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County Borough of Sunderland.

**ANNUAL
REPORT**

OF THE

MEDICAL

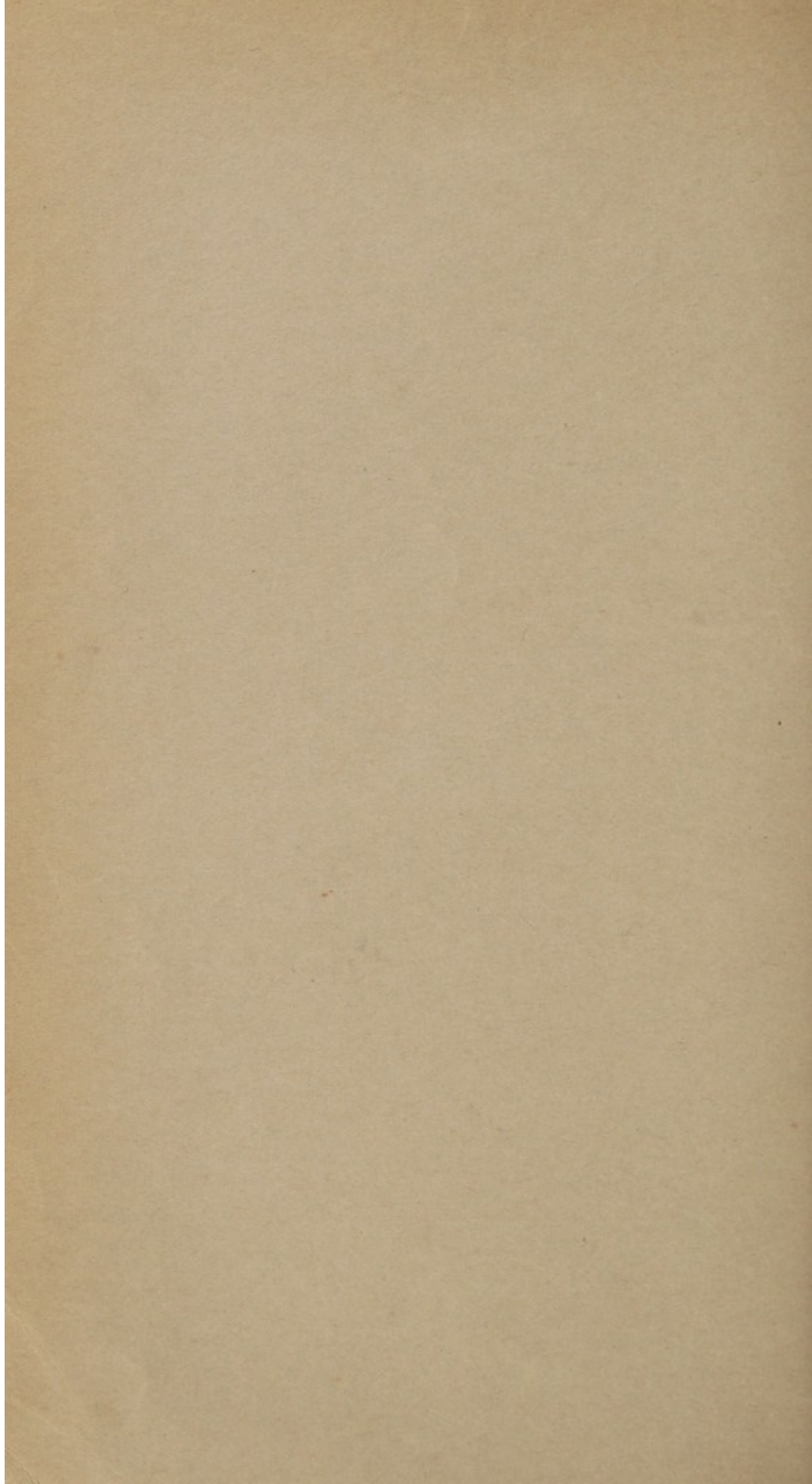
OFFICER OF HEALTH

FOR THE YEAR

1952

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1953



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...
COUNTY BOROUGH OF SUNDERLAND

REPORT

ON THE

Health and Sanitary Administration

OF THE BOROUGH

FOR THE YEAR 1952

BY

A. STUART HEBBLETHWAITE,
M.C., M.B., Ch.B., D.P.H.
Medical Officer of Health,
and School Medical Officer.

HEALTH COMMITTEE AT THE 31st DECEMBER, 1952.

Alderman J. Cohen, O.B.E., J.P., Chairman.

The Right Worshipful the Mayor
(Alderman A. H. Suddick, J.P.), Ex-Officio.

Alderman Miss E. E. Blacklock, Vice-Chairman.

Alderman J. Hoy, M.B.E., J.P.

Alderman E. Johnston, J.P.

Alderman W. Miller

Alderman T. L. Ridley, J.P.

Councillor Mrs. M. S. Barry.

„ J. Brown.

„ Mrs. M. E. Burlinson.

„ T. M. Carr.

„ Mrs. K. Cohen

„ C. J. Devine.

„ J. Fawcitt.

„ R. Graham

„ Mrs. J. Ledger.

Councillor T. Mason.

„ C. Paull.

„ J. A. Smith.

„ J. Starkey.

„ J. Twedde.

„ A. Watson.

„ L. Watson.

„ R. T. Weston, M.B.E.

„ J. W. P. Wilkinson.

Co-opted Members.

Councillor W. Wilson (Education Committee).

Dr. P. Hickey (Sunderland Executive Council and
Sunderland Division B.M.A.).

Alderman Mrs. J. Huggins, J.P.

Councillor Miss L. Hill

Medical Officer of Health and School Medical Officer	A. STUART HEBBLETHWAITE, M.C., M.B., Ch.B. D.P.H.
Acting Deputy Medical Officer of Health and Senior Assistant Medical Officer of Health for Maternity and Child Welfare ...	ETHEL BROWELL, M.D., B.S.
Assistant Medical Officer of Health for Maternity and Child Welfare	BERTHA FLINTOFF, M.B., B.S.
Assistant Medical Officer of Health for Maternity and Child Welfare	MARTHA G. ROBSON, M.B., Ch.B., D.P.H., D.I.H. (Appointed 12/5/52).
Assistant Medical Officer of Health for Maternity and Child Welfare (half-time)	MARION L. BAINBRIDGE, M.B., Ch.B.
Consultant Chest Physicians (part-time)	ADAM B. WHITE, M.D., Ch.B., D.P.H. JAMES F. E. JOHNSON, M.B., Ch.B.
Consultant Venereologist	E. S. KIRKHOUSE, T.D., M.D.
Borough Analyst	W. GORDON CAREY, F.I.C.
Chief Sanitary Inspector	NORMAN ADOLPHUS MARLEE, Cert.R.S.I.
Chief Clerk	JAMES W. MILLER.
Superintendent Health Visitor ...	MISS M. M. WAGGOTT, S.R.N., S.C.M., H.V.Cert.R.S.I.
Non-Medical Supervisor of Midwives...	MISS E. E. FISHER, S.R.N., S.C.M.

Special Inspectors: Meat Inspectors (2) (1 combined post with that of Deputy Chief Sanitary Inspector): Factories and Workshops (1): Food, Drugs and Dairies (1): Housing (2): Drainage (2):

Total

District Sanitary Inspectors (1 Part-time Meat)	...	...	...	...	...	9
Rodent Control Officer and 3 Rodent Officers	...	...	...	...	...	4
Removal and Disinfecting Staff	...	...	...	...	...	3
District Health Visitors	...	...	...	...	...	18
Tuberculosis Health Visitors	...	...	...	...	...	4
Municipal Midwives	...	...	...	...	...	24
Almoner Clerk (V.D. Department) (Seconded H.V.)	...	...	...	...	...	1
Sister (Light Treatment Department)	...	...	...	...	...	1
Home Help Organiser	...	...	...	...	...	1
Clerical Staff	...	...	...	...	...	19

1 Drainage Assistant (vacant), 1 Drainage Van driver, 1 Caretaker and 3 Cleaners (Health Department), 183 Domestic Helps (Full and Part-Time), 1 Caretaker (Newcastle Road I.W.C.).

ST. MARK'S DAY NURSERY: Matron, Assistant Matron, Warden, 7 Nursing Staff, Cook, 2 Cleaners, and 1 Maid.

THOMPSON PARK DAY NURSERY: Matron, Assistant Matron and 8 Nursing Staff, Cook and 3 Cleaners.

PARKER MEMORIAL HOME FOR UNMARRIED MOTHERS:—
Superintendent, Deputy Superintendent and 1 Cleaner.

PUPIL MIDWIFERY HOSTEL, 4 THORNHILL PARK:
Resident Superintendent, Cook, Maid and 3 Cleaners.

AMBULANCE SERVICE: 1 Ambulance Officer, 1 Deputy Ambulance Officer, 31 Ambulance Drivers and 2 Mechanics (1 apprentice).

MENTAL HEALTH SERVICE: 1 Medical Officer for Mental Health—
Psychiatrist (part-time) Dr. W. Hinds.

MENTAL WELFARE DEPARTMENT, 7 MURTON STREET: 1 Mental
Deficiency Officer, 2 Social Workers (one acting for Duly Authorised
Officer when necessary) and 1 Shorthand-Typist Clerk.

OCCUPATION CENTRE: 1 Supervisor, 1 Assistant Supervisor.

ELDER GIRLS' CLASS: 1 Supervisor.

INDUSTRIAL CENTRE, RAILWAY ROW: 1 Supervisor (male instructor).

HEALTH DEPARTMENT, "THORNHOLME": 1 Duly Authorised Officer—
Lunacy and Mental Treatment Act.

COUNTY BOROUGH OF SUNDERLAND.

To the Chairman and Members of the Health Committee.

I have pleasure in presenting my twenty-sixth Annual Report on the health of the County Borough of Sunderland for the year 1952.

The population of the Borough as estimated by the Registrar General is 180,400, an increase of 500 on the estimated figure for the middle of 1951.

The number of live births registered during the year was 3,616, of which 1,796 were males, and 1,820 were females, representing a live birth rate of 20.0 per 1,000 of the population compared with 19.4 for the previous year, actually 129 more births. The rates for England and Wales and the 160 County Boroughs and Great Towns (including London) were 15.3 and 16.9 respectively.

During the year 2,049 deaths were recorded (1,066 males and 983 females), a decrease of 193 on the previous year, equal to a death rate of 11.4 per 1,000 of the population. The rates for England and Wales and the 160 County Boroughs and Great Towns were 11.3 and 12.1 respectively.

130 infants died under the age of one year, equal to an Infant Mortality rate of 36.0 per 1,000 live births. The rate for England and Wales was 27.6 and for the 160 County Boroughs and Great Towns 31.2. 81 of the 130 infant deaths occurred under the age of one month, equal to a neo-natal mortality rate of 22.4 per 1,000 live births.

Two maternal deaths occurred during the year giving a Maternal Mortality rate of 0.54 per 1,000 (live and still) births; the rate for England and Wales was 0.72. In Sunderland, to have a maternal death rate below that of England and Wales as a whole is unusual and has occurred during the last three years.

The principal causes of death, in order of numerical importance were: heart diseases (including 97 other circulatory diseases) 644, Cancer (including 7 leukaemia and aleukaemia) 367, respiratory diseases 220, and tuberculosis 67.

Tuberculosis. Whilst the death rate of 0.37 for all forms of tuberculosis is the lowest on record for the Borough, the incidence of this disease is still higher than desirable.

The total number of new cases notified to me was 301 namely 267 pulmonary (last year 278) and 34 non-pulmonary (last year 52), a decrease of 29 on the previous year.

Infectious Disease. The total notifications of general infectious diseases numbered 4,165 compared with 5,355 for the previous year, there being decreases in cerebro-spinal meningitis (9), influenzal pneumonia (2), measles (639), whooping cough (843), chickenpox (14), para-typhoid (18); and increases in (scarlet fever (122), acute poliomyelitis (10), pneumonia (109), puerperal pyrexia (105), and ophthalmia neonatorum (10).

Cremation. The Crematorium opened in the Autumn of 1951 and the necessary official procedure for this form of disposal of the dead has continued to be carried out in a satisfactory manner.

In accordance with the request contained in the Ministry of Health's Circular No. 29/52 dated 19th August, 1952, a general review of the working of the Local Health Services provided under the National Health Service Acts, as existing at the end of 1952, has already been circulated and is now included in the various Sections of this Report.

GENERAL

1. Administration.

The administration of the Local Health Services provided under the National Health Service Acts is carried out under the supervision of the Medical Officer of Health on behalf of the Health Committee of the Council.

The special sections under this administration are carried out by departmental assistants. The Senior Medical Officer (who is the Deputy Medical Officer of Health) is in direct supervision of Health Visitors, Domiciliary Midwives, Home Helps and Day Nurseries, etc.

As regards Mental Health, there is a Psychiatrist attached to the Medical Officer of Health's Department who has special knowledge of the administration of the laws relating to lunacy and mental deficiency, the detailed work of which is supervised by Duly Authorised Officers and a Lay Officer in charge of a mental health department and occupational centres.

The Ambulance Officer is responsible for the day-to-day control of the Ambulance Service.

Two Chest Physicians are employed by the Local Health Authority for two-elevenths of their time; and a weekly visit is paid by them to the Medical Officer of Health. These officers also attend the monthly meetings of the Health Committee where their report is presented.

The Consultant Specialist in Venereology also has the same close relationship with the Medical Officer of Health and also

that of the Port Medical Officer. He submits monthly returns for the approval of the Health Committee and is present at the Quarterly meetings.

With this close relationship with Departmental Officers there is a comprehensive supervision at officer level with the Services.

2. Co-ordination and co-operation with other parts of the National Health Service:

The two specialist services in which there is close co-operation with the Local Health Service is in relation to Tuberculosis and Midwifery. That of the Tuberculosis Service has been described above; and as regards Midwifery, the Medical Officer of Health is on the Committee, with the Consultant Obstetrician, for the appointment of general practitioner obstetricians. The Medical Officer of Health is also appointed for special duties in connection with infection to the Children's Committee; and is consulted by the Welfare Officer in connection with the care of old people.

As regards the General Practitioner services, the Medical Officer of Health, as a member of the Medical Committee of the National Executive Council, has a close contact with these doctors. One of the closest connections is through the Liaison Committee between Medical Officers of Health, Officers of the Regional Hospital Board, and a representative from the Ministry.

The staff employed in the Local Health Services has no contact with patients receiving treatment in Hospitals. Health Visitors and Midwives "follow up" cases when they receive notification from the Hospital that a patient is in attendance at the Hospital for treatment or when the patient has lapsed in attendance at the Out Patients' Department. There is one Health Visitor who acts as a full time Almoner at the V.D. Department of the Royal Infirmary and she is responsible for the visiting of cases from that section. It would prove of great assistance and obviate unnecessary calls by Health Visitors especially, if the Health Office was informed of the admission to Hospital of children under 5 years of age and also of the date of their discharge. The Health Department should also be notified of aged and infirm patients attending or in Hospital and of their discharge.

Co-operation with General Practitioners is good. The General Practitioner is contacted by the Local Authority Medical Officer when a case, attending an I.W.C. or a Special Clinic, is considered to require a specialist opinion or a specialised form of treatment. The Practitioner decides as to whether he will refer the patient or as to whether the Local Authority Doctor will proceed with the case. If the first course is adopted, the Local

Authority Doctor remains in ignorance of the findings of the Consultant unless she seeks the information from the Hospital. If the second course is advised by the Practitioner, a duplicate report is sent to the Health Office and a copy to the General Practitioner. Duplicate reports in all cases of children under 5 years would prove of great assistance to the Health Office staff.

With regard to the co-operation between General Practitioners undertaking Maternity Medical Services, co-operation is good but more information could be forthcoming from the Doctor to the Midwife booked. In some cases general practitioners do notify the Midwife of the following facts—that they have booked a patient, that they are seeing her regularly and that they desire to be informed when the patient begins labour and that they will be present at the delivery. In other cases, Midwives only obtain information in a casual manner from the patient and often not until the woman is in labour or in some cases after the delivery, that a General Practitioner has been booked. Notes and not verbal messages to the patient for the Midwife would obviate many misunderstandings. Information, to a Midwife, that a patient has been referred to Hospital by a General Practitioner would result in saving of time and unnecessary visits to the patient's home. It was brought to the notice of the Obstetric Committee that General Practitioners were issuing on prescription drugs such as pethidine at the thirty-sixth week with instructions to the patient to take a dose on the commencement of labour. The Midwife booked was often in complete ignorance of the fact that the patient had been given pethidine to take. This practice has, however, now been rectified with the assistance of the Local Executive Committee.

The steps taken to inform general practitioners in connection with services which are available, are carried out through the Sunderland Executive Council's organisation whose Secretary circulates to practitioners any material with which we provide him.

As regards the general public, information is conveyed by means of films and slides in picture houses, by means of posters on special hoardings for that purpose, and by the issue of the brochure on the Local Health Services, a copy of which when re-issued in the near future, will be forwarded to the Ministry.

5. Joint Use of Staff:

There are no general practitioners employed by the Local Health Authority; nor are there at present any Local Authority Medical Officers employed by the Hospital Services. The only

Specialist of the Regional Hospital Board who is employed by the Authority is an Ophthalmic Consultant who is engaged for part-time work with respect to school children, apart from the two Chest Physicians mentioned in paragraph 1.

4. Voluntary Organisations:

The following is a list of the organisations who are utilised and wholly or partly subsidised by the Local Authority:—

- (a) The Guild of Help: Tuberculosis After-care.
Care in Illness.
- (b) The Sunderland District Nursing Association
- (c) Social Service Welfare Committee.
- (d) Family Planning Association.

In conclusion, I have again to record with pleasure the continual hard and effective work carried out by the whole of the personnel of the Health Department.

A. STUART HEBBLETHWAITE,

Medical Officer of Health.

Public Health Department,

"Thornholme,"

Sunderland,

July, 1953.

COUNTY BOROUGH OF SUNDERLAND

SECTION A.
STATISTICS AND SOCIAL CONDITIONS
OF THE BOROUGH

Area. The Area of the Borough is 9,013.574 acres exclusive of foreshore and tidal waters.

Population. The Registrar-General's estimate of the mid-year population of the Borough is 180,400.

Inhabited Houses. The number of inhabited houses at the end of 1952, according to the Rate Books, was 43,234.

Rateable Value. The rateable value at 1st April, 1952, was £1,042,160, and the sum represented by a penny rate was £4,185.

Extracts from Vital Statistics for the Year.

	Total	M.	F.
LIVE BIRTHS—Legitimate	3,500	1,742	1,758
Illegitimate	116	54	62
BIRTH-RATE per 1,000 estimated resident population		20.0	
STILLBIRTHS—Legitimate 67, Illegitimate 4	71	38	33
RATE per 1,000 total (live and still) births		19.3	
DEATHS	2,049	1,066	983
DEATH-RATE per 1,000 estimated resident population		11.4	
DEATHS FROM PUERPERAL CAUSES—			
	Deaths.	Rate per 1,000 births.	
Puerperal Sepsis	—	—	
Other Puerperal causes	2	0.54	
Total	2	0.54	
DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE:—			
All infants per 1,000 live births			36.0
Legitimate infants per 1,000 legitimate live births			35.1
Illegitimate infants per 1,000 illegitimate live births			60.3
DEATH RATE OF INFANTS UNDER 4 WEEKS OF AGE:—			
All infants per 1,000 live births			22.4
Legitimate infants per 1,000 legitimate live births			21.4
Illegitimate infants per 1,000 illegitimate live births			51.7
Deaths from Cancer, including Leukemia and Aleukemia (all ages)			367
„ „ Whooping Cough (all ages)			Nil
„ „ Diarrhoea (under 2 years of age)			4

CAUSES OF DEATH DURING 1952	Sex	Nett Deaths at the sub-joined ages of 'Residents' whether occurring within or without the district.								
		ALL AGES	Under 1 yr.	1 to 5 yr.	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over
Tuberculosis of the resp. system	M	42	—	—	—	4	8	21	8	1
... ..	F	19	—	—	—	2	8	4	3	2
Latent forms of Tuberculosis ...	M	5	—	1	—	—	—	4	—	—
... ..	F	1	—	—	—	—	—	1	—	—
Septic Diseases	M	5	—	—	—	—	—	2	3	—
... ..	F	4	—	—	—	—	1	3	—	—
Dysentery	M	—	—	—	—	—	—	—	—	—
... ..	F	—	—	—	—	—	—	—	—	—
Whooping Cough	M	—	—	—	—	—	—	—	—	—
... ..	F	—	—	—	—	—	—	—	—	—
Streptococcal Infections	M	2	1	—	—	—	—	1	—	—
... ..	F	2	1	1	—	—	—	—	—	—
Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—
... ..	F	1	—	—	—	1	—	—	—	—
Diphtheria	M	1	—	1	—	—	—	—	—	—
... ..	F	2	—	1	1	—	—	—	—	—
Non-infective and parasitic diseases	M	1	—	—	—	—	1	—	—	—
... ..	F	2	—	—	—	1	—	—	1	—
Cancer, Malignant Disease ...	M	196	—	—	—	—	7	87	61	41
... ..	F	164	—	—	1	1	13	64	47	38
Leukemia and Aleukemia	M	5	—	2	—	—	1	2	—	—
... ..	F	2	—	—	1	—	—	1	—	—
Diabetes	M	3	—	—	—	—	—	1	1	1
... ..	F	11	—	—	1	—	1	4	1	4
Local lesions of nervous system	M	130	—	—	—	1	1	24	39	65
... ..	F	179	—	—	—	—	3	26	54	96
Heart Diseases	M	270	—	1	—	3	6	67	79	114
... ..	F	277	—	—	—	2	4	43	78	150
Other circulatory diseases ...	M	40	—	—	—	—	—	3	11	26
... ..	F	57	—	—	1	—	1	6	15	34
Influenza	M	5	—	—	—	—	—	3	2	—
... ..	F	4	—	—	—	—	—	1	1	2
Pneumonia	M	59	22	2	1	—	2	9	11	12
... ..	F	44	13	—	—	—	—	4	8	19
Bronchitis	M	74	1	—	2	—	1	27	29	14
... ..	F	29	2	1	—	—	1	3	6	16
Other diseases of respiratory system	M	9	—	—	—	—	2	4	2	1
... ..	F	5	—	—	—	—	—	2	1	2
Diseases of stomach and intestine	M	21	—	1	—	1	7	8	3	1
... ..	F	10	—	—	—	—	1	3	4	2
Gastritis, enteritis and colitis	M	2	—	—	—	1	—	1	—	—
... ..	F	11	4	—	—	—	1	1	—	5
Diarrhoea	M	12	—	—	1	1	2	5	1	2
... ..	F	17	—	—	—	—	4	4	6	3
Hypertrophy of prostate	M	17	—	—	—	—	—	1	8	8
Pregnancy, childbirth, abortion	F	2	—	—	—	—	2	—	—	—
Conjunctival malformations ...	M	18	11	1	—	1	3	1	—	1
... ..	F	13	11	—	—	1	1	—	—	—
Other defined and ill-defined diseases	M	89	33	1	4	—	9	18	10	14
... ..	F	101	30	—	1	1	11	17	15	26
Motor vehicle accidents	M	11	—	3	2	1	2	1	—	2
... ..	F	4	—	1	—	1	—	1	—	1
All other accidents	M	31	—	2	2	5	6	5	6	5
... ..	F	16	1	1	2	1	1	2	2	6
War	M	13	—	—	—	1	4	3	5	—
... ..	F	6	—	—	—	—	2	3	1	—
War or operations of war	M	5	—	—	—	1	—	3	—	1
... ..	F	—	—	—	—	—	—	—	—	—
TOTALS	M	1066	68	15	12	20	62	301	279	309
... ..	F	983	62	5	8	11	55	193	243	406

SECTION B.

AMBULANCE SERVICE

The Ambulance Service should not be regarded merely as a Transport Undertaking; it is a personal service; and the success of the service depends more upon the character of the individual personnel than the administrative ability of the officer-in-charge. The public who are removed come across only the individual driver and attendant and it is the character of these which is all important. The following table shows the increase in the work of the Ambulance Service during the last 3 years in mileage running and patients carried:—

			Mileage.	Patients, etc.
1950	...	...	152,758	37,164
1951	...	...	170,264	39,966
1952	...	...	173,384	44,163

The services of ambulances are called for directly by general practitioners or by approved persons in hospitals. Ambulances are not sent out at the request of lay persons except for accidents. The system of calling for ambulances under the "999" telephone number is in force. The ambulance fleet is radio controlled. The conservation of ambulances within the Borough is sought after and all long distance transports are done by train. All personnel are fully trained in First Aid, map reading, and the use of the resuscitation apparatus.

Reminders have been sent to hospitals in order to prevent unnecessary waiting after delivery of a patient; and also steps taken when a patient is taken to Newcastle to ascertain whether a Sunderland patient from a Newcastle hospital is due for discharge, thus obviating an ambulance returning without a patient.

The question of transfers of patients from one hospital to another in the same region has been discussed with a view to the possibility of hospitals having their own transport for inter-hospital transfers.

The need for the continued use of ambulances by out-patients has been discussed with the Management Committee with a view to continuous overhaul of those people who have once had authority to travel by ambulance instead of by public transport to find out if they should continue the use of an ambulance.

Unnecessary mileage is also caused by out-patient treatment in a town away from Sunderland if a Sunderland resident has an accident in that town, e.g., a Sunderland woman fell and

fractured her leg in Newcastle; she was treated at a Newcastle hospital and returned home. Several journeys had to be made with this patient to Newcastle subsequently for the continuity of that treatment which could just as easily have been carried out at a Sunderland hospital. Further, a Sunderland resident also broke his leg in Middlesbrough and again after treatment in a Middlesbrough hospital was returned home and several journeys had to be made with this man to the Middlesbrough hospital instead of treatment being carried out at a Sunderland hospital.

A special report has been drawn up regarding the taking of women in labour to a Maternity Hospital 12 miles outside the Borough; and a satisfactory agreement has been reached whereby this arrangement will terminate at the end of 1952.

The writer is of the opinion that the question should be raised as to whether or not the hospitals should be responsible for the Ambulance Services, as the work consists of taking a person either to a hospital or from a hospital—and a Local Authority has no hospitals; and there is a possibility that the hospitals would then be less likely to abuse their own service than they would that of another Authority.

There is a precedent for this in the Hospital Survey carried out by the South Wales Area where it states that: "With a co-ordinated hospital service it required a fleet of ambulances organised as part of the service."

As regards equipment in ambulances, all ambulances are easily convertible into a four-stretcher unit for Civil Defence purposes at short notice and oxygen is carried, instead of carbon dioxide and oxygen, for purposes of resuscitation.

Staff:

The strength of the staff during 1952 was as follows:—

- 1 Ambulance Officer.
- 1 Deputy Ambulance Officer.
- 5 drivers—12 midnight to 8 a.m.
- 5 „ 4 p.m. to 12 midnight.
- 2 „ 9 a.m. to 5 p.m. (for accidents).
- 2 „ 1 p.m. to 9 p.m. (to cover peak period).
- 9 „ 8 a.m. to 4 p.m.
- 6 „ Relief for rest days of staff.
- 2 „ 8 a.m. to 4 p.m., and 4 p.m. to 12 midnight
(for H.I.D. cases).
- 1 Mechanic.
- 1 „ (Apprentice).

Removal of Cases:

General Hospital	...	...	11,276
Highfield Welfare	...	...	59
Hospital for Infectious Diseases	...	...	1,051
Royal Infirmary	...	...	9,449
Monkwearmouth Hospital	...	...	13,168
Childrens' Hospital	...	...	1,752
Ryhope General Hospital	...	...	1,949
County Cases	...	...	1,564
Accidents	...	...	1,588
Eye Infirmary	...	...	504
Other journeys	...	...	1,803
			<hr/> 44,163
Removals by Ambulances	...	...	31,806
" " Sitting Case Cars	...	...	12,357
Miles covered by Ambulances	...	...	133,109
" " " Sitting Case Cars	...	...	37,518
" " " Utility Van	...	...	2,757

Vehicles in Operation :

Ambulances			Total Mileage.	Year.
ABR. 15	Austin ambulance has completed		97,463	1948
ABR. 602	" " " "		69,240	1949
ABR. 519	" " " "		88,960	1949
AGR. 873	Bedford " " "		65,554	1950
AGR. 953	" " " "		58,334	1950
GGW. 582	Chevrolet " " " Ex.A.R.P.		53,527	1941
DUV. 271	Buick " " "		104,682	1937
GR. 7578	Humber " " "		46,480	1941
CBR. 800	Bedford " " "		1,801	1952
Total of nine ambulances.				

Sitting Case Vehicles.

BGR. 255	Used for sitting cases	26,888	1951
BGR. 256	" " " "	26,076	1951
BXX. 291	Buick Saloon Car	83,626	1935
Total of three sitting case vehicles.			

Goods Van GR.8959

!

Standard utility van used for general purposes and transport of certain classified bodies.

Civil Defence:

One Bedford ambulance GR. 5978 used for instruction in driving and sectional training.

For Disposal in 1953:

GGW. 582 Chevrolet ambulance (Ex-A.R.P.)

BXX. 291 Buick Saloon Car. Requires new engine, 17 years old.

DUV. 271 Buick Ambulance. Requires new engine, 15 years old.

SECTION C.

MATERNITY AND CHILD WELFARE

Infant Welfare Centres:—

There are 18 Infant Welfare Sessions held weekly. They are held (with the exception of 4 sessions on our own premises) in rented Church Halls, where facilities are unsuited for the carrying out of ideal child welfare work. It must be appreciated that, in spite of excellent co-operation by some of the Church Authorities, it is impossible under present conditions to heat satisfactorily the large halls to encourage mothers to linger and undress their infants for weighing. Despite the many disadvantages, attendances are more than gratifying.

The situation of the Centres and the sessions held are shown hereunder. The time of the session at Pennywell was altered from a Tuesday afternoon to a Friday afternoon on August 1st, 1952.

Day.	Mornings.	Afternoons.
Monday	—	Southwick: Dean Terrace Church Hall.
Tuesday	(a) Ford Estate: Social Service Hall. (b) 7 Newcastle Road.	(a) Grangetown: St. Aidan's Church Hall. (b) Springwell: St. Mary's Church Hall. (c) 7 Newcastle Road.
Wed'sday	Millfield: St. Mark's Church Hall.	Millfield: St. Mark's Church Hall.
Thursday	(a) Millfield: St. Mark's Church Hall. (b) Central: The Citadel, Lambton Street. (c) 7 Newcastle Road.	(a) Monkwearmouth: Dock St. Church Hall. (b) Pallion: St. Mary Magdalene's Church Hall. (c) Humbledon: Ettrick Grove Wesleyan Chapel.
Friday	7 Newcastle Road	(a) Fulwell: Priestman Hall. (b) Hendon: St. Barnabas Church Hall. (c) Pennywell: St. Thomas's Church Hall.

Ante-Natal Clinics

There are 6 ante-natal sessions held weekly. This figure includes a new session which was opened at St. Thomas's Church Hall, Pennywell. In addition, there are 4 Midwives' Booking Sessions weekly for mothers wishing to avail themselves of the Domiciliary Midwifery Service. Those mothers wishing to book

the Midwives of the District Nursing Association attend the premises of that Association. It has been noticed during the past year that more expectant mothers who are booked by the General Practitioner-Obstetrician are attending the ante-natal clinics. This may be, in the cases of primipara, due to the urging of the patients' mothers or others who have had experience of the more comprehensive ante-natal care which is provided at the Clinics than can be provided by the two ante-natal examinations allotted to them under the National Health Service. It is found, too, that multipara who had ceased to attend on the inception of the National Health Service are returning for advice although they may have booked their own Doctor.

Attendances compared with the previous year are shown hereunder:—

Year.	Primary attendances.	Subsequent attendances.
1951	703	1692
1952	649	1689

Post-natal Clinics

One session weekly continued at the Citadel, Lambton Street and a second session at Newcastle Road.

181 new cases were examined and 396 subsequent visits were made. In addition, post natal cases were examined at the ante-natal session at Pennywell.

The number of mothers who avail themselves of these clinics is disappointing. In spite of education on the value of a post-natal overhaul, all mothers do not yet appreciate the fact that correction of many minor disturbances due to childbirth can give them full physical and mental health. It is often freely admitted by patients who eventually attend Clinics—especially the non-V.D. Clinic—that they were urged to have a post-natal examination and that they did not avail themselves of that opportunity. The condition would have been discovered and corrected in some cases months earlier.

Cases requiring specialist advice are referred to the Sunderland Maternity Hospital for further opinion.

Expectant mothers are referred for Blood investigation to the "Rhesus Investigation" clinic held weekly at the Sunderland Maternity Hospital. Reports of the Rhesus Factor, Blood Group, Haemoglobin Estimation and Wasserman Reaction are sent to the Local Authority Medical Officer. Where necessary a complete blood count is done. Arrangements are made for the husband to attend at an evening session at the Maternity Hospital for blood grouping in "Rhesus negative" patients. In

cases where an umbilical cord specimen of blood is requested, this is taken by the Midwife or Maternity Nurse attending the delivery. In suspected or known cases of venereal disease, expectant mothers are referred directly to the Venereal Diseases Clinic.

There are no Mothercraft Training Courses. Individual advice and suggestions are given by the staff at the Ante-natal sessions and Infant Welfare Centres and during routine home visits.

Maternity outfits are issued weekly at the Health Office on presentation of a form duly signed by the Midwife who is booked for the delivery.

The outfits are normally supplied when the patient is 36 weeks pregnant. All Midwives are supplied with outfits for use in emergency cases.

Non-V.D. Clinics

Sessions continued to be held in conjunction with the Post-natal Clinics. 20 primary attendances were made and 34 subsequent visits.

Health Visitors

The full establishment of Health Visitors is 1 Superintendent and 23 Health Visitors and at the end of 1952 there were 1 Superintendent and 19 Health Visitors on the staff. 1 Health Visitor acts as a full-time Almoner at the V.D. Department of the Royal Infirmary. Three Student Health Visitors commenced training for the Health Visitor's Certificate of the Royal Sanitary Institute at Newcastle-on-Tyne. These students are under contract to serve as Health Visitors in Sunderland for at least two years after qualification.

Routine duties undertaken by Health Visitors include the following:—Home visiting of children from the fifteenth day to five years of age; visiting of notified diseases in the pre-school child; staffing of child welfare sessions, ante-natal, post-natal and immunisation clinics. Special duties include investigation of circumstances governing accidents in the homes, cases of mechanical suffocation, cases of alleged neglect and deaths of pre-school children from whatever cause. Pre-school children discharged from hospital are "followed-up." The aged and infirm are visited where necessary. Visits in connection with Surveys which are required from time to time are carried out. In addition to these special duties, the Health Visitor is frequently

called upon by members of the public for advice on a miscellany of social problems and in pursuance of this, there are frequently many extra visits.

The Superintendent Health Visitor is a member of the Committee in connection with the Joint Circular from the Home Office, Ministry of Health and Ministry of Education re children neglected in their own homes.

Post-graduate courses arranged by the Women's Public Health Officers' Association are attended by four Health Visitors each year. During the year Health Visitors paid 41,802 visits to homes. Details of these visits are given in tabular form on page 31.

Diphtheria Immunisation

There are two weekly sessions devoted to Diphtheria Immunisation and Vaccination, one at Newcastle Road Centre and one at the Central Clinic, Lambton Street. In addition to these sessions vaccinations and immunisations against diphtheria can be done at the Infant Welfare sessions on the outlying estates once per month.

Throughout the year, Health Visitors on routine home visits and at infant welfare sessions stress the urgency of diphtheria immunisation. Birthday cards are posted to all infants on their first birthday. Posters are freely displayed; leaflets are circulated; slides are shown. Each year an intensive immunisation campaign is carried out for six weeks, during which time Health Visitors concentrate on immunisation propaganda, on home visits to infants from seven months to one year and on those older children who have not been protected. Advertisements appear in the local press. The assistance of medical practitioners is enlisted through the Local Executive Committee. There is close co-operation with the Education Department. The members of various organisations such as the W.V.S., the St. John Ambulance Brigade and the British Red Cross are asked to assist in the propaganda. Health Visitors at their final pre-school visit urge the necessity for a boosting dose.

The Mobile Immunisation Unit, which has been in operation since June, 1945, visits all areas of the Borough and immunisation is performed immediately. The unit is especially in use during the immunisation campaigns but can be called out at other times when the demand justifies a visit to a particular area.

Combined Diphtheria and Pertussis immunisation and Immunisation against Whooping Cough were carried out from May, 1948, until suggestions were made that there might be a

connection between this and the paresis of poliomyelitis. The injections were discontinued during the summer months of 1951, resumed in October of that year but discontinued again during 1952 on the instructions of the Liaison Committee through the Medical Officer of Health.

The position at the present time is that when parents very definitely request the combined or whooping cough immunisation, this is carried out from the age of 8 months.

The recognition of the value of immunisation was grossly impaired by press publication of the apparent association between this and poliomyelitis. Since then difficulties have been encountered in persuading parents to permit their children to be protected.

Immunisation against diphtheria alone has been accepted to some extent but the necessity for more than two injections in combined whooping cough immunisation serves as a deterrent in many cases and leaves the child only partially protected.

The 1952 Diphtheria Immunisation Campaign was held from September 15th to December 4th.

The following table shows the total number of children under 5 years who were immunised during the year, compared with 1951.

Year	0-1 yrs.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	Total
1951	1221	708	386	239	116	2670
1952	822	991	303	212	199	2527

"Boosting" Doses.—2,030 injections were given to children who had been previously immunised.

Vaccinations.—1,412 primary vaccinations were successful 234 revaccinations were carried out.

Since the discontinuation of compulsory vaccination in July, 1948, and despite constant urging by the staff, it is found that many parents are unwilling to submit their infants for vaccination.

Midwifery Service.

Staff—

- 1 Medical Supervisor, who is the Deputy Medical Officer of Health.
- 1 Non-medical Supervisor.
- 1 Deputy non-medical Supervisor.
- 23 Domiciliary Midwives employed directly by the Local Health Authority.
- 5 Domiciliary Midwives employed through the agency of Sunderland District Nursing Association.

There are no independent midwives working in Sunderland. For purposes of Domiciliary Midwifery, the Borough is divided into areas to each of which, where possible, two or three midwives are allocated according to density of population. Where practicable, the midwives reside within the area they serve. Where necessary, housing accommodation is provided under contract. During 1952, furnished accommodation has been provided for four domiciliary midwives. The Corporation have allotted sites in selected areas for the erection of special houses on housing estates for midwives. Some of these are in the course of erection and will be completed in 1953.

Domiciliary midwives are classified as "casual" users of cars. For those midwives not in possession of cars, a night taxi is permitted and travelling expenses. Each midwife is provided with a fully equipped delivery bag, nursing bag, and ante-natal bag and urine testing outfit. Besides these she is supplied with a stock of dressings. For the safe storage of drugs, a small box with a key is supplied.

Supervisory visits to the houses of midwives and patients are made by the non-medical Supervisor or her deputy, and reports on, or any complaints arising out of such visits, are submitted to the Medical Supervisor.

The Superintendent of the District Nursing Association is responsible for the non-medical supervision of the midwives employed by that Agency. All midwives are qualified to administer gas and air analgesia and are supplied with the necessary apparatus.

Ante-natal supervision by midwives is carried out in the patients' homes or at ante-natal clinics where they may attend with their patients, and at the two booking sessions held at Newcastle Road Centre. In those cases where the midwife's housing accommodation permits, patients may visit the midwife's home. In all cases, however, ante-natal supervision is in accordance with the requirements of the Central Midwives' Board. Following each attendance of a patient at an ante-natal clinic, a report of the doctor's findings is forwarded to the midwife booked for delivery and when a general practitioner has referred the case, a report is sent to the doctor as well as to the midwife. When a doctor has notified his intention of being present at a delivery, the midwife informs him at the onset or as soon as possible afterwards. In cases, which in the opinion of the midwife, are unsuitable for home delivery because of unsatisfactory home conditions, a report is submitted to the Medical Supervisor or the Medical Officer at an ante-natal clinic. The patient is then referred to the Maternity Hospital for delivery. In cases where direct application for hospital booking is made by the patient, the

Hospital Authority refers such cases to the Health Department for recommendation.

The non-medical Supervisor, the Deputy non-medical Supervisor and the Domiciliary Midwives attend Refresher Courses arranged by the Royal College of Midwives, in accordance with the recommendations of the Central Midwives' Board.

During the year the following confinements were attended by Domiciliary Midwives:—

1,708 cases requiring 32,624 nursing visits.
Ante-natal visits to patients 10,750.
Post-natal visits to patients 2,892.

Domiciliary Midwives continued to "follow-up" cases discharged from the Sunderland Maternity Hospital and Thorpe Hospital before completion of puerperium. There were 1,228 cases referred as requiring further nursing and 5,726 visits were made.

Domiciliary Midwifery—The following cases were taken by Midwives of the **District Nursing Association**:—

521 cases requiring 14,193 nursing visits.
Ante-natal visits to patients 4,965.
Post-natal visits to patients 1,547.

Gas and Air Analgesia:—

Number of cases in which Analgesia was administered by:—

- (a) Municipal Midwives—306.
- (b) Midwives of District Nursing Association—65.

Sunderland Second Period Training School.

This Authority is approved as a "second period" Training School for pupil midwives. Accommodation is provided for 18 pupil midwives at a residential hostel—4 Thornhill Park, which was opened on February 1st, 1949, and for 8 Pupil Midwives at the District Nursing Association Home. Six months training is undergone on the district and pupils are accepted with or without additional qualifications. The Medical Supervisor is the approved lecturer and the non-medical Supervisor is the approved teacher. Practical training is given by domiciliary midwives who have been approved as district teachers by the Central Midwives' Board.

Premature Infants.

Every Domiciliary Midwife is supplied, in addition to her usual equipment, with premature baby jackets, mucus catheters, cot thermometers and feeding bottles. There are stored at the Health Office a draught proof cot with washable lining and hot

water bottle pockets, rubber hot water bottles and blankets. These are sent out on the request of a midwife.

Two Domiciliary Midwives have received one month's training in the Care of the Premature Infant at the Sorrento Hospital, Birmingham.

Cases nursed at home are visited as often as necessary by one of the "premature baby trained" midwives who in co-operation with the midwife in attendance advises on the care of the baby. She does not carry out any duties in connection with the mother and continues visiting as long as necessary after the puerperium. Cases requiring hospital treatment are admitted to the Maternity Hospital. The midwife accompanies the baby in the ambulance on the journey to the hospital. There are no special ambulances for the transport of premature babies. Where necessary, breast milk is expressed from the mother and sent to the hospital.

There were 293 notifications of premature live births received of cases resident in the County Borough; 133 of this number were born at home and, with the exception of 9 transferred to hospital, were nursed entirely at home.

13 neo-natal deaths occurred in those nursed at home.

Deaths occurring from Accidental Mechanical Suffocation:—

No.	Age.	Cause of Death.
1	2 days, full-term legitimate child.	Asphyxia following inhalation of blood from epistaxis due to congenital defect of heart.
1	4 months „ „ „ „	Asphyxia due to inhalation of food; acute tracheo bronchitis; cleft palate.

Sudden Deaths.

No.	Age.	Cause of Death.
2	Less than 1 month full term legitimate children	Acute broncho-pneumonia.
4	2 months full-term legitimate children	
2	3 months, 1 full-term legitimate child	
	(1 premature baby, weight 5 lbs. 3 ozs.)	
1	4 months full-term legitimate child	

Domestic Helps.

Staff:—1 Home Help Organiser
2 clerical staff.

Since the inception of the Home Help Department in May, 1950, this service has steadily developed and to-day 200 Home Helps, working full and part time, equivalent to 120 full time Home Helps, are giving service in 410 homes weekly.

Requests for this service are received daily from medical practitioners, lady almoners, Welfare Department, National Assistance Board and other responsible welfare organisations. Maternity cases, emergency patients, chronic sick and infirm aged persons all receive help. Maternity and emergency patients are given priority, and each case must submit a medical certificate to substantiate the application.

Before help is granted, a primary visit is made to the home and each case is carefully vetted, and only the minimum amount of hours are allowed consistent with genuine need. At the same time the home, the conditions and the type of patient requiring help can be observed, and as far as practicable a suitable Home Help is provided to fit in with the circumstances. The greatest number of persons benefitting by this scheme are the aged infirm who are without relatives or friends to give any assistance, and in many cases a few hours help each week prevents more serious illness developing. Regular visits are made and, if the person's condition deteriorates, help is increased accordingly. These aged persons require help indefinitely, and in practise this necessitates a large percentage of the Home Help staff being permanently engaged in this branch of the work. Up to date, a training scheme for Home Helps has not had to be considered, as in this area there has been no difficulty in recruiting suitable persons with a good domestic background. Each applicant must supply references from three previous employers, and must submit herself to a medical examination including, in some cases, an X-ray of the chest, prior to appointment.

Domestic Help was provided as follows:—

Maternity cases (including expectant mothers) ...	298
Tuberculosis	26
Chronic sick including aged and infirm	541
Others	62

Ultra Violet Radiation.

This Department is attached to the Health Office and is in constant use throughout the week, with the exception of two afternoons when pre-school children attend at the School Clinic, Southwick, for this type of preventive medicine. Children are

referred from Infant Welfare Centres and by Private Practitioners. The models of lamps in use are "Centrosol" and a "duo-therapy" lamp; the latter is used for adults, including expectant mothers. "Infra-red light is administered where necessary. 170 mothers and children made 5,543 attendances at the Health Office during 1952.

60 pre-school children made 868 attendances at the School Clinic, Southwick.

Treatment was given for the following conditions:—

			Health Dept.		Southwick.
Rickets	...	...	42	...	18
Debility	...	...	112	...	39
Anaemia	...	...	3	...	3
Bronchitis	...	...	4	...	—
Delayed Dentition	...	...	9	...	—
			<hr/> 170	...	<hr/> 60

Minor Ailments.

There are no minor ailments clinics held by the Health Committee. Arrangements exist whereby pre-school children may attend at the School Clinic for treatment of minor ailments.

41 pre-school children made 103 attendances during 1952.

Ophthalmic Clinic.

Pre-school children suffering from defective vision are referred to the Education Department for examination by an Ophthalmic Surgeon; the cases attend by appointment.

67 pre-school children suffering from defective vision were examined and glasses were prescribed in 38 cases.

N.S.P.C.C.

16 new cases were referred to this Society.

The Care of the Unmarried Mother is carried out by a Joint Committee of five members appointed by the Health Committee and five members appointed by the Social Service Welfare Committee. Meetings are held quarterly and reports are submitted to the Health Committee.

There is a full-time Moral Welfare Supervisor and she works in close co-operation with the Deputy Medical Officer of Health, the Superintendent Health Visitor and Non-medical Supervisor of Midwives. Unmarried expectant mothers and married women expecting illegitimate children are referred to the Moral Welfare Supervisor for help and guidance.

Sunderland cases during 1952 were:—

Unmarried mothers	...	...	...	...	63
Married women with illegitimate children	...	...	...	...	11
Widows with illegitimate children	...	...	...	...	2
Divorced women with illegitimate children	...	...	...	...	2

On October 28th, 1952, in order to comply with the requirements of the Adoption Act, this Committee became a Registered Adoption Society.

The Parker Memorial Home.

Staff: Resident Superintendent,
Resident Deputy Superintendent,
Daily domestic worker.

The Home has accommodation for 12 girls and 9 babies and was opened in June, 1948. It is undenominational and unmarried mothers are admitted from Sunderland and other Authorities for varying periods before delivery and up to three months, or longer in destitute cases, after delivery. Girls are transferred to the Maternity Hospital or to Thorpe Hospital for delivery. The Deputy Medical Officer of Health visits the Home once or twice weekly and more frequently if necessary and the Moral Welfare Supervisor also visits the Home as required.

Arrangements for admission are made by the Moral Welfare Officer in co-operation with the Deputy Medical Officer of Health.

Girls admitted during 1952	...	...	...	...	17
Babies admitted during 1952	...	...	...	...	9

Two babies were discharged from the Home with their mothers and in addition seven were discharged with a view to adoption.

Average length of stay:—

Ante-natal period	...	...	...	...	63 days
Post-natal period	...	...	...	...	26 days

Registration of Nursing Homes.

One nursing home is on the register. No unregistered homes were discovered during the year and no applications for registration were received.

Blind Persons Act.

Visits to partially blind persons on the register are in the table of Health Visitors' visits.

Day Nurseries.

St. Mark's Day Nursery, Chester Road and Thompson Park Day Nursery both admit children from 0—5 years and have accommodation for 50 children each.

There are long waiting lists for admission to both nurseries and admission is given to priority cases only. The average daily attendance of children from 0—2 years was 28 and of children from 2—5 years 75.

One candidate entered for the examination of the National Nursery Examination Board and was successful in obtaining the certificate.

Nurseries and Child Minder's Act, 1948.

No applications for registration were received during the year.

Report of the Senior School Dental Officer.

The Dental Care of Expectant and Nursing Mothers and Pre-school Children was undertaken by the Dental Surgeons of the School Dental Service at their Dental Clinics. This arrangement continued until September, 1952. It was then decided that owing to the large arrears of dental work for school children, which had accumulated by reason of shortage of school dental surgeons, that these officers would have to be solely engaged in school dental work.

The Local Dental Committee was approached and the members were circularised as to their willingness to co-operate in the Dental Care of Expectant and Nursing Mothers and pre-school children. A list of those dentists willing to undertake these types of patients was distributed to Local Authorities' Clinics and Infant Welfare Sessions. Patients are referred by Medical Officers from the Council's Infant Welfare Centres and Clinics to the dentists of their choice and Part II of Form E.C. 60 is completed at the Dentist's Surgery. The Dentists did not signify their willingness to work on a sessional basis for the Local Authority but preferred to accept patients at their own surgeries by appointment. These arrangements may be varied in the near future if additional Dental Officers are appointed to the School Medical Service.

(a) Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	135	124	104	83
Children under five	501	474	444	—

(b) Forms of treatment provided:

	Extractions	Anaesthetics		Fillings	Scalings or Scaling & Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	277	97	5	19	19	—	26	—	19	8
Children under five ...	654	—	457	5	—	—	32	—	—	—

Home Nursing.

The Sunderland District Nursing Association has, as the Agent of the Local Health Authority since July, 1948, performed home nursing duties in the Borough. The Service is a "day service" between the hours of 8.30 a.m. and 10 p.m.

The general nursing staff consists of 21 full-time nurses, including 1 male nurse, and 6 part-time nurses. The male nurse, who holds the certificate of the Queen's Institute of District Nurses, was an innovation two years ago and during that time he has proved to be of infinite value in the nursing of "heavy" and difficult male patients and for male genito-urinary cases.

Accommodation is provided for staff in Victoria House, where a new ante-natal clinic and nurses' recreation room is in the course of erection.

There are at the present time three contract houses on out-lying estates which have been allotted by the Corporation for the accommodation of district nurses. The Corporation have allotted sites in selected areas for the erection of special houses on housing estates for midwives and district nurses. Some of these are in course of erection and will be completed in 1953.

The co-operation with general practitioners is very good. Patients discharged from hospital requiring further nursing are referred by the hospital almoner or ward sister or eventually by the general practitioner. Whilst co-operation with the hospitals is good, it would ensure continuity of nursing care if the District Nursing Association were notified the day before discharge of the patient.

Nursing appliances are loaned when necessary.

Night Service: There is no night service in operation to date. A draft "sitters-up" scheme was prepared and considered in December, 1950 but was postponed for financial reasons; this will be reconsidered at an early date.

District Nurses are referred for refresher courses which are organised by the Association of Queen's Nurses, with the co-operation of the Education Department of the Queen's Institute of District Nursing.

The Sunderland District Nursing Association is approved as a Training Home by the Queen's Institute of District Nursing and provides practical and theoretical training for the Queen's Roll Examination.

Classification of main types of cases nursed:					Proportion
Medical	...	...	...	...	55.65
Surgical	...	...	...	...	21.45
Tuberculosis	...	...	...	...	.68
Measles	...	...	...	...	.50
Other Infectious Diseases	...	...	...	...	.25
Midwifery and Maternity Complications	...	...	...	...	11.30
Children under 5 years	...	...	...	...	4.26
Diabetes	...	...	...	...	.46
Other injections	...	...	...	...	5.45
					<hr/> 100%

National Assistance Act 1948 (Section 47) and National Assistance (Amendment) Act 1951

This Section deals with the removal to suitable premises of persons in need of care and attention. Two cases (women aged 87 years and 81 years) were removed under the National Assistance (Amendment) Act 1951.

Case 1, aged 87 years.

Patient was confused, aged and infirm and suffering from partial blindness, Myxoedema and Bronchitis. She was removed to the General Hospital, Sunderland.

Case 2, aged 81 years.

Patient was suffering from Cerebral Thrombosis and Arteriosclerosis and was removed to the General Hospital, Sunderland. She died from the above conditions six days later.

Health Education.

Posters from the Central Council for Health Education are displayed at frequent intervals on the hoardings set apart for that purpose throughout the town, in addition to the films and slides shown at picture houses as described under Section 2; and special films on maternity work—and especially diphtheria immunisation, are shown at the Newcastle Road Infant Welfare Centre.

The prevention of accidents in the home is the daily routine work of health visitors and a special report on this activity was included in my Annual Report for 1948.

Leaflets, booklets and posters are distributed at infant welfare centres, and ante-natal clinics. The Newcastle-on-Tyne Office of the Ministry of Information has assisted health education in the showing of films. Publications of the National Baby Welfare, Royal Society for the Prevention of Accidents, The Safety First Association and the Ministry of Health are available.

WORK DONE BY MUNICIPAL MIDWIVES, 1952.

Midwife.	No of Cases in Full Year unless otherwise stated.	Number of Medical Aids.												Notifications				
		Ruptured Perineum	Delayed Labour	Mal-presentation	Mis-carriage	Pyrexia	Illness of Mother	Illness of Baby	Adherent Placenta	Hæmorrhage	Discharge of eyes	Placenta Prævia	TOTAL	Transferred to General Hospital	Death of Baby	Still Birth	Source of Infection	Artificial Feeding
D. Abernethy	93	3	—	2	—	—	—	1	—	—	—	—	6	—	1	—	—	2
L. Baileff (3 months) ...	32	—	3	—	—	—	—	—	—	—	—	—	3	—	—	—	1	—
K. Berry (11 months) ...	71	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—	—	—
M. Botcherby	48	1	1	—	—	—	—	—	—	1	—	—	3	—	—	—	—	—
I. Burton	76	1	—	—	—	—	—	—	—	—	—	—	1	—	4	—	—	4
A. S. Chowns	72	1	1	—	—	—	—	1	—	—	—	—	3	1	1	1	—	1
I. Dennis	73	1	—	—	1	—	1	1	—	1	—	—	5	1	2	1	—	1
M. Fisher	87	3	—	—	—	—	—	—	—	—	—	—	3	—	1	—	—	2
D. Fulton (5 months) ...	33	2	—	—	—	—	—	—	1	—	—	—	3	—	—	—	—	—
D. O. Gibson	79	2	—	—	—	—	1	1	1	—	—	—	5	2	1	2	—	—
M. Harkness (6 months)	47	—	—	—	—	—	1	—	—	—	—	—	1	—	2	1	—	—
E. S. Hedley (5 months)	37	1	—	—	—	—	—	—	—	1	—	—	2	1	—	1	—	—
A. Johnson (6 months)...	57	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	3
W. Ledgard (4½ months)	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
G. Loxham	131	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	11
E. Lynn	66	—	2	—	—	—	—	—	—	—	—	—	2	—	2	1	—	—
T. Perigo	92	2	—	—	—	—	—	—	—	—	—	—	2	1	1	—	—	4
E. A. Pickering	148	—	—	—	—	—	2	1	1	—	—	—	4	1	2	1	—	4
E. M. Pringle (6 months)	42	2	1	—	—	—	1	—	—	—	—	—	4	—	1	1	—	—
S. Raine (6 weeks) ...	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
M. Reilly (6 weeks) ...	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
L. Robinson	99	2	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2
E. Smith	57	—	—	—	1	—	1	—	—	1	—	—	3	1	—	—	—	—
E. A. Staley (2½ months)	11	—	—	—	—	—	—	—	—	1	—	—	1	—	1	1	—	3
N. Steer	75	3	—	—	—	—	—	—	—	—	—	—	3	—	1	1	—	3
M. E. Stobart	98	1	—	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—
W. Whalley (6 months) ..	38	—	—	1	—	—	—	—	—	—	—	—	1	—	1	2	—	—
District Nurses ...	1721	27	8	4	2	—	7	6	3	5	—	—	62	8	22	14	1	44
	521	5	5	—	1	5	—	7	—	3	—	—	26	2	5	10	17	24
	2242	32	13	4	3	5	7	13	3	8	—	—	88	10	27	24	18	68

District	Total No. Visits	Deaths	Births	Revisits of Infants	First Visits, Children 1 yr and over	Revisits of Children 1 yr and over	Ante-natal	Ophthalmia Neonatorum	Measles	Whooping Cough	Diarrhoea	Pneumonia	Special	Partially Blind	Old People
No. 1	3190	12	240	745	426	1494	142	—	71	11	1	4	41	3	—
2	2798	6	154	594	351	1500	104	—	57	5	—	1	26	—	—
3	2674	11	235	451	230	1465	151	6	95	12	—	5	1	—	12
4	2673	7	182	714	152	1444	72	—	64	26	—	6	5	1	—
5	877	2	149	125	417	121	12	—	26	12	—	4	5	4	—
6	1975	6	210	393	223	982	36	—	54	20	—	10	38	—	3
7	1214	4	179	269	28	665	12	—	36	10	—	1	—	1	9
8	1925	7	206	364	190	1040	48	—	49	12	—	2	7	—	—
9	2366	4	175	553	121	1376	35	—	57	25	—	20	—	—	—
10	1483	2	157	207	152	889	—	—	56	7	—	3	10	—	—
11	927	—	134	162	66	489	4	3	51	9	—	5	4	—	—
12	3093	9	268	595	170	1862	1	—	131	19	—	5	21	9	3
13	2393	11	215	487	356	1178	4	—	84	6	—	31	21	—	—
14	1569	3	179	214	12	1036	34	—	77	5	—	6	3	—	—
15	2996	10	294	747	376	1401	53	4	56	23	—	9	9	8	6
16	2701	4	230	566	372	1357	62	3	60	9	—	5	26	7	—
17	2906	15	195	481	12	1925	62	—	170	36	—	6	4	—	—
18	2656	9	180	409	155	1783	64	—	43	—	—	3	10	—	—
19	1334	—	78	268	97	802	36	—	42	4	—	6	1	—	—
20	52	—	5	9	3	33	—	—	1	—	—	1	—	—	—
TOTALS	41802	122	3665	8353	3909	22842	932	16	1280	251	1	133	232	33	33

SECTION D.

SANITARY CIRCUMSTANCES OF THE AREA

Water. The source of supply remains unchanged and the quality and quantity satisfactory.

Drainage and Sewage. 7,589 lineal yards of new sewers were laid during the year under review by the Borough Surveyor and during the year 77 feet of cast-iron drains and 3,503 feet of stone-ware drains have been laid.

Rivers and Streams. No action has been taken for the prevention of pollution of the river Wear which takes the effluent from 13 sewers.

Owing to the fact that the river Wear is a tidal river and taking sewage, little can be done to prevent or mitigate pollution.

Closet Accommodation. During the year 138 broken or otherwise defective watercloset basins were replaced by new washdown pedestal basins.

Below will be found a table showing the conveniences in the Borough at the end of 1952:—

Houses, &c., with water-closets and movable ashbins	... ..	42.061
Houses, &c., with ashpits, privies and ashpits pan privies &c.	... ..	73 x

x These are not within a reasonable distance of a sewer.

Public Cleansing. The amount of domestic refuse removed during 1952 was 66,964 tons; street refuse 6,481 tons; salvage (including kitchen waste) 2,726 tons. In addition 43,111 gullies were emptied.

The arrangement for removal of house refuse remains efficient, the whole of the removal being carried out by means of closed carts.

Sanitary Inspection of the Area. The number of visits made during the period under review by the District Inspectors (including inspections, advisory visits, etc.) was 21,672.

SUMMARY OF INSPECTIONS AND VISITS BY THE
DISTRICT INSPECTORS.

Houses and Premises: visits or examina- tions on account of	Appointments or advice	...	...	...	...	340
	Infections Disease	...	...	...	...	364
	Infectious Disease Contacts	...	...	...	...	38
	Alleged Nuisances	...	...	...	...	2,924
	House to House work	...	...	...	...	1,363
	Housing Acts	...	...	...	...	321
	Occupants	...	...	...	...	604
	Drainage	...	...	...	...	2,021
	Work in progress	...	...	...	...	9,833
	Information (Ownerships, etc.)	...	...	...	...	108
Common Lodging Houses						158
Schools (inspection of conveniences, etc.)						—
Public Sanitary Conveniences (including licensed houses, places of entertainment, etc.)						201
Vans, tents, etc.						12
Stables, etc.						33
Offensive Trades						2
Streams, ditches, etc.						3
Other visits and Inspections						3,347
						<hr/>
Total Inspections						21,672 <hr/>

NOTICES SERVED IN CONSEQUENCE OF NUISANCES, &c.
FOUND DURING INSPECTIONS AND VISITS

Nature of Notice	Intimation		Statutory		Total Notices
	Own- er	Occu- pier	Own- er	Occu- pier	
To—					
Cleanse or repair drains	7	3	296	3	309
Renew drains	—	—	46	—	46
Renew defective watercloset basin ...	5	—	138	2	145
Cleanse dirty watercloset basin	—	16	21	—	37
Cleanse dirty floor, seat, etc. of watercloset	—	25	—	—	25
Repair seat, roof, door of watercloset	371	—	—	—	371
Renew or repair flushing cistern ...	20	—	137	—	157
Renew or repair flushing pipe	2	—	79	—	81
Provide additional watercloset(s) ...	1	—	—	—	1
Provide water supply to watercloset...	3	—	35	—	38
Abolish waste watercloset	—	—	—	—	—
Abolish privies and substitute water- closets	—	—	—	—	—
Repair or renew soil or vent pipe ...	19	—	13	—	32
„ „ bath waste pipe ...	7	—	6	—	13
„ „ lavatory waste pipe ...	1	—	1	—	2
„ „ sink waste pipe ...	26	—	6	—	32
Provide new urinal	—	—	—	—	—
Repair or cleanse urinal	2	—	—	—	2
Abolish ashpit and provide dustbin...	—	—	—	—	—
Repair or renew dustbin	243	—	12	—	255
Provide additional dustbin(s)	78	—	9	1	88
Cleanse dirty rooms or houses	3	7	—	2	12
Cleanse dirty bedding etc.	1	1	—	—	2
Limewash staircase walls, yard walls, conveniences, etc.	11	—	—	—	11
Repair windows, walls, floors, ceilings, etc.	2425	—	—	—	2425
Remedy damp walls	677	—	—	—	677
Provide light and ventilation	44	—	—	—	44
Repair roof	998	—	—	—	998
Repair or renew spouts	879	—	—	—	879
Abate overcrowding	—	—	—	—	—
Provide domestic water supply	16	—	—	—	16
Provide or repair yard pavement ...	96	—	—	—	96
Cleanse yard pavement	20	22	—	—	42
Remove offensive accumulations	13	9	—	—	22
Remove manure	4	2	—	—	6
Abate nuisance from the keeping of animals, etc.	—	1	—	—	1
Provide or renew manure pit	—	—	—	—	—
Pave or repair stable or byre floor...	—	—	—	—	—
Cleanse streams, ditches, etc.	—	—	—	—	—
Abate other nuisances	1609	—	—	—	1609
TOTALS	7581	86	799	8	8474

DRAIN TESTING.

	Nature of Test			Total	Defective
	Water	Chemical	Smoke		
On Request	187	—	8	195	16
On Complaint	8	2	—	10	2
On Suspicion of Nuisance ...	1	4	3	8	2
On Account of Infectious Diseases	—	—	—	—	—
Work in Progress	306	2	13	321	22
Retested	40	1	1	42	—
TOTALS ...	542	9	25	576	42

NUISANCE ABATED AND WORK PERFORMED.

Drains cleansed or repaired	290
Drains renewed (length) :—	ft.
Metal 4 in.	77
Stoneware 4 in.	3337
Stoneware 6 in.	166
Watercloset basin renewed	138
Watercloset basin cleansed	53
Watercloset, floor, seat, &c., cleansed ...	25
Watercloset seat, roof, door repaired ...	339
Watercloset cistern renewed or repaired ...	143
Watercloset flushpipe renewed or repaired ...	78
Watercloset additional provided	—
Watercloset water supply provided	28
Waste watercloset abolished	—
Privy abolished and watercloset substituted ...	—
Soil or vent pipe repaired or renewed	31
Bath waste pipes repaired or renewed	11
Lavatory waste pipes repaired or renewed ...	2
Sink waste pipes repaired or renewed	32
New urinal provided	7
Urinal repaired and cleansed	2
Ashpit abolished and dustbin provided	—
Dustbin repaired or renewed	154
Dustbin additional provided	111
Dirty rooms or houses cleansed	33
Dirty Bedding, &c., cleansed	10
Staircase walls, yard walls, conveniences, &c., limewashed	20
Windows, walls, floors, ceilings, &c., repaired	2103
Dampness remedied	552
Light and Ventilation provided	165
Roofs repaired	783
Spouts renewed or repaired	675

Overcrowding abated	—
Domestic water supply provided	16
Yard pavement provided or repaired	101
Yard pavement cleansed	27
Offensive accumulations removed	24
Manure &c., removed	10
Keeping of animals, nuisance abated	11
Manure pit provided or renewed	—
Stable or byre floors paved or repaired	—
Streams, ditches, &c., cleansed	—
Other nuisances abated	1366

Legal Proceedings.—During the past year legal proceedings were instituted in respect of the following cases: One was for preparing and selling unclean iced lollipops inasmuch as cleanliness was not being observed by the persons employed in a preparation room as regards the utensils and the sticks for insertion in the lollipops appeared to be derived from old wood suitable only for firewood. This resulted in a fine of £20 being imposed. Another case was with regard to the sale of fish cakes which were deficient in fish content to the extent of 27.4% of the minimal amount (35% of the weight of the fish). The defendant was fined £5 and costs (35/-). In addition to the above, as the result of the failure of an owner of a house to provide a dustbin and his subsequent appeal against the legality of the notice, a case was submitted to the Court where the owner's appeal was sustained.

Common Lodging Houses.—There are only three common lodging houses in the Borough and these provide accommodation for 268 lodgers. Structurally, one of the houses is of a high standard, one medium, and the third of a very poor standard. Owing to the demand on the existing accommodation, however, this house is being allowed registration at present.

The standard of cleanliness and conduct has continued satisfactory—as in previous years.

Offensive Trades.—The number of establishments carrying on offensive trades in the Borough is as follows:—

Skin (Gut and Casings) Preparing Houses ...	1
Fish Curing Houses	—
Marine Stores (Rag and Bone, etc. dealers) ...	7
Hide and Skin Warehouses	—
Tripe Preparers	3
Knackery	1

Plans.—The practice of all plans for new buildings being submitted to this office for examination in relation to sanitary works has been continued throughout the year. This is an important connection between the Building Surveyor and the Health Department. The total number of plans examined and commented upon was 583.

DRAINAGE WORK IN CONNECTION WITH NEW BUILDINGS

The following work has been carried out during the year by the Inspector engaged for this particular branch of the Department.

DRAINAGE INSPECTOR'S REPORT. **WORK CARRIED OUT.**

Type of Tests	Number of Tests	Faults—% of Total	Re-tests	Final tests of Completed Buildings	Certificates Issued	Interviews and advice	Inspections of work in progress
SMOKE	1153	.52	5	1293	1293	465	2659
WATER	7026	1.78	122				
TOTALS	8179	1.6	127	1293	1293	3124	

ANALYSIS OF DRAINAGE TESTED.

STONEWARE					CAST-IRON				
	4"	6"	9"	12"	4"	6"	9"	12"	Total
SMOKE	—	3251	327	—	14472	—	—	—	18050
WATER	92722	19856	283	—	12980	18	—	—	125859
TOTAL	FIGURES INDICATE NUMBER OF RUNNING FEET								143909= 27.2 miles

Rat Repression.—Particulars of the work done by the three Rodent Operatives are given in the subjoined table:—

Complaints received	...	...	...	...	699
Premises inspected on receipt of complaint and otherwise	...	...	...	...	772
Rats caught by traps, or killed by hand or poisoned	...	...	...	...	7,722
Number of poison baits laid	...	...	...	...	19,704
Number of traps set	...	...	...	...	214
Visits for purpose of observation, work in progress or work done	...	...	...	...	3,411

Rag Flock and Other Filling Materials Act, 1951:—There are 13 premises within the Borough registered under the provisions of the above named Act and 3 premises licensed for the storage of rag flock. Twenty-two visits were made to these premises. All filling materials being used were from satisfactory source and were stamped with the official B.S.S. mark.

No samples of rag flock were taken during 1952.

Camping Sites.—There are no sites in the Borough licensed for this particular purpose.

Smoke Abatement.—There has again been some slight improvement with regard to smoke emission in the Borough during the year under review. Fourteen smoke observations were carried out and where necessary, advice was given in an effort to abate any nuisance. Some complaints arose regarding the emission of considerable quantities of soot in the centre of the town. This was traced to premises where creosote pitch was being used as fuel and was due to intermittent firing of the boiler with a result that the temperature in the boiler fell and when the boiler was flashed up again there was some emission of smoke and soot until there was sufficient heat in the boiler to ensure correct combustion of the atomised fuel. The persons concerned at this establishment have made every effort to abate the nuisance.

Wells.—No samples of water were taken during the year under review.

Swimming Baths. 18 visits were made to the three public swimming baths in the Borough. 12 samples of water taken during the year were satisfactory.

The SHOPS ACT, 1950 (Sections 37, 38)

The following work has been performed by the Inspector appointed for the purpose:—

Sub-Sections	Inspections	Notices served		Complied with
		Statutory	Intimation	
To provide and maintain suitable ventilation		—	16	16
To provide and maintain reasonable temperature		—	9	9
To provide and maintain suitable and sufficient sanitary accommodation		10	53	53
To provide suitable and sufficient lighting		—	—	—
To provide and maintain washing facilities		—	8	8
To provide and maintain facilities for meals		—	1	1
To provide seats for female employees		—	10	10
TOTALS ...	573	10	97	97

Public Health Act 1936 (in relation to business premises).—

Under this heading are included offices and other workplaces which are not included under the headings Shops, Factories and Food Premises.

	Inspections	Defects found	Notices served		Defects remedied
			Statutory	Intimation	
Sanitary Accommodation		11	6	11	11
Other nuisances (roofs, spouts, etc.) of business premises ...		62	25	62	62
TOTALS ...	160	73	31	73	73

PHARMACY AND POISONS ACT, 1933 (Health Provisions) PART II POISONS

Total number of licences issued, 89.

Particulars.	Inspections	Infringements	Infringements remedied
Bottling		2	2
Labelling		3	3
Storage		7	7
TOTALS ...	195	12	12

FOOD AND DRUGS ACT 1938, SECTIONS 13 and 14.

Under this heading are included all premises where food is prepared, stored, sold, etc.,

	Inspections	Infringements	
		Found	Remedied
Shops, warehouses, factories, bake-houses, restaurant kitchens, cafes, snack bars, canteens, etc.	1651	425	425

FACTORY ACT, 1937—1948 AND THE SANITARY ACCOMMODATION REGULATIONS 1938.—INSPECTIONS.

Premises Inspected.	Number on Register	Number of	
		Inspections	Written Notices
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	175	214	62
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	614	232	79
(3) Other premises in which Section 7 is enforced by the Local Authority (this includes building sites, etc.)	42	42	1
TOTALS	831	488	142

DEFECTS FOUND.

Particulars	Number of Defects				
	Found	Remedied	Referred		Prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	32	32	—	1	
Overcrowding (S.2)	3	3	—	—	
Unreasonable temperature (S.3)	2	2	—	—	
Inadequate ventilation (S.4)	8	8	—	—	
Ineffective drainage of floors (S.6) ...	1	1	—	—	
Sanitary { insufficient	20	20	—	2	
Conveniences { unsuitable or defective	61	61	—	11	
(S.7) { not separate for sexes	10	9	—	1	
Other Offences:					
(Not including offences relating to work)	—	—	—	—	
TOTAL	137	136	—	15	Nil

Number of outworkers employed in the Borough, 5.

Underground Bakehouses. Only 2 bakehouses under this heading are licensed in the Borough.

MINISTRY OF FOOD CIRCULAR M.F. 7/49.

The requirements of this Circular dealing with cleanliness of food premises, etc., have been carried out and are receiving high priority in the Sanitary Inspectors' visits. The work is covered in the foregoing tables. The Sunderland Voluntary Food Traders Guild continues to function in the town to further Food Hygiene amongst our shops and workpeople. Lectures to the staffs of the larger food premises, Traders Associations and Townswomens Guilds, etc., have been given by the Senior Inspectors to help in obtaining a generally higher standard of hygiene in our Food premises. The figures under the above heading are included in the tables, Food Poisoning, Food and Drugs Act and Factory Act. Restaurant kitchens are included under Food and Drugs Act.

Dysentery (including Sonnei).—During the year there were 19 cases of dysentery.

All necessary precautions to prevent a severe outbreak were taken by my Department.

ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS
YEAR, 1952.

APPENDIX D. (i).

Food Poisoning Notifications (Corrected) Returned to R.G.—
1st quarter, 1; 2nd quarter, Nil; 3rd quarter, Nil; 4th quarter, 7;
Total, 8.

Outbreaks due to Identified Agents.—Total outbreaks, Nil.
Total cases, Nil.

Outbreaks due to:—

- (a) Chemical Poisons, Nil.
- (b) Salmonella Organisms, Nil.
- (c) Staphylococci, Nil.
- (d) C.1. botulinum, Nil.
- (e) Other bacteria, Nil.

Outbreaks of Undiscovered Cause:—Total outbreaks, Nil.
Total cases, Nil.

Single cases.—Agent identified, 8; unknown cause, Nil.
Total, 8.

SECTION E.

HOUSING.

HOUSING STATISTICS FOR THE YEAR 1952.

Number of new houses erected during the year	...	1507
Inspection of dwelling-houses during the year:—		
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	... ..	4359
(b) Number of inspections made for the purpose		10128
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	... ..	301
(b) Number of inspections made for the purpose		2050
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	... ..	117
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	... ..	1849
Remedy of defects during the year without the service of formal notices:—		
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	... ..	1461
Action under statutory Powers during the year:—		
A.—Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936:—		
(1) Number of dwelling-houses in respect of which notices were served requiring repairs		184
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—		
(a) By owners	... ..	163
(b) By Local Authority in default of owners		38

B. Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which informal notices were served requiring defects to be remedied	2520
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:	
(a) By owners	Nil
(b) By Local Authority in default of owners	Nil

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	79
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	53

D.—Proceedings under Section 12 of the Housing Act, 1936:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	38
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	1

INSPECTIONS AND VISITS BY HOUSING INSPECTORS
UNDER THE HOUSING ACT, 1936, etc.

Houses inspected for the purpose of Section 9 notices	184
Other visits under Section 9	650
Houses inspected for the purpose of Section 11 notices	79
Houses inspected for the purpose of Section 12 notices	38
Houses inspected under Section 10 (Work in Default)	37
Other visits under Sections 10, 11, 12 and 13	336
Inspections of properties in Slum Clearance Areas ...	490
Special inspections	66
Inspections on complaints	40
Inspections of work in progress	225
Visits in respect of ownerships, land charges, etc. ...	90
Inspections re Defence Regulations 68C A.	30
Appointments and interviews	501

SECTION F.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply. The supervision of all premises where milk is pasteurised, sterilised, stored or sold was carried out and the cleanliness of these premises was maintained. Regular sampling was carried out at local pasteurising and sterilising establishments and only a very small proportion of these samples failed to comply with the statutory tests. 412 samples of pasteurised and T.T. pasteurised milk were submitted for the Phosphatase and Methylene Blue Test: 9 were unsatisfactory. 18 samples of sterilised milk were submitted for the Turbidity test: all were satisfactory. 18 samples of Tuberculin Tested milk were submitted for the Methylene Blue Reduction test: 7 were unsatisfactory. Two samples of Accredited milk were submitted and one was unsatisfactory. Of 81 samples of raw non-designated milk and 11 samples of designated milk submitted for bacteriological examination, 3 were found to be infected with tubercle bacilli. The Animal Health Division of the Ministry of Agriculture was notified and action was taken by that department in respect of the herds concerned.

Dairies and Milkshops. The following table shows the number of registered Dairies and Milkshops in the Borough:—

Number of Dairies and Milkshops in the
Borough on the register on 31st December,
1951:—

Milkshops	...	...	...	...	6
Sterilised milk only	...	...	...	...	268
Dairies	48
					322

Number added to the Register during 1952:—

Sterilised milk only	36
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Number removed from Register during 1952:—

Dairies	2
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Number on Register on 31st December, 1952:—

Milkshops	6
Sterilised milk only	304
Dairies	...	...	...	...	46
					356

The following visits were paid during the year by the Milk and Dairies Inspector in connection with the Milk and Dairies and Milk (Special Designation) Regulations, 1949:—

To Dairies and Milkshops	...	...	...	840
To Railway Stations	...	...	...	9

NUMBER OF MILK SAMPLES SUBJECTED TO
ANALYTICAL EXAMINATION FOR THE ESTIMATE
OF MILKFAT, NON-FATTY SOLIDS OR ADDED
WATER, METHYLENE BLUE REDUCTION,
COLIFORM PHOSPHATASE TURBIDITY AND
BIOLOGICAL TESTS DURING 1952.

Chemical Analysis—

Milk	208
------	-----	-----	-----	-----	-----	-----

**Methylene Blue Reduction Test and Coli-
form Tests—**

Tuberculin Tested Milk	...	...	18
Accredited Milk	...	...	2

Biological Examination—

Non-designated Milk	...	...	81
Designated Milk	...	...	11

MILK SAMPLES TAKEN FOR BIOLOGICAL
EXAMINATION. SOURCE OF SUPPLY.

Local Farmers	Local Dairymen per		Durham	North- umber- land	Other Sources	Total	No. Positive
	Rail	Farmers					
15	—	77	92	Nil	Nil	92	3

MILK (SPECIAL DESIGNATIONS) RAW MILK
REGULATIONS, 1949,
MILK, (SPECIAL DESIGNATIONS) PASTEURISED AND
STERILISED MILK REGULATIONS, 1949.

Results of Samples of designated milks taken during the year for the purpose of bacteriological examination.

Samples were taken from two local pasteurising and sterilising establishments and from 5 pasteurising depots outside the Borough from which milk is delivered within the town.

The total number of samples taken was 459 and these are classified below:—

	Tuberculin Tested	Accred- ited	Pasteur- ised	T.T. Pasteur- ised	Steril- ized	Total	Test Invalid Temp. 65° F.
SATISFACTORY	11	1	209	194	18	433	9
UNSATISFACTORY	7	1	6	3	—	17	—
TOTALS ...	18	2	215	197	18	450	9

459 samples were taken and 17 failed to satisfy the statutory tests. The results of the examination of 9 samples were invalid due to the fact that at the time the samples were taken the maximum overnight temperature exceeded 65°F. which invalidated the Methylene Blue Test. Where samples of raw designated milk were stated to have failed the Methylene Blue test these were reported to the Ministry of Agriculture.

DESIGNATED MILKS AND ISSUE OF LICENCES

Licences issued under the Milk (Special Designations), Raw Milk Regulations and Milk Special Designations (Pasteurised and Sterilised) Milk Regulations 1949:—

Dealers (Pasteurisers) licences	...	...	...	2
„ (Sterilisers)	„	...	...	1
„ (Pasteurised)	„	...	...	52
„ (Sterilised)	„	...	...	356
„ (Tuberculin Tested) licences	...	...	...	41
Supplementary Dealers (Pasteurised) licences	...	...	...	5
„ „ (Sterilised)	„	...	...	3
„ „ (Tuberculin Tested) licences	...	...	...	4

Ice-Cream Factories, Merchants and Dealers. A high standard of cleanliness has been maintained in all premises where ice-cream is manufactured, sold and stored. Frequent inspections were carried out at all premises during the process of manufacturing ice-cream and also supervision of the cleansing and sterilisation of equipment. The results of the bacteriological grading of ice-cream within the Borough showed a slight increase of unsatisfactory samples over the previous year. In 1952, 78.65% of samples submitted were satisfactory whilst the figure for 1951 was 80%. This may have been due to more intensive sampling of ice-cream in the peak summer months and the

regular sampling at factories which have in the past been liable to produce unsatisfactory samples of ice-cream. The average fat content of ice-cream submitted for chemical analysis was 7.42% as against 6.12% for 1951. Legal action (as reported under Legal Proceedings) under Section 13 of the Food and Drugs Act was taken against a person manufacturing ice lollipops in an unsatisfactory manner.

RESULTS OF SAMPLES OF ICE-CREAM SUBMITTED FOR CHEMICAL ANALYSIS

0.5% fat —	5%-7.5% fat 8	7.5%-10% fat 5	10% (& over) fat. 2
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RESULTS OF SAMPLES SUBMITTED FOR BACTERIOLOGICAL EXAMINATION METHYLENE BLUE REDUCTION TEST

Grade 1	...	...	116	}	Satisfactory	...	151
Grade 2	35				
Grade 3	...	...	17	}	Unsatisfactory	...	41
Grade 4	24				
							<hr/> 192

The number of manufacturers in the town on the 31st December, 1952, was 21 and the number of factories 19. The number of retail shops selling wrapped ice-cream only was 284.

The number of visits to manufacturers and vendors during the year was 937.

ADULTERATION, &c.

The number of samples analysed under the Food and Drugs Act, 1938, for the Borough during the year was 402 and these may be classified as follows:—

	Number.	Percentage of Total Samples.
Milk	208	51.74
Butter and Margarine	8	1.99
Compound Articles	26	6.47
Miscellaneous	138	34.33
Drugs	22	5.47

Of the 402 samples examined 7 (1.74 per cent) were non-genuine; while in 1951 of 394 samples examined 32 (8.12 per cent) were non-genuine.

The seven non-genuine samples were dealt with as follows:—one, legal action taken; 6, letters of caution.

Fertilisers and Feeding Stuffs Act, 1926.—28 visits were made to premises in connection with the above-named Act. 7 samples of feeding stuff and 6 samples of fertiliser were submitted for analysis. The samples of feeding stuff complied with the statutory statements. Four samples of fertiliser were satisfactory. With regard to the other 2 samples, one was incorrectly marked and the merchant concerned was notified and the labels were altered in order to comply with the requirements of the Act and with respect to the sixth sample the merchant concerned was notified that one of the ingredients was in excess of the maximum allowed by the limits of variation in the Act.

REPORT OF MILK AND DAIRIES INSPECTOR.

Visits	No. of Inspections	De-faults found	Com-munica-tions
MILK:			
To inspect dairy premises	651	26	20
„ inspect retail shops	189	6	6
„ examine milk churns	533	17	3
„ examine milk vehicles	152	7	5
ICE-CREAM:			
To inspect vehicles	117	11	9
„ „ manufacturers premises	585	24	19
„ „ merchants premises	7	—	—
„ „ vendors premises	228	16	12
FOOD AND DRUG ACTS:			
To obtain milk samples	208	—	—
„ obtain other samples	194	7	7
BACTERIOLOGY:			
To obtain milk samples	452	19	19
„ obtain water samples	—	—	—
„ „ „ „ (Swimming Baths)	12	—	—
BIOLOGICAL EXAMINATIONS:			
Milk Samples	92	3	3
MISCELLANEOUS:			
To Premises under Fertilisers and Feeding Stuffs Act, 1926	28	4	4
Other visits of inspection	147	—	—
Smoke observations	14	10	10
RAG FLOCK ACTS:			
To inspect registered premises	21	3	3
„ „ licensed premises	12	1	1

MEAT AND OTHER FOODS.

The following table gives details of the number of animals slaughtered and the number of carcasses condemned as well as the parts and organs condemned.

CARCASSES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep	Pigs
Number slaughtered and inspected ...	6711	953	503	29479	3539
Whole carcasses condemned—all diseases except tuberculosis	—	8	3	8	22
Carcasses of which some part or organ was condemned	164	162	—	118	156
Percentage of number inspected affected with disease other than tuberculosis (cirrhotic livers ex- cluded)	2.4%	17.8%	0.59%	0.4%	5.0%
Whole carcasses condemned— tuberculosis only	8	36	1	—	2
Carcasses of which some part or organ was condemned	576	629	—	—	34
Percentage of number inspected affected with tuberculosis	8.7%	69.8%	0.2%	—	1.0%

The total number of animals slaughtered shows an increase of 9,070 over the previous years total. The three slaughterhouses were much overcrowded during the peak killing period from August to November and despite an improvement in facilities it is impossible to secure satisfactory conditions.

The Ministry of Health requires information about carcasses inspected and condemned. The figures shown above do not include as diseased carcasses those from which the liver only was affected with cirrhosis. Approximately half of the livers from cattle were affected but the carcasses showed no change.

Outbreaks of swine fever resulted in eleven pigs carcasses being condemned.

DETAILS OF DISEASED CARCASSES CONDEMNED

	Cattle exclud- ing Cows	Cows	Calves	Sheep	Pigs	Totals
Tuberculosis	8	36	1	—	2	47
Fever, Acute	—	—	1	—	7	8
Decomposition	—	—	—	4	—	4
Septicaemia ..	—	—	—	—	2	2
Tumours	—	—	—	1	—	1
Emaciation and Dropsy	—	3	2	2	—	7
Multiple Injuries	—	—	—	1	—	1
Muscle Degeneration	—	—	—	—	1	1
Swine Fever	—	—	—	—	11	11
Septic Metritis	—	5	—	—	1	6
TOTALS	8	44	4	8	24	88

**TOTAL AMOUNT OF MEAT AND OFFAL CONDEMNED
AND SALVAGED BY MINISTRY OF FOOD**

	lbs.		lbs.
Beef	28500	Pork	2626
Veal	213	Offal	93700
Mutton	876	Imported Meat	267

Total Amount: 56 tons 6 cwts. 2 qrs. 14 lbs.

**Other Foods Condemned
and Collected for Possible Salvage by Cleansing Department.**

	lbs.		lbs.
Tinned meats	9491	Onions	1120
Tinned vegetables	6916	Eggs	88
Tinned Milk	459	Wet fish	22
Tinned fish	113	Dried fruits	85
Tinned fruit	3560	Rabbite	381
Provisions	871	Poultry	33
Bacon	905	Sausage	364
Confectionery	1937	Biscuits	489

Total amount: 11 tons 19 cwts. 2 qrs. 10 lbs.

Inspection of Foodstuffs.

Number of Visits to Premises.

Slaughterhouses	1566	Fish Shops and stalls ...	48
Wholesale meat depots ...	702	Retail fruiterers	46
Butcher shops	316	Open-Air Stalls	52
Meat carrying vehicles ...	240	Railway Premises	14
Tripe preparers	12	Canteens, Hotels or	
Gut scrapers	12	Institutions	27
Wholesale Provisions	143	Horse Meat shops	13
Retail Provisions	812	Private houses	16
Wholesale Fruiterers ...	21	Bakeries	14

Five complaints of foreign matter in foodstuffs were received and the offenders were warned by letter.

Among the bacon condemned was a side affected with tuberculosis. The bacon factory was traced and a letter was sent to the Local Authority concerned to deal with the matter. One food warehouse was cleared of an infestation of feona moth.

SECTION G.

NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) 1952.

	At all ages	Under 1 yr.	1 and under 3 yrs.	3 and under 5 yrs.	5 and under 10 yrs.	10 and under 15 yrs.	15 and under 25 yrs.	25 and under 45 yrs.	45 and under 65 yrs.	65 years and over
Diphtheria (including Membranous Croup)	2	—	—	—	1	—	1	—	—	—
Scarlet Fever	310	2	21	65	179	29	11	2	—	1
Cerebro Spinal Meningitis	4	—	2	1	1	—	—	—	—	—
Acute Poliomyelitis Para and Non-Para	16	—	5	3	3	2	2	1	—	—
Pneumonia (Influenzal)	25	4	3	1	2	—	1	6	5	3
Pneumonia	490	72	73	53	48	8	27	69	92	48
Erysipelas	44	—	—	—	1	1	—	11	23	8
Measles	2,586	142	783	799	796	39	23	4	—	—
Whooping Cough	461	53	153	146	104	2	2	1	—	—
Chicken Pox	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	186	—	—	—	—	—	86	99	1	—
Ophthalmia Neonatorum	13	13	—	—	—	—	—	—	—	—
Malaria	19	1	—	3	7	—	1	1	3	3
Dysentery	—	—	—	—	—	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	1	—	1	—	—	—	—	—	—	—
Food Poisoning	8	1	1	—	—	—	2	2	2	—
Acute Encephalitis (Infective and Post Infections)	—	—	—	—	—	—	—	—	—	—
TOTALS	4165	288	1042	1071	1142	81	156	196	126	63

DISINFECTION.

The following work has been done by the Disinfecting Officer:—

Number of rooms disinfected	...	...	...	962
Number of calls for bedding, etc.	...	...	...	421

The work carried out at the Disinfecting Station at the Hospital for Infectious Diseases is given in the following table:—

Articles	Disinfected	Destroyed
Beds	351	62
Mattresses	563	53
Blankets	1442	40
Pillows	718	22
Quilts	262	11
Sheets	733	47
Bolsters	292	12
Sundries	870	230
	5231	477

SCABIES.

The rooms and bedding in respect of all discharged cases of scabies were disinfested, a total of 589 verminous rooms being disinfested by the Officer during the year as well as the cleansing of 39 persons infested with vermin.

VENEREAL DISEASES

For the report on Venereal Diseases, I am indebted to Dr. Kirkhouse; and I have extracted the relevant facts and figures from his report on the Special Treatment Department of the Sunderland Royal Infirmary.

ATTENDANCE OF SUNDERLAND PATIENTS, 1952.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
M. ...	358	392	428	317	388	328	297	339	411	345	323	290	4216
F. ...	230	247	306	352	333	323	315	300	345	308	167	224	3450

NEW REGISTRATIONS

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
M. ...	27	32	32	23	35	32	27	32	24	31	23	29	347
F. ...	12	6	7	13	14	13	5	8	8	7	6	3	102

Syphilis.—More cases of early syphilis were registered than in 1951, which was an exceptional year. The total number of all cases of syphilis shows a small decrease.

Treatment: In early cases Penicillin with Arsenic and Bismuth have been used for the first course. Where a second course was found necessary, only Penicillin and Bismuth were given. Results have been satisfactory and there have been no serious complications.

The oral administration of Penicillin has been used in several cases, where daily attendance was impossible, and results have been satisfactory.

In several congenital cases with Interstitial Keratitis, sub-conjunctival injections of Cortisone have been given with very good immediate results, but, unfortunately, the improvement was not always permanent; relapses occurred in three cases and further injections were necessary. This form of treatment, therefore, can only be regarded as an addition to routine treatment but does help in preventing damage to the eyes becoming permanent.

Gonorrhœa: During the year under review there has been quite a marked drop in the number of cases of Gonorrhœa. Whether this is due to there being fewer infections or to the fact that patients are being treated by their own practitioners is open to doubt. In one case which was referred to the clinic from another hospital where a diagnosis of Gonorrhœa had been made as the result of positive cultural examination, the patient on reporting at the clinic after an interval of 8 days was completely asymptomatic and all tests and cultures were negative,

but she would not admit to having had any treatment in the interval. She was very unco-operative as there were family complications involved, but the doubt remained that some form of treatment had been given in the interval.

Treatment: Penicillin has been used for the routine treatment with very satisfactory results.

Urethritis.—Treatment has been carried out with Sulphonamides in the first place, then where this has failed, with Streptomycin. Though reports from other clinics favour the use of Terramycin, supplies have not yet been available here.

N.V. Cases.—The usual types of cases were dealt with, many not requiring any treatment at all.

Ante-Natal Cases.—There were 8 Sunderland pregnant women left on charge from 1951. 1 was a premature birth—the baby died before test; and there were 7 normal deliveries, 6 of which were diagnosed N.V.D. One mother refused to have her baby tested.

The total number of Ante-natal mothers for 1952 for the Borough was 22. They were diagnosed as follows:—2 Secondary Syphilis; 9 Sy. 3; 4 Late Syphilis; 4 Congenital Syphilis; 3 Non-V.D.

The pregnancies resulted in:—15 normal deliveries—all babies N.V.D., 2 were discharged before delivery, 1 was transferred to another clinic and 4 were carried forward for delivery in 1953.

Cases Treated at the Special Treatment Department,
Royal Infirmary, during 1952.

	M.	F.	Total
No. of cases under treatment at the beginning of the year	324	347	671
Number of cases removed from the Register which returned for treatment	13	7	20
Cases dealt with for the first time:—			

	M.	F.	Total.
Syphilis	29	28	57
Chancroid	2	—	2
Gonorrhœa	93	15	108
Non-gonococcal urethritis (males only) ...	51	—	51
Any other conditions requiring treatment	39	5	44

Conditions not requiring treatment	256	114	370				
				431	157	588	
No. of cases dealt with for first time known to have received treatment at other Centres				47	5	52	
				Totals ...	815	516	1331
No. of cases discharged				414	190	604	
No. of cases which ceased to attend before completion of treatment				27	22	49	
Transferred to other Centres				145	11	156	
Under treatment at 31-12-52				270	298	568	
				Totals ...	815	516	1331

165 seamen attended during the year, of whom 59 were foreigners.

TUBERCULOSIS.

There were 29 less cases of Tuberculosis notified than in the previous year, and 29 less deaths.

During the year 267 cases of pulmonary and 34 non-pulmonary were notified, making a total of 301 cases.

Of these 140 were males and 161 females.

Cases of Tuberculosis notified and deaths from the disease during 1952:—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0—1	—	—	—	—	—	—	—	—
1—5	6	9	1	—	—	—	1	—
5—15	8	18	3	8	—	—	—	—
15—25	43	62	2	5	4	2	—	—
25—45	38	36	3	11	8	8	—	—
45—65	31	10	1	—	21	4	4	1
65—75	4	1	—	—	8	3	—	—
75 upwards	—	1	—	—	1	2	—	—
Totals	130	137	10	24	42	19	5	1

Statistics relating to **Mass Radiography Surveys** carried out in Sunderland by the
Mass Radiography Unit, Durham.

	Drill Hall, The Green, 11—19 Feb., 1952			Drill Hall, The Green, 21—29 April, 1952			Jeffrey Hall, 14—22 July, 1952			Edison Swan Factory, 13—24 Oct., 1952			GRAND TOTAL
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	
No. of Miniature Films ...	1241	1768	3009	598	688	1286	407	517	924	505	1424	1929	7148
No. recalled for a large film ...	113	99	212	61	38	99	34	23	57	39	88	127	495
No. of Large Films (no miniature) ...	—	—	—	—	—	—	1	1	2	—	2	2	4
ABNORMALITIES REVEALED—													
(i) Non tuberculous conditions ...	11	20	31	6	8	14	2	3	5	3	15	18	68
1. Abnormalities of ribs, etc. ...	3	—	3	3	—	3	2	—	2	1	2	3	11
2. Bronchitis and emphysema ...	2	1	3	3	—	3	3	—	3	1	—	1	10
3. Bronchiectasis ...	15	—	15	4	—	4	7	—	7	3	—	3	29
4. Pneumoconiosis ...	13	8	21	12	3	15	7	2	9	12	3	15	60
5. Pleural Thickening ...	2	1	3	2	—	2	2	—	2	—	—	—	7
6. Intrathoracic neoplasms ...	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Cardiovascular lesions ...	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Miscellaneous ...	1	2	3	4	3	7	1	3	4	2	5	7	21
(ii) Suspected Pulmonary Tuberculosis—	8	5	13	8	2	10	4	2	6	1	6	7	36
Previously known	—	—	—	—	—	—	—	—	—	—	—	—	—
1. Active ...	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Inactive ...	9	4	13	—	4	4	1	—	1	1	7	8	26
Newly discovered	—	—	—	—	—	—	—	—	—	—	—	—	—
1. Active ...	11	14	25	6	7	13	2	1	3	2	10	12	53
2. Inactive ...	23	16	39	15	6	21	7	7	14	5	21	26	100
Failed to attend for large film ...	2	6	8	2	1	3	2	2	4	5	1	6	21
Cases not yet classified ...	—	—	—	—	—	—	—	—	—	2	3	5	5

Prevention, Care and After-Care.

Hereunder are included extracts from the Annual Reports of the Tuberculosis Care Committee and the Care (and After-care) in Illness Committee. These describe what is done on a voluntary basis for those two types of cases.

The co-ordination between after-care and diagnosis and treatment in the Tuberculosis Service is brought about by the fact that the Medical Officer of Health and the Chest Physicians attend these Committees.

Occupational therapy is carried out in the homes of non-ambulant T.B. patients by Home Teachers who instruct in handicrafts. The question of similar teaching in a separate building for the ambulant cases is under consideration. A full report of the work is submitted by the Occupational Therapy Supervisor to the T.B. Care Committee and full co-operation is thus ensured as the Chest Physicians as previously stated are on this Committee. The Chest Physicians submit the names of the patients.

Illness Generally: The Care in Illness Committee of the Guild of Help is a joint Committee of members appointed by the Health Committee and representatives appointed by the Guild of Help and came into existence in July 1948. The work developed from a previous voluntary scheme operated by the Guild of Help to a subsidised scheme to cover all types of illness. Close co-operation has always existed between the Health Department and the Guild of Help. The Deputy Medical Officer of health attends each meeting of the After-Care Committee which is held prior to the Care-in-Illness Committee.

Every case referred or applying for assistance is carefully "vetted" in a sympathetic manner. In cancer cases, where a grant is finally obtained from the National Society for Cancer Relief, the Guild of Help act as Almoners.

EXTRACT FROM REPORT OF THE TUBERCULOSIS CARE COMMITTEE.

During the year 271 cases were dealt with and in addition to material help, a great deal of time was occupied discussing problems, and trying to smooth out some of the difficulties that beset the patient and his home.

SUMMARY OF ASSISTANCE GRANTED DURING THE YEAR.

	£	s.	d.
67 persons granted clothing (value)	168	12	6
33 persons granted footwear (value)	40	14	7
59 families granted beds and bedding (value) ...	277	3	0
51 patients received nourishment grants	304	18	1
3 Save the Children Fund cases	27	10	0
10 families received coal at Christmas	4	8	4
20 cases helped through various Benevolent Funds	204	10	0
42 cases helped through Care Funds	84	15	11
179 Xmas Boxes for patients in Hospitals and Sanatoria	88	0	0
4 cases helped through Priestman Fund	19	0	0
2 families helped with household goods	4	19	0
15 children helped through "Wilfred Pickles" special fund (B.B.C. Appeal)	27	19	10

Occupational Therapy:

Costs from Care Funds	18	5	10
Costs re-imbursed by the Ministry of Health £587/5/2, less £71/5/1 (Sale of Goods)	516	0	1

Extract from Report of the Care in Illness Committee

Summary of Assistance Granted during the year

	£	s.	d.
33 families helped with clothing and bedding ...	61	7	0
41 cases received nourishment grants	26	4	7½
2 cases received grants of Train Fare	3	11	1
1 case received grant of Bus Fare	2	2	9
2 cases received grants of surgical appliances ...	3	13	0
1 case received grant for Home Help	2	2	0
1 case received grant of Dunlopillo Mattress ...	12	10	0
1 case received grant for Chiropodist Treatment	1	10	0
3 Second hand Invalid Chairs	8	0	0
New rubber sheeting	0	13	0
Crutch rubber	0	1	5
Repairs to Invalid Chairs	49	11	0

396 new cases were dealt with during the year. They were referred by the following:—

Doctors	...	...	...	...	98
Almoners	...	...	...	...	25
Education Office	...	...	...	...	1
District Nurses	...	...	...	...	8
Home Help	...	...	...	...	2
Food Office	...	...	...	...	2
National Assistance Board	...	...	...	...	7
British Legion	...	...	...	...	1
Private Persons	...	...	...	...	13
Welfare Visitor	...	...	...	...	2
Probation Officer	...	...	...	...	1

The remaining 236 cases were personal applications:—

Crutches lent	...	...	...	...	10
Air Rings	...	...	...	...	35
Bed-Cages	...	...	...	...	5
Bed-Rests	...	...	...	...	49
Bed-Tables	...	...	...	...	1
Invalid Chairs	...	...	...	...	123
Air beds	...	...	...	...	2
Nursing Appliances	...	...	...	...	111
Prams	...	...	...	...	3
Rubber Sheets	...	...	...	...	38
Self-Propelling Chairs	...	...	...	...	2
Walking Sticks	...	...	...	...	44
Indoor Chairs	...	...	...	...	4
Dunlopillo Mattress	...	...	...	...	1

In connection with the work of the Chest Clinic, the Consultant Chest Physician reports as follows:—

There has been a further fall in the number of deaths from respiratory tuberculosis, although there is nothing to suggest any diminution in the incidence of the disease.

	Deaths.		Notifications.	
	Respiratory.	Non-Respiratory.	Respiratory.	Non-Respiratory.
1947	107	25	235	51
1948	107	25	277	48
1949	123	18	279	49
1950	90	12	211	45
1951	84	12	278	52
1952	61	6	267	34

1,317 new contacts were examined, i.e. approximately 4 contacts per notified case. This is fairly satisfactory, but leaves room for improvement. 36 cases of active pulmonary tuberculosis were found from contact examination and a further 68 were classified as "suspicious" and kept under observation.

343 Tuberculin negative contacts were given B.C.G. immunisation.

A Rehabilitation Clinic has been continued fortnightly, at which the Disablement Resettlement Officers attend.

91 cases were interviewed, with the following results:—

	Male	Female	Juveniles
Placed in employment or found work following interview ...	24	15	6
Accepted for Vocational Training	6	2	—
Accepted for Rehabilitation ...	7	1	—
Available for sheltered work only	3	1	—
Change of employment arranged with employers ...	2	—	—
Deferred as not sufficiently recovered to commence work ...	1	2	—
Ceased to contact D.R.O. ...	4	3	—
Unemployed or sick at date ...	8	5	1
	—	—	—
	55	29	7
	—	—	—

The Disablement Resettlement Officers have been most helpful and co-operative, and the results obtained owe much to their enthusiasm.

SUNDERLAND SOCIAL SERVICE WELFARE COMMITTEE
EXTRACT OF ANNUAL REPORT, 1952

Work done:—

Callers	...	...	...	...	954
Visits	...	...	...	...	650
Shelter arranged	...	...	...	...	26
Maternity Accommodation Arranged	...	...	...	...	27
Nursery Accommodation Secured	...	...	...	...	5
Babies placed for adoption	...	...	...	...	24
Adoptions Legalised	...	...	...	...	20
Employment Secured	...	...	...	...	5
Private Agreements	...	...	...	...	1
Affiliations Gained (Court)	...	...	...	...	10

Notable successes have been achieved with regard to a number of affiliation orders obtained in the Court, sometimes where the mother has had very little evidence to place before the Magistrates.

In the last few months it was disturbing to find that quite a number of unmarried mothers are slightly sub-normal. Very often they are incapable of providing for the child themselves—and the babies are unfit for adoption, thereby presenting some of the most difficult problems.

On 28th October of this year, in order to comply with the requirements of the Adoption Act, this Committee became a Registered Adoption Society.

SECTION H.

MENTAL HEALTH SERVICE

1. Administration.

(a) The Mental Health Sub-Committee consisting of eleven members of the Health Committee is responsible for the service. Meetings are held at monthly intervals and business transacted is thereafter reported to the full Health Committee.

(b) **Staff.** There are ten workers employed in the service, viz:—

- 1 Medical Officer for Mental Health, who is a psychiatrist with considerable experience in mental deficiency and psychiatric medicine.
- 1 Mental Welfare Officer (Duly Authorised Officer—Mental Deficiency Acts).
- 1 Duly Authorised Officer (Lunacy and Mental Treatment Acts).
- 2 Social Workers (One Male also employed as Relief Duly Authorised Officer—Lunacy and Mental Treatment Acts).
- 1 Supervisor—Occupation Centre Children's Class.
- 1 Assistant Supervisor—Occupation Centre Children's Class.
- 1 Supervisor—Female Adult Class.
- 1 Supervisor—Male Adult Class.
- 1 Clerk-Typist.

In addition to the above staff there are three Psychiatrists employed by the Regional Hospital Board who are approved by the Local Health Authority and/or Board of Control for the certification of mental defectives who undertake the examination of patients during the absence of the Medical Officer for Mental Health.

(c) **Co-ordination with Regional Hospital Boards and Hospital Management Committees.**

Co-operation between the Local Health Authority Mental Health Workers, Regional Hospital Boards and Hospital Management Committees is most satisfactory. It has not been found necessary to enter into any definite agreement or contract with Hospital Management Committees re the joint use of officers as the contact and goodwill which existed between this Local Authority and its hospitals before the "Appointed Day" has

been maintained and this has ensured the continuity of the personal contact and link between the mental welfare officer, the patient, hospital superintendents and their staffs now including welfare officers. By mutual consent, arrangements, and cordial relationship between these workers, adequate supervision of patients on trial from Mental Hospitals or on licence from Mental Deficiency Hospitals can be maintained—such service, however, being dependant upon an adequate supply of mental health social workers being available. Unfortunately many hospitals and departments are understaffed in this branch of the service. Relatives and friends should always be able to feel that at any time or in any emergency they can obtain news of the patients or information about the hospitals from or through the agency of the Local Health Authority's staff if necessary. The relationship need not close simply because the Duly Authorised Officer has signed or had caused to be signed the legal document admitting a person to hospital and placing full responsibility for future welfare on the Medical Superintendent and his staff.

(d) Duties delegated to Voluntary Organisations.

No duties are delegated to Voluntary Organisations, but some work is carried out by them which consists mainly of the giving of financial aid or supply of clothing or similar extra comforts which are not necessarily provided for by our Welfare State to-day. Strange as it may seem, often the real need for assistance can be found to-day amongst the families where the father as the only breadwinner, is a lower paid worker with children to maintain, and who, because he is working is not considered to be in need or does not qualify for any assistance provided by a voluntary body, whereas those in receipt of allowances from the National Assistance or Unemployment Boards are usually automatically eligible for such help.

(e) Training of Staff.

No special arrangements have been initiated for the training of staff as all members have had many years experience in various branches of mental health work, which although in some cases not directly connected with their present duties, is proving to be of some value to them. However, staff are permitted to attend Refresher Courses organised by the National Association for Mental Health and Department of Psychological Medicine, King's College, Newcastle on Tyne, and given opportunity to visit other Centres and organisations connected with Mental Health Work. It is most essential that workers should be given every opportunity and encouraged to attend these short training courses.

There is need in this area for the introduction of a scheme whereby workers can undertake special training to obtain an appropriate qualification without the necessity to leave their employment or homes for a long period. Such a scheme is being organised for the London and Home Counties area for Occupational Centre staffs, and in view of the difficulties of recruiting qualified staff in the North it would be to advantage to explore the possibilities of introducing such plans here. The Course covers a period of two years at the end of which a Diploma—equivalent to that awarded for the year's Course, will be given to successful students. No such facilities for "on service" training seems yet available for administrative and social workers—only the specialised training at University level followed by the Mental Health Course taken at one of three Universities only, for which students are specially selected, being the only means of obtaining the recognised professional qualification at present. In view of the increasing demand for trained personnel it does seem necessary to expedite the introduction of some form of training on these lines, taking care however, to maintain the present high standard of training now given to those students who become Psychiatric Social Workers in the Mental Health Service.

During 1952 the Assistant Supervisor, Children's Occupation Centre and the Mental Deficiency Officer attended short refresher Courses, and visits of interest were made to Occupation Centres at Leeds and Wallsend. These visits helped to stimulate the interest of the staff and to indicate just what can be done for the children provided buildings and materials are available for use as Occupation Centres—this was most apparent at Leeds—an authority which is doing such good work in Occupation Centres and of which a new film illustrating their activities will shortly be available for hire by other authorities and organisations interested in the training of mental defectives.

II. (a) Prevention of Mental Illness, Care and After-Care of mentally ill and defective.

The majority of referrals of persons suffering from mental ill health or who are in need of care or after-care are still notified direct to the Psychological Clinic, Royal Infirmary, Sunderland for interviews at the clinic or by appointment at Cherry Knowle Hospital and only those persons requiring immediate residential hospital treatment to the Local Health Authority.

The Duly Authorised Officer and Mental Health Workers work in co-operation with the Hospital Social Worker to make certain that the necessary help and guidance is given to all cases and that there is no over-lapping in the visitation of these people.

The care and after-care of mental defectives is undertaken by mental health workers at the Mental Welfare Department, 7 Murton Street.

(b) Under the Lunacy and Mental Treatment Acts.

Referrals to the Duly Authorised Officer are made by the General Practitioners, Probation Offices, Police, National Assistance Board, various social agencies and even direct from relatives usually for the purpose of arranging immediate admission to hospital, but it is sometimes found that treatment as an in-patient is not always necessary. Consequently many visits are made and much time spent by the Duly Authorised Officer investigating such cases and arranging appointments for treatment as an out-patient at the Infirmary Clinic or Cherry Knowle Hospital, or consultations with the Medical Officer for Mental Health, at the Mental Welfare Department, 7 Murton Street, or in the patient's own home if that is more convenient. The Duly Authorised Officer's assistance is often required to assist with the entry of voluntary patients to hospital—his presence and guidance on these occasions is much appreciated by the patients and their relatives, and where possible the patients are usually persuaded to enter hospital voluntarily rather than under the Statutory Orders. Admission by Order is only carried out when absolutely necessary and in the patient's own interest. It is most essential that visitation is carried out only as long as the patient is in need of help as the true aim of the social worker is to encourage the people to be able to live an independent existence in the community without help or guidance from the service as soon as possible. The Duly Authorised Officer or Social Worker must know just when his or her help is no longer required or of any benefit because the patient has either attained this degree of independence in the community or the time for hospital treatment has arrived.

(c) Under Mental Deficiency Acts.

(i) The School Medical Service reports to the Local Authority on leavers of the age of 16 from Special Schools who are considered to be in need of supervision and guardianship. The ascertainment of defectives is carried out by the Medical Officer for Mental Health after preliminary investigations made by the mental health workers and then the appropriate recommendations are submitted to the Mental Health Sub-Committee. Cases placed under Statutory Supervision are then visited by the social workers at quarterly intervals if possible, or more or less frequently according to the standard of care, supervision and

control provided in their own homes. Those suitable for Occupation Centre training or in need of hospital care, are, I regret to state, placed on the waiting lists at present. They are furnished with all information regarding other social agencies and facilities available for their benefit and general welfare, are given much advice and assistance to help them to fit into life in the community and encouraged to visit the department whenever they require guidance which, owing to the limited ability of the mental defective to lead an independent existence in communal life is often most necessary.

It is essential to appreciate that the frequency of visits also depends upon an adequate establishment of social workers and that the density of such work cannot be measured by statistics giving numbers of defectives on the register and visits made during a year. The Social Workers have also been called upon to assist the D.A.O. in the removal of cases to the Mental Hospitals thus preventing them from carrying out their usual duties and routine visits to the mentally defective persons under supervision. When these additional tasks are carried out at other than the recognised hours of duty allowance is made accordingly and this entails more time off from official duties.

Social work cannot be done with clockwork precision between e.g. 9.0 a.m.—5 p.m. as for office workers etc.; the workers realise that their time is at the disposal of the people who need help and guidance—parents and patients are frequently only available after their work is finished for the day, so evening interviews and visits must be made in these circumstances. Consequently one finds that there is a tendency for our professional duties to interfere or overlap into personal appointments and activities and sometimes it is necessary to give up our own time in the service of the mentally defective cases and their parents. However, one feels it is a satisfying and worthwhile occupation.

Efforts are made to find employment by direct contact with employers or through the agency of the Ministry of Labour officials, but during the past year it has become increasingly difficult to place these persons in employment and it is perhaps advisable now for Mental welfare workers to make direct appeals to employers. Much unemployment in Sunderland has naturally made employers more selective and less willing to give mentally retarded persons a trial. Difficulties are encountered by the employers also when the other workers may resent payment of standard wages to the handicapped person unable to give the same standard of efficiency or output in his work as the normal employee.

**Abstract from Annual Return of Particulars of cases dealt
with and reported during the year ending
31st December, 1952.**

			M.	F.
1.	Cases reported during 1952—			
	(a) Found subject to be dealt with:—			
	Under 16 years of age	... ..	10	10
	Over 16 years of age	... ..	11	7
	(b) Not subject to be dealt with:—			
	Under 16 years of age	... ..	5	2
	Over 16 years of age	... ..	2	2
	(c) Not confirmed as defectives by 31.12.1952:—			
	Under 16 years of age	... ..	6	2
	Over 16 years of age	... ..	20	3
			<hr/> 54	<hr/> 26
2.	Cases in need of hospital care—			
	Under 16 years of age	... ..	16	26
	Over 16 years of age	... ..	11	7
			<hr/> 27	<hr/> 33
3.	Cases considered suitable for Occupation Centre Training—			
	Under 16 years of age	... ..	41	39
	Over 16 years of age	... ..	66	60
			<hr/> 107	<hr/> 99
4.	Cases receiving Occupation Centre Training—			
	Under 16 years of age	... ..	17	18
	Over 16 years of age	... ..	15	15
			<hr/> 32	<hr/> 33
5.	Cases who have ceased to be under care	... ..	16	9
6.	Cases who have given birth to children during 1952 while unmarried	... ..	—	2

7.	Cases who have married during 1952	...	...	1	5
8.	Cases on Register on 31st December, 1952:—				
	Under Statutory or Voluntary Supervision—				
	Under 16 years of age	...	...	63	48
	Over 16 years of age	...	...	385	377
	Under Guardianship—				
	Under 16 years of age	...	...	1	—
	Over 16 years of age	...	...	—	4
	Under Hospital Care—				
	Under 16 years of age	...	...	13	8
	Over 16 years of age	...	...	114	107
				576	544

(ii) Guardianship

There are very few cases under guardianship as the responsibility for provision of financial assistance is now undertaken by the National Assistance Board, but observation is maintained and any defective who would benefit by being placed under Guardianship would be dealt with accordingly.

(iii) Occupation Centres.

Three Occupation Centres are in operation—a Children's Class with 35 on the register and a Female Adult Class with 15 on the register and an Industrial Centre for 15 adult males. No home teaching is carried out now. This service was discontinued in 1946 as it was considered not satisfactory to either teacher or trainee in this industrial area of overcrowded home conditions, etc.

The need for extension of these centres is great and very urgent as owing to the lack of suitable remunerative employment in the town for these people increasing numbers of defectives are sitting idly in their own homes or wandering aimlessly about the town receiving no occupational training whatsoever and so often finding their way into our Police Courts where the Magistrates are told only too frequently that there is no hospital vacancy or alternative means available to provide these defective delinquents with the care and training they require.

During the year the Centres were visited on three occasions by Mrs. Milne-Redhead, Inspector, Board of Control and her reports were considered by the Mental Health Sub-Committee.

**An account of the work undertaken by the Duly Authorised
Officer under the Lunacy and Mental Treatment Acts 1890-1930,
during the year ending December 31st, 1952.**

- (i) Since the inception of the National Health Services Act, 1946, the public have become more enlightened in their outlook regarding mental treatment and the so called stigma of entering a Mental Hospital appears to be rapidly disappearing. More people are attending the department seeking advice, many visits have been made and advice given to those in need of mental treatment, a number of whom were eligible to remain at home and arrangements made for them to attend the Clinic at regular intervals.

(ii) **Bed Situations.**

At times during the past year the bed situation in Mental Hospitals and Designated Wards throughout the area has been very acute and often beds were only available for urgent cases. However, many difficulties were overcome by the splendid co-operation given by the hospital staffs.

(iii) **Aged Cases.**

The difficulty of dealing with the aged senile remains a problem, as their mental instability or disorder may be mild, but often secondary to some physical ailment; their feeble-minded condition therefore makes them doubtful cases for admission to the Geriatric units, Welfare Institutions, or even Mental Hospitals, and they have had to be admitted to Mental Hospitals or other Designated Wards. Many benefited from treatment and were able to return home.

(iv) **Co-operation.**

Co-operation with National Health Services, Voluntary Organisations and Local Government Departments, has been maintained at a very high level. National Assistance Board Officers often referred cases for investigation and valuable assistance was received from the Police.

(v) **Visiting.**

Many After-Care visits have been carried out as well as frequent visits to cases under observation. These visits appear to be greatly appreciated by relatives and friends, and in most cases have had a good effect on the patients.

The following is a summary of patients conveyed to hospitals

(a)	Persons brought to the notice of Duly Authorised Officer, suffering from some form of mental or physical disorder numbered	214
(b)	Assisted to hospitals under Order or as Voluntary Patients	153

To Cherry Knowle Hospital from above numbers:—

Certified under Summary Reception, Section 16, Lunacy Acts, 1890	36
Removed under D.A.O. 3 Days Order, Section 20, Lunacy Acts, 1890	13
Received as Temporary Patients under Section 5 Mental Treatments Act, 1930	1
Certified under Criminal Justices Act, 1948, following observation in Durham Prison	2
Persons on trial at home returned to hospital by D.A.O.	1
Accompanied to hospital and received as Voluntary Patients under Mental Treatment Act, 1930 ...	30
Removed under Section 21, Lunacy Acts, 1890, Justices Order	28
By the Police under 3 Days Order, Section 20 ...	1
	<hr/> 112 <hr/>

**To South Shields General Hospital
(Psychiatric Wards)**

Removed under Justices Order—Section 21, Lunacy Acts, 1890	13
Removed under D.A.O. 3 Days Order, Section 20, Lunacy Acts, 1890	13
To Winterton Mental Hospital, Certified under Section 16, Lunacy Acts	5
To Lee-hill Hospital, Lanchester, under 3 Days D.A.O. Order, Section 20	1
To Newcastle General Hospital, under 3 Days D.A.O. Order, Section 20	1
To Stannington Mental Hospital, under 3 Days D.A.O. Order, Section 20	1
Assisted to enter General Hospital Geriatric Wards (Sunderland)	7
	<hr/> Total 41 <hr/>
Increase in cases assisted to enter hospital over 1951 numbered	43

Hospitals used during 1952

Cherry Knowle Hospital.
 Winterton Mental Hospital.
 Lee-hill Hospital, Lanchester.
 South Shields General Hospital.
 Stannington Mental Hospital
 Newcastle General Hospital.

Departure from Cherry Knowle Hospital during year 1952 by Discharge, Trial or Death.

Patients allowed on trial periods (male)	18
Patients allowed on trial periods (female)	30
Departure of Voluntary Patients	168
Deaths reported during year	37

Special Survey of Local Health Services
provided under the National Health Service Acts.

In accordance with the request contained in the Ministry of Health's Circular No. 29/52 dated the 19th August, 1952, a general review of the working of the Local Health Services as existing at the end of 1952 (which will be included in the Annual Report for that year) has been prepared and is appended hereunder:-

GENERAL.

1. Administration.

The administration of the Local Health Services provided under the National Health Service Acts is carried out under the supervision of the Medical Officer of Health on behalf of the Health Committee of the Council.

The special sections under this administration are carried out by departmental assistants. The Senior Medical Officer (who is the Deputy Medical Officer of Health) is in direct supervision of Health Visitors, Domiciliary Midwives, Home Helps and Day Nurseries, etc.

As regards Mental Health, there is a Psychiatrist attached to the Medical Officer of Health's Department who has special knowledge of the administration of the laws relating to lunacy and mental deficiency, the detailed work of which is supervised by duly authorised officers and a lay officer in charge of a mental health department and occupational centres.

The Ambulance Officer is responsible for the day-to-day control of the Ambulance Service.

Two Chest Physicians are employed by the Local Health Authority for two-elevenths of their time; and a weekly visit is paid by them to the Medical Officer of Health. These officers also attend the monthly meetings of the Health Committee where their report is presented.

The Consultant Specialist in Venereology also has the same close relationship with the Medical Officer of Health and also that of the Port Medical Officer. He submits monthly returns for the approval of the Health Committee and is present at the Quarterly meetings.

With this close relationship with Departmental Officers there is a comprehensive supervision at officer level with the Services.

2. Co-ordination and co-operation with other parts of the National Health Service:

The two specialist services in which there is close co-operation with the Local Health Service is in relation to Tuberculosis and Midwifery. That of the Tuberculosis Service has been described above; and as regards Midwifery, the Medical Officer of Health is on the Committee, with the Consultant Obstetrician, for the appointment of general practitioner obstetricians. The Medical Officer of Health is also appointed for special duties in connection with infection to the Children's Committee; and is consulted by the Welfare Officer in connection with the care of old people.

As regards the General Practitioner services, the Medical Officer of Health, as a member of the Medical Committee of the National Executive Council, has a close contact with these doctors. One of the closest connections is through the Liaison Committee between Medical Officers of Health, Officers of the Regional Hospital Board, and a representative from the Ministry.

The staff employed in the Local Health Services has no contact with patients receiving treatment in Hospitals. Health Visitors and Midwives "follow up" cases when they receive notification from the Hospital that a patient is in attendance at the Hospital for treatment or when the patient has lapsed in attendance at the Out Patients' Department. There is one Health Visitor who acts as a full time Almoner at the V.D. Department of the Royal Infirmary and she is responsible for the visiting of cases from that section. It would prove of great assistance and obviate unnecessary calls by Health Visitors especially, if the Health Office was informed of the admission to Hospital of children under 5 years of age and also of the date of their discharge. The Health Department should also be notified of aged and infirm patients attending or in Hospital and of their discharge.

There are six ante-natal and two post-natal sessions held weekly. In addition, there are 4 Midwives' Booking Sessions weekly for mothers wishing to avail themselves of the Domiciliary Midwifery Service. Those mothers wishing to book the Midwives of the District Nursing Association attend at the premises of that Association. It has been noticed during the past year that more expectant mothers who are booked by the General Practitioner-Obstetrician are attending the Ante-natal clinics. This may be, in the cases of primipara, due to the urging by the patients' mothers or

others who have had experience of the more comprehensive ante-natal care which is provided at the Clinics, than can be provided by the two ante-natal examinations allotted to them under the National Health Service. It is found, too, that multipara who had ceased to attend on the inception of the National Health Service are returning for advice although they may have booked their own Doctor.

Post-natal Clinics: The number of mothers who avail themselves of these clinics is disappointing. In spite of education on the value of a post-natal overhaul, all mothers do not yet appreciate the fact that correction of many minor disturbances due to childbirth can give them full physical and mental health. It is often freely admitted by patients who eventually attend Clinics - especially the non-V.D. Clinic - that they were urged to have a post-natal examination and that they did not avail themselves of that opportunity. The condition would have been discovered and corrected in some cases months earlier.

There are no specialist clinics organised by the Local Health Authority. Cases requiring specialist advice are referred to the Sunderland Maternity Hospital for further opinion.

There are no arrangements for assistance to be given at clinics in General Practitioners' own premises.

Expectant mothers are referred for blood investigation to the "Rhesus Investigation" clinic held weekly at the Sunderland Maternity Hospital. Reports of the Rhesus Factor, Blood Group, Haemoglobin Estimation and Wasserman Reaction are sent to the Local Authority Medical Officer. Where necessary a complete blood count is done. Arrangements are made for the husband to attend at an evening session at the Maternity Hospital for blood grouping in "Rhesus negative" patients. In cases where an umbilical cord specimen of blood is requested, this is taken by the Midwife or Maternity Nurse attending the delivery. In suspected or known cases of venereal disease, expectant mothers are referred directly to the Venereal Diseases Clinic. (For Unmarried Mothers see below "Other Provisions").

There are no Mothercraft Training Courses. Individual advice and suggestions are given by the staff at the Ante-natal sessions and Infant Welfare Centres and during routine home visits.

Maternity Outfits are issued weekly at the Health Office on presentation of a form duly signed by the Midwife who is booked for the delivery. The outfits are normally supplied when the patient is 36 weeks pregnant. All Midwives are supplied with "outfits" for use in emergency cases.

Child Welfare.

There are 18 Infant Welfare Sessions held weekly. They are held (with the exception of 4 sessions on our own premises) in rented Church Halls, where facilities are unsuited for the carrying out of ideal child welfare work. It must be appreciated that, in spite of excellent co-operation by some of the Church Authorities, it is impossible under present conditions to heat satisfactorily the large halls to encourage mothers to linger and to undress their infants for weighing. Despite the many disadvantages, attendances are more than gratifying. There are no consultant clinics and no assistance is given at clinics held by general practitioners in their own premises.

Care of Premature Infants.

Every Domiciliary Midwife is supplied, in addition to her usual equipment with premature baby jackets, mucus catheters, cot thermometers and feeding bottles.

There are stored at the Health Office a draught proof cot with washable lining and hot water bottle pockets, rubber hot water bottles and blankets. These are sent out on the request of a midwife.

Two Domiciliary Midwives have received one month's training in the Care of the Premature Infant at the Sorrento Hospital, Birmingham.

Cases nursed at home are visited as often as necessary by one of the "premature baby trained" midwives who in co-operation with the midwife in attendance advises on the care of the baby. She does not carry out any duties in connection with the mother and continues visiting as long as necessary after the completion of the puerperium.

Cases requiring hospital treatment are admitted to the Maternity Hospital. The midwife accompanies the baby in the ambulance on the journey to the hospital. There are no special ambulances for the transport of premature babies.

Where necessary, breast milk is expressed from the mother and sent to the Hospital.

Welfare food available under the Government Welfare Foods Scheme are distributed at all Infant Welfare Sessions with the exception of those sessions held at Newcastle Road Clinic. A clerk from the local branch of the Ministry of Food attends each Centre and is responsible for the distribution of foods under this scheme. The undermentioned dried milks and nutrients, etc., are sold at all Infant Welfare Sessions to those mothers in attendance. Nutrients are sold at ante-natal clinics. The dried milks and nutrients are sold at the actual cost to the Authority plus an addition of not more than 10% of this cost. The sales are handled by a clerk from the Maternity and Child Welfare staff. Temporary grants may be supplied free in cases of financial hardship and are issued on the advice of the Medical Officer in attendance.

List of Milk Foods and Nutrients Sold at Infant Welfare Centres.

Antacids (Takazyma)
Adexolin Liquid
Adexolin Capsules
A. & D with Calcium
Alk Compound
Beplex
Benerva
Bovril weaning cubes: Tomato
Carrot
Spring cabbage
Beef & Mixed Veg.

Colact
Cow & Gate Full Cream
Cow & Gate Half Cream
Cow and Gate Chocolate Milk
Cod Liver Oil (Vitaminised)
Cod Liver Oil & Malt.
Emulsion (Crooks)
Enseals
Farex
Fersolate
Ferri Betalin
Glucose
Groots
Halibut Oil Emulsion
I.C.D. (Calderferma)
Lacozade
Modern teats

Lactagol
M.O.F.
M.O.F. Baby Cereal
Maltoline with Iron
Numol
N.R. Vitamin Concentrate
Osto-calcium
Ovaltine
Ostermilk I
Ostermilk II
Farrishes Food.
Robrex
Robsoups
Rose Hip Syrup
Redoxin
Supavite
Trufood Humanised
Trufood Soups, etc: Mixed veg.
Beef & Veg.
Carrot
Stewed Beef & Veg.
Cream of Chicken stock
Apples with Rose Hip
Syrup
Prunes & Semolina

Virol
Virolax
Vimaltol
Vitamin E Tabs. (Ephinal 3 ml. & 10 ml.)

Dental Care:

The Dental Care of Expectant and Nursing Mothers and Pre-school Children was undertaken by the Dental Surgeons of the School Dental Service at their Dental Clinics. This arrangement continued until September, 1952. It was then decided that owing to the large arrears of dental work for school children, which had accumulated by reason of shortage of school dental surgeons, that these officers would have to be solely engaged in school dental work.

The Local Dental Committee was approached and the members were circulated as to their willingness to co-operate in the Dental Care of Expectant and Nursing Mothers and pre-school children. A list of those dentists willing to undertake these types of patients was distributed to Local Authorities' Clinics and Infant Welfare Sessions. Patients are referred by Medical Officers from the Council's Infant Welfare Centres and Clinics to the dentists of their choice and Part II of Form E.C. 60 is completed at the Dentist's Surgery. The Dentists did not signify their willingness to work on a seasonal basis for the Local Authority but preferred to accept patients at their own surgeries by appointment. These arrangements may be varied in the near future if additional Dental Officers are appointed to the School Medical Service.

Other Provisions:

Ultra Violet Radiation: This Department is attached to the Health Office and is in constant use throughout the week, with the exception of two afternoons when pre-school children attend at the School Clinic, Southwick, for this type of preventive medicine. Children are referred from Infant Welfare Centres and by Private Practitioners. The models of lamps in use are "Centrosol" and a

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"suo-therapy" lamp; the latter is used for adults, including expectant mothers. "Infra-red" light is administered where necessary.

Minor Ailments: There are no minor ailments clinics held by the Health Committee. Arrangements exist, whereby pre-school children may attend at the School Clinic for treatment of minor ailments.

Ophthalmic Clinic: Pre-school children suffering from defective vision are referred to the Education Department for examination by an Ophthalmic Surgeon; the cases attend by appointment.

Ante- & Post-natal Exercises or Physical Culture Classes: These have been allowed to lapse owing to the difficulty of obtaining suitable premises and the fact that the cost for the running of these classes appeared to be prohibitive for the number of mothers who would avail themselves regularly of these facilities. Leaflets on Ante-natal and Post-natal exercises issued by the National Baby Welfare Council are distributed, free of cost, to those mothers in attendance at Ante-natal and Post-natal Clinics who are interested.

Infertility: Advice is frequently sought at Clinics on the subject of apparent infertility. These cases are referred when necessary to the Maternity Hospital.

Cases requesting Advice on Birth Control are advised to attend the Family Planning Association Clinic to whom an annual grant of £50 is contributed by the Health Committee. Cases requiring birth control advice for purely medical reasons are referred to the Maternity Hospital.

The Care of the Unmarried Mother is carried out by a Joint Committee of five members appointed by the Health Committee and five members appointed by the Social Service Welfare Committee. Meetings are held quarterly and reports are submitted to the Health Committee.

There is a full-time Moral Welfare Supervisor and she works in close co-operation with the Deputy Medical Officer of Health, the Superintendent Health Visitor and Non-Medical Supervisor of Midwives. Unmarried expectant mothers and married women expecting illegitimate children are referred to the Moral Welfare Supervisor for help and guidance. The Parker Memorial Home, with accommodation for 12 girls and 9 babies, was opened in June, 1948. The Home is non-denominational and unmarried mothers are admitted from Sunderland and other Authorities for varying periods before delivery and up to three months, or longer in destitute cases, after delivery. Girls are transferred to the Maternity Hospital or to Thorpe Hospital for delivery. Ante-natal care is undertaken at the ante-natal clinic of the Maternity Hospital or at the ante-natal clinics of the Local Authority in cases booked for delivery at Thorpe Hospital.

The staff consists of a resident Superintendent, a resident Deputy Superintendent and a daily domestic worker. The Deputy Medical Officer of Health visits the Home once or twice weekly and more frequently if necessary and the Moral Welfare Supervisor also visits the Home as required. Arrangements for admission are made by the Moral Welfare Officer in co-operation with the Deputy Medical Officer of Health. The aim is to run the Home on "homely" rather than on institutional lines and the girls are taught mothercraft, cooking, laundry and undertake some domestic work. The moral and spiritual sides of the work are carried out by the Staff in co-operation with the Moral Welfare Officer and local clergy.

6. DOMICILIARY MIDWIFERY.

Staff: 1 Medical Supervisor who is the Deputy Medical Officer of Health.

1 Non-Medical Supervisor.

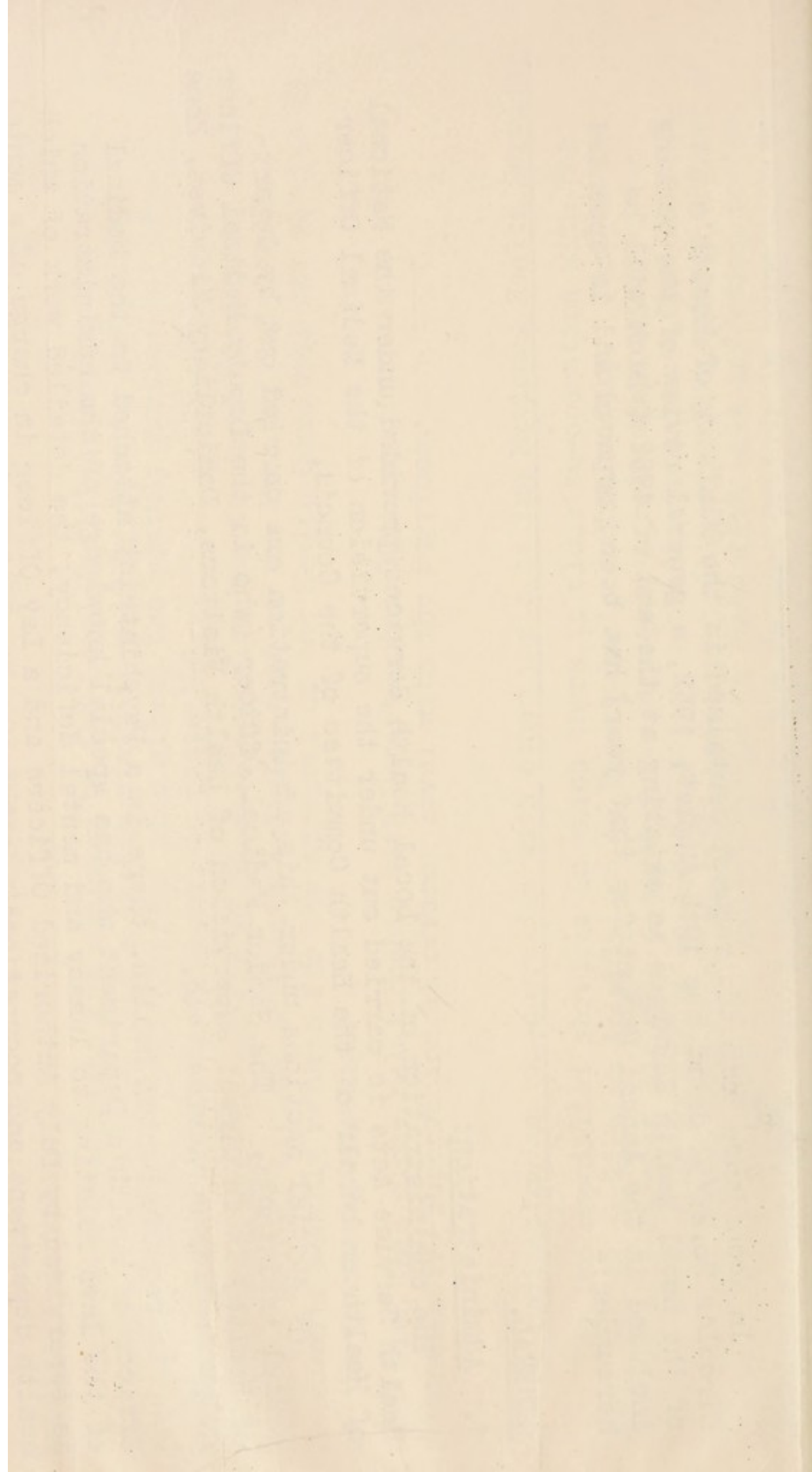
1 Deputy Non-Medical Supervisor.

24 Domiciliary Midwives employed directly by the Local Health Authority.

5 Domiciliary Midwives employed through the agency of Sunderland District Nursing Association.

There are no independent midwives working in Sunderland. For purposes of Domiciliary Midwifery, the Borough is divided into areas to each of which, where possible, two or three midwives are allocated according to density of population. Where practicable, the midwives reside within the area they serve. Where necessary, housing accommodation is provided under contract. During 1952, furnished accommodation has been provided for four domiciliary midwives. The Corporation have allotted sites in selected areas for the erection of special houses on housing estates for midwives. Some of these are in the course of erection and will be completed in 1953.

Domiciliary midwives are classified as "casual" users of cars. For those



midwives not in possession of cars, a night taxi is permitted and travelling expenses. Each midwife is provided with a fully equipped delivery bag, nursing bag, an ante-natal bag and urine testing outfit. Besides these, she is supplied with a stock of dressings. For the safe storage of drugs, a small box with a key is supplied.

Supervisory visits to the houses of midwives and patients are made by the non-medical Supervisor or her deputy, and reports on, or any complaints arising out of such visits, are submitted to the Medical Supervisor.

The Superintendent of the District Nursing Association is responsible for the non-medical supervision of the midwives employed by that Agency. All midwives are qualified to administer gas and air analgesia and are supplied with the necessary apparatus.

Ante-natal supervision by midwives is carried out in the patients' homes or at ante-natal clinics where they may attend with their patients, and at the two booking sessions held at Newcastle Road Centre. In those cases where the midwife's housing accommodation permits, patients may visit the midwife's home. In all cases, however, ante-natal supervision is in accordance with the requirements of the Central Midwives' Board. Following each attendance of a patient at an ante-natal clinic, a report of the doctor's findings is forwarded to the midwife booked for delivery and when a general practitioner has referred the case, a report is sent to the doctor as well as to the midwife. When a doctor has notified his intention of being present at a delivery, the midwife informs him at the onset or as soon as possible afterwards. Of 1491 patients, who had general practitioners booked, the doctor was in attendance at 631 cases in 1952.

In cases, which in the opinion of the midwife, are unsuitable for home delivery because of unsatisfactory home conditions, a report is submitted to the Medical Supervisor or the Medical Officer at an ante-natal clinic. The patient is then referred to the Maternity Hospital for delivery. In cases where direct application for hospital booking is made by the patient, the Hospital Authority refers such cases to the Health Department for recommendation.

The Non-medical Supervisor, the Deputy Non-Medical Supervisor and the Domiciliary Midwives attend Refresher Courses arranged by the Royal College of Midwives, in accordance with the recommendations of the Central Midwives' Board.

This Authority is approved as a "second period" Training School for pupil midwives. Accommodation is provided for 18 pupil midwives at a residential hostel - 4, Thornhill Park, which was opened on February 1st, 1949, and for 8 Pupil Midwives at the District Nursing Association Home. Six months training is undergone on the district and pupils are accepted with or without additional qualifications. The Medical Supervisor is the approved lecturer and the non-medical Supervisor is the approved teacher. Practical teaching is given by domiciliary midwives who have been approved as district teachers by the Central Midwives' Board.

7. HEALTH VISITING.

The full establishment of health visitors is 1 Superintendent and 23 Health visitors; 1 health visitor acts as a full-time Almoner at the V.D. Department of the Royal Infirmary. Routine duties undertaken by health visitors include the following:- home visiting of children from the fifteenth day to five years of age, visiting of notified diseases in the pre-school child, staffing of child welfare sessions, ante-natal, post-natal and immunisation clinics. Special duties include investigation of circumstances governing accidents in the homes, cases of mechanical suffocation, cases of alleged neglect and deaths of pre-school children from whatever cause. Pre-school children discharged from hospital are "followed-up". The aged and infirm are visited where necessary. Visits in connection with Surveys which are required from time to time are carried out. In addition to these special duties, the Health Visitor is frequently called upon by members of the public for advice on a miscellany of social problems and in pursuance of this, there are frequently many extra visits.

The Superintendent Health Visitor is a member of the Committee in connection with the Joint Circular from the Home Office, Ministry of Health and Ministry of Education re children neglected in their own homes.

Owing to the difficulty of obtaining trained staff, arrangements were made with Newcastle Training School to undertake the training of suitably qualified nurses. Student Health Visitors are under contract to serve as health visitors in Sunderland for at least two years after obtaining the Health Visitors' Certificate of the Royal Sanitary Institute. In 1951 the first three students qualified and in March 1953 it is anticipated that three more will have qualified.

8. HOME NURSING.

The Sunderland District Nursing Association has, as the Agent of the Local Health Authority since July 1948, performed home nursing duties in the Borough. The Service is a "day service" between the hours of 8.30 a.m. and 10 p.m. The general nursing staff consists of 21 full-time nurses, including 1 male nurse, and 6 part-time nurses. The male nurse, who holds the certificate of the Queen's Institute of District Nurses, was an innovation two years ago and during that time he has proved to be of infinite value in the nursing of "heavy" and difficult male patients and for male genito-urinary cases.

Accommodation is provided for staff in Victoria House, where a new ante-natal clinic and nurses' recreation room is in the course of erection. There are at the present time three contract houses on outlying estates which have been allotted by the Corporation for the accommodation of district nurses. The Corporation have allotted sites in selected areas for the erection of special houses on housing estates for midwives and district nurses. Some of these are in course of erection and will be completed in 1953.

The co-operation with general practitioners is very good. Patients discharged from hospitals requiring further nursing are referred by the hospital almoner or ward sister or eventually by the general practitioner. Whilst co-operation with the hospitals is good, it would ensure continuity of nursing care if the District Nursing Association were notified the day before discharge of the patient.

Classification of main types of cases nursed:

Medical
Surgical
Tuberculosis
Measles
Other Infectious Diseases
Midwifery and Maternity Complications
Children under 5 years
Diabetes
Other injections

Nursing appliances are loaned when necessary.

Night Service: There is no night service in operation to date. A draft "sitters-up" scheme was prepared and considered in December, 1950 but was postponed for financial reasons; this will be reconsidered at an early date.

District Nurses are referred for refresher courses which are organised by the Association of Queen's Nurses, with the co-operation of the Education Department of the Queen's Institute of District Nursing. The Sunderland District Nursing Association is approved as a Training Home by the Queen's Institute of District Nursing and provides practical and theoretical training for the Queen's Roll Examination.

9. VACCINATION AND IMMUNISATION.

There are two weekly sessions devoted entirely to the above; one at Newcastle Road Centre and one at the Central Clinic, Lambton Street. In addition to these sessions, vaccinations and immunisation against diphtheria can be done at the Infant Welfare sessions on the outlying estates once per month.

Since the discontinuation of compulsory vaccination in July 1948, and despite constant urging by the staff, it is found that many parents are unwilling to submit their infants for vaccination.

Throughout the year, health visitors on routine home visits and at infant welfare sessions stress the urgency of diphtheria immunisation. Birthday cards are posted to all infants on their first birthday. Posters are freely displayed; leaflets are circulated; slides are shown. Each year, an intensive immunisation campaign is carried out for six weeks, during which time health visitors concentrate on immunisation propaganda, on home visits to infants from seven months to one year and on those older children who have not been protected. Advertisements appear in the local press. The assistance of medical practitioners is enlisted through the Local Executive Committee. There is close co-operation with the Education Department. The members of various organisations such as the W.V.S., the St. John Ambulance Brigade and the British Red Cross are asked to assist in propaganda.

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Health visitors at their final pre-school visit urge the necessity for a boosting dose.

The Mobile Immunisation Unit, which has been in operation since June, 1945, visits all areas of the Borough and immunisation is performed immediately. The unit is especially in use during the immunisation campaigns but can be called out at other times when the demand justifies a visit to a particular area.

Combined Diphtheria and Pertussis immunisation and Immunisation against Whooping Cough were carried out from May, 1948 until suggestions were made that there might be a connection between this and the paresis of poliomyelitis. The injections were discontinued during the Summer months of 1951, resumed in October of that year but discontinued again during 1952 on the instructions of the Liaison Committee through the Medical Officer of Health.

The position at the present time is that when parents very definitely request the combined or whooping cough immunisation, this is carried out from the age of 8 months.

The recognition of the value of immunisation was grossly impaired by press publication of the apparent association between this and poliomyelitis. Since then difficulties have been encountered in persuading parents to permit their children to be protected. Immunisation against diphtheria alone has been accepted to some extent but the necessity for more than two injections in combined whooping cough immunisation serves as a deterrent in many cases and leaves the child only partially protected.

10. AMBULANCE SERVICE.

The Ambulance Service should not be regarded merely as a Transport Undertaking; it is a personal service; and the success of the Service depends more upon the character of the individual personnel than the administrative ability of the officer-in-charge. The public who are removed come across only the individual driver and attendant and it is the character of these which is all important. The following table shows the increase in the work of the Ambulance Service during the last 3 years in mileage running and patients carried:-

	Mileage.	Patients, etc.
1950	152,758	37,164
1951	170,264	39,966
1952	173,384	44,163

The services of ambulances are called for directly by general practitioners or by approved persons in hospitals. Ambulances are not sent out at the request of lay persons except for accidents. The system of calling for ambulances under the '999' telephone number is in force. The ambulance fleet is radio controlled. The conservation of ambulances within the Borough is sought after and all long distance transports are done by train. All personnel are fully trained in First Aid, map reading, and the use of the resuscitation apparatus.

Reminders have been sent to hospitals in order to prevent unnecessary waiting after delivery of a patient; and also steps taken when a patient is taken to Newcastle to ascertain whether a Sunderland patient from a Newcastle hospital is due for discharge, thus obviating an ambulance returning without a patient.

The question of transfers of patients from one hospital to another in the same region has been discussed with a view to the possibility of hospitals having their own transport for inter-hospital transfers.

The need for the continued use of ambulances by out-patients has been discussed with the Management Committee with a view to continuous overhaul of those people who have once had authority to travel by ambulance instead of by public transport to find out if they should continue the use of an ambulance.

Unnecessary mileage is also caused by out-patient treatment in a town away from Sunderland if a Sunderland resident has an accident in that town, e.g., a Sunderland woman fell and fractured her leg in Newcastle; she was treated at a Newcastle hospital and returned home. Several journeys had to be made with this patient to Newcastle subsequently for the continuity of that treatment which could just as easily have been carried out at a Sunderland hospital. Further, a Sunderland resident also broke his leg in Middlesbrough and again after treatment in a Middlesbrough hospital was returned home and several journeys had to be made with this man to the Middlesbrough hospital instead of treatment being carried out at a Sunderland hospital.

A special report has been drawn up regarding the taking of women in labour to a Maternity Hospital 12 miles outside the Borough; and a satisfactory agreement has been reached whereby this arrangement will terminate at the end of 1952.

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The writer is of the opinion that the question should be raised as to whether or not the hospitals should be responsible for the Ambulance Services, as the work consists of taking a person either to a hospital or from a hospital - and a Local Authority has no hospitals; and there is a possibility that the hospitals would then be less likely to abuse their own service than they would that of another Authority.

There is a precedent for this in the Hospital Survey carried out by the South Wales Area where it states that: "With a co-ordinated hospital service it required a fleet of ambulances organised as part of the service."

As regards equipment in ambulances, all ambulances are easily convertible into a four-stretcher unit for Civil Defence purposes at short notice and oxygen is carried, instead of carbon dioxide and oxygen, for purposes of resuscitation.

11. PREVENTION, CARE AND AFTER-CARE.

(1) Under Section 4 have been included the Annual Reports of the Tuberculosis Care Committee and the Care (and After-care) in Illness Committee. These describe what is done on a voluntary basis for those two types of cases.

The co-ordination between after-care and diagnosis and treatment in the Tuberculosis Service is brought about by the fact that the Medical Officer of Health and the Chest Physicians attend these Committees.

Occupational therapy is carried out in the homes of non-ambulant T.B. patients by Home Teachers who instruct in handicrafts. The question of similar teaching in a separate building for the ambulant cases is under consideration. A full report of the work is submitted by the Occupational Therapy Supervisor to the T.B. Care Committee and full co-operation is thus ensured as the Chest Physicians as previously stated are on this Committee. The Chest Physicians submit the names of the patients.

(2) Illness Generally: The Care in Illness Committee of the Guild of Help is a joint Committee of members appointed by the Health Committee and representatives appointed by the Guild of Help and came into existence in July 1948. The work developed from a previous voluntary scheme operated by the Guild of Help to a subsidised scheme to cover all types of illness. Close co-operation has always existed between the Health Department and the Guild of Help. The Deputy Medical Officer of Health attends each meeting of the After-Care Committee which is held prior to the Care-in-Illness Committee.

Every case referred or applying for assistance is carefully "vetted" in a sympathetic manner. In cancer cases, where a grant is finally obtained from the National Society for Cancer Relief, the Guild of Help act as Almoners.

Cases are referred from the following:-

Doctors	Ministry of Pensions
Almoners	British Legion
Welfare Officers	National Assistance Board
Benevolent Funds	Citizens' Advice Bureau
Private Persons	Home Help Department
District Nurses	Food Office
Health Department	

Types of assistance granted are as follows:-

Clothing	Bedding
Nourishment grants	Surgical appliances
Fares to Convalescent Homes	

Appliances loaned to patients are classified as follows:-

Crutches	Bed cages
Rubber sheets	Bed rests
Air-rings	Invalid chairs
Air beds	Prams
Nursing appliances	Arm splint
Walking sticks	

12. DOMESTIC HELPS.

Since the inception of the Home Help Department in May, 1950, this service has steadily developed and today 200 Home Helps working full and part time, equivalent to 120 full time Home Helps are giving service in 410 homes weekly, as compared with 70 full time Home Helps giving service in 142 homes in 1950.

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10. Requests for this service are received daily from medical practitioners, lady almoners, Welfare Department, National Assistance Board and other responsible welfare organisations. Maternity cases, emergency patients, chronic sick and infirm aged persons all receive help. Maternity and emergency patients are given priority, and each case must submit a medical certificate to substantiate the application.

Before help is granted, a primary visit is made to the home and each case is carefully vetted, and only the minimum amount of hours are allowed consistent with genuine need. At the same time the home, the conditions and the type of patient requiring help can be observed, and as far as is practicable a suitable Home Help is provided to fit in with the circumstances.

The greatest number of persons benefitting by this scheme are the aged infirm who are without relatives or friends to give any assistance, and in many cases a few hours help each week prevents more serious illness developing. Regular visits are made and, if the person's condition deteriorates, help is increased accordingly. These aged persons require help indefinitely and in practise this necessitates a large percentage of the Home Help staff being permanently engaged in this branch of the work.

Up to date, a training scheme for Home Helps has not had to be considered, as in this area there has been no difficulty in recruiting suitable persons with a good domestic background. Each applicant must supply references from three previous employers, and must submit herself to a medical examination including, in some cases, an X-ray of chest, prior to appointment.

13. HEALTH EDUCATION.

Posters from the Central Council for Health Education are displayed at frequent intervals on the hoardings set apart for that purpose throughout the town, in addition to the films and slides shown at picture houses as described under Section 2; and special films on maternity work - and especially diphtheria immunisation, are shown at the Newcastle Road Infant Welfare Centre.

The prevention of accidents in the home is the daily routine work of health visitors and a special report on this activity was included in my Annual Report for 1948.

Leaflets, booklets and posters are distributed at infant welfare centres and ante-natal clinics. The Newcastle-on-Tyne Office of the Ministry of Information has assisted health education in the showing of films. Publications of the National Baby Welfare, Royal Society for the Prevention of Accidents, The Safety First Association and the Ministry of Health are available.

14. MENTAL HEALTH:

(i) Administration.

(a) The Mental Health Sub-Committee consisting of eleven members of the Health Committee is responsible for the service. Meetings are held at monthly intervals and business transacted is thereafter report to the full Health Committee.

(b) Staff - There are ten workers employed in the service -

- 1 Medical Officer for Mental Health, who is a psychiatrist with considerable experience in mental deficiency and psychiatric medicine.
- 1 Mental Welfare Officer (Duly Authorised Officer - Mental Deficiency Acts).
- 1 Duly Authorised Officer (Lunacy and Mental Treatment Acts).
- 2 Social Workers (One Male also employed as Relief Duly Authorised Officer - Lunacy and Mental Treatment Acts).
- 1 Supervisor - Occupation Centre Children's Class.
- 1 Asst. Supervisor - -do-
- 1 Supervisor - Female Adult Class.
- 1 Supervisor - Male Adult Class.
- 1 Clerk-Typist.

In addition to the above staff there are three psychiatrists employed by the Regional Hospital Board who are approved by the Local Health Authority and/or Board of Control for the certification of mental defectives who undertake the examination of patients during the absence of the Medical Officer for Mental Health.

and a few other things. I have been thinking of writing you for some time but have been so busy that I could not find time. I hope you are well and happy. I am well and hope to hear from you soon.

Yours truly,
[Signature]

I have been thinking of writing you for some time but have been so busy that I could not find time. I hope you are well and happy. I am well and hope to hear from you soon.

Co-operation between the Local Health Authority Mental Health Workers, Regional Hospital Boards and Hospital Management Committees is most satisfactory. It has not been found necessary to enter into any definite agreement or contract with Hospital Management Committees re the joint use of officers as the contact and goodwill which existed between this Local Authority and its hospitals before the "Appointed Day" has been maintained and this has ensured the continuity of the personal contact and link between the mental welfare officer, the patient, hospital superintendents and their staffs now including welfare officers. By mutual consent, arrangements, and cordial relationship between these workers, adequate supervision of patients on trial from mental hospitals or on licence from Mental Deficiency Hospitals can be maintained - such service, however, being dependent upon an adequate supply of mental health social workers being available. Unfortunately, many hospitals and departments are understaffed in this branch of the service. Relatives and friends should always be able to feel at any time or in any emergency they can obtain news of the patients or information about the hospitals from or through the agency of the Local Health Authority's staff if necessary. The relationship need not end simply because the Duly Authorised Officer has signed or had caused to be signed the legal document admitting a person to hospital and placing full responsibility for future welfare on the Medical Superintendent and his staff.

(d) Duties delegated to Voluntary Organisations.

No duties are delegated to Voluntary Organisations, but some work is carried out by them which consists mainly of the giving of financial aid or supply of clothing or similar extra comforts which are not necessarily provided for by our "Welfare" State today. Strange as it may seem, often the real need for assistance can be found today amongst the families where the father as the only breadwinner, is a lower paid worker with children to maintain, and who, because he is working is not considered to be in need or does not qualify for any assistance provided by a voluntary body, whereas those in receipt of allowances from the National Assistance or Unemployment Boards are usually automatically eligible for such help.

(e) Training of Staff.

No special arrangements have been initiated for the training of staff as all members have had many years experience in various branches of mental health work, which although in some cases not directly connected with their present duties, is proving to be of some value to them. However, staff are permitted to attend Refresher Courses organised by the National Association for Mental Health and Department of Psychological Medicine, King's College, Newcastle-on-Tyne, and given opportunity to visit other Centres and organisations connected with Mental Health Work. It is most essential that workers should be given every opportunity and encouraged to attend these short training courses.

(ii) (a) Prevention of Mental Illness, Care and After-Care of Mentally ill and Defective.

The majority of referrals of persons suffering from mental ill health or who are in need of care or after-care are still notified direct to the Psychological Clinic, Royal Infirmary, Sunderland, for interviews at the clinic or by appointment at Cherry Knowle Hospital and only those persons requiring immediate residential hospital treatment are notified to the Local Health Authority.

The Duly Authorised Officer and Mental Health Workers work in co-operation with the Hospital Social Worker to make certain that the necessary help and guidance is given to all cases and that there is no over-lapping in the visitation of these people.

The care and after-care of mental defectives is undertaken by mental health workers at the Mental Welfare Department, 7, Murton Street.

(b) Under the Lunacy and Mental Treatment Acts.

Referrals to the Duly Authorised Officer are made by the General Practitioners, Probation Officers, Police, National Assistance Board, various social agencies and even direct from relatives usually for the purpose of arranging immediate admission to hospital, but it is sometimes found that treatment as an "in-patient" is not always necessary. Consequently many visits are made and much time spent by the Duly Authorised Officer investigating such cases and arranging appointments for treatment as an "out-patient" at the Infirmary Clinic or Cherry Knowle Hospital, or consultations with the Medical Officer for Mental Health, at the Mental Welfare Department, 7, Murton Street, or in the patient's own home if that is more convenient. The Duly Authorised Officer's assistance is often required to assist with the entry of voluntary patients to hospital - his presence and guidance on these occasions is much appreciated by the patients and their relatives, and where possible the

the 19th century. The first of these was the 'Great Exhibition' of 1851, which was held in the Crystal Palace in London. This was a massive structure made of glass and iron, and it was the first time that a building of this kind had been built. It was a great success, and it showed the world that the British Empire was the most powerful in the world.

The Crystal Palace and the Great Exhibition of 1851

The Crystal Palace was a massive structure made of glass and iron, and it was the first time that a building of this kind had been built. It was a great success, and it showed the world that the British Empire was the most powerful in the world. The Crystal Palace was built in 1850, and it was the first time that a building of this kind had been built. It was a great success, and it showed the world that the British Empire was the most powerful in the world. The Crystal Palace was built in 1850, and it was the first time that a building of this kind had been built. It was a great success, and it showed the world that the British Empire was the most powerful in the world.

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patients are usually persuaded to enter hospital voluntarily rather than under the Statutory Orders. Admission by Order is only carried out when absolutely necessary and in the patient's own interest. It is most essential that visitation is carried out only as long as the patient is in need of help as the true aim of the social worker is to encourage the people to be able to live an independent existence in the community without help or guidance from the service as soon as possible. The Duly Authorised Officer or Social Worker must know just when his or her help is no longer required or of any benefit because the patient has either attained this degree of independence in the community or the time for hospital treatment has arrived.

(c) Under Mental Deficiency Acts.

(i) The School Medical Service reports to the Local Authority on leavers of the age of 16 from special schools who are considered to be in need of supervision and guardianship. The ascertainment of defectives is carried out by the Medical Officer for Mental Health after preliminary investigations made by the mental Health workers and then the appropriate recommendations are submitted to the Mental Health Sub-Committee. Cases placed under Statutory Supervision are then visited by the social workers at quarterly intervals, if possible, or more or less frequently according to the standard of care, supervision and control provided in their own home. Those suitable for Occupation Centre training or in need of hospital care are, I regret to state, placed on the waiting lists at present. They are furnished with all information regarding other social agencies and facilities available for their benefit and general welfare, are given much advice and assistance to help them fit into life in the community and encouraged to visit the department whenever they require guidance which, owing to the limited ability of the mental defective to lead an independent existence in communal life, is often most necessary.

(ii) Guardianship.

There are very few cases under guardianship as the responsibility for provision of financial assistance is now undertaken by the National Assistance Board, but observation is maintained and any defective who would benefit by being placed under Guardianship would be dealt with accordingly.

(iii) Occupation Centres.

Three Occupation Centres are in operation - a Children's Class with 35 on the register and a Female Adult Class with 15 on the register and Industrial Centre for 15 adult males. No home teaching is carried out now. This service was discontinued in 1946 as it was considered not satisfactory to either teacher or trainee in this industrial area of overcrowded home conditions, etc.

The need for extension of these centres is great and very urgent as, owing to the lack of suitable remunerative employment in the town for these people, increasing numbers of defectives are sitting idly in their own homes or wandering aimlessly about the town receiving no occupational training whatsoever and so often finding their way into our Police Courts where the Magistrates are told only too frequently that there is no hospital vacancy or alternative means available to provide these defective delinquents with the care and training they require.

A.S. HEBBLETHWAITE.

Medical Officer of Health.

Health Department,
"Thornholme",
Thornholme Road,
Sunderland.

17th January, 1953.

the 1st of July 1914. The 1st of July 1914 was a day of great importance in the history of the world. It was the day when the first world war broke out. The 1st of July 1914 was a day of great importance in the history of the world. It was the day when the first world war broke out.