Medical Practitioners.

Exceedingly good co-operation exists in the county between the family doctors and the midwives. Doctors frequently accompany the midwife on visits to expectant mothers and this arrangement is general in rural areas where the patients are considerable distances from ante-natal centres.

Refresher Courses for Midwives.

Post-graduate courses for midwives are in operation at :—

(1) Newcastle General Hospital (Maternity Unit).
(2) Princess Mary Maternity Hospital, Newcastle.

These are of four weeks duration. Midwives also attend post graduate courses arranged by the Royal College of Midwives.

Training of Pupil Midwives.

A training scheme for pupil midwives existed for one year after the "appointed day." Due to the large number of nurses resigning a few weeks after the completion of their training, it was decided in August, 1949, to suspend training for the time being.

The number of midwives who actually completed their term of work with the Council in accordance with their contract was very few. There has been no real difficulty in filling vacancies in the midwifery service through the medium of advertisement in the nursing press.

The Department takes part in the selection of mothers recommended for admission to hospital on social grounds and all cases are investigated by the health visitor in co-operation with the midwife where necessary. In order to achieve as far as is possible uniformity in the assessment of need, I see the report on each case and make any necessary recommendation.

The following figures reflect the change in the home midwifery service. Factors involved in this change are the increasing desire on the part of mothers to have their babies in hospital, the fact that there is some economic advantage in hospital confinement, some increase in the number of maternity beds available with the opening of units at Blyth and Alnwick, greater use of existing beds, and to some extent the fall in the number of births. There has been a 7% fall in the number of notifications of birth since 1948 :—

Year.	Midwifery Cases.	Maternity Cases.	Total.
1948	1,926	1,927	3,853
1949	1,140	2,003	3,143
1950	1,538	1,265	2,803
1951	1,509	1,107	2,616
1952	1,182	989	2,171

Year.	Midwifery and Maternity Visits.
1950	79,206
1951	77,950
1952	70,016

It will be seen that there has been a progressive decrease in the amount of home midwifery, until the total number of cases attended in 1952 is only 56% of the figure for 1948, while the midwifery and maternity visits decreased from 1950 to 1952 by 11%. Just over 61% of all confinements in the county now occur in hospital and, if this figure increases to any marked extent, considerable difficulties will arise in ensuring that there is sufficient experience to maintain the efficiency of the midwives whom the Health Committee must employ to meet the needs of the mothers who choose to have their babies at home. It is the practice of the hospitals to notify the midwives of patients who are sent home before the end of the usual period of stay in hospital, and in 1952 there were 1,044 cases transferred to the care of the midwives in this way, but this does not add to the experience of the county staff in delivery, and the ultimate effect on the staff of continued requests to attend patients for whose care they have not been fully responsible is a matter for conjecture.

HOME NURSING.

As has already been shown, this service is closely associated with the midwifery service save in six districts where the home nursing duties are carried out by State Registered Nurses. Almost all the patients are referred to the nurses by the family doctors, and the nurses regularly report to the doctors on their patients' progress. Frequently doctors arrange to meet the nurses at their cases for "on the spot" consultation. The closest co-operation exists between the doctors and the nurses throughout the county.

All the types of cases that are met with in domiciliary practice are treated by the nursing staff. There is considerable variation from district to district, and even within districts, in the arrangements for injections of antibiotics and other substances, depending on the wish of the family doctors concerned. Figures are not readily available to show the proportions of different cases treated.

Co-operation with hospitals.

Some hospitals in some instances transmit information either directly to the nurse or through this Department about patients who are about to be discharged. In this way recommendations about the necessary nursing treatment are available to the nurse by the time the patient returns home. This is the regular practice of the Newcastle General Hospital and the Royal Victoria Infirmary, but the system is rarely, if ever, adopted by other hospitals in the area, though the nurses receive information about the patients' needs from the family doctors. There are advantages in the information reaching the nurse before the patient returns home, and it is not usual for the doctor to be able to inform her before that time.

Night Service.

No special arrangements have been made for night service. The nursing staff undertake all emergency and other essential night calls.

Refresher Courses.

A series of lectures and clinical observations dealing with neo-natal care and the care of sick infants has been arranged by Sir James Spence at the Child Health Department of the University of Durham. Films on nursing technique have been shown at

the staff conferences which are held at regular intervals. It has not been possible for any other arrangements for refresher courses to be made.

District Training.

Arrangements exist for general district training at the Royal Institution, Derby.

The following table shows the extent to which the service was used in 1952 and the earlier years of the review period :—

Year.	Surgical Cases.	Medical Cases.	Total.
1948	5,634	5,209	10,843
1949	4,982	5,755	10,737
1950	5,287	7,168	12,455
1951	5,453	7,120	12,573
1952	5,117	6,957	12,074
Total nursing visits in 1952 ...			237,492.

The total number of cases attended during the year has increased since 1948 by 11% and the total number of visits by 6%. The experience with medical and surgical cases has differed, medical cases increasing by 34% and surgical cases decreasing by 9%. These changes may be merely fluctuations in a fairly steady need, as it will be seen that the total number of cases fell in 1949 and then rose for three years, only to fall again in 1952. Similar variations may be seen in the number of medical cases, but the fluctuation in the number of surgical patients has been consistently below the 1948 figure. In all probability a longer period is needed before any definite conclusions can be drawn from these figures, though it seems that there is some evidence that surgical cases are more and more receiving treatment at hospital. It is thought that a certain amount of out-patient dressing work at present done at the hospitals could more economically be done by the home nursing service, though the amount may not be large.

HEALTH VISITING.

When the whole of the maternity and child welfare services in the administrative county were combined into one scheme in 1948 there were 75 health visitors engaged in the work, and the supervision was undertaken by the Superintendent and her Deputy. At an early stage it was felt that it was advisable to reduce the number of mothers and children for whom an individual Health Visitor was responsible and, as the service expanded, staff changes were called for by the increasing number of clinics. In consequence, increases of staff were made and in 1950 the establishment was increased to 92, including the supervisory staff which remained unchanged. It proved possible, generally speaking, to recruit staff up to establishment, though vacancies have existed from time to time and at the end of 1952 the number of health visitors was 12 below the maximum. In addition to these numbers, six State Registered Nurses were employed as part-time clinic nurses to free Health Visitors for their specialised work.

With the exception of three districts, where the work is specialised, Health Visitors undertake combined duties of Health Visitor, School Nurse and Tuberculosis Visitor. In addition, home visiting is undertaken in connection with the care of the aged, ascertainment of domiciliary circumstances of patients applying to hospital for confinement, co-operation with the authorised officers in the Mental Health Service, ascertainment of persons needing assistance through the After-Care Scheme, and social visiting in connection with problem families. No unqualified Health Visitors are employed.

The following figures show the amount of visiting done by the staff in connection with mothers and children :—

Year.	First Visits to Infants.	Re-visits to Infants.	Visits to Children 1—5 years.	Ante-natal. First Visits.	Re-visits.
1948	6,644	26,948	53,771	816	637
1949	7,812	30,624	71,748	896	628
1950	7,329	34,801	84,496	813	672
1951	7,456	33,912	82,538	1,015	668
1952	7,063	34,572	79,107	767	641

All the visits to children have increased considerably since 1948, though first visits are affected by the decreasing births, and visits to children over the age of one year are also affected by the

increase in attendances at toddlers clinics. These figures do not, however, reflect the sum total of the health visitors' work. The increase in staff has made it possible for more time to be devoted to each visit, with a consequent increase in its value and there has, moreover, been a gradual but considerable change in the pattern of the work.

The health visitor is becoming increasingly concerned with the family as a whole. Previously, much of her work was in routine visiting of cases notified to her from the central department. Now a proportion of her work is related to the needs of people she herself has discovered. This enhances the need for acute observation and awareness of life within her area. A more intelligent use by the mothers of child welfare and toddlers' birthday examination clinics has reduced the need for frequent home visits to a number of children. Regular routine visiting is tending to give place to more selective visiting—dealing with the problem family, cases of maladjustment, mental instability and difficult family relationships, all of which are more "time taking."

More visits have been made in connection with special surveys and much more detailed investigation has recently been made in respect of neo-natal deaths. The Health Visitor's advice is frequently asked for in connection with the care of the aged, and hospital staffs request her services to ascertain home conditions and the follow-up of patients on discharge. She has played her full part in the B.C.G. vaccination scheme; extra home visits have been paid to child contacts for "jelly testing" and follow-up.

There has been a growing demand by Head Teachers for Health Visitors to give talks in schools and by various outside organisations to address their respective groups. The establishment of Mothers' Clubs and the extension of group teaching in connection with Maternity and Child Welfare Centres have made further demands on her time.

Co-operation between the family doctor and the health visitor, which is of great importance, varies, as perhaps may be expected, from district to district. It seems clear that co-operation is closer in the areas where the family doctor attends the ante-natal clinic or the child welfare centre than it is elsewhere. In an endeavour

to ensure that the doctor knows the individual working in the area of his practice, I have, when a new health visitor has been appointed, written to each doctor in the district concerned asking him to see her. Though this has not been without success, co-operation remains far from close in some instances. Nevertheless there is a growing number of the staff who approach the family doctor to discuss special problems.

There is evidence of an appreciable amount of co-operation between the hospitals and the staff of the Department in connection with the discharge of children. Not infrequently the hospital almoner asks the health visitor to follow up a case on discharge, and some health visitors have visited the hospital to discuss particular children with the paediatrician both before discharge and after the child's return home.

For more than thirty years, the Council has had arrangements for assisting students wishing to take the Health Visitor's Training Course. Students are required to give an undertaking to serve the Council as a Health Visitor after qualification for at least two years. At the present time the grant is at the rate of £18 10s. 0d. per calendar month during the period of training, together with lecture and examination fees and a fee for books. The full Health Visitor's salary is paid on qualification. The arrangements cover a maximum of ten students a year, most of whom are trained in London or Newcastle upon Tyne.

All Health Visitors attend a two-week Post-Certificate Refresher Course (approved by the Ministry of Health) at five-year intervals. Health Visitors have also attended short local refresher courses, of one to three days' duration, arranged by the Central Council for Health Education, study days arranged by the Royal College of Nursing and evening lectures arranged by the Department of Extra-Mural Studies, Durham University.

An up-to-date reference library is maintained in the Central Department for the Health Visiting Staff.

VACCINATION AND IMMUNISATION.

Diphtheria.

The general plan for immunisation against diphtheria makes it the duty of the health visitor to pay a special visit to the homes of all babies when they reach nine months and wherever possible to make an appointment for the first injection to be given either by the family practitioner or by the doctor in attendance at the child welfare centre according to the choice of the parents. If the family practitioner is chosen, the health visitor will arrange with him personally to give the injection either at the child's own home or at the doctor's surgery. The health visitor continues to visit each fortnight until the immunisation has been completed and, if this has been postponed for some reason until the child is one year old, a special birthday card is sent to remind the parents once more.

Children over the age of 12 months not immunised are generally discovered during routine visiting and immunisation carried out either at special child welfare centre sessions or by the family doctor.

Arrangements for the immunisation of school children have been made by Area Health Sub-Committees and special sessions have been held by Area or District Medical Officers of Health as required.

Reinforcing injections to children primarily immunised in infancy have been similarly arranged between general practitioners, school medical officers and area executive medical officers, and the following table gives details of the work carried out during the year and total injections for the previous five years :—

Year.	Primary Immunisation.			Secondary Injection.
	Under 5 years.	5—14 years.	Total.	
1947	5,566	1,549	7,115	7,327
1948	6,161	1,701	7,862	8,290
1949	5,079	1,800	6,879	6,905
1950	4,686	1,018	5,704	7,083
1951	5,139	1,078	6,217	9,220
1952	4,943	802	5,745	8,591

There was a considerable fall in the number of children immunised during 1950 probably due to national publicity to the alleged danger of performing combined diphtheria and whooping cough immunisation during the poliomyelitis season. It has not yet been possible to bring back the confidence of mothers and, more important in the long run, it has become more difficult to persuade parents of the need to immunise in view of the virtual disappearance of diphtheria. During 1952, out of a crude total of 6,883 births, only 2,670 had been immunised before their first birthday against diphtheria and a further 623 received immunity against both diphtheria and whooping cough. The total of 3,293 is equivalent to about 47% of the year's births. Various difficulties tend to delay immunisation until after the first birthday and it is expected that the total number immunised will reach about 5,600 or 80% before the baby's second birthday.

The proportion of children immunised has continued at a steady figure for the past four years and has been estimated as follows :—

1948	...	...	...	74%
1949	...	...	...	75%
1950	...	...	...	77%
1951	...	...	...	76%

It is interesting to recall the changes that have taken place in the notifications and deaths from diphtheria by the following figures :—

			Notifications.	Deaths.
Mean for 1935-39	...	...	737	37
Mean for 1940-44	...	...	639	32
Mean for 1945-49	...	...	327	8
Total for 1950	...	...	6	2
Total for 1951	...	...	2	—
Total for 1952	...	...	2	—

Smallpox.

Year.	Primary Vaccination.						Re-vaccination.					
	Under 1.	1–	2–	5–	15–	Total.	Under 1.	1–	2–	5–	15–	Total.
1939						1,464						
1949	759	479	—	76	112	1,426	8	13	—	33	235	289
1950	1,039	354	—	292	225	1,910	16	27	—	137	711	891
1951	880	609	165	125	244	2,023	6	2	26	98	601	733
1952	1,342	179	143	82	247	1,993	4	7	17	62	482	572

The numbers of primary and re-vaccinations were fewer in 1952 than in the previous year and in 1950, but it must be remembered that in 1950 there were outbreaks of smallpox at Glasgow and Brighton, and the high figures for both primary vaccination and re-vaccination in that year were in some measure due to this scare. The figures for 1951 and for this year when smallpox was not in evidence can be regarded as a considerable improvement in the enlightenment of the parents of young children and of their acceptance that vaccination is of some benefit.

On examining the figures shown in the table for the past four years it is gratifying to note an increasing urgency on the part of parents to have their babies vaccinated before their first birthday and the health visitors must receive the praise for this education. This has shown itself by a 50% increase in the number vaccinated under 1 year and a corresponding decrease in the vaccinations between 1 and 2 years.

There were no instances of complications following vaccinations either of generalised vaccinia or of encephalomyelitis, and there were no cases of smallpox in the county during the year.

It was not necessary to operate any emergency vaccination arrangements and the existing scheme whereby all general medical practitioners undertake vaccination at the request of the patient or parents proved quite satisfactory.

Whooping Cough.

No propaganda is undertaken in connection with immunisation against pertussis, but there has been a steady increase in requests from parents for this form of protection. In 1950 the number of inoculations was reduced owing to the incidence of poliomyelitis. The number of children immunised each year is shown below :—

Year.	Number of Children Immunised.
1948	566
1949	1,840
1950	1,577
1951	1,848
1952	1,935

Immunisation is carried out at child welfare centres. Slightly more than half of the children were presented by parents for immunisation after their first birthday, though protection is desirable before six months and this is advised. As a more effective antigen becomes available, propaganda may be directed to this problem.

AMBULANCE SERVICE.

The county ambulance service was formed in 1948 from a heterogeneous collection of vehicles, 62 in number and scattered at 37 stations. The day to day administration of the service was given to the Area Executive Medical Officers and as a result a simple but efficient administrative machine was set up. The replacement of pre-war vehicles continued between 1948 and the present time and, as a result of local knowledge, a re-arrangement of stations was also organised. At the end of 1952 the number of stations had been reduced to 21; comprising 13 operated by the County Council directly; 2 on an agency basis by commercial firms, the ambulances being the property of the Council; and 6 by the British Red Cross Society and St. John Ambulance Brigade. On 1st November, 1952, the depots at Gosforth and West Moor were combined into a single depot at Wideopen.

The vehicle strength was as follows:—

	County-owned Vehicles.			Agency-owned Vehicles.			Total.
	Operational.	Reserve.	Agency Operated.	Agents.	B.R.C.S.	St. John	
Ambulances	47	9	1	—	7	1	65
Cars and Utilicons	6	2	2	1	2	1	14
Totals ...	53	11	3	1	9	2	79

The following table shows the record for the past five years:—

Year.	Journeys.	Patients.	Mileage.
1948 (6 months)	—	24,439	355,494
1949	41,705	79,152	1,038,037
1950	47,450	101,497	1,301,892
1951	49,325	*132,373	1,352,787
1952	49,764	*163,483	1,428,750

* Change in definition.

It is readily seen that the work of the ambulance service has shown an enormous expansion. It is not possible accurately to compare the number of patients before 1951 with that and the following year, as a new standardised method of recording the number of patients was introduced in that year. Mileages,

however, remain comparable and have doubled in the five-year period. Every day now ambulance vehicles cover 4,000 miles compared with under 2,000 in 1948.

The greatest expansion of the service took place in the first three years, but despite all efforts to increase efficiency and the concentration of the service into fewer depots, the rise in mileage has continued. Comparison of the last two years shows that the rate of increase has slowed down for there was an increase of only 1% in the number of journeys and 5% in the mileage for 1952 compared with 1951. It is possible by administrative action so to co-ordinate the work of the vehicles as to minimise both journeys and mileage, but no such action affects the number of patients which increased by 23% in the same year. It is here that the explanation lies for increased running and increased cost.

To obtain a true reflection of the enormous increase in the ambulance service there must be added the mileage run by other authorities for which the Council is financially responsible. An agreement was reached with Newcastle Corporation in March, 1950, whereby all county discharges from Newcastle hospitals between 9 a.m. and 5 p.m. on weekdays should be carried in county vehicles which were available at the hospitals. General reciprocal arrangements have been agreed with other nearby Authorities. During the year a total of 69,800 miles was chargeable to the Council from other Authorities, including Newcastle Corporation.

In addition to the mileage already noted, a comparatively large number of patients is being moved by train. This has proved a very successful and comfortable method of carrying patients long distances and a valuable escort system has been provided by the St. John Ambulance Brigade and the British Red Cross Society for which the Council are most grateful.

The number of ambulance drivers was 80 and, of these, 51 qualified for an award from the Royal Society for the Prevention of Accidents. There had been an increase in the number of accidents to vehicles during the previous year and, as a result, authority was given to Area Health Sub-Committees to take such disciplinary action as they thought necessary. Similarly, a Joint Consultative Committee for the ambulance service was formed by

the County Council and four members of the staff employed in the service, and by this means it was hoped to promote the closest co-operation and give the staff a wider interest and greater responsibility for the conditions under which their work was performed.

Five new ambulances and one sitting case car were received during the year and ten old ambulances were transferred to the Civil Defence Committee for training purposes.

It was possible to start work on four new ambulance stations at Ashington, Seaton Delaval, Throckley and Wallsend. The purchase of two garages at Wideopen was completed and the approval of the Ministry of Health to their adaptation was received. As a result, ambulances from Gosforth and West Moor stations were transferred to Wideopen on 1st November and a greater degree of efficiency plus the saving of one ambulance and some mileage is expected.

The Council approved the erection of small garages at Berwick and Broomhill, and it is hoped to be able to commence building during the next financial year.

The Health Committee have considered at some length whether the introduction of radio into ambulances would produce any degree of greater efficiency and any economy in the existing county service. Some experience was gained by visiting other counties which had installed radio, and at the end of the year preparations were being made by two firms to demonstrate their apparatus for a trial period of three months. It is hoped that the successful application of a scheme to the county may help to reduce the ever rising mileage.

The introduction of a small transport card to be completed by the hospital department concerned and valid for only one month's travel has been tried to prevent the unauthorised use of ambulances by persons who could have used public transport. This has been partly successful, but there seems to have been an ever increasing number of patients who have travelled to the teaching hospitals in Newcastle for regular and frequent physiotherapy and other forms of treatment. It is hoped that the expansion of out patient and physiotherapy departments at the smaller county hospitals such as Alnwick, Ashington, Blyth and Wallsend, may

avoid much waste of the patients' time and of costly ambulance transport. Ultimately, the position will be improved when the Regional Hospital Board is able to implement its plans for a new hospital at Bedlington. At the present time, however, time and money could be saved if patients could be referred more to the local hospitals, and if the hospitals in Newcastle would arrange for patients to receive or complete their physiotherapy or dressings at hospitals near their homes where this is possible.

It is inconceivable that in the fifth year of the service, without any appreciable increase in the number of hospital beds, or, as far as I am aware, in the number of patients admitted to hospital, there should be a 23% increase in the number of patient-journeys over the previous year, unless there has been some change in the criteria of inability to use public transport, or an unnecessary recall of patients to hospital. It is clear that it is often exceedingly difficult to assess the ability of the patient to travel in public vehicles, but fairly stringent standards must be observed, particularly by hospital out-patient and physiotherapy departments, if the continuous expansion of the ambulance service is to be checked.

The details of the service for 1952 are shown in the tables on pages 82-83 and the graph on page 84 shows variations in the mileage, numbers of journeys and patients during the past 4½ years.

Ambulances and Sitting Case Cars 1952.

Area.	First Quarter.			Second Quarter.			Third Quarter.			Fourth Quarter.			Total.		
	J.	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.
North No. 1 ...	463	731	24,878	496	815	28,493	460	803	29,943	491	864	25,425	1,910	2,213	108,739
North No. 2 ...	498	1,177	26,999	583	1,342	28,976	595	1,457	30,291	552	1,368	28,198	2,228	6,344	114,464
Central	2,198	6,184	64,082	2,192	6,612	67,694	2,163	6,434	65,201	2,210	6,712	66,233	8,763	25,942	263,210
East	1,399	5,204	40,789	1,359	4,865	38,311	1,416	5,191	39,481	1,524	5,681	43,186	5,698	20,941	161,767
South East ...	2,658	8,994	65,163	2,766	9,119	65,717	2,867	9,390	67,122	2,432	8,117	55,277	10,723	35,620	253,279
South	2,169	7,105	50,139	2,128	7,004	51,185	2 120	7,590	52,353	2,355	9,381	62,948	8,772	31,080	216,625
Wallsend	1,380	5,713	19,502	1,321	5,701	19,666	1,435	5,932	20,791	1,495	6,601	21,226	5,631	23,947	81,185
West	1,246	3,465	42,237	1,254	3,650	42,926	1,236	3,466	44,903	1,209	3,504	40,726	4,945	14,085	170,792
Totals Ambulance Service ...	12,011	38,573	333,789	12,099	39,108	342,968	12,292	40,263	350,085	12,268	42,228	343,219	48,670	160,172	1,370,061

Ambulance Car Service.

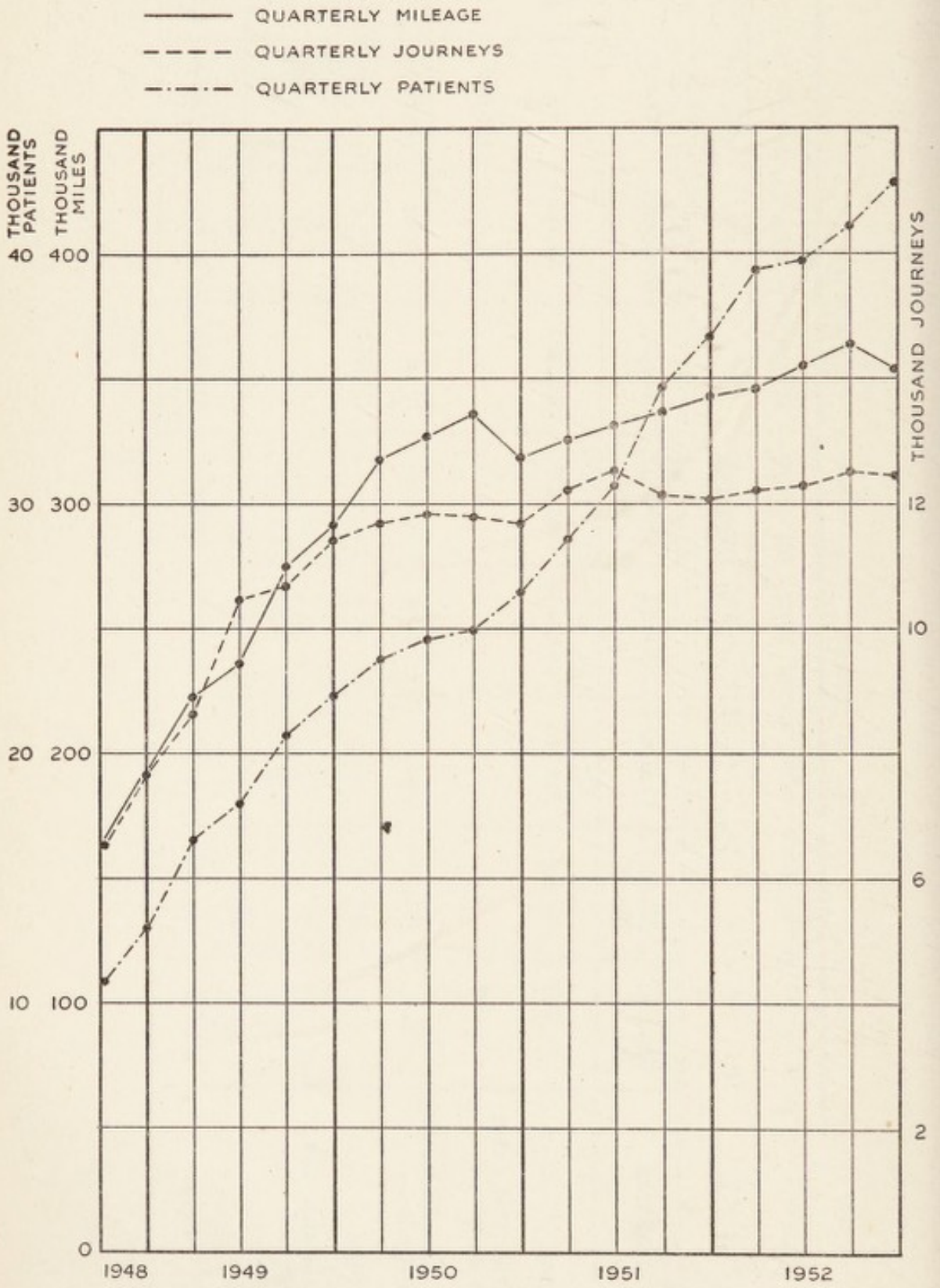
North No. 1 ...	68	137	5,186	98	208	6,702	102	220	6,242	96	201	6,116	364	766	24,246
Central	8	16	418	15	30	717	27	58	1,412	23	85	1,114	73	189	3,661
West	179	655	8,715	163	550	8,005	163	704	7,633	152	447	6,429	657	2,356	30,782
Totals Ambulance Car Service ...	255	808	14,319	276	788	15,424	292	982	15,287	271	733	13,659	1,094	3,311	58,689
Totals ...	12,266	39,381	348,108	12,375	39,896	358,392	12,584	41,245	365,372	12,539	42,961	356,878	49,764	163,483	1,428,750

J—Journeys. P—Patients. M—Mileage.

Ambulance Service Mileage.

Service.	North No. 1.	North No. 2.	Central.	East.	South East.	South.	Wallsend.	West.	Total.
Direct	54,686	59,407	263,210	161,767	253,279	203,590	81,185	—	1,077,124
British Red Cross Society	54,053	—	—	—	—	—	—	125,062	179,115
St. John Ambulance Brigade	—	—	—	—	—	—	—	44,974	44,974
Agents	—	55,057	—	—	—	13,035	—	756	68,848
Ambulance Car Service	24,246	—	3,661	—	—	—	—	30,782	58,689
Totals ...	132,985	114,464	266,871	161,767	253,279	216,625	81,185	201,574	1,428,750

TOTAL AMBULANCE SERVICE
1948 - 1952



PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

The Tuberculosis After-Care Service was first established in 1944 with the formation of the Central Tuberculosis After-Care Sub-Committee as a Sub-Committee of the Health Committee. From this Sub-Committee twelve Area Sub-Committees were established covering the whole of the county and consisting of thirteen members appointed by the Central Sub-Committee and local District Councils, together with persons in the areas interested in the welfare of the tuberculous, the District Medical Officer of Health and representatives of the National Assistance Board and Ministry of Labour. The Almoner and Health Visitors attended these committees.

A sum of money was allocated annually to the Central After-Care Committee and from this the Sub-Committees were empowered to help patients with additional nourishment and clothing—using the scale of the National Assistance Board for assessment, and to maintain a stock of beds, bedding and nursing equipment for loan without charge, where there was need for segregation of the patient. The Committees have, on the advice of the Chest Physician, recommended patients to the District Councils for re-housing, with considerable success.

Each Committee raised its own voluntary fund and from this money patients outside the scope of the scale adopted, or patients requiring help with travelling expenses, correspondence courses, etc., were assisted.

Each Committee met at least four times a year and reported quarterly to the Central Tuberculosis After-Care Committee. The Chairman of each Sub-Committee was a member of the Central Committee.

In July, 1948, when the Health Committee became responsible for the Home Nursing and Midwifery Services, efforts were made to encourage the Voluntary Nursing Committees to continue as Nursing Care Committees and provide an After-Care Service for non-tuberculous patients. In some areas this proved satisfactory, but in many no Nursing Care Committees have been functioning.

At the end of 1952 the Health Committee decided to transfer to Area Health Sub-Committees the responsibility of the care and after-care of persons suffering from tuberculosis. It was pro-

posed to set up new After-Care Sub-Committees to which could be referred all functions relating to tuberculosis and also, in the absence of a Nursing Care Committee, functions relating to general care and after-care. These new Sub-Committees will replace the existing Tuberculosis Area After-Care Sub-Committees.

There is an establishment for three Almoners, but, owing to the shortage of trained personnel, only one has been employed full-time during the past twelve months. The Almoner works in close co-operation with the Chest Physician at the chest clinic and utilises the services of the Health Visitor in the field to a considerable extent. She also visits patients in sanatorium. Two Almoners employed by Newcastle Corporation see county patients at city clinics. Ideally, the Almoner should attend each chest clinic session and visit all sanatoria, carrying out case-work where necessary, acting as liaison officer between the treatment and after-care services. She would attend each meeting of the after-care sub-committees and report patients requiring help.

It is hoped to appoint a second single-handed almoner or social worker in addition to the existing staff. Both officers will be responsible to the Area Medical Officers and assist in providing a complete after-care service in the area.

There has been an appreciable increase in the provision of convalesence as is shown by the following figures. We have been very fortunate in having in the county a convalescent home for tuberculous patients.

Number of Patients Sent to Convalescent Homes.

Year.	Tuberculosis.	General.
1949	43	39
1950	72	90
1951	86	111
1952	63	91

In Table 13 details of patients sent to various convalescent homes during the year is given.

The value of convalescence after a period of illness in hospital or after a confinement, or for those suffering from chronic tuberculosis, cannot be estimated by immediate results alone, and this side of after-care, especially in relation to the chronic tuberculous, is of some interest. The increase in provision of convalescence after general illness has perhaps been less than was at first expected.

Many other services of the Health Department are made use of in the after-care of the sick population. The Home Help and Home Nursing Services have enabled suitable patients to be looked after at home and relieved the pressure on hospital beds. The use of open air shelters or chalets continued as it had done since 1914; the old stock was overhauled and a new revolving shelter obtained.

Not the least important part of after-care has been the development of the domiciliary occupational therapy service. This commenced in 1950 and was confined to instruction in handicrafts of tuberculous patients in their homes or in convalescent homes. The Occupational Therapist travels the county in a van, taking with her the apparatus and materials for teaching purposes. In the future it is hoped to extend the facilities to all types of patients needing rehabilitation and to open regular classes in premises in the more populous districts. During the year, she gave instruction to a total of 536 patients.

Many of the voluntary care committees established in the areas of the old district nursing associations have been active in their work of helping patients either with nursing requisites or in other ways. The district nurses attend the committees in many instances and can either refer patients to the committee or obtain help from the committee for them. Where satisfactory arrangements of this kind do not exist, the provision of nursing requisites is made either by the nurse or by the Area Office. The Area Sub-Committees have been considerably interested in the general care of the sick and, as part of a long-term policy to prevent illness either mental or physical in children, the Health Committee has taken part in the establishment of the Northumberland Family Care Committee which will interest itself in the welfare of problem families.

This Department has for many years been involved in efforts to prevent tuberculosis, and these efforts have continued on the same lines since 1948, though there have been changes in administration and one important addition to the scheme. Apart from efforts to prevent the spread of infection by education and the provision of means for the disposal of sputum, both of which are undertaken by the Department, every endeavour is made to

find possible sources of infection and the Council's staff play an important part in this work which is the foundation of prevention in this field.

The Mass Miniature Radiography Service was transferred to the Regional Hospital Board in 1948, and two units are engaged for a considerable part of their time in the county area. Ascertainment of cases by this means allows not only for isolation but for early treatment which in itself tends to lessen the spread of the disease. Figures are not yet available for 1952, but in the preceding years some 70 to 100 cases of active tuberculosis were discovered each year.

The examination of contacts of known cases of tuberculosis has been of great importance in the work of prevention for many years. The health visitors attend the chest clinics and play a great part in persuading contacts to attend for examination by the Chest Physician, who carries out this preventive work on behalf of the Local Health Authority. In 1948, 1,361 contacts were examined and in 1949 the figure rose to 2,155. Subsequent totals have been smaller than this and the number in 1952 was 900.

B.C.G. Vaccination.

This method of vaccination for the prevention of tuberculosis in contacts was introduced in the county in October, 1950. The work is carried out by the Chest Physicians and by one School Medical Officer. The health visitors play an important part in assisting in this scheme.

From the inception of the scheme to the end of 1951 the number of persons vaccinated was 219, and there was a considerable increase in 1952. This is shown by the following figures :—

Name of Doctor.	Number of Persons Vaccinated.
Dr. J. R. Beal	59
Dr. M. W. Dewell	7
Dr. J. M. Gilmore	388
Dr. C. G. R. Goodwin... ...	1
Dr. C. Verity	3
Dr. F. L. Wollaston	120
Total	578

HOME HELP SERVICE.

A service of home helps was established in parts of the county in 1938 in association with the maternity services. The service was intended to provide help in the home during pregnancy if necessary, during confinement and the lying-in period and during the absence of the mother in a convalescent home when the disability followed pregnancy or parturition. In 1939 twenty mothers were provided with home helps.

The maternity home help service continued to expand and in 1945 a domestic help scheme run in conjunction with the Ministry of Labour commenced. As a result of this expansion of those becoming eligible for domestic help, 55 households employed help. The work of the home and domestic helps was supervised by the health visitors and by 1947 a yearly total of 163 cases was helped.

In 1948 a considerable expansion took place in all parts of the county and a Home Help Organiser was appointed. The day to day organisation of the service came under the control of the Area Health Offices and, as a result, the recruiting of satisfactory workers became easier and 183 part-time helps assisted at 712 households.

A home help may be provided in households where, owing to the presence of a person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over school age, help is necessary. The need for help is normally certified by the patient's doctor or nurse and as a general rule it has been possible to provide a home help without undue delay.

The following table shows the expansion which has taken place since 1948 :—

Year.	Number of Patients helped.	Number of Home Helps available.
1948	712	183
1949	1,613	348
1950	2,112	696
1951	2,352	643
1952	2,581	594

It is in this part of the health service more than in any other perhaps that the need has shown itself. The number of sick persons availing themselves of the service has more than trebled

in five years and now the great majority of cases assisted are aged and chronically infirm. The following table shows the details of the work in 1952 :—

Classification.	Full-time.	Part-time.	Total.
Confinement	239	51	290
Acute illness and short-term cases	148	580	728
Old age and infirmity and chronic illness	69	1,337	1,406
Blind	1	70	71
Tuberculosis	14	49	63
Problem cases, including care of children in absence of mother	17	6	23
Totals ...	488	2,093	2,581

NUMBER OF HOME HELPS EMPLOYED.

	Full-time.	Part-time.	Total.
(a) At 31st December, 1952 ...	28	566	594
(b) Highest number at any one period during the year ...	160	519	679

This early and rapid development of the service to provide assistance for a wide range of demands, as well as the predominance of long stay cases, caused a heavy financial demand and, as a result, a report was considered by the Health Committee in the summer of 1952. The Committee decided to fix a numerical limit on the numbers of staff assigned to each county area and instructed Area Health Sub-Committees to ensure as far as possible that only essential domestic assistance was given to genuinely deserving cases. The Committee also decided to reduce the proportion of staff employed full-time and to substitute part-time staff.

This limitation of the hours available to each Area throughout the year came into force in August and during the last five months of the year the Area Medical Officers succeeded in helping all cases who asked for assistance without exceeding their limit. It is expected that this control of use will prevent any further increase in the cost of the home help service, other than what may be caused by wage increases, without any lowering of its efficiency.

No regular arrangements for training home helps have yet been evolved. A course of lectures and demonstrations arranged in conjunction with the National Institute of Houseworkers was held with success in one area, and consideration has been given to the provision of similar courses in other areas by arrangement with the Education Committee.

HEALTH EDUCATION.

An increasing amount of education of the general public in health matters has been arranged during the past five years. The most fruitful fields for teaching have been the child welfare clinic and the school and here the health visitors have progressed in all types of teaching. They have arranged demonstrations on a wide variety of subjects and given talks to the mothers waiting at the clinics. Mothers' clubs have recently been commenced at a number of centres and evening talks on parenthood to prospective mothers and fathers have proved an interesting experiment. There has been more interest on the part of schools to allow talks on hygiene to be given by health visitors and this side of health education has been most pleasing. Groups of senior school girls have visited the child welfare centres to observe the service.

The panel of lecturers on health subjects which was formed in 1948 continued and a variety of talks were given in both rural and urban communities. The majority of public lectures were assisted by the showing of health films on the Department's 16mm. sound projector, and it was hoped to purchase a second film strip projector at the end of the year in addition to that at Wallsend.

A further exhibition on Clean Food and Good Hygiene was held at the Health Centre, Wallsend, by the Area Executive Medical Officer and in addition there has been a permanent display, such as has been loaned by the Central Council for Health Education, in the hall of the Health Centre.

Pamphlets and posters on topical problems have been regularly available for display and distribution at child welfare centres.

In 1948 a colour film on the dental services provided for the public was produced locally. The film shows the treatment of school children as well as of expectant mothers and young children and includes a description of the making of dentures. It shows in simple fashion how the teeth of the child are cared for from its

birth until it leaves school and, by taking the film into the schools, it was hoped to give children more confidence when visiting the dentist.

In Ashington a Prevention of Accidents Committee has been formed with the Senior Health Visitor as Secretary. Apart from this there has not been a great deal of specialised teaching on home accidents, though the staff constantly refer to these in group and home teaching.

A detailed statement of the education activities of the health visitors is shown in the appendix on page 134.

MENTAL HEALTH SERVICES.

Administration.

Since the inception of the National Health Service Act, 1946, the responsibility for the duties in connection with the Mental Health Services has been undertaken by the Mental Health Sub-Committee which consists of 13 members of the Council together with three co-opted members.

From 1948 until early in 1952 the staff employed in the Mental Health Service consisted of a Mental Deficiency Officer and six Duly Authorised Officers, one of whom is designated as a senior officer. During 1952 the staff was increased by the appointment of two assistants to help the Duly Authorised Officers in the populous part of the county.

The senior officer, who deputises for the Mental Deficiency Officer and also acts as Assistant Petitioning Officer when necessary, is stationed at the central office in Newcastle.

These officers undertake supervision of mental defectives in their homes and also investigate, on behalf of the County Welfare Committee, applications made by aged and handicapped persons for admission into accommodation provided under Part III of the National Assistance Act, 1948.

The Mental Deficiency Officer has many years of experience in this work in the county, and the Duly Authorised Officers have all attended courses of instruction arranged either by the National Association for Mental Health or the Department of Psychological Medicine of the University of Durham, though none of them holds any recognised qualification.

The staff of the Occupation Centre consists of a qualified male supervisor and two female unqualified assistant supervisors.

Several of the members of the Sub-Committee are members of the Management Committees of either St. George's Hospital or Northgate Hospital or both. The Chairmen of both Management Committees are included in this number. Since 1948 there has been close co-operation with the Regional Hospital Board and the various Hospital Management Committees, particularly concerning the vital question of accommodation both for mental defectives and persons suffering from mental illness. It is the practice for the Duly Authorised Officers to take mental defectives

thought to be in need of institutional care either to the hospitals or to a clinic to be seen by the Medical Superintendent of Northgate Hospital or Prudhoe and Monkton Hospital, who are thus enabled to assess the need and determine the urgency of the case in relation to the waiting list. It is perhaps unnecessary to state that there is a considerable waiting list at each institution.

In May, 1951, an agreement was made between the Local Authority and the Management Committee of Northgate and District Hospital, Morpeth, for the female social worker attached to that hospital to devote 30% of her time to the periodical visitation of adult female mental defectives under statutory supervision. When appointed in March, 1950, she had taken over from the Duly Authorised Officers the visitation of all patients on licence from that hospital. In the early part of the year this arrangement was cancelled, and the visits to female mental defectives under statutory supervision were again done by the Authorised Officers.

Voluntary Associations.

The Council does not now have any arrangement with any voluntary association.

Training of Personnel.

All the Duly Authorised Officers have attended courses of instruction, mainly organised by the Department of Psychological Medicine, Durham University. The staff at the Occupation Centre have also attended refresher courses at various times, which have been found very beneficial. The assistant Authorised Officers have attended a short course of instruction and are receiving practical training in the field.

Work undertaken in the community.

(a) *Prevention of illness, care and after-care.*

It was with regret that the National Association for Mental Health was compelled to cancel, as from 30th September, 1951, the arrangements with the Department in connection with the "Community Care Scheme" which was in operation in the county for psychotics and neurotics not requiring in-patient treatment in mental hospitals. It has not been possible to establish an alternative scheme for the care of such persons. No machinery now exists for the transmission to the Department of

information about individuals discharged from H.M. Forces on psychiatric grounds, and the Duly Authorised Officers have recently needed to arrange admission to mental hospital for several instances where this might possibly have been prevented if adequate knowledge of the patient had been available earlier.

Mental defectives under statutory or friendly supervision are visited at intervals of approximately three months by the Duly Authorised Officers who report on their progress.

(b) The greater portion of the duties of the Duly Authorised Officers has been in connection with the removal to hospital of persons suffering from some form of mental illness. They have also advised many persons to attend the local psychiatric clinics with the object of receiving suitable treatment which might prevent their admission into mental hospitals, and have given assistance to others in arranging admission as voluntary patients.

The following table shows the admissions over the period arranged by the Authorised Officers :—

Year.	Admissions to Mental Hospitals.
1948 (6 months) ...	132
1949	297
1950	317
1951	311
1952	308

This number has not varied appreciably during the five years since the inception of the service.

Many of those admitted under "Three Day" Orders were senile cases and afterwards found on medical examination to be unsuitable for transfer to mental hospitals. Arrangements were, however, made for some of these elderly people to be given Part III accommodation.

(c) *Mental Deficiency Acts*, 1913–1938.

(i) *Ascertainment.*

Every effort is made in the ascertainment of mental defectives, but the majority have been those notified under the Education Act, 1944. The number of cases placed under supervision (as shown below) has increased each year, particularly owing to the great difficulty in securing institutional accommodation. The number of defectives in need of urgent institutional care increases annually and the waiting lists at each hospital are very large.

It has never been so difficult for this Authority to secure suitable institutional accommodation for mental defectives as it is at the present time. There is, however, no doubt that the problem is a national one and does not apply only to this area.

CASES PLACED UNDER SUPERVISION.

		Under 16.		Over 16.		
Year.		M.	F.	M.	F.	Total.
1948	...	45	38	172	302	457
1949	...	60	49	216	190	515
1950	...	65	41	228	193	527
1951	...	76	41	217	209	543
1952	...	92	63	232	216	603

(ii) *Guardianship.*

It has not been considered necessary to place cases under home guardianship since the National Assistance Board took over from local authorities the liability for the maintenance of mental defectives living in the community. Much difficulty has always been experienced in obtaining suitable persons to accept the responsibility of guardianship of any mental defectives whose home environment had been found to be unsatisfactory to such an extent that it was considered advisable to remove the defective.

The table on page 98 compares the methods of care for defectives from 1948 to the present time. It will be seen that the number of defectives of whom the Department have knowledge has increased by 64 during this time. Though it is only a 6% increase, the number in hospitals has only increased by 11, i.e. by 2%. While it is not necessary for all of the defectives to be under institutional care, the number needing such care is considerable and that number has only been reduced by eleven in five years.

Occupation Centres.

The Council in its scheme for mental health decided to open occupation centres in Ashington, Blyth and near Newcastle. By the end of 1952 only the first centre in Wallsend, near Newcastle, was functioning, but it was hoped to cater for Blyth and Ashington soon.

The centre at Wallsend was opened in the spring of 1950 and, after a small beginning, has extended until there are now 3 instructors and over 40 pupils—varying from adult women to small children of both sexes. The establishment of such a full-

time centre has allowed a comprehensive training programme to be arranged. The centre is run similarly to a primary school and is open from 9.30 a.m. to 3.30 p.m. There is a mid-morning break for milk and then school dinners are provided by arrangement with the local education committee on terms similar to those for school children. Each class has a carefully planned time-table, in the main dealing with habit training. Toilet training for the little ones is started with washing and brushing of teeth and followed by learning to dress and keeping clean and tidy. House training for the older girls is taught at meal times and they learn to lay the tables, serve the meals and then clear away. Physical training is progressive and, as the children grow up, eurhythmics, games and country dancing associated with the percussion band and singing improve their co-ordination and balance.

Handicrafts have been most successful among the older pupils and woodwork, knitting, raffia work, canework, weaving and rugmaking are the most popular. In the summer it was possible to help cultivate the garden at the adjacent Nurses Home and the girls were taken for nature rambles in the public parks.

Each pupil has been regularly medically examined and minor defects remedied or kept under observation if necessary.

Progress charts for the pupils have been an added inducement in their training and there has been much healthy rivalry in their own progress.

At Christmas each year an Open Day has been organised by the Supervisor and attended by the parents, friends and members of the Mental Health Sub-Committee. The programme this year included the acting of a pantomime, a display of country dancing and a performance by the percussion band, and was followed by a display and sale of work of the handicrafts made by the pupils during the year.

The geographical difficulties of transporting the small children to Wallsend from surrounding areas have been overcome to some extent by providing ambulance transport and escorts.

The provision of an industrial centre in Wallsend has also been under review during the year, but no suitable premises have yet been obtained. Similarly, because of the difficulty in travelling long distances, no scheme of home teaching has yet been considered.

Mental Defectives.

	1948.			1949.			1950.			1951.			1952.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
In Hospitals (including licence)	194	262	456	193	263	456	192	261	453	197	264	461	206	261	467
Under Guardianship	*65	78	143	*2	5	7	2	2	4	2	2	4	2	2	4
Total Number of Cases under Order	259	340	599	195	268	463	194	263	457	199	266	465	208	263	471
In "Place of Safety"	1	1	2	1	1	2	3	1	4	2	2	4	—	1	1
Under Statutory Supervision	*217	168	385	*276	239	515	293	234	527	293	250	543	301	257	558
Under Friendly Supervision	12	13	25	27	26	53	31	22	53	22	10	32	23	22	45
Total Under Supervision	229	181	410	303	265	568	324	256	580	315	260	575	324	279	603
Total Number of Cases under Care	489	522	1,011	499	534	1,033	521	520	1,041	516	528	1,044	532	543	1,075
Attending Occupation Centre (included above)—															
Under 16							11	7	18	19	9	28	22	9	31
Over 16							—	1	1	1	10	11	2	12	14
							11	8	19	20	19	39	24	21	45
Admissions to Hospitals...	8	20	28	11	17	28	11	9	20	14	15	29	18	9	27
Admissions to Guardianship	4	4	8	—	—	—	—	—	—	—	—	—	—	—	—

* Guardianship cases discharged from Order in 1949 when financial liability taken over by National Assistance Board.

MILK.

Sampling of milk for biological 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.

Number of positive results	11
Cases completed by slaughter of one or more cows (total of 8 cows)	6
Cows disposed of before investigation presumed to be source of infection	4
Cases not yet completed	1

In only one of these cases was it necessary for the District Medical Officer to serve notice under Section 20 of the 1949 Regulations to have the milk compulsorily pasteurised.

In an endeavour to increase the work done on elimination of tuberculous cows, authority was given towards the end of the year for the purchase of equipment to enable samples of incoming milk to be taken at the larger dairies by the County Sanitary Officers.

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, Northumberland, has kindly supplied the following information with regard to the total number of designated licences issued in the County up to the 31st December, 1952 :—

Tuberculin Tested only	6
Attested and Tuberculin Tested	370
Attested, not Tuberculin Tested	235
Accredited	55

Hospital Dairy Farms.

As requested by the Ministry of Health, periodical sampling and examination by the methylene blue reduction test of milk produced at Hospital Dairy Farms was carried out as follows :—

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

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

For the year 48 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 carried out by my 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 number of pasteurisers' licences in the County was increased during 1952 by the opening in April of the new creamery at Alnwick, and by the installation of pasteurising equipment by a Wallsend dairy. Wallsend Borough, being a separate authority for Food and Drugs administration, were responsible for the licensing and supervision of their local plant, but in the case of the other five dairies, periodical visits of inspection were made by the County Sanitary Officers, and samples taken regularly. Washed bottles were also taken at intervals from the machines, for bacteriological examination.

Number of inspections made 174

Number of samples taken at dairies :—

Methylene Blue Test.			Phosphatase Test.		
Passed.	Failed.	Void.	Passed.	Failed.	Void.
196	—	8	198	2	4

The five plants, which are all on the H.T.S.T. system, were maintained in satisfactory condition during the year. The establishment of the new dairy at Alnwick, so long awaited, was of great benefit to the county, as it made available pasteurised milk to dealers in the Northern districts where previously only raw supplies had been readily obtainable. One result has been reflected in the school milk statistics in the next paragraph where the percentage of schools taking pasteurised milk rose from 50 last year to 60·1 for 1952. Another decided advantage was a great reduction in the distance that farm milk had to be transported from the North of the County and the South East of Berwickshire for pasteurisation. It is hoped that this will act as a stimulus to milk production in the areas concerned.

Three of the dairies were also licensed for the sale of "T.T. Pasteurised" milk.

There appears now to be an increasing demand for "Sterilised" milk, and by the end of the year, one of the larger creameries was taking preliminary steps to set up its own sterilising plant. Up to now the only sterilised milk sold, mainly in the industrial areas, has been obtained from outside the administrative county.

Milk in Schools Scheme.

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

Grade of Milk.		
Pasteurised	211	60·1%
Tuberculin Tested	95	27·1%
Ungraded...	35	10·0%
Dried Milk	10	2·8%

All milk supplied to schools was approved by the department, and received constant supervision and examination. There was an increase in the number of schools receiving Pasteurised or Tuberculin Tested milk. 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 proportion of children taking milk daily throughout the county was 85·4% of the school population.

ICE CREAM.

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

In my remarks under this heading last year, I suggested that too few samples of ice cream were being submitted for bacteriological grading. During 1952, samples were sent in by more of the county districts than previously, but the total number of samples taken in the county was only 306, a decrease of 86 on the previous year.

The proportion of Grade I samples increased to 50%, the highest since grading under the Regulations was instituted, and the number of Grade IV samples fell to the lowest yet recorded, 14·4%. Details will be found in Table 16.

It cannot, however, be too strongly emphasised that a correct assessment of the bacteriological quality of the ice cream supplied in an area requires a reasonable number of samples to be taken from each source in the course of the year.

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

SEWAGE DISPOSAL.

The County Committee considered 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 :—

Alnwick Rural District Council.

Boulmer—Sewerage scheme.

Bellingham Rural District Council.

Wark-on-Tyne—Sewerage and sewage disposal scheme.

Castle Ward Rural District Council.

Ponteland, Darras Hall and Woolsington } Sewerage scheme.

Hexham Rural District Council.

Haydon Bridge—Sewerage scheme.

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 35 samples submitted for bacteriological examination 34 were classified as highly satisfactory and one suspicious. 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 35 samples were submitted for bacteriological examination, 31 of which were classified as highly satisfactory, 2 satisfactory and 2 suspicious.

During the year 778 samples were submitted from Local Authorities for bacteriological examination, and of these 526 were highly satisfactory, 47 satisfactory, 64 suspicious and 141 unsatisfactory. A large portion of the samples not graded as satisfactory were from private water sources under investigation and before chlorination had taken place.

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

Glendale Rural District Council.

Revised proposals for Stage I of the Glendale Regional Water Supply Scheme.

Morpeth Rural District Council.

Pegswood—Reserve water main.

Norham and Islandshires Rural District Council.

Scremerston—Water supply scheme.

Rothbury Rural District Council.

Longframlington—Water supply 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 Blyth on the 8th January by the Borough of Blyth for consent to borrow the sum of £58,000 for works of sewerage and sewage disposal in the Cowpen Road area.

(*b*) At Alnwick on the 26th August by the Urban District Council of Alnwick for consent to borrow the sum of £72,000 for works of sewerage and sewage disposal.

(*c*) At Alnwick on the 27th August by the Urban District Council of Alnwick for consent to borrow the sum of £75,000 for proposed works of water supply for Alnwick Urban District, and supplying water to the western parishes of Alnwick Rural District, in return for which they will make a substantial contribution to the cost.

(*d*) At Longhorsley on the 17th July by the Rural District Council of Morpeth an investigation into works of sewerage and sewage disposal now under construction for above village.

(*e*) At Mitford Village on the 16th December by the Rural District Council of Morpeth an investigation into works of sewerage and sewage disposal recently constructed for above village.

(*f*) At Scots Gap on the 16th December by the Rural District Council of Morpeth an investigation into works of sewerage and sewage disposal now under construction for above village.

HOUSING.

Progress in the erection of new houses will be seen in Table 17. The total number of houses erected each year has been gradually decreasing since 1948 until last year, but the 1952 figure, 2,620, showed an increase of 467 on the previous total. It is to be hoped that this marks the restoration of an upward trend in the rate of building. It is of interest to note that this increase is shared by both local authority and privately built houses. It should be noted, however, that the year's total fell below the 1948 figure by about 800 and was only two-thirds of the number of houses built in 1938.

The number of houses discontinued as dwellings was 318, a lower figure than recorded for either of the two previous years. This is presumably due to the fact that, although those local authorities who had pre-war confirmed clearance schemes still to be demolished have been gradually getting through these, there is as yet no large-scale resumption of slum clearance work.

The number of applications for grants towards the improvement of existing houses under the 1949 Housing Act (Table 19) has increased slowly : 113 for 1952 as against 79 the previous year. The urban areas, however, have proved themselves slow to take advantage of this legislation. The whole question of repair and maintenance of existing dwellings is now a national problem, and in this regard Northumberland is no different from the rest of the country.

There is, happily, more activity in reconditioning in the rural districts and, besides the cases recorded in the table, there is known to be a fair amount of work being done on improvement of houses in appropriate areas with financial assistance obtained under the Hill Farming Act, 1946, for which, unfortunately, no accurate statistics are available.

FOOD AND DRUGS ACTS.

REPORT BY MR. C. L. ARLIDGE.

During the year ended 31st December, 1952, the Inspectors of Weights and Measures who are the appointed County 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 2,396 samples.

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

Name of Sample.	Total number analysed.	Samples certified as adulterated or otherwise not complying with the Regulations.
Baking Powder	10	—
Beer	43	—
B.P. Official Preparations and Household Medicaments	93	2
Butter	20	2
Cake and Pudding Mixture	15	—
Cereal Products	30	—
Cheese	9	—
Coffee	50	—
Condiments, Sauces, Pickles, Flavourings, etc.	105	—
Confectionery	41	2
Cornflour	3	—
Fish Cakes	14	—
Flour	12	—
Gelatine	10	—
Ice Cream	91	18
Icing Sugar...	1	—
Jam, Preserves, etc.	52	—
Lard, Cooking Fat, etc.	11	—
Meat Products (Open and Tinned) ...	35	—
Milk	1,272	12
Mincemeat	10	—
Mixed Peel	4	—
Carried forward ...	1,931	36

Name of Sample.	Total number analysed.	Samples certified as adulterated or otherwise not complying with the Regulations.
Brought forward ...	1,931	36
Paste (Meat and Fish)	52	1
Sausages (Beef and Pork)	92	16
Soft Drinks	51	—
Soups	12	—
Spirits (Whisky and Gin)	26	—
Table Jellies	32	—
Tea	1	—
Vinegar	37	2
Miscellaneous (unclassified samples) ...	162	2
Total	2,396	57

The number of samples of ice cream not complying with the standard of compositional quality still remains high in spite of the fact that the Minister of Food reduced the minimum figure for the fat content from 5% to 4% with effect from the 7th July, 1952.

I am glad to be able to report that only one prosecution was instituted during the year in respect of adulterated milk. This is the lowest figure ever achieved in the history of the Department. It may not be possible entirely to eliminate this type of offence but it would seem that the present system of sampling and the adverse press publicity given to offenders, coupled with the fact that all producers convicted of this type of offence are warned by the Milk Marketing Board that a second conviction will result in a cancellation of their contract to sell milk to the Board, are acting as powerful deterrents to persons who might be disposed to tamper with this important article of food. In the event of a producer having his contract revoked by the Milk Marketing Board, he is automatically debarred from selling milk, as the Board is the primary purchaser of all milk produced in England and Wales.

Although 16 samples of sausages were reported as unsatisfactory, in only one case was the deficiency in meat content (20%) considered to be of such magnitude as to warrant the institution of legal proceedings. The other deficiencies were less than 10% and investigations showed that the irregularities were due either to careless weighing of the ingredients or to insufficient mixing.

Prosecutions instituted by the Department during 1952, 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 for human consumption milk to which water had been added	Fined £10 and £5 5s. 0d. costs.
2	Cooked Meat Manufacturer	Selling pork sausages not of the quality demanded	Fined £5 and £2 costs.
3	Ice Cream Manufacturer	Selling ice cream deficient in the fat content	Fined £1 and £1 19s. 0d. costs.
4	Do.	Do. ...	Fined £5 and £1 15s. 0d. costs.
5	Do.	Do. ...	Fined £10 and £1 15s. 0d. costs.
6	Do.	Do. ...	Fined £15 and £1 15s. 0d. costs.
7	Do.	Do. ...	Fined £1 and £1 15s. 0d. costs.
8	Do.	Do. ...	Fined £10 and £1 15s. 0d. costs.
9	Do.	Do. ...	Fined £30 and £1 15s. 0d. costs.
10	Do.	Do. ...	Granted absolute discharge on payment of £1 15s. 0d. costs.
11	Do.	Do. ...	Fined £2 and £1 15s. 0d. costs.
12	Do.	Do. ...	Fined £6 and £1 15s. 0d. costs.

WELFARE OF HANDICAPPED PERSONS.

Blind and Partially Sighted.

REGISTRATION

For the first time for several years the number of registered blind persons showed a slight decrease, the number registered in December being 703 as compared with 707 in December, 1951. On the other hand, the number on the partially sighted register increased by 67%, from 109 to 173.

Ninety-one persons were registered blind during the year and 19 blind persons de-certified, 8 of whom were re-registered as partially sighted. Of the 72 registered as partially sighted during the year, approximately two-thirds were over the age of 65.

The age groups of the registered blind were :—

Age Periods.	Males.	Females.	Total.
0— 1	1	—	1
2— 4	—	—	—
5—10	1	1	2
11—15	7	5	12
16—20	7	2	9
21—30	13	8	21
31—39	20	15	35
40—49	24	19	43
50—59	51	30	81
60—64	31	30	61
65—69	43	42	85
70 and over ...	152	201	353
Total ...	350	353	703

Cataract and glaucoma were again the primary causes of blindness of those registered during the year and, with the co-operation of the medical practitioners, arrangements were made as far as possible for treatment recommended to be carried out. One child was registered blind as a result of retrolental fibroplasia and his twin brother was registered as partially sighted.

The following is a summary relating to treatment of cataract and glaucoma cases certified :—

	Cataract.	Glaucoma.
No treatment recommended ...	11	7
Treatment completed and awaiting admission to hospital or under treatment	16	5
Not willing for treatment ...	2	2
Died before treatment was carried out	1	—

HOME TEACHERS.

During the year the establishment of the home teaching staff was reviewed and the Council authorised the appointment of an additional home teacher, thus increasing the total to six plus the supervisor.

During the year 7,117 visits were paid by the blind welfare staff as compared with 6,281 in 1951. The difference in the number of visits was accounted for by the fact that in 1951 there was a vacancy on the staff for many months. The staff were able to devote a little more time to instruction in crafts and embossed types than they did in the previous year. In collaboration with voluntary committee members, they conducted regular social clubs in eight districts and six fortnightly handicraft classes were held. Both clubs and classes continued to be well attended.

Arrangements were made with the National Institute for the Blind for a home teacher to spend two weeks as a resident-observer in two Sunshine Homes. She gained additional experience in giving advice to parents on the upbringing of young blind babies.

TRAINING AND EMPLOYMENT.

During the year five consultative employment panels were held when blind and partially sighted persons were interviewed by officers of the Ministry of Labour and National Service, the North Regional Association for the Blind, the National Institute for the Blind and the Department. Three blind men were accepted for industrial rehabilitation at the centre of the National Institute for the Blind, Torquay. A blind man, a partially sighted man and a partially sighted young woman were placed in employment through the placement service of the National Institute for the Blind. Four men and three women were training for sheltered employment and arrangements were completed for two men and a youth to commence industrial training.

Two approved home workers continued to be employed as a stick chopper and Braille copyist respectively.

Twenty-four blind men and one blind woman were employed in the Workshops for the Blind or Training School and 17 blind men and 2 women were engaged in other occupations. Nine partially sighted men were employed.

Deaf and Hard of Hearing Blind.

There were no new cases of deaf blind during the year and in December there were five without speech and seven with speech. The deaf blind derive much pleasure in attending handicraft classes and social centres and also outings when they have an opportunity of meeting persons similarly afflicted from other areas.

They are also encouraged to attend religious services and functions arranged by the Mission for the Deaf.

Arrangements were made for one deaf blind woman living alone to spend three winter months in a home for deaf blind.

In December 90 registered blind were hard of hearing, the majority of whom had been tested and provided with aids under the National Health Service. During the year 11 of the 12 persons tested were provided with aids.

Social Welfare.

During the year 33 blind persons were provided with wireless sets or relays through the Department on behalf of the British "Wireless for the Blind" Fund.

The National Institute for the Blind continued to allocate a proportion of its collections to the Northumberland County Blind Persons Trust Fund which is administered by the Department and used for social purposes. Out of the fund monetary gifts were distributed to blind people through the home teachers and grants made to the 13 voluntary committees functioning in the county. Other amenities provided out of the fund were holidays, chiropody treatment, clothing and bedding, rents for club premises, wireless repairs, apparatus and outings.

Nicholas Garrow Home.

The home continued to accommodate 22 persons and during the year a number of other blind persons stayed for holiday periods while the permanent residents were holidaying with friends. Weekly evening services and periodic entertainments were given voluntarily by clergy, preachers and artistes from the surrounding districts. Several of the residents were regular attenders at the Bedlington Club for the Blind.

Handicapped other than Blind and Partially Sighted.

Two schemes were submitted to and approved by the Ministry of Health during the year :—

(I) Scheme for persons who are deaf or dumb.

(II) Scheme for handicapped persons other than blind, partially sighted, deaf or dumb. (To be known as the "general" class).

Two registers of the respective classes of handicapped persons were opened. The majority of names for registration in accordance with Scheme I were submitted by the Northumberland and Durham Mission to the Deaf, while persons in the "general" class were referred by health visitors, district nurses, home teachers, duly authorised officers and officers of the National Assistance Board. Approximately 250 deaf and 450 "general" handicapped persons were referred by December.

It was decided to seek the approval of the Minister of Health to the home teachers for the blind undertaking the visiting in the North and West of the county, both areas having scattered populations. The Northumberland and Durham Mission to the Deaf would act as agent for the Council for the purpose of carrying out the Council's scheme in the south east area of the county, and would provide a full-time missioner in the area. The Mission would also be available to render specialist services in any part of the county and provide for the spiritual welfare of all the deaf in the county as far as practicable.

For the generally handicapped it was decided to appoint a female welfare visitor for the south east area of the county. Visiting in the north and west of the county would be undertaken by the duly authorised officers.

TABLES

of

STATISTICS

1952

Table 1.

Administrative County of Northumberland.

Population—Year 1952.

Boroughs :—		
Berwick-upon-Tweed	12,650	
Blyth	34,010	
Morpeth	10,700	
Wallsend	48,790	
		106,150
Urban Districts :—		
Alnwick	7,384	
Amble	4,799	
Ashington	28,470	
Bedlingtonshire	28,630	
Gosforth	24,590	
Hexham	9,373	
Longbenton	29,270	
Newbiggin-by-the-Sea	9,790	
Newburn	21,820	
Prudhoe	9,394	
Seaton Valley	26,200	
Whitley Bay	32,230	
		231,950
Rural Districts :—		
Alnwick	11,790	
Belford	5,022	
Bellingham	5,326	
Castle Ward	14,480	
Glendale	7,517	
Haltwhistle	7,558	
Hexham	20,240	
Morpeth	18,240	
Norham and Islandshires	4,451	
Rothbury...	5,574	
Newcastle upon Tyne (Moothall and Precincts) ...	2	
		100,200
Totals ...		438,300

Table 2.

Population—Distribution for Purposes of Area Administration.

Area.	Population.
North No. 1	29,640
North No. 2	29,547
Central	67,200
East...	62,640
South	72,954
South East...	87,700
West	39,829
Wallsend	48,790
Total ...	438,300

Table 3.

Vital and Mortality Statistics.

Year.	Birth rate 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
1952	16·08	11·25	29·37	0.08	0·17

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	338,100	100,200	438,300	—	—	—
Births (Live) ...	5,579	1,468	7,047	16·50	14·65	16·08
Legitimate	5,405	1,403	6,808	15·98	14·00	15·53
Illegitimate ...	174	65	239	0·52	0·65	0·55
				(Per 1,000 population)		
Births (Still)	151	30	181	26·35	20·03	25·04
Legitimate	142	28	170	25·60	19·57	24·36
Illegitimate ...	9	2	11	49·18	29·85	44·00
				(Per 1,000 registered births)		
Births (Live and Still)	5,730	1,498	7,228	16·95	14·95	16·49
Legitimate	5,547	1,431	6,978	16·41	14·28	15·92
Illegitimate ...	183	67	250	0·54	0·67	0·57
				(Per 1,000 population)		
Deaths (Total) ...	3,861	1,249	4,930	10·89	12·47	11·25
				(Per 1,000 population)		
Deaths of Infants under 1 year of age	169	38	207	30·29	25·86	29·37
Legitimate	161	37	198	29·78	26·37	29·08
Illegitimate ...	8	1	9	45·98	15·39	37·65
				(Per 1,000 live births)		
Deaths of Infants under 4 weeks of age	104	28	132	18·64	19·07	18·73
Legitimate	98	28	126	18·13	19·96	18·51
Illegitimate ...	6	—	6	34·48	—	25·10
				(Per 1,000 live births)		
Maternal Deaths ...	6	—	6	1·05	—	0·83
				(Per 1,000 births—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	115	110	11	4	240	1	5	—	—	6	246
Blyth	318	272	17	11	618	6	5	—	—	11	629
Morpeth	102	97	5	5	209	—	1	1	—	2	211
Wallsend... ...	465	441	10	14	930	15	10	2	—	27	957
Urban Districts :—											
Alnwick	67	60	2	3	132	1	2	—	—	3	135
Amble	34	29	2	2	67	—	1	—	—	1	68
Ashington ...	244	229	2	4	479	11	3	—	—	14	493
Bedlingtonshire	267	266	7	9	549	11	5	—	—	16	565
Gosforth	181	173	4	3	361	4	3	1	—	8	369
Hexham	54	68	3	4	129	2	—	1	—	3	132
Longbenton ...	217	206	3	5	431	6	8	2	1	17	448
Newbiggin-by-the-Sea ...	73	89	1	2	165	2	2	—	—	4	169
Newburn... ...	180	157	3	3	343	5	8	—	—	13	356
Prudhoe	71	57	2	2	132	1	2	—	—	3	135
Seaton Valley ...	206	167	5	4	382	6	7	—	1	14	396
Whitley Bay ...	215	175	10	12	412	7	2	—	—	9	421
Rural Districts :—											
Alnwick	72	74	5	5	156	—	1	—	—	1	157
Belford	35	39	2	3	79	—	1	1	—	2	81
Bellingham ...	27	41	1	2	71	—	—	—	—	—	71
Castle Ward ...	106	88	5	1	200	2	2	—	—	4	204
Glendale	50	43	—	3	96	3	—	1	—	4	100
Haltwhistle ...	64	39	2	1	106	5	—	—	—	5	111
Hexham	159	140	9	3	311	3	3	—	—	6	317
Morpeth	141	136	5	7	289	1	3	—	—	4	293
Norham and Islandshires ...	35	24	2	3	64	2	—	—	—	2	66
Rothbury ...	48	42	3	3	96	2	—	—	—	2	98
Totals ...	3546	3262	121	118	7047	96	74	9	2	181	7228

Table 6.

Notifications of Infectious Diseases.

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.	Meningitis Non-Meningococcal.	Totals.
Boroughs :—																		
Berwick	—	—	—	14	12	—	—	231	—	—	1	—	—	1	—	—	—	259
Blyth...	—	—	—	65	45	—	10	346	29	3	1	—	2	—	24	6	—	531
Morpeth	—	—	—	6	4	—	9	161	10	—	1	—	1	—	—	—	—	192
Wallsend	—	—	2	80	67	—	5	730	91	2	4	—	4	—	—	—	—	985
Urban Districts :—																		
Alnwick	—	—	—	3	1	—	1	24	1	—	2	1	—	—	—	—	—	33
Amble	—	—	—	—	—	—	—	61	—	—	—	—	—	—	—	15	—	76
Ashington	—	—	—	41	28	—	2	432	14	—	1	—	—	—	—	53	—	571
Bedlingtonshire ...	—	—	—	84	15	—	2	403	5	—	4	—	4	—	8	6	—	531
Gosforth	—	—	1	50	78	1	4	331	25	—	5	1	1	—	—	—	—	497
Hexham	—	1	—	5	17	—	—	143	4	—	1	—	1	—	—	—	—	172
Longbenton	—	—	1	83	41	1	2	219	6	1	9	—	—	—	—	—	—	363
Newbiggin-by-the-Sea	—	—	1	12	3	—	—	118	13	—	—	—	1	—	1	1	—	150
Newburn	—	—	—	52	71	—	3	279	29	1	—	—	—	—	8	137	—	580
Prudhoe	—	—	—	4	51	—	1	59	3	—	—	—	—	—	—	95	—	213
Seaton Valley ...	—	—	6	71	34	—	—	250	1	1	2	—	2	—	2	—	—	369
Whitley Bay ...	—	—	2	66	74	—	4	309	13	—	3	—	—	—	—	1	1	473
Rural Districts :—																		
Alnwick	—	—	—	6	1	—	1	35	1	—	1	—	1	—	—	3	—	49
Belford	—	—	—	4	9	—	—	93	3	—	1	—	—	—	—	—	—	110
Bellingham	—	—	1	2	—	—	2	9	1	—	—	—	1	—	—	—	—	16
Castle Ward ...	—	—	—	22	12	—	1	113	6	4	2	—	—	—	—	26	—	186
Glendale	—	—	3	11	20	—	—	111	4	—	1	—	—	—	—	—	—	150
Haltwhistle	—	1	1	29	1	—	1	113	4	—	8	—	—	—	—	1	—	159
Hexham	—	—	—	20	71	—	5	162	14	26	1	1	—	—	1	1	—	302
Morpeth	—	—	—	20	21	—	3	186	5	1	1	1	—	1	1	2	—	242
Norham and Islandshires ...	—	—	—	9	11	—	—	17	—	—	—	—	—	—	—	—	—	37
Rothbury	—	—	—	12	20	—	11	62	17	1	4	—	1	—	—	16	—	144
Totals ...	—	2	18	771	707	2	67	4997	299	40	53	4	19	2	45	363	1	7390

Table 7.

Classification of Deaths (Year 1952) According to Disease.

	Boroughs and Urban Districts.			Rural Districts.			Total County.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total
Tuberculosis (Respiratory)	54	11	65	6	6	12	60	17	77
Tuberculosis (Other) ...	10	2	12	2	1	3	12	3	15
Syphilitic Disease	10	3	13	2	1	3	12	4	16
Diphtheria	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—
Meningococcal Infections ...	2	3	5	—	—	—	2	3	5
Acute Poliomyelitis ...	—	2	2	1	—	1	1	2	3
Measles	2	—	2	—	—	—	2	—	2
Other Infective and Parasitic Diseases	7	5	12	—	1	1	7	6	13
Malignant Neoplasm—									
Stomach	67	55	122	26	17	43	93	72	165
Lung, Bronchus ...	95	14	109	13	8	21	108	22	130
Breast	—	45	45	—	25	25	—	70	70
Uterus	—	37	37	—	9	9	—	46	46
Other Malignant and Lymphatic Neoplasms ...	207	121	328	55	49	104	262	170	432
Leukaemia, Aleukaemia ...	5	7	12	1	2	3	6	9	15
Diabetes	4	12	16	4	3	7	8	15	23
Vascular Lesions of Nervous System	261	261	522	100	126	226	361	387	748
Coronary Disease, Angina	377	210	587	96	64	160	473	274	747
Hypertension with Heart Disease	31	47	78	10	18	28	41	65	106
Other Heart Disease ...	298	370	668	140	139	279	438	509	947
Other Circulatory Disease...	57	47	104	19	26	45	76	73	149
Influenza	2	1	3	—	3	3	2	4	6
Pneumonia	56	44	100	8	12	20	64	56	120
Bronchitis	108	56	164	20	14	34	128	70	198
Other Diseases of Respiratory System ...	20	11	31	10	—	10	30	11	41
Ulcer of Stomach and Duodenum	29	5	34	5	1	6	34	6	40
Gastritis, Enteritis and Diarrhoea	7	12	19	6	4	10	13	16	29
Nephritis and Nephrosis ...	21	25	46	3	11	14	24	36	60
Hyperplasia of Prostate ...	20	—	20	16	—	16	36	—	36
Pregnancy, Childbirth, Abortion	—	6	6	—	—	—	—	6	6
Congenital Malformations	18	14	32	5	4	9	23	18	41
Other Defined and Ill-Defined Diseases ...	187	145	332	55	52	107	242	197	439
Motor vehicle accidents ...	27	7	34	13	2	15	40	9	49
All other accidents... ...	53	33	86	19	9	28	72	42	114
Suicide	24	8	32	4	3	7	28	11	39
Homicide and operations of war	2	1	3	—	—	—	2	1	3
Totals ...	2061	1620	3681	639	610	1249	2700	2230	4930

Table 8.

Cancer Deaths and Death Rates.

Years 1940 to 1952.

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
1952 ...	438,300	843	1·92

TUBERCULOSIS.

TABLE 9.

STATISTICS—YEARS 1928 TO 1952.

YEAR.	NOTIFICATIONS.			DEATHS.			DEATH RATE PER 1,000 POPULATION.		
	Respiratory.	Other Forms	All Forms	Respiratory.	Other Forms	All Forms	Respiratory.	Other Forms	All Form
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	0·13	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
1952	519	91	610	77	15	92	0·17	0·04	0·21

Table 10.

Notifications and Mortality at specified age periods during the year 1952.

Age Periods.	* New Cases.						Deaths.					
	Respiratory.			Non-Respiratory.			Respiratory.			Non-Respiratory.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	—	1	1	—	—	—	—	—	—	—	—	—
1—	4	5	9	4	4	8	—	—	—	2	1	3
5—	24	17	41	16	11	27	—	—	—	—	—	—
15—	165	193	358	14	30	44	27	10	37	4	1	5
45—	67	19	86	7	3	10	21	3	24	5	—	5
65 and upwards...	18	6	24	1	1	2	12	4	16	1	1	2
Totals ...	278	241	519	42	49	91	60	17	77	12	3	15

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

Table 11.

Mass Miniature Radiography.

Area.	Miniature Films.			Large Films.			Tuberculosis.						Dust Lesions.		Suspected Malignant Disease.	
							Active.		Inactive.		Inactive Post Primary.					
	M.	F.	Total.	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. West Northumberland	377	30	407	6	—	6	—	—	22	—	2	—	—	—	—	—
2. South East Northumberland —																
Wallsend	709	826	1,535	30	19	49	1 0.14%	1 0.12%	59	46	3	4	—	—	2	—
Remainder	6,002	3,847	9,849	174	85	259	11 0.18%	12 0.31%	227	150	25	19	4	—	17	2
3. Hospitals	1,991	1,633	3,624	91	65	156	5 0.25%	2 0.12%	57	43	5	7	—	—	—	—
4. Approved Schools	198	—	198	—	—	—	—	—	14	—	—	—	—	—	—	—
Total	9,277	6,336	15,613	301	169	470	17 0.18%	15 0.23%	379	239	35	30	4	—	19	2

Table 12.

Tuberculosis After-Care.

Work of Almoners :—			
Home visits			179
Sanatorium visits			418
Seen at chest clinics			767
Details of help given :—			
For financial Assistance—			
National Assistance Board :	Allowances		162
	Clothing		50
	Bedding		20
	Travelling expenses		17
After-Care Sub-Committees :	Milk, etc.		301
	Bedding		54
	Clothing		56
Resettlement :—			
To Ministry of Labour			69
To Government Training Centre or Rehabilitation Unit			11
To Employment			43
To Papworth Village Settlement			2

Other help :—

Housing advice, correspondence courses, painting materials, installation of Rediffusion, furniture, loan of garden shelters.

TABLE 13.

CARE AND AFTER-CARE—CONVALESCENCE.

	Doxford Hall.		Silloth.		Shotley Bridge.		Whitburn.		Co-op. Home, Gilsland.		Boarbank Hall.		St. Margaret's Hawick.		Paisley Conv. Home.		Melrose.		Totals.			
	M.	F.	M.	F.	M.	F.	F.	Ch.	M.	F.	M.	F.	M.	F.	F.	Ch.	M.	F.	M.	F.	Ch.	Total
Number of patients in residence on 1st January, 1952	5	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	4	—	9
Admissions	40	14	9	27	6	21	7	5	1	1	3	6	—	2	1	1	—	1	59	80	6	145
Re-admissions	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2
Discharges	45	18	9	27	6	21	7	5	1	1	3	6	—	2	1	1	—	1	64	84	6	154
Received convalescence during year:—																						
Tubercular—Adults	45	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	45	18	—	63
Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General— Adults	—	—	9	27	6	21	7	—	1	1	3	6	—	2	1	—	—	1	19	66	—	85
Children	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	1	—	—	—	—	6	6
TOTAL	45	18	9	27	6	21	7	5	1	1	3	6	—	2	1	1	—	1	64	84	6	154
Total number of convalescent days ...	1,382	629	140	372	108	308	84	70	14	14	42	105	—	28	17	17	—	14	1,686	1,571	87	3,344
Number of patients in residence, 31st December, 1952	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

MENTAL HEALTH SERVICE.

TABLE 14.

SUMMARY OF VISITS AND ADMISSIONS MADE BY AUTHORISED OFFICERS.

District.	Area (Acres).	Population (Estimated)	Mental Deficiency Visits.						Lunacy and Mental Treatment Cases.				
			Supervision	Licence	Guardianship	New Cases	Miscellaneous	Total.	Lunacy Act, 1890 Sec. 20 (3 Day Order)	Lunacy Act, 1890 Sec. 16 (Certified).	Section 20 later Sec. 16	Mental Treatment Act, 1930 Sec. 5 (Temporary Treatment)	Total.
Alnwick ...	340,856	33,306	204	—	—	2	1	207	6	2	3	—	11
Ashington ...	97,828	95,830	309	6	5	20	27	367	23	6	19	2	50
Berwick ...	167,216	25,881	170	—	—	4	11	185	4	3	4	—	11
Blyth	22,059	92,440	325	6	4	45	40	420	60	9	35	1	105
Hexham ...	548,822	51,891	113	—	—	15	4	132	14	7	8	—	29
South Northumberland	99,424	138,952	493	—	4	35	23	555	53	18	29	2	102
Total	1,276,205	438,300	1,614	12	13	121	106	1,866	160	45	98	5	308

Table 15.

Mental Defectives.

	On 31st December, 1952.			On 31st December, 1951.		
	M.	F.	T.	M.	F.	T.
(i) In Hospitals (including Licence cases)						
Under 16 years	27	14	41	24	15	39
Over 16 years	171	243	414	165	246	411
(ii) In State Managed Hospitals—						
Over 16 years	8	4	12	8	3	11
(iii) Under Guardianship—						
Over 16 years	2	2	4	2	2	4
Total Number of Cases under Order	208	263	471	199	266	465
(iv) Under Statutory Supervision—						
Under 16 years	92	63	155	76	41	117
Over 16 years	209	194	403	217	209	426
(v) Under Friendly Supervision—						
Over 16 years	23	22	45	22	10	32
Total Number of Cases under Supervision	324	279	603	315	260	575
(vi) In Places of Safety	—	1	1	2	2	4
Total Number of Cases under Care	532	543	1,075	516	528	1,044
Cases awaiting hospital accommodation (included above)	27	29	56	62	14	76
Mental Defectives attending Occupation Centre (included above)—						
Under 16 years	22	9	31	19	9	28
Over 16 years	2	12	14	1	10	11
Total	24	21	45	20	19	39

	During 1952.			During 1951.		
Ascertainment—						
(i) Reported by Local Education Authority	27	23	50	25	14	39
(ii) Reported from other sources ...	12	13	25	14	15	29
Total	39	36	75	39	29	68
Admissions to Hospitals under Order	18	9	27	14	15	29
Short term admissions to Hospitals (Ministry of Health Circular 5/52 issued January, 1952)	7	6	13	—	—	—

Table 16.

ICE CREAM.

County Districts.	Grades.				
	I.	II.	III.	IV.	Total.
Muncipal Boroughs :—					
Berwick-upon-Tweed	25	20	5	12	62
Blyth	12	1	8	2	23
Morpeth	1	2	—	1	4
Wallsend	4	—	—	—	4
Urban Districts :—					
Alnwick	—	—	—	—	—
Amble	—	—	—	—	—
Ashington	2	3	—	2	7
Bedlingtonshire	5	6	3	5	19
Gosforth	10	—	—	—	10
Hexham	7	5	—	—	12
Longbenton	10	4	1	—	15
Newbiggin-by-the-Sea	2	—	—	—	2
Newburn	—	—	—	—	—
Prudhoe	4	1	—	1	6
Seaton Valley	39	3	1	—	43
Whitley Bay	14	4	9	11	38
Rural Districts :—					
Alnwick	—	—	—	—	—
Belford	—	—	—	3	3
Bellingham	—	—	—	—	—
Castle Ward	1	—	—	—	1
Glendale	—	—	—	—	—
Haltwhistle	9	6	8	4	27
Hexham	8	13	6	3	30
Morpeth	—	—	—	—	—
Norham and Islandshires	—	—	—	—	—
Rothbury	—	—	—	—	—
Totals	153	68	41	44	306
Percentages	50·0	22·2	13·4	14·4	

Table 17.

HOUSING.

County Districts	Houses Completed during 1952.					Total 1951.	Houses dis-continued as dwellings.
	(A) By Local Authority.		(B) By Other Persons.		Total.		
	Perm.	Temp.	Perm.	Temp.			
Boroughs :—							
Berwick-upon-Tweed	78	—	11	—	89	68	10
Blyth	179	—	66	—	245	200	70
Morpeth	7	—	8	—	15	57	3
Wallsend	294	—	6	—	300	274	6
Urban Districts :—							
Alnwick	10	—	11	—	21	39	6
Amble...	21	—	5	—	26	51	—
Ashington	67	—	7	—	74	51	—
Bedlingtonshire ...	167	—	14	—	181	195	111†
Gosforth	119	—	46	—	165	111	1
Hexham	51	—	15	—	66	54	5
Longbenton	141	—	216*	—	357	336	2
Newbiggin-by-the-Sea	78	—	2	—	80	58	1
Newburn	77	—	7	—	84	95	1
Prudhoe	160	—	7	—	167	23	1
Seaton Valley ...	143	—	10	—	153	114	—
Whitley Bay ...	82	—	28	—	110	132	4
Rural Districts :—							
Alnwick	12	—	41	—	53	37	55
Belford	26	—	11	—	37	29	9
Bellingham	12	—	3	—	15	8	4
Castle Ward	86	—	59	—	145	77	14
Glendale	26	—	19	—	45	24	—
Haltwhistle	8	—	2	—	10	41	1
Hexham	46	—	7	—	53	43	—
Morpeth	95	—	4	—	99	21	—
Norham and Islandshires ...	—	—	7	—	7	2	14
Rothbury	20	—	3	—	23	13	—
Totals ...	2,005	—	615	—	2,620	2,153	318

† Including 86 temporary dwellings.

* 187 built by Newcastle City Council.

Table 18.

Rural Housing Survey.

Inspection of Dwellinghouses during the Year.

Rural Districts.	* Classification.					
	I.	II.	III.	IV.	V.	
Alnwick	134	78	188	206	97	
Belford						Survey completed.
Bellingham... ...	18	3	5	—	4	
Castle Ward ...						Survey completed.
Glendale						Survey completed.
Haltwhistle... ...	68	44	155	9	38	
Hexham						No progress during year.
Morpeth	318	126	110	73	13	
Norham and Islandshires ...						Survey completed.
Rothbury	93	80	49	—	39	

* Classification.

I. Satisfactory in all respects.

II. Minor defects.

III. Requiring repair, structural alteration or improvement.

IV. Appropriate for reconditioning under Housing (Rural Workers) Acts.

V. Unfit for habitation and beyond repair at reasonable expense.

Table 19.

Improvement Grants—Housing Act, 1949.

County Districts.	Applications Dealt With (1952).			
	Received.	Approved.	Rejected.	Under consideration
Boroughs :—				
Berwick-upon-Tweed ...	3	1	2	—
Blyth	—	—	—	—
Morpeth	5	5	—	—
Wallsend	—	—	—	—
Urban Districts :—				
Alnwick	8	8	—	—
Amble	2	2	—	—
Ashington	7	—	—	7
Bedlingtonshire	7	7	—	—
Gosforth	1	—	—	1
Hexham	1	1	—	—
Longbenton	9	8	1	—
Newbiggin-by-the-Sea ...	2	2	—	—
Newburn	1	—	1	—
Prudhoe	2	—	2	—
Seaton Valley	—	—	—	—
Whitley Bay	1	—	1	—
Rural Districts :—				
Alnwick	3	—	—	3
Belford	—	—	—	—
Bellingham	—	—	—	—
Castle Ward	14	7	7	—
Glendale	37	37	—	—
Haltwhistle	12	11	1	—
Hexham	11	11	—	—
Morpeth	—	—	—	—
Norham and Islandshires	1	1	—	—
Rothbury	12	12	—	—
Total	139	113	15	11

Table 20.

Blind Welfare.

Register of Blind Persons.

Number on register, 31st December, 1951		707
Names added to register :		
New Cases	84	
Transfers In	19	
Transfers from Partially Sighted	4	
Re-certified	3	
		110
		817
Names removed from register :		
Deaths	83	
De-certified	19	
Transfers Out	12	
		114
		703

Register of Partially Sighted.

Number on register, 31st December, 1951		109
Names added to register :		
New Cases	64	
Transfers from Register of Blind	8	
Transfers In	4	
		76
		185
Names removed from register :—		
Deaths	6	
Transfers to Register of Blind	4	
Transfers Out	2	
		12
		173

Home Teachers' Visits.

Social welfare (blind)	5,450
Social welfare (partially sighted)	450
To give lessons	452
To investigate new applications	176
To accompany patient to hospital, etc.	19
Special visits	497
To homes and hospitals	73
	7,117

Appendix.

Educational Activities in Maternity and Child Welfare Centres.

Talks.

1.—Talks to expectant mothers on the preparation for Motherhood including an explanation of the elementary physiology of pregnancy and parturition.

2.—Informal talks by Health Visitors followed by group discussion with mothers during Child Welfare sessions on all aspects of child care.

3.—Series of talks on Preparation for Parenthood to small groups of Fathers and Mothers, arranged during the evenings in the centre.

4.—Talks to groups of Senior School girls paying observation visits to the Child Welfare Centre.

Demonstrations.

A wide variety of material used for visual education and in conjunction with talks and discussions include :—

Posters—made by Health Visitors and purchased from other sources ;
Demonstration dolls, cots and baths ; model garments including layette, special windproof garment and toddler clothes for which patterns are available ;

Models, flannelgraph and magnetised blackboard and films illustrating :—

Breast feeding,
Preparation of infant feeds,
Care of bottles and teats,
Care of food and milk,
Family diets—including demonstrations on fruit bottling, jam making and pressure cooking,
Prevention of accidents and simple first aid,
Care of the hair,
Care of the teeth,
Care of the feet,
Play material,
Prevention of infections (diphtheria immunisation, vaccination, etc.),
Housecraft.

Toddlers' Class.

Held during Child Welfare session in Toddlers' room. Attended by ex-infant teacher. Special nursery furniture and educraft toys.

Mothers' Clubs.

Run by Committee of mothers, guided by Health Visitor.

Weekly evening meetings, partly educational, partly social.

Educational activities include :—
Talks from Police, Doctors, Social Workers, Health Visitors, etc. ;
Demonstrations on cooking and sewing ;
Budgeting, savings group.

Social activities include :—
Music, drama and country dancing.

HEALTH EDUCATION IN SCHOOLS.

Series of talks on Mothercraft given by Health Visitors in certain schools.

Informal talks on personal hygiene given before or after hygiene inspection.

Talks by Health Visitor in a series " What other people do for us."

HEALTH EDUCATION BY THE HEALTH VISITOR IN THE COMMUNITY.

Talks on a variety of subjects connected with the work of the Health Visitor to :

Women's Institutes and Townswomen's Guilds,
Co-operative Women's Guilds,
Mothers' Unions,
Over 60 Clubs,
Youth Organisations,
British Red Cross Society.

Every endeavour is made to keep the staff in touch with modern ideas by means of :

1. Refresher Courses as recommended by the Rushcliffe Committee.
2. Refresher Courses arranged locally in conjunction with the Central Council for Health Education.
3. Two terms of weekly evening lectures at the University.
4. Staff Conferences addressed by specialist speakers.
5. Reference Library, circulating magazines and special articles.
6. Regular visits to staff by Superintendent or Deputy Superintendent for the purpose of advice and discussion.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