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BOROUGH OF BILSTON

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1954

JOHN PRICE & SONS, PRINTERS, BILSTON

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To the Mayor, Aldermen and Councillors of the Borough of Bilston.

MR. MAYOR, MADAM AND GENTLEMEN,

I have the honour to present my Annual Report for 1954.

In view of the fact that 1954 was the year in which the Borough came of age, I have felt it appropriate to preface the main report of the year's work with a short survey of the Health of Bilston from the early 19th century to the present date.

A. HISTORICAL

Bilston appears to have been a village or township in the time of the Ancient Britons. The name Bilston is derived from the God, Bel, the god of fire and of the sun. The name therefore means the village or town of the sun.

The town was, at this time, a settlement in a clearing in a wood. The three parts of Bilston, Bilston proper, Ettingshall, and Bradley, are referred to in the Domesday Book.

Throughout the middle ages and indeed until the early 18th century, the population of Bilston was small, a few hundreds. As small industries and workshops began in the 16th and 17th centuries, *e.g.*, the making of buckles, japanned goods, a certain amount of iron making, and the grinding of corn—the population increased somewhat. Then in the last quarter of the 18th century, coal mining, the invention of the blast furnace, and the starting of the iron industry in Bradley, by John Wilkinson, led to a great increase in the activity of the town, and a great increase in population; the population rose from about 3,000 in 1780 to 4,800 in 1790 and about 12,000 in 1821. Thereafter it continued to rise, though not quite at the same speed. This influx of population from Wales, Shropshire, Ireland, and other places, into what had previously been a small market town, led to hurried, unsatisfactory, and ill-planned housing. Houses were crowded together, often back-to-back, always as near as possible to the factories and workshops. The workers did not realise that their houses were unhealthy. There were still many green and pleasant meadows in Bilston, and there were still parts of the town which justified the name 'village of the sun'.

During the war period, pay was good, drink was cheap, and the workers themselves, coming from farming stock, fed on a natural diet—recently made more plentiful by the agricultural revolution—were on the whole, healthy, but their houses lacked light and ventilation, there were no proper means of refuse disposal, and sanitation was by cesspits which could leak into the brooks supplying the town wells. In some cases houses were built over brooks and waste discharged directly into the stream.

Certain public-spirited citizens urged the importance of a pure water supply, and a committee was set up to seek to supply the town with a waterworks. This was in 1824. The years passed without their efforts bearing great fruit, and in 1832 the cholera reached Bilston. It had taken its toll in other parts of the country and in Ireland during the previous

year. Where it came from on this occasion is difficult to say, but it seems most probable that it was brought in from Ireland.

The first case in the Black Country was notified in Tipton on the 23rd July. On the 3rd August, 1832, Elizabeth Dawson of Temple Street, Bilston, was found to have cholera. Thereafter, the disease spread rapidly. Between August the 4th and August the 11th the cases increased from 4 to 60 daily, and the deaths from 2 to 17 daily. The toll for the second week was even heavier. On the 12th August there were 60 cases and 17 deaths, on the 13th August there were 92 cases and 21 deaths, on the 14th August there were 92 cases and 22 deaths, on the 15th August there were 98 cases and 16 deaths, on the the 16th August there were 98 cases and 18 deaths, on the 17th August there were 116 cases and 22 deaths, on the 18th August there were 116 cases and 25 deaths.

Since the breath of the persons suffering from cholera was thought at this time to be infectious, and since it was also considered that the bodies of the victims might be infectious, the Board of Health, set up on the 6th August, had ordered that all persons dying of cholera should be buried within fifteen hours, and that if this was done the Board of Health would pay the cost of the coffins and all burial fees. The Board of Health also closed the churches 'on account of the fearful disease being contagious, and nowhere more so than in crowded assemblies'.

On the 19th August, Whitehall was asked for medical aid, and a certain Dr. McCann was sent to Bilston on the 20th August and arrived on the 23rd August. His assistant arrived a little later. He found his hands full, as one of the local doctors died from cholera on the 22nd August and another on the 24th August. The casualty list for the third week reads—

August	19th	..	122	cases 41	deaths
„	20th	..	122	„ 41	„
„	21st	..	134	„ 45	„
„	22nd	..	134	„ 50	„
„	23rd	..	148	„ 50	„
„	24th	..	148	„ 46	„
„	25th	..	122	„ 36	„

Panic had now seized the town. All the factories were closed and business was completely at a standstill. The better off residents had flown elsewhere. The list of deaths for the fourth week is as follows-

August	26th	..	122	cases 35	deaths
„	27th	..	116	„ 27	„
„	28th	..	116	„ 26	„
„	29th	..	118	„ 24	„
„	30th	..	118	„ 22	„
„	31st	..	120	„ 14	„
September	1st	..	120	„ 14	„

In the middle of the fifth week, the tide of destruction and death began to ebb.

September	2nd	..	122 cases	12	deaths
„	3rd	..	122 „	10	„
„	4th	..	105 „	9	„
„	5th	..	95 „	7	„
„	6th	..	75 „	6	„
„	7th	..	55 „	4	„
„	8th	..	44 „	6	„

A detailed list for the sixth week is not available, but for the whole week the cases numbered 224 and the deaths 20. The record of death and disease for the last week is as follows—this being the seventh week of the cholera epidemic.

September	16th	..	18 cases	No	deaths
„	17th	..	16 „	2	„
„	14th	..	14 „	1	„
„	19th	..	14 „	No	deaths
„	20th	..	20 „	No	deaths
„	21st	..	10 „	No	deaths

During the seven weeks, out of the population of 14,492, at least 3,568 are known to have had cholera, and 742 to have died. It was not then known that cholera was a water-borne disease, and its ravages in Bilston were put down to dirt and overcrowding. Despite this belief, little was done about cleaning up the slums, and when cholera returned to England it reached Bilston in due course.

In 1847 there was another cholera epidemic in Bilston, of about seven weeks duration, and in this epidemic 730 people died. After this, action was taken.

In 1850 a bill was presented to Parliament for paving, lighting, cleansing and improving the township of Bilston, and improving the market, supplying the town with water, and providing a cemetery. This bill became an act in 1850. In 1853 public baths and wash houses were erected, and in 1854 a piped water supply was obtained.

A number of Improvement Commissioners and a Local Board of Health were elected. The Improvement Commissioners later became the Township Commissioners, and in 1894 Bilston became a Sanitary Urban District, and the Commissioners and the Board of Health were merged into the Urban District Council.

It is not known when the first Medical Officer of Health for Bilston was appointed, but a byelaw of 1869 refers to the Medical Officer of Health. The first Medical Officer of Health whose reports are on record was Dr. T. Ridley Bailey, who was appointed in 1885. In his sixth Annual Report, that for 1890, he lists the deaths from measles, whooping cough and diarrhoea for the five years 1886 to 1890. They are as follows:—

Measles	1886	4	deaths
	1887	42	„
	1888	No	„
	1889	5	„
	1890	12	„
Whooping Cough	1886	6	„
	1887	11	„
	1888	5	„
	1889	14	„
	1890	3	„
Diarrhoea	1886	31	„
	1887	16	„
	1888	7	„
	1889	18	„
	1890	25	„

Most of these deaths occurred in children under the age of five years.

In 1890, for example, he records 163 children died before the age of twelve months and 82 between the ages of one and five years. The number of births in 1890 was 895 and had been round about this figure in the previous four years.

The population at this time was about 23,000. Between 1850 and 1860 it had risen to 26,000. Then the decline of the iron trade and the flooding of the coal mines had led to a decline in population. Influenza was a problem round about this time causing 9 deaths in 1890 and 5 in 1891. Measles was severe, causing 9 deaths in 1891. Scarlet Fever was a veritable scourge. 29 cases in 1890 were recorded, 63 in 1891. Dr. Bailey refers to the ignorance of the people, as to the infectivity of such diseases, and quotes 'a child from Temple Street, Bilston, was taken by her grandmother to the out-patients' department at the Royal Hospital, Wolverhampton, in a tramcar. This child had obvious scarlet fever'.

The common cause of death of children under five was diarrhoea, presumably in most cases due to gastro-enteritis. For example, there were 15 deaths in 1891, 25 in 1890. The infant mortality during the 1890's was on an average a fifth of the total births. Then, as now, more infants died in Bilston than in the country as a whole, but this was not due to neglect by the Public Health Authorities. Dr. Bailey ascribed it to improper diet, overcrowding, and employment of many of the mothers in factories. He also comments that most of the children who died were insured.

The only accommodation for the isolation and treatment of cases of infectious disease at this time was a cottage hospital consisting of two converted cottages. Towards the end of 1893 an iron hospital for the isolation of smallpox patients was erected, and as had been foreseen, came into use the following year. During 1894 there were 31 cases of smallpox. In addition to 29 received in hospital there were two other cases nursed at home. Another case died before admission to hospital.

The disease was first noticed in Moxley, just inside the Bilston boundary, on the 30th May. The patient had visited a neighbouring district where smallpox was prevalent at the time. Another case was notified in Coseley

Road on the 8th June; a third case three days afterwards. On the 16th July one appeared in Lester Street. Contact was here traced to a shop in Willenhall. A further case was reported in Wolverhampton Street on the 20th June and two more before the end of the month. Ten cases were notified during the month of August, three in one house and three in another; in both of which a case had been previously notified, making eight cases in two families. Three cases were reported in September, three in October, eight in November, five of these being in one house and two in another, and one in December, making a total of 32 cases in 23 houses to the end of the year.

The yearly average number of deaths for the period 1890 to 1899 was 525, a rate of about 22½ per 1,000 population. Of these 525, 189 died under the age of one year, 92 between the ages of one and five years, 20 between the ages of five and fifteen years, 16 between the ages of fifteen and twenty-five years, 110 between the ages of twenty-five and sixty-five years, and 95 after the age of sixty-five. Four fifths of the deaths in Bilston during this decade, therefore, could be described as untimely. This particularly applied, of course, to the deaths under the age of five years. Then as now, the chief killer of the child under five was diseases of the respiratory system. Second came the diarrhoeal diseases and third measles. In the epidemic years measles outstripped diarrhoea as a cause of death.

At this time, though certain of the worst houses had been closed or repaired, the housing of the poorer and the working classes was pitifully inadequate. Sanitation was by means of privy middens, pail closets and ashpits, and house refuse was generally disposed of in ashpits. The drainage of the courts and yards was inadequate. As these matters were gradually dealt with during the 1900's, the health of the people improved. By 1911 the death rate was down to 18.6 per thousand. A sewerage scheme was completed in 1908 and thereafter the conversion of the town to the water carriage system was pressed on vigorously. By 1911 half the houses in the town were on the water carriage system. In the same year 1908, the Notification of Births Act 1907 came into force, and the first Health Visitor began her duties in Bilston on the 1st November 1908. It is perhaps significant that whereas the average infantile mortality for the years 1899 to 1908 is 18.5 per cent. that for 1909 is 14.2 per cent. and that for 1910 is 11.8 per cent. During the 1900's many of the worst and most insanitary houses were closed or demolished and the worst courts opened up. This process was accelerated by the Housing and Town Planning Act of 1909. Overcrowding, however, tended to be a problem and tuberculosis carried off approximately one in every thousand of the population. It is interesting to contrast the table of living space given in Doctor Bailey's Annual Report for 1910 with the facts revealed by the census of 1911. The first table is as follows:—

Bedroom for one man ..	Proper size 12ft. x 10ft. Least size for health 10ft. x 10ft.
Bedroom for one woman ..	Proper size 10ft. x 10ft. Least size for health 10ft. x 8ft.
Bedroom for man and wife ..	Proper size 14ft. x 14ft. Least size for health 12ft. x 12ft.

Bedroom for two children ..	Proper size 14ft. x 10ft. Least size for health 10ft. x 10ft.
Living room for two adults ..	Proper size 14ft. x 12ft. Least size for health 12ft. x 10ft.
Living room for father, mother and two children ..	Proper size 18ft. x 17ft. Least size for health 12ft. x 15ft.

The census table shows the tenements in the occupation of private families in each ward.

No. of Rooms	Bradley Ward	Ettingshall Ward	High Town Ward	New Town Ward	Town Hall Ward
1	–	1	1	4	1
2	76	69	105	107	87
3	281	181	218	397	157
4	294	379	296	412	339
5	116	221	243	244	229
6 and over	91	146	162	125	331

None of the rooms in the ordinary working class houses at this time could be regarded as large.

Respiratory disease continued to be the chief killer of infants and as respiratory diseases are particularly common after measles epidemics, the infantile mortality fluctuated somewhat from year to year. Nevertheless, for the period 1909 to 1914 inclusive, it was 139.5. For the war years, despite shortage of food and the gross overcrowding, the average infantile mortality for the period 1915 to 1918 inclusive, was 137 per thousand—13.7 per cent. The health of Bilston, in fact, showed a marked improvement from 1908 onwards, as a result of the introduction of the water carriage system, the appointment of a Health Visitor, and the institution of medical inspection of school children.

The first infant welfare centre was opened in 1917 and had an excellent effect on the health of the babies. After the end of the war, the repair and demolition of inadequate houses was pressed forward, together with a scheme of rehousing in houses built by the Council themselves. As a result of this and other factors, the infantile mortality for the period 1919 to 1924 inclusive was 11.15 per cent., while the death rate had fallen from 16.74 in 1919 to 12.6 per thousand in 1924. Supervision of mental defectives by the Staffordshire Association for Mental Welfare, in co-operation with Bilston Education Committee, began in 1925.

Overcrowding remained serious throughout the twenties. The census returns of 1921 showed 4,602 people to be living in overcrowded conditions in Bilston. In Dr. Bailey's report for 1925 he says that since that date 567 more houses had been built, but that the population in that time has increased by 2,684. The overcrowding, therefore, was increasing. He estimates the number of houses in Bilston at the end of 1925 to be 6,075, of which 5,139 were working class houses. As a result of this overcrowding, the toll taken by measles was at times heavy. In 1925, nineteen children died following measles.

In 1926 Dr. Ridley Bailey died after serving the Council for forty-one years. His place was temporarily taken by Dr. V. M. Lambah, and in the following year a whole-time Medical Officer of Health was appointed, Dr. J. W. McKeggie. Dr. McKeggie secured the appointment of a second Health Visitor, added to the main infant welfare centre held at 23, Wellington Road a second one in the Congregational Hall, Chapel Street, started an ante-natal clinic at Wellington Road, gave series of health lectures in the schools, and during the years 1928 and 1929 arranged special Health Weeks. He also secured the opening, in 1929, of an Occupation Centre for mental defectives. As a result of these mainly educational measures, continued repair and demolition of old properties, and increased efforts at house building by the Council and private owners, the average infant mortality for the years 1925 to 1929 inclusive was kept at 105 per thousand. The general death rate during this period was 11.7 per thousand. Much more progress had been made in housing during the second five years of the twenties and by the end of 1929 the number of dwellings in the town had been increased by 1,348 since the end of 1918, while 215 houses had been closed or demolished during the same period. Sixty of these houses had been closed during 1929 and during the same year 244 cases of overcrowding had been relieved by the provision of new Council houses.

Dr. McKeggie resigned his post on the 31st May, 1930, and was succeeded Dr. B. C. Haller. Dr. Haller continued Dr. McKeggie's educational work and the infantile mortality continued to decline. For five years 1930 to 1935 the average infantile mortality was 7.74 per cent. and for the years 1935 to 1938 was 7 per cent. In addition, Dr. Haller introduced special clinics for toddlers. In this he was ahead of the County Council's present arrangements. Slum clearance during the thirties slowed down somewhat, owing to the fact that after the end of 1933 no easily usable land was available. Houses built after that year are built on reclaimed pit mounds and slag heaps. Nevertheless, between January the 1st 1930 and January the 1st 1939 the number of dwellings in Bilston increased by about a thousand. At January 31st, 1939, the net increase in houses since January 1st, 1919 was 2,384. Of these, 2,318 were Council houses, and 1,012 were built by private enterprise. An overcrowding survey completed in December, 1935, showed that though 477 cases of overcrowding had been abated in the years 1931 to 1935, there were still 984 overcrowded houses in the Borough. Of these, 288 were Council houses and 696 were privately owned houses. In January and February, 1939, it was found that only 409 of the houses known to be overcrowded in 1935 remained so, but Dr. Haller suggests that a number of other houses may have become overcrowded in the meantime. At this time there were 1,916 applicants on the Council's housing list, which suggests a fair number of overcrowded houses. The houses known to be occupied by more than one family in 1939 were 450. 946 houses closed and demolished during the twenty years 1919 to 1939 does not seem a large total but it is possible that the Council were right in giving priority to the abatement of overcrowding.

Measles was less of a scourge during the thirties than during the twenties, and the ravages wrought by diphtheria became more obvious. The Council introduced a scheme of immunisation against diphtheria in 1938. Im-

munisation was offered at the welfare centres, schools, and through the family doctors. A Health and Education Week was held in 1937 and a Health and Milk Week in 1938, and publicity was given to the diphtheria immunisation scheme during the 1938 Health and Milk Week. The immunisation scheme may be said to have been just in time, since there were 76 cases of diphtheria admitted to the Isolation Hospital during 1938. Fortunately, there were no deaths.

There are no copies available of Dr. Haller's Annual Reports for 1939, 1940, 1941 and 1942, nor have we any other records of these years. The health record starts again in 1943. As a result of the national campaign and local efforts, diphtheria immunisation was in full sway. During 1943, 351 children under five years of age were immunised and 1,096 between the ages of five and fifteen. Scabies was a problem at this time as elsewhere and 401 cases were treated at the cleansing station at the rear of the Health Department during 1943. As a temporary measure, a Day Nursery had been opened in Prouds Lane, for children from nought to five; the average attendance at this was 29 daily. Despite the immunisation campaign, 64 cases of diphtheria were notified during 1943 and 62 were admitted to hospital. Measles continued to be more prevalent than diphtheria and there were 276 cases notified during this year. The incidence of tuberculosis had fallen somewhat, there being only 51 cases of pulmonary tuberculosis and 7 cases of non-pulmonary tuberculosis notified during 1943. The death rate, however, continued to be heavy, there being 22 deaths from pulmonary tuberculosis in the same year.

A housing survey made in 1943 showed that 2,655 houses were unfit for habitation and that of these, 1,593 could not possibly be made fit, except at prohibitive expense. During the same year 1,631 of the Council houses were inspected and 161 were found to be dirty and verminous, 62 dirty, and 117 untidy and unsatisfactory, making 21 per cent. of the Corporation houses which were in an unclean or unsatisfactory condition.

The ante-natal and child welfare clinics were now rather more satisfactorily housed, since the new Centre Health Clinic was completed in 1940 and was now in full use.

An isolation hospital to serve the districts of Bilston, Tipton, Willenhall, Coseley, Wednesbury, Dudley and Rowley Regis, was opened at Moxley (on the Bilston—Wednesbury boundary) in 1940, and the Bilston Isolation Hospital was, therefore, no longer in use.

The picture for 1944 and 1945 is similar to that for 1943, except that diphtheria continued to decline, and in 1945 the death rate from measles again exceeded that from diphtheria. The average infant mortality for the war years 1943, 1944 and 1945 was 6.96 per cent. Despite the deterioration in housing conditions and (according to the report on the inspection of Council houses) in the habits of the people, the introduction nationally of cheap milk, cheap orange juice, free cod liver oil, and bread made from a high extraction flour, had kept the infantile mortality steady.

Scabies continued to be a problem during the post-war years 1946, 1947 and 1948, 102 cases being treated in 1946, 239 in 1947, and about the same number in 1948.

Immunisation went well and by the end of 1948 fully two thirds of the children under five had been immunised. 1947 was notable for an epidemic of severe small pox (variola major). The outbreak began in March and continued into July; during that time the Health Department was able to give attention to practically nothing else.

The following is a verbatim extract from Dr. Haller's Annual Report for 1947.

"The original case was a sergeant in the Army who was granted compassionate leave and was flown home from India. He left India on the 20th February and arrived in Bilston on the 24th February. He first felt slightly ill on the 1st March and developed a rash on the 6th March. He was seen by his own doctor who notified the case to me at about 4.30 p.m. on the 7th March as one of smallpox. I at once went to see the patient with his medical practitioner, and in view of the history and clinical signs also considered it a case of smallpox. I immediately reported the case, by telephone, to the Regional Officer of the Ministry of Health with a request that the patient be removed to hospital. Meantime precautions were taken in dealing with it as a case of smallpox. Later that night I was informed that it was impossible to remove the case. Arrangements were made for a Consultant to visit the case next morning to confirm the diagnosis. On the 8th March the case was seen by the Consultant who made a confident diagnosis of chickenpox. The case was treated at home. The second case was the mother of the first patient. She developed a rash on the 21st March. The case was reported by me and a Consultant visited the patient with me and he diagnosed it as chickenpox. This was also treated at home.

The third case was a young man of 21 years, who had been in contact with the first case. He developed a rash on the 25th March. The case was reported as usual and consultants visited him with me. Specimens were taken from this case and also from Case No. 2 and were sent for laboratory investigation. A preliminary report sent by telegram from the laboratory on 1st April suggested that the condition was smallpox. Further experts were called in and at a conference held on 3rd April it was decided on reliable clinical opinion that all three cases were chickenpox.

The fourth and fifth cases occurred on the same day. The mother and brother of the 3rd case developed rashes on the 8th April. The consultant who was called in diagnosed both these cases as smallpox".

Three more cases occurred in this first group. The sergeant's grandmother developed haemorrhagic smallpox on the 10th April and died before removal to hospital. His father and sister were taken ill on the same day and removed to hospital on the 11th April; they recovered.

The second group whose link with the first could not be traced, appeared on the 29th April. A man aged 70 was removed to hospital on the 30th April and died on the 2nd May. His wife and son-in-law developed rashes on the 11th May and were removed to hospital on the same day. Another woman in the same house developed a rash on the 13th May and was removed to hospital.

The third group was discovered on the 16th May. A woman of 27 who was thought to have scarlet fever was admitted to hospital as a haemorrhagic smallpox on that day. She had never been vaccinated and died the same day. Her mother was admitted to hospital on the 31st May as a haemorrhagic smallpox; she died on the 5th June. Her sisters aged twelve and fourteen were admitted to hospital on the 1st June and 31st May respectively. They had been vaccinated on the 17th May, and the disease in their case ran a mild course. In this family vaccination completely protected a sister aged sixteen and the father aged forty-nine.

The fourth group consisted of one case, a girl of eleven; she lived near to the sergeant's family. She was taken ill on the 16th May and removed to hospital on the 19th May. She developed profuse confluent smallpox, but under treatment with penicillin recovered and was discharged on the 10th July.

The fifth group also consisted of one case, a woman thirty-nine. This woman was vaccinated on the day that the rash came out and vaccination was, therefore, probably more of a hindrance than a help. However, despite a profuse rash, she recovered and was discharged on the 22nd June. Her elderly parents were also vaccinated on the 4th June and did not contract the disease.

The sixth group consisted of two cases, a man aged sixty-one was taken ill on the 9th June and developed a rash on the 13th June (he was not removed to hospital until the 17th June) and his wife also aged sixty-one, who fell ill on the 26th June, developed a rash on the 28th June and was removed to hospital on the 29th June. They were both discharged on the 26th July.

In the seventh group there were three cases; first, a boy aged seven who developed pains in the back on the 18th, nausea and vomiting on the 19th, and was admitted to hospital on the 20th June with a confluent maculopapular rash. Despite penicillin treatment he died on the 2nd July. He was an under-nourished debilitated child who came from poor surroundings. His brother aged eleven, developed a rash on the 19th and was removed to hospital on the 20th. He had been vaccinated in May and was a very mild case, if indeed he was a case. The third case in this group was the small sister aged two. This child had never been vaccinated and became quite severely ill. She was vaccinated when admitted to hospital and the rash never fully developed.

The eighth was a boy aged ten who had played with the child aged seven, or was thought to have done so, and was therefore vaccinated on the 23rd June. This boy felt vaguely ill on the 30th June and on the 2nd July de-

veloped a rash. He was removed to hospital the next day. The rash only developed on his forehead and he recovered sufficiently to be discharged on the 15th July.

During this epidemic about half the population of Bilston were vaccinated, as a result of panic of the public rather than of public health policy. All known contacts were checked on daily for a period of three weeks after contact and were offered vaccination. These two measures kept busy all the Sanitary Inspectors, a number of Assistant County Medical Officers, Medical Officer of Health, Deputy Medical Officer of Health and a Field Hygiene Unit loaned by the Army. It is probable that most of this work might have been saved had the contacts of the original case accepted vaccination, for only one did so even when smallpox was confirmed. The spread would undoubtedly have not been so extensive had the consultants been more cautious in their diagnosis.

Alleviation of the slum problem started slowly after the war. 1,504 of the worst houses, grouped in nine clearance areas, were represented to the Council in 1945 and declared as clearance areas. A report submitted in September 1946 listed a further 722 houses which should be dealt with as clearance areas. The Ministry of Health at that time did not feel that clearance and demolition was permissible in Bilston in view of the gross shortage of houses and the serious overcrowding. The Ministry, however, did give permission for purchase of individual properties by negotiation, and this process was begun.

During 1946 and 1947, 27 requisitioned or converted premises were adapted as flats for living accommodation, 100 pre-fabs were erected, and 84 new houses were built. These houses were an improvement on the pre-war Council houses in at least one important respect. The majority of the pre-war Council houses had no hot water system. Hot water was available from a wash-copper, but no hot water was available at the kitchen sink, or elsewhere in the house. If ever there was a case of penny wise and pound foolish this was it. It is not possible to wash the hands adequately and quickly without hot water; it is certainly not possible to wash dishes adequately and quickly without hot water. It is surprising that the standard of cleanliness of so many of the tenants of these pre-war houses is so high, and it is not surprising that there are a substantial number who become dirty or verminous, and a source of trouble to the Housing and Health Departments.

In view of the impossibility of drastic slum clearance, it was decided in 1948 that the slum houses should be patched to a temporary standard.

This standard was as follows:—

"The house shall be structurally sound, free from serious dampness, in proper repair, have water within the house and adequate washing accommodation, shall have vented and lighted shelved food storage accommodation, and shall have sanitary accommodation of a standard of not more than two houses to one water closet". This standard is fairly low, but nevertheless the implementation of it led to demolition orders

being placed on quite a number of houses which have still not been emptied by the Housing Department. 121 demolition orders were made, for instance, during 1948, plus 6 closing orders. During 1948 the Council built 359 houses, and converted 2 more business premises into flats for living accommodation.

1948 was the year in which the National Health Service Act, 1946, took effect. The 1944 Education Act had been implemented in 1946 when Bilston ceased to be a separate Education Authority, and the Education and School Health Departments were therefore taken over by Staffordshire County Council. In 1948, maternity and child welfare, mental health, and the various activities known as welfare, were taken over by Staffordshire County Council. This divesting of the smaller District Councils of so many of their responsibilities of health promotion was an unusual example of the triumph of theory over experience. Despite the fact that Staffordshire County Council is a progressive and efficient County Council, I have no hesitation in saying that it was a change for the worse, and it is to be hoped that the experience of the past six years has brought the Government round to that view.

The Council started to measure atmospheric pollution from 1944 onwards, regularly in 1946, and as their own contribution as landlords, installed coke-burning stoves or grates in all houses built from that time on. As a result of this and the co-operation of many of the industrialists, the increase in atmospheric pollution since 1946 has not been great.

The National Health Service Act made no difference to the arrangements for the isolation of patients suffering from infectious disease. The Isolation Hospital at Moxley continued to operate satisfactorily and dealt with the majority of the Bilston cases. It is worthy of note, however, that like other hospitals the Act nationalised it and it therefore became Crown property. No exception having been stated in the Act, this meant that unlike private nursing homes, it was not, and could not be, subject to inspection by representatives of any Health or Sanitary Authority. This I think is a pity, for I think that the hospital staffs themselves would welcome such inspection, and it might on occasion prevent certain difficulties.

The average infant mortality rate for the years 1946, 1947 and 1948 was 58.8, a definite improvement on the war years.

In 1949 slum clearance began with the acquisition of a portion of Temple Street, demolition of certain of the houses, and levelling of the land for rebuilding. In 1950 the Rough Hills area was purchased and cleared and in 1951 part of the George Street area. Building began in George Street, Rough Hills and Temple Street in 1950 and 1951. By the end of 1951 the total houses built by the Council was 3,703 of which 948 had been built since the close of the war. Building had been stepped up to about 200 a year as compared with the pre-war figure of about 135 a year.

The only serious epidemics during this second three year period were a measles epidemic during the winter and spring of 1950–51, (some 630 cases occurred during the two years), and an epidemic of diphtheria

during the late winter of 1951, the majority of cases occurring in the months of November and December. 44 cases were notified and 22 confirmed.

The infantile mortality for the three year period 1949, 1950 and 1951 averaged 43.96 per thousand.

The diphtheria epidemic of 1951 continued into the first few months of 1952, 13 cases being notified and 6 being confirmed. A further case occurred in August.

A steady supply of houses on the Stowlawn, George Street, Temple Street and Bradley Lane Estates during 1952 to 1954 enabled many of the worst houses to be closed. By the end of 1954, 560 houses had been closed or demolished since the end of the war.

Dr. Haller retired in September, 1953, and I then became your Medical Officer of Health. I am glad to say that the improvement in the health of the community has so far continued, and that, for the three year period, the infantile mortality of 1952 to 1954 averaged 33.6 per thousand live births.

B. GENERAL PROVISIONS OF HEALTH SERVICES

1. SERVICES PROVIDED BY THE BOROUGH COUNCIL

Committees concerned with Health Matters:

HEALTH COMMITTEE	Councillor J. V. Lavender (*Chairman*)
HOUSING COMMITTEE	Alderman E. W. Bold (*Chairman*)
PREVENTION OF ACCIDENTS COMMITTEE	Councillor H. Marriott (*Chairman*)
PUBLIC WORKS COMMITTEE ..	Councillor F. Wolverson (*Chairman*)
FINANCE AND GENERAL PURPOSES COMMITTEE	Councillor G. Harries Jones (*Chairman*)

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:

D. A. SMYTH, M.B., B.S., D.P.H. (Dunelm), Fellow of the Society of Medical Officers of Health, M.R.San.I.

Chief Sanitary Inspector and Cleansing Superintendent:

J. R. TART, Cert.S.I.B., M.S.I.A.
(Appointed 1st March, 1954)

Senior Sanitary Inspector:

J. RICHARDS, Cert.S.I.B.
(Appointed 3rd May, 1954)

Additional Sanitary Inspectors:

J. W. BARBER, Cert.S.I.B.
S. SHAVE, Cert.S.I.B.
(Resigned 30th January, 1954)

Pupil Sanitary Inspector:

L. CAWDRON
(Commenced 25th October, 1954)

Clerical Staff:

Health:

B. J. BAKER
Miss R. P. SHEFFIELD
Miss H. PADDOCK

Cleansing:

L. R. LITTLEWOOD (Part Time).

DUTIES OF THE SENIOR PUBLIC HEALTH OFFICERS

Medical Officer of Health

The duties are those laid down in the Public Health Acts of 1875 and 1936. The Local Government Act, 1933. The Housing Act, 1936. Factories Act,1937. Food and Drugs Act, 1938, and certain other Acts, and the Orders and Regulations made thereunder, including in particular the Sanitary Officers (Outside London) Regulations, 1935. Six elevenths of my time is spent as Medical Officer of Health and five elevenths as School Medical Officer and Assistant County Medical Officer.

Chief Sanitary Inspector

The duties of the Chief Sanitary Inspector are those detailed in the above Acts and Regulations, and in addition he acts as officer of the Local Authority under the Rats and Mice (Destruction) Acts, 1919, Shops Act, 1934 and Pet Animals Act, 1951; he also acts as the Local Authority's Cleansing Superintendent.

Senior Additional Sanitary Inspector

The Senior Sanitary Inspector acts as deputy for the Chief Sanitary Inspector, when the latter is absent through illness or other causes.

Despite hopes of better things, the department was grossly understaffed in the matter of Sanitary Inspectors for the major portion of the year. Mr Tart was appointed as Chief Sanitary Inspector on the 1st March but has had to act as a district Inspector for most of the year, due to this staff shortage.

2. GENERAL MEDICAL SERVICES

There has been no change in the number of family doctors working in the Borough, which still remains at fourteen.

3. HOSPITALS

No new hospitals have been erected or made available, and the people of Bilston are still served by the Wolverhampton and Birmingham hospitals, and the Moxley and Kingswinford Isolation Hospitals.

SERVICES OF THE LOCAL HEALTH AUTHORITY

School Health

The School Health Service worked reasonably well, but there is only sufficient medical staff to carry out the minimum of three routine medical inspections during a child's school life. I feel personally that four are required; one at five or six, one at eight or nine, and one at thirteen or fourteen, plus the normal intermediate examination at ten or eleven.

The travelling team is at present testing eyes and ears at eight years of age and this is a great help. Nevertheless, I feel there remains the need for a full medical inspection at this age.

Maternal Health

About fifty per cent. of Bilston's expectant mothers continue to have their babies in hospital. I regret to say it is more common to find sore buttocks and inflamed eyes in the babies of mothers who have been delivered in hospital, than in those who have had their babies at home.

As the third section of the report indicates, prematurity is still too common. I suspect that in at least some cases, the diet of the mother-to-be was not sufficient in quantity or quality.

Child Health

The health of the children under five is good, but could be better. I am inclined to think that in Bilston the average school child is healthier than the average toddler, which leads me to wonder whether every toddler gets as much milk as he should. Very few of either toddlers or school children were vaccinated, but immunisation acceptance has improved considerably during the year. The figures are as follows:—

Diphtheria Immunisation. Number of children who completed course of injections during 1954.

Under 1	140
Aged 1 year	125
Aged 2–4 years	97
Aged 5–14 years	207
Total under 15	569

Number of children at 31st December, 1954, who had completed a course of immunisation at any time before that date:

	Last complete course of injections	
	A	B
	1950–1954	1949 or earlier
Born 1954	22	—
1950/53	1,048	—
1949/45	2,619	305
1944/40	2,396	856
Under 15	6,085	1,161

Whooping Cough. Number of children immunised against whooping cough only during the year 1954.

Under 1	144
Aged 1 year	69
Aged 2–4 years	39
Aged 5–14 years	3
Total under 15	255

Number of children immunised against whooping cough at the 31st December, 1954.

Born 1954	37
1953	157
1952	44
1951	12
1950	14
1949	10
1948	1
1947	1
Total under 15	276

More Health Visitors are required too, if the state of toddlers is to be improved, and indeed they would play a large part in improving the health of the Borough as a whole. As I write, I am glad to say that a third Health Visitor is to take up her appointment in July, 1955.

Ambulance Service

Bilston being a small compact town, the removal of its ambulance to a central depot at Darlaston has more or less doubled the time taken to reach casualties. I believe it is hoped to get over this difficulty in the future, by the introduction of control by wireless.

Mental Health

Good work continues to be done, I observe, at the King Street Occupation Centre. The children attending this centre form a large and happy family.

5. CARE OF THE AGED

Despite the old people's clubs, the home helps provided by the County Council, the activities of the Area Welfare Officer and his social worker, and the visits of the Health Visitors and members of the Old People's Welfare Committee, I would hesitate to say that every old person in Bilston is adequately cared for. It is hoped to start, during 1955, a register of old people. Once this is in use, we may be able to give help where it is most needed, and give it sooner.

C. STATISTICS AND SOCIAL CONDITIONS

Area (in acres)	1,871
Population:	
(a) 1951 Census	33,464
(b) Registrar General's Estimate for mid-year 1954	33,810
Population density per acre	18
Rateable Value of District 1/4/54	£160,235
General Rate (1954/55)	22s. 6d.
(Approximately 9/0d. in 1939 values)	

The total number of factories in the town is 166. These can be listed as follows:—

Holloware	6
Iron and Steel	20
Shoe Repairers	14
Engineering	69
Food Preparing Premises ..	14
Woodwork	8
Clothing Manufacturers ..	3
Enamellers	3
Undertakers	1
Goods Transport	1
Glassware	1
Printers	3
Brass Founders	4
Builders	4
Brush Manufacturers	1
Petrol Storage	1
Stonemasons	2
Laundry	1
Coal Merchants	3
Miscellaneous	7

Action taken under Part 1 and Part 8 of the Factories Act, 1937, is tabulated as follows:

TABLE A

Part 1 of the Act.

Inspections for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	16	–	–	–
Factories in which Section 7 only is enforced by the Local Authority	150	22	5	–
Other Premises in which Section 7 is enforced by Local Authority	19	–	–	–

TABLE B

Cases in which defects were found.

Particulars	Found	Remedied	Referred		Number of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	–	–	–	–	–
Overcrowding ..	–	–	–	–	–
Unreasonable Temperature	–	–	–	–	–
Inadequate Ventilation	–	–	–	–	–
Ineffective drainage of floors	–	–	–	–	–
Sanitary Conveniences unsuitable or defective	3	3	–	2	–
Insufficient ..	2	2	–	–	–
Not separate for sexes	–	–	–	–	–
Other Offences against the Act (Not including offences relating to outwork)	4	4	–	–	–

TABLE C

Part 8 of the Act.

OUTWORK

(Sections 110 and 111).

Nature of Work	Section 110			Section 111		
	No. of outworkers in list required by Section 110 (1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparel (making, etc.)	1	–	–	–	–	–
Carding, etc. of Buttons, etc.	–	–	–	–	–	–
Cosaques, Christmas Crackers, Christmas Stockings, etc.	–	–	–	–	–	–
	1	–	–	–	–	–

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1954

Births

Live Births	*Total*	*Males*	*Females*
Legitimate	538	296	242
Illegitimate	16	9	7
Total ..	554	305	249

Birth Rate per 1,000 population 16.38
Comparability Factor for Births: 0.89
Corrected Birth Rate: 14.58

Still Births	*Total*	*Males*	*Females*
Legitimate	13	8	5
Illegitimate	2	1	1
Total ..	15	9	6

Still Birth Rate per 1,000 total births: 26.36
Still Birth Rate per 1,000 population: 0.44

Infant Deaths under 1 year of age

	Total	*Males*	*Females*
Legitimate	17	10	7
Illegitimate	1	1	–
Total ..	18	11	7

Infantile Mortality Rate

Death Rate of infants under one year of age per 1,000 live births: 32.5.

Infant Deaths under four weeks of age

	Total	*Males*	*Females*
Legitimate	10	6	4
Illegitimate	1	1	–
Total ..	11	7	4

Neo-Natal Mortality Rate

Deaths of infants under four weeks of age per 1,000 live births: 20.

Infant Deaths during 1954—Taken from the Death Returns

Date	*Age*	*Sex*	*Cause of Death*
8/ 1/54	6 months	F	1a) Lobar Pneumonia.
21/ 1/54	1 month	M	1a) Asphyxia due to the inhalation of regurgitated stomach contents.
21/ 1/54	2 months	F	1a) Acute Bronchiolitis and Bilateral Broncho Pneumonia.
			b) Bilateral otitis media.
1/ 2/54	6 months	F	1a) Broncho Pneumonia.
21/ 2/54	2 weeks	M	1a) Bilateral Confluent Broncho Pneumonia.
21/ 2/54	2 months	M	1a) Bilateral Broncho Pneumonia.
22/ 2/54	5 days	F	1a) Prematurity.
			11) Multiple congenital abnormalities.
8/ 3/54	1 day	M	1a) Cerebral Haemorrhage.
			b) Prematurity.
10/ 3/54	2 hours	F	1a) Premature (23 weeks gestation).
11/ 3/54	2 weeks	M	1a) Broncho Pneumonia.
12/ 3/54	6 weeks	M	1a) Asphyxia due to the inhalation of regurgitated stomach contents.
7/ 5/54	4 months	M	1a) Acute myocardial failure.
			b) Broncho Pneumonia.
24/ 6/54	1 day	M	1a) Atelectasis.
			11) Prematurity (32 weeks gestation).
10/ 9/54	18 hours	M	1a) Atelectasis.
			11) Prematurity.
18/ 9/54	1 day	M	1a) Pulm.Atelectasis.
			b) Prematurity.
			c) Multiple Pregnancy.
8/10/54	19 hours	F	1a) Atelectasis.
			b) Prematurity.
20/10/54	1 day	M	1a) Prematurity.
17/11/54	10 mins.	F	1a) Congenital defects.

General Deaths

	Total	*Males*	*Females*
Deaths (All Causes)	333	197	136
Crude Death Rate per 1,000 population:	9.85		
Comparability Factor for Deaths:	1.33		
Corrected Death Rate:	13.1		

Infantile Mortality

The infantile mortality rate is generally regarded as a good measure of the general health of the community. As I mentioned in commenting on the 1953 figures, it is not an accurate guide in the case of a small town like Bilston when the figures for a single year are considered. It is, however, a most useful measure for periods of over two or three years, and in point of fact the rate for 1954 is close to the average rate for the previous two or three years. An analysis of the 1954 figures may therefore be of use.

In 1953 there were 19 deaths between the ages of one hour and four weeks and 7 between the ages of four weeks and fifty-one weeks. In 1954 there were 11 deaths between the ages of one hour and four weeks and 7

deaths between the ages of four weeks and fifty-one weeks. The neo-natal mortality, therefore, has been considerably reduced, but deaths of older infants, commonly regarded as more preventable, have remained at the same level. One reason for this was that circumstances prevented the Health Visitor's counsel being as widely and readily available as usual. One Health Visitor was absent through illness for much of the early part of the year, while the other was absent on maternity leave for a good portion of the second half of the year. Rehousing also was rather slower during 1954. It is of interest that all the cases of pneumonia on the list shown above occurred in houses marked down for eventual slum clearance. For further improvement (and I am sure that the infantile mortality rate will sink further) we must look to improved maternal care and improved maternal diet. The cost of food has now become extremely high. According to Boyd-Orr's investigations before the war, an adult required an expenditure of fourteen shillings a week on food to be adequately nourished. At present day prices this would mean at least thiry-five shillings a week, possibly more for the mother-to-be since she requires more of such expensive foods as milk and fruit. If there are under-nourished mothers, and as a result, premature or under-nourished babies unable adequately to resist infection, it is not altogether surprising.

According to the Registrar General, 18% of Bilston's adult male population are unskilled labourers (Registrar General's Working Class 5). Even today it is unlikely that the wage of an unskilled labourer is sufficient to allow his wife to spend thirty-five to forty shillings a week on her own food.

General Deaths

The following three tables give most of the significant factors about deaths in Bilston as a whole.

TABLE A

Deaths during 1954 by age groups

Age	*Male*	*Female*	*Total*
0–4	11	7	18
5–14	3	–	3
15–24	1	3	4
25–44	11	6	17
45–64	74	30	104
65 and over	97	90	187
All deaths	197	136	333

TABLE B

Deaths from Certain Causes

1954

Cardio-Vascular Diseases	95
Vascular Lesions of the Nervous System ..	47
Cancer	57
Bronchitis	24
Influenza	1
Pneumonia	18
Pulmonary Tuberculosis	6

TABLE C

Years of Life Lost due to Mortality from Certain Causes

Abridged List No.	Cause of Death		Total No. of deaths	Total Years of life lost 0–85	Total Years of life lost 0–64	Years of life lost per 10,000 population		
						0–64	15–64	0–85
	All Causes	M.	197					
		F.	136					
1.	Tuberculosis of Respiratory System ..	M.	5	145	45	13	13	43
		F.	1	36	16	5	5	11
10–15.	Cancer (all sites)	M.	32	447	123	36	36	132
		F.	25	399	89	26	26	118
11.	Cancer of Lung. Bronchus	M.	11	329	120	36	36	97
12.	Cancer of breast..	F.	6	153	45	13	13	45
17.	Vascular lesion of C.N.S.	M.	23	631	185	55	50	187
		F.	24	464	106	31	31	137
18.	Coronary disease	M.	13	248	67	20	20	73
		F.	6	104	11	3	3	31
19, 20	Other cardiac diseases	M.	32	594	160	47	47	176
		F.	28	410	62	18	18	121
23–24.	Bronchitis and pneumonia	M.	32	877	280	83	74	259
		F.	10	356	193	57	49	105
26.	Ulcer of stomach and duodenum ..	M.	3	36	16	5	5	11
		F.	–	–	–	–	–	–
33, 34.	Accidents	M.	10	355	215	64	58	105
		F.	4	55	17	5	5	16

It will be seen that the commonest and greatest cause of premature deaths is accident. The prevention of accidents is mainly a question of increased knowledge and care.

In comparing Table C with a similar table given by the Registrar General for England and Wales during 1953, the rate of years of life lost in Bilston exceeds that in the country as a whole only in the case of cancer of the lung and bronchus. Our loss of years of life from accidents is quite definitely lower than in the country as a whole, and from bronchitis and pneumonia not appreciably higher. Our loss of years of life from vascular diseases of the central nervous system is higher than in the country as a whole, but that from coronary disease is lower. Since there is a similarity between these two forms of death, I do not think that these last particular differences are significant.

I have tried to compare the deaths in the various wards of the Borough in Table D and also the birth rates. It will be noticed that the High Town Ward has the highest death rate; this may be because it contains mainly old property, or it may be because the smoke and dust from the factories to the south and south-west of it, both in Bilston and Coseley, reach this ward before the rest of the Borough. It is not a ward in which there is gross overcrowding and it is probable that overcrowding affects mainly the infant death rate.

TABLE D

Ward	Electo-rate	Deaths	Death Rate per 1,000 electors	Births	Birth Rate per 1,000 electors	Popula-tion at 1951 Census
Ettingshall	4,457	72	16.0	97	21.3	6,124
High Town	2,141	40	18.68	50	23.3	3,241
New Town	4,117	65	15.77	94	22.8	6,748
Town Hall	7,860	101	12.83	186	23.6	10,744
Bradley	4,524	55	12.15	125	27.6	6,398

Causes of Death during 1954 in detail

TABLE E

Causes of Death	*Males*	*Females*	*Total*
Tuberculosis Respiratory ..	5	1	6
Tuberculosis Other	–	–	–
Syphilitic Diseases	–	–	–
Diphtheria	–	–	–
Whooping Cough	–	–	–
Meningococcal Infections	–	–	–
Acute Poliomyelitis	–	–	–
Measles	–	–	–
Other Infective and Parasitic Diseases	–	–	–
Malignant Neoplasm (Stomach) ..	4	7	11
Malignant Neoplasm (Lung Bronchus)	11	–	11
Malignant Neoplasm (Breast) ..	–	6	6
Malignant Neoplasm (Uterus) ..	–	3	3
Other Malignant and Lymphatic Neoplasms	17	9	26
Leukaemia, Aleukaemia	–	2	2
Diabetes	1	1	2
Vascular Lesions of Nervous System	23	24	47
Coronary Disease, Angina ..	13	6	19
Hypertension with Heart Disease	7	5	12
Other Heart Disease	25	23	48
Other Circulatory Diseases ..	10	6	16
Influenza	–	1	1
Pneumonia	11	7	18
Bronchitis	21	3	24
Other Diseases of Respiratory System	5	1	6
Ulcer of Stomach and Duodenum	3	–	3
Gastritis, Enteritis and Diarrhoea	1	–	1
Nephritis and Nephrosis ..	2	2	4
Hyperplasia of Prostate ..	7	–	7
Pregnancy, Childbirth, Abortion	–	–	–
Congenital Malformation ..	–	2	2
Other defined or ill-defined diseases	20	20	40
Motor Vehicle Accidents ..	1	–	1
All other accidents	9	4	13
Suicide	1	3	4
Homicide and Operation of War	–	–	–
TOTAL ..	197	136	333

Census Figures 1951

TABLE A

	Private Households	Population in households	Structurally separate dwellings occupied	Rooms occupied	Persons per room	Percentage of persons at more than 2 persons per room
Whole Town	9,090	33,255	8,670	37,494	.89	5.1
Bradley ..	1,719	6,398	1,515	6,811	.94	4.1
Ettingshall	1,714	6,124	1,673	6,977	.88	5.3
High Town	983	3,241	935	3,826	.85	3.9
New Town	1,752	6,748	1,683	6,972	.97	9.3
Town Hall	2,922	10,744	2,764	12,908	.83	2.6

Dwellings Occupied

TABLE B

1 room	2 rooms	3 rooms	4 rooms	5 rooms	6 rooms	7 rooms	8 or 9 rooms	10 or more rooms
35	382	1,020	3,699	2,625	720	135	486	

Total Dwellings : 8670.

Number of Private Households resident therein : 9.90.

TABLE C

Households in All Dwellings

No. of persons in household	Number of households occupying the following number of rooms									Total households	Total persons in household	Total rooms Occupied	Average No. of persons per room
	1 room	2 rooms	3 rooms	4 rooms	5 rooms	6 rooms	7 rooms	8 or 9 rooms	10 or more rooms				
1	32	135	90	197	80	18	1	Nil	Nil	553	553	1,875	.29
2	79	283	312	787	429	110	13	2	1	2,016	4,032	7,652	.53
3	69	195	354	952	577	123	23	12	1	2,306	6,918	9,222	.75
4	23	104	206	714	639	151	10	8	Nil	1,855	7,420	7,942	.93
5	3	27	113	453	404	98	17	7	Nil	1,122	5,610	4,992	1.12
6	1	10	61	253	192	63	13	6	Nil	599	3,594	2,693	1.33
7	1	3	20	133	105	41	13	Nil	Nil	316	2,212	1,461	1.51
8	Nil	1	12	56	54	14	11	2	Nil	150	1,200	710	1.69
9	9	Nil	2	5	40	16	11	8	2	84	756	397	1.90
10 or more	Nil	Nil	3	33	19	22	10	2	Nil	89	960	455	2.11
Total households	208	760	1,176	3,618	2,515	651	119	41	2	9,090	Nil	Nil	Nil
Total persons	517	1,944	3,843	1,368	9,910	2,814	656	198	5	Nil	33,255	Nil	.89
Rooms occupied	208	1,520	3,528	14,472	12,575	3,906	833	337	20	Nil	Nil	37,399	Nil
Distribution per 1,000 households by rooms occupied	23	84	129	397	277	72	13	5	Nil	1,000	Nil	Nil	Nil

TABLE D

Households in Shared Dwellings

	1 room	2 rooms	3 rooms	4 rooms	5 rooms	6 rooms	7 rooms	8 or 9 rooms	10 rooms	Total	Average number of persons per room
Total Households	173	378	175	61	12	1	1	Nil	Nil	801	—
Total Persons ..	424	944	585	228	62	8	3	Nil	Nil	2,254	1.27
Rooms occupied ..	173	756	525	244	60	6	7	Nil	Nil	1,771	—
Distribution per 1,000 households	216	473	218	76	15	1	1	Nil	Nil	1,000	—

TABLE E

Households without Certain Household Arrangements

	Total number of households	Piped Water		Cooking Stove		Kitchen Sink		Water Closet		Fixed Bath	
		Without	Shared	Without	Shared	Without	Shared	Without	Shared	Without	Shared
All households	9,090	1,231	1,217	742	601	1,263	745	210	1,616	3,439	447

D. PREVENTABLE DISEASE AND ILL-HEALTH

INFECTIOUS DISEASES

Whooping Cough

During the last five or six years the whooping cough epidemic has taken place mainly during the winter months, over a period of roughly six months; the number of cases being between 200 and 220 in each epidemic. During 1954 the epidemic occurred mainly in the spring and summer, and as I hoped, the cases were less frequent, less prolonged, and less severe, as a result of the introduction into the community of whooping cough immunisation.

As will be seen from Table 1 only 120 cases were notified and only 2 required to be admitted to hospital. This indicated a definite improvement.

Diphtheria

Despite extensive investigation of all known contacts of the 1 confirmed case of diphtheria, no other cases or carriers were disclosed, and I can only conclude that there are a number of diphtheria carriers walking about the Borough, whom I have been unable to trace. Occasional cases of diphtheria, therefore, will continue to crop up in the future.

Scarlet Fever

The importance of this disease lies in its complications; rheumatic fever, nephritis, and otitis media. None of the 26 confirmed cases during 1954 was severe, and none suffered damage to heart or kidney.

Measles

It will be seen that there were only 11 cases of measles as against 459 in the previous year. Measles is more infective than whooping cough and the wave of infection every two years is more noticeable.

As I write, the 1955 epidemic is beginning to die down.

None of the 11 cases of measles notified during 1954 was severely ill.

Poliomyelitis

Only 1 frank paralytic case occurred during the year. During June and July there occurred at one of the senior girls schools, an epidemic of a condition that might have been abortive poliomyelitis. The sequence of events was as follows.

On Friday the 18th June, a girl in one of the second year classes, complained of a sore throat and giddiness and was kept away from school. On the 20th June, the girl who sat next to her felt giddy. The following day, Monday, she felt a little better and attended school. She began to feel ill again, vomited, and was sent home. When she tried to get up the next day she was unable to stand, and she was removed to Moxley Hospital as a suspected poliomyelitis. On Wednesday the 23rd a third girl in the third year, who had had some contact with the second year girls, went

down with a sore throat, pains in the legs, and headache. Her brother, aged four, went down with similar symptoms and signs on the following day. Girl number two stayed in hospital for a fortnight and did not return to school that term. She and her younger sister who was in the first year at the same school, had come over from Northern Ireland about three months previously. They came from Bangor, County Down, where there had been in the previous year quite a severe epidemic of poliomyelitis. The elder Irish girl had made many friends at the school, and one of her closest friends who frequently sat next to her was taken ill on the 3rd July. The symptoms were nausea, headache, sore throat, and pains in the neck. The girl had, in the past, had rheumatic fever, and naturally enough her parents thought this to be another attack. However, unlike the average case of rheumatic fever, she lay extremely still in bed, hardly disarranging the bedclothes. Having learned that she was absent from school, I called to see her on the 8th July; she was then lying very still and a shade feverish. She could get out of bed without much feeling of giddiness, but did so very deliberately and appeared to have weakness of the left leg. I called again on the 9th July and she was then quite alert, could move freely in bed, and walked normally.

This picture was not unlike that of non-paralytic poliomyelitis.

Another girl who sat next to the Irish girl was absent from school from the 5th to the 19th July, with headache, sore throat, and a feeling of great listlessness. The headache and sore throat only lasted about three days, but the listlessness was present throughout. One of the Irish girl's other friends fell ill on the 15th July, with headache, sore throat, and feeling of nausea. The girl who sat on her right complained of similar symptoms on the 12th July. The girl who sat next to the very first girl did not fall ill, but her sister did. Another girl had an attack of headache and nausea on the 19th July; she sat next to one of the Irish girl's friends. The sister of the girl who normally sat behind the first girl became ill with giddiness, sore throat, raised temperature, on the 20th July.

Six other girls went down with similar symptoms on the 21st and 22nd July, and I developed similar symptoms myself the following day. In my own case the headache was confined to the back of the head and was of a type I had not experienced before.

The school was due to close in any case on the 23rd July and no further cases were discovered during the holiday period. One of the girls, however, came from a street in which there were a number of younger children. Several of these children attended a church primary school in the vicinity. None of them developed any symptoms, but on the 22nd October a five year old boy from another street, in the same class, developed a disease which was later found to be paralytic poliomyelitis. His friend and playmate developed symptoms similar to those of the girls at the senior school. As the two children were from the same class, the class was closed, and the members of the class visited periodically by me. Only one of the class, a girl, became ill, and again it was a minor upset; sore throat, headache, and feeling of weakness. No further cases of obvious poliomyelitis developed.

TABLE 1

Infectious Diseases notified during 1954

Disease	Total cases notified	Total cases confirmed	Cases admitted to hospital	Deaths
Tuberculosis—Respiratory	47	46	–	6
Tuberculosis—Meninges and C.N.S.	1	–	–	–
Tuberculosis—Other	7	7	–	–
Scarlet Fever	27	26	19	–
Whooping Cough	120	118	2	–
Acute Anterior Poliomyelitis	4	1	4	–
Measles	11	11	–	–
Diphtheria	7	1	7	–
Pneumonia	43	42	5	18
Dysentery	–	–	–	–
Smallpox	–	–	–	–
Puerperal Pyrexia	2	2	1	–
Ophthalmia Neonatorum	2	2	1	–
Erysipelas	3	3	1	–
Paratyphoid	–	–	–	–
Enteric or Typhoid Fever	–	–	–	–
Food Poisoning	22	22	1	–
Meningococcal Infection	2	2	1	–

Total cases confirmed 283

Total cases confirmed during 1953 641

TABLE 2

Infectious Diseases—Confirmed. In Wards. 1954

Disease	New Town			High Town			Town Hall			Ettingshall			Bradley			TOTAL		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
Whooping Cough	9	6	15	3	5	8	13	17	30	15	8	23	18	24	42	58	60	118
Pneumonia	4	3	7	3	1	4	7	1	8	4	2	6	13	4	17	31	11	42
Diphtheria	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1
Scarlet Fever	3	–	3	1	1	2	4	4	8	1	6	7	1	5	6	10	16	26
Measles	1	–	1	1	–	1	4	3	7	–	1	1	–	1	1	6	5	11
Meningococcal Meningitis ..	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	1	1	2
Puerperal Pyrexia	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	2	2
Erysipelas	–	–	–	–	–	–	1	–	1	–	–	–	2	–	2	3	–	3
Food Poisoning	–	3	3	–	–	–	6	5	11	1	1	2	4	2	6	11	11	22
Ophthalmia Neonatorum ..	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	2	–	2
Poliomyelitis	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1

Tuberculosis

There were 343 cases of pulmonary tuberculosis on the register at the end of 1954. 199 were males and 144 were females. There were 51 cases of non-pulmonary tuberculosis. 22 males and 29 females.

During the year 65 new cases of tuberculosis were notified, compared with 59 in 1953. 8 of the cases were non-pulmonary.

There were 6 deaths, all being pulmonary tuberculosis. 1 in the New Town Ward, 3 in the Town Hall Ward, 1 in the Ettingshall Ward, and 1 in the Bradley Ward. 5 were males and 1 female.

TABLE 3

Tuberculosis Statistics—Number on Register at 31st December, 1954

		Males	*Females*	*Total*
Pulmonary	Under 1 year	—	1	1
	1 to 5 years	6	2	8
	6 to 15 years	11	9	20
	16 to 25 years	44	58	102
	26 to 45 years	83	58	141
	46 to 65 years	48	12	60
	Over 65 years	5	3	8
	Ages unknown	2	1	3
	Total all ages	199	144	343
Non-Pulmonary	Under 1 year	–	–	–
	1 to 5 years	6	4	10
	6 to 15 years	2	4	6
	16 to 25 years	9	8	17
	26 to 45 years	2	12	14
	46 to 65 years	1	1	2
	Over 65 years	2	–	2
	Total all ages	22	29	51
	Pulmonary all ages	199	144	343
	Non-Pulmonary all ages	22	29	51
	GRAND TOTAL	221	173	394

TABLE 4

Pulmonary Tuberculosis in Wards

1951–54

Year	New Town		High Town		Town Hall		Ettingshall		Bradley		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1951	6	3	–	1	12	10	8	2	7	5	33	21
1952	–	1	2	2	3	14	3	2	9	8	17	27
1953	8	3	3	2	11	9	4	2	6	5	32	21
1954	4	5	3	2	9	7	8	5	5	9	29	28

TABLE 5

Tuberculosis Notifications

YEAR	PULMONARY		NON-PULMONARY		TOTAL	
	Male	Female	Male	Female	Male	Female
1948	16	11	2	1	18	12
1949	13	15	3	1	16	16
1950	25	10	1	1	26	11
1951	32	22	5	2	37	24
1952	16	28	1	2	17	30
1953	32	21	1	3	33	24
1954	29	28	5	3	34	31

(Including Inward Transfers).

Overcrowding, slum houses, and pollution of the atmosphere combine to raise the incidence in Bilston above that of many other towns. Nationally, the only real solution is the treatment of all patients in settlements of the Papworth type, so that those who return to work under normal conditions can be regarded as non-infective and unlikely to break down.

Making the best of a bad job, we at present give absolute priority for rehousing to all those cases with a continuing positive sputum who cannot be given a separate bedroom in their present house.

Our continued efforts to rehouse all people living in slum houses or overcrowded conditions will undoubtedly reduce the incidence of tuberculosis in the future.

Other Preventable Ill Health

The notifiable infectious diseases are not the only ones that are preventable.

Flat foot, generally due to weak ankles, may be a sequel or result of scarlet fever or rheumatic fever, but it may also be due to an ill chosen or inadequate diet, or to distortion of the structure of the foot by shoes which are too narrow or too short. Corns, bunions, mis-shapen toes, are also the result of ill fitting foot gear, and we have so far come to regard the normal as abnormal, that it is rare to see a woman's shoe advertised which would fit a normal foot.

Baldness is due to an infectious disease though not a notifiable one. This is the condition known as dandruff (seborrhea capitis). This condition is so common that isolation of infected persons is impossible, but frequent washing of the hair will prevent baldness in most men.

The toll taken by diseases of the heart and blood vessels among the over forties is probably preventable. The suggestion that some part of it is the delayed effect of poisoning by gas during the 1914–18 war probably has some basis, but an ill chosen, unbalanced diet, probably plays a larger part. It is now thought that appendicitis and gall stones are due more often to dietary deficiencies than to infection by microbes.

Accidents and Suicide

There were 18 deaths from violent causes during 1954, 1 of which was due to a motor accident, 13 to other accidents, and 4 to suicide.

Fear of tuberculosis played some part in one of the suicides, and housing conditions are said to have contributed to the other three.

I do not think that the one death from a motor accident indicates an improvement in the standard of road safety. There were five deaths in 1953, so that Bilston's average of three per year which corresponds very closely to the national figures has not been reduced.

There were three deaths from accidents in factories; these were undoubtedly preventable, being due to carelessness.

The home accidents are heavy, accounting for six of the deaths, and there were two deaths following falls in the street.

The activities of the Home Safety Committee in trying to prevent home accidents are dealt with more fully in the Health Education Section.

Notification of home accidents dealt with at the Royal Hospital, Wolverhampton, started as from the 11th October, 1954. Accidents were then coming in at the rate of three or four a week. By Christmas they were down to two a week and there are signs that the average for 1955 will be one a week. This is not only due to the work of the Home Safety Committee; the Health Visitors are now, at the request of the County Council, giving special attention to the prevention of accidents in the home, and I have no doubt that their advice has had a great effect.

E. HOUSING

Only 168 houses were completed and occupied during 1954 and it was, therefore, only possible to close 64 of the worst houses and persuade some of the owners to patch some of the remainder. Though it was not possible to survey every house in detail, all the property in the town was surveyed during 1954, and it was found that there remained 11,831 houses unfit for human habitation.

Attention has, of course, always been directed first to the clearance areas represented in 1945, and by the end of 1954 only 1,107 out of the original 1,504 houses in these areas remained in occupation. As a result of the survey a provisional slum clearance plan was submitted to the Council, containing in addition to the 1,102 houses left in the areas originally represented, certain of the worst houses in the other areas. The total number of houses suggested for demolition under this provisional plan was 1,209 and the proposals to be submitted to the Ministry of Housing and Local Government under the Rent and Repairs Act, 1954, will be based on this plan.

Reconstruction accompanying these clearances should transform the Ettingshall and Bradley areas and considerably improve the centre of the town.

As will be seen from the census figures, Bilston is to date the most overcrowded town in Staffordshire. It will not be possible to abate this overcrowding without using land outside the Borough for housing purposes. As a measure of the present state, I understand that the number of applicants on the Housing Manager's list at the end of 1954 was in the region of 1,900.

The most overcrowded ward in 1951 was the New Town Ward and the general death rate in the New Town Ward during the first quarter of 1951 was higher than that for the whole town, though the difference is not great, 4.45 as against 4.33. The number of Council houses built since the war at the end of 1954 was 1,706, making with the 2,685 built before the war a total of 4,391.

The following is the housing table required by the Ministry of Housing and Local Government.

1. Inspection of dwelling houses during the year:—

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 355

(b) Number of inspections made for the purpose .. 355

(2) Number of dwelling houses found not to be in all respects fit for human habitation 355

2. Remedy of Defects during the year without service of Formal Notices:—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers (part of these in respect of Notices served in 1953) 213

3. Action under Statutory Powers during the year:—

A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 .. .. Nil

B. Proceedings under Public Health Acts:—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 113

(2) Number of dwelling houses in which defects were remedied after service of Formal Notices 18
These defects were all remedied by the owners.

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 1

(2) Number of dwelling houses demolished in pursuance of Demolition Orders 12

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

Total Number of houses demolished during 1954, or closed and awaiting demolition 64

F. SANITARY CIRCUMSTANCES OF THE AREA

Water

The quality of the water is generally satisfactory. Chlorination is practised at the Bratch and Tomhill Pumping Stations. During the year 63 samples of water were taken, 15 of which were chemically analysed and 48 were bacteriologically tested. The following are typical of those taken during the first half of the year.

	Water from Bratch Waterworks, Wombourn
pH Value	7.4
	Parts per 100,000
Total Solid Matter Dried at 212°F.	33.5
Free and Saline Ammonia	Nil
Albuminoid	0.0004
Nitric Nitrogen	0.56
Chlorine present as Chloride	1.9
Oxygen absorbed in 4 hours at 80°F.	0.004
Appearance	None
Metallic Contamination	None
Total Hardness	16.3°
Permanent Hardness	6.0°
Temporary Hardness	10.3°

This water is chemically of satisfactory quality.

Water
Bacteriological Examination Report

Nature of Sample: Source: Main piped supply.
Sample taken from:
Tap, 23, Wellington Road, Bilston.

Date and hour of collection: 12.5.54 12.40 p.m.

Date and hour of arrival: 12.5.54 3.30 p.m.

REPORT

Date of Report: 14th May, 1954

Plate Count. Yeastrel agar 2 days 37°C. aerobically ..... NIL ..... per ml.

Probable number of coliform bacilli, MacConkey 2 days, 37°C. ..... Nil per 100 ml.

Probable number of faecal coli ..... Nil per 100 ml.

The average daily consumption in the Bilston and Coseley areas was 2,507,509 gallons during 1954. Of these, 1,252,388 gallons were for trade supplies and 1,255,093 gallons were for domestic supplies.

The Borough Surveyor estimates that this gives an average per head per day for domestic supplies of 27.12 gallons and for trade supplies of 27.06 gallons. Of the 915,231,000 gallons of water supplied to Bilston and Coseley during the year, 3,658,000 gallons had to be obtained from other water undertakings.

The better water supplies in new houses have led to the average daily consumption increasing from 24.48 gallons per head per day to 27.12 gallons per head per day.

As a result of a request from a large steel works in the Borough for an increased water supply for a new blast furnace, an enquiry was held and permission given for increased pumping at the Tomhill Pumping Station. The bore hole was enlarged in August and September and pumping commenced. On the 13th October a sample was taken from Coton Road Reservoir. The Public Health Laboratory, Stafford, reported that it showed 68 bacteria in every cubic centimetre of water, and between two and three B coli in every 10 c.c's. The number of faecal coli in 100 c.c's. was 1.

A second sample was taken on the 18th October; this contained 326 bacteria in every c.c. and between one and two faecal coli in every c.c.

On investigation it was found that the submersible pump at the Tomhill Pumping Station was pumping up sand as well as water. Every now and then this put the chlorinator out of action and there was no warning device on the chlorinator to indicate when it was not doing its job. Work on the bore hole might be expected to lead to some contamination. The bore hole was not adequately shielded, there being an open area, in fact, around the pump where dirt from the floor could easily be washed in. The chlorinator was taken out of action and a solution of chloride of lime fed down the bore hole by means of a rubber tube. The reservoir was heavily chlorinated with Chloros and the chlorine level of the chlorinator at the Bratch Pumping Station was pushed up to the maximum.

The contamination was undoubtedly at Tomhill, since the chemical samples taken on the 13th October showed the reservoir water to obtain no free chlorine, while the water at the Bratch contained .08 parts per million free of chlorine. A sample taken from the Tomhill Pumping Station from the pump before the water reached the chlorinator, on the 18th October, showed 36 bacteria in each c.c. Once the pump was properly sealed off there was no further trouble. The quantity of the water, however, started to become inadequate in December as a result of severe losses from burst pipes and by the end of the year the position was serious.

During 1955 it has been somewhat improved but the supply is still precarious.

Sewage

The sewage works is becoming less and less adequate to the needs of the population. A new and larger works is now essential.

The Borough Surveyor supplies the following information:—

"The sewage disposal works occupy an area of 43 acres at The Lunt, Bilston, and deal with the flow of sewage from the whole of the Borough, together with 1,663 acres of the northern part of Coseley Urban District, and also parts of the adjoining areas of Wolverhampton, Willenhall and Darlaston, a total of 3,588 acres.

The system of disposal is precipitation followed by continuing filtration; the sludge from the tanks gravitates to a well from which it is pumped to lagoons.

The disposal works were first contructed in 1905 to deal with a daily dry weather flow of 517,000 gallons. They were extended in 1924 and again in 1929 to deal with a daily dry flow of **1,379,000** gallons.

The dry weather flow exceeds **1,500,000** gallons a day and a scheme is under consideration for improvements and extensions to the works to bring them up to date for present requirements, and for a future estimated dry weather flow of 1,700,000 gallons a day".

Drains and Water Closets

1,534 choked drains and water closets were cleansed by the Health Department staff.

The tabular statement of the Chief Sanitary Inspector is as follows:—

(a) INSPECTIONS

Nature of Inspection	*1st Inspections*	*Re-Inspections*	*Total*
Dwelling Houses			
Routine	332	405	737
Complaints	350	223	573
Overcrowding	10	—	10
Dirty condition	13	11	24
Rent Restriction Act	—	—	—
Disinfected	49	60	109
Disinfested	73	125	198
Rodent Control	227	894	1,121
Infectious Disease	23	15	38
Other Premises			
Bacteriological Swabs	8	—	8
Houses let in lodgings	—	—	—
Tents, vans, sheds, sites	55	4	59
Common lodging houses	—	—	—
Factories—mechanical power	22	—	22
no power	—	—	—
Workplaces—ordinary	—	—	—
outworkers	—	—	—
Bakehouses	5	—	5
Dairies	—	—	—
Milk dealers	143	—	143
Ice Cream—manufacturers	—	—	—
retailers	13	1	14
Samples	19	—	19

Nature of Inspection	*1st Inspections*	*Re-Inspections*	*Total*
Slaughterhouses—inspected	10	1	11
meat inspection	790	—	790
Private/emergency slaughter	4	—	4
Fried fish shops	29	1	30
Mortuary	31	—	31
Food preparing premises	39	1	40
Ice stores	5	—	5
Public houses	8	—	8
Cafes and restaurants	14	—	14
Works canteen	2	1	3
Market—visits	28	—	28
meat stalls	115	—	115
other food stalls	154	—	154
Shops—meat and food	344	2	346
others	37	—	37
rodent control	22	58	80
Public conveniences	19	—	19
Stables	7	1	8
Premises re swine, fowl, etc.	19	2	21
Premises re offensive accumulations	40	9	49
Drains—inspected	212	79	291
colour tested	18	1	19
water tested	2	1	3
grenade tested	7	—	7
smoke tested	3	—	3
Sewers—inspected	11	4	15
street gullies	1	—	1
Canal boats—inspected	—	—	—
visits to canal	2	—	2
Smoke observations—special	46	—	46
visits to plant	17	2	19
Water samples—chemical	14	—	14
bacteriological	44	—	44
inspections	2	—	2
Food stalls and carts	17	—	17
Other foods—informal	2	—	2
Cleansing visits	1	—	1
Miscellaneous visits	801	—	801
Smoke measurement	147	—	147
Offensive trade	—	2	2
Warehouses	1	—	1

(b) NOTICES

Informal Notices issued		216
Statutory Notices—Section 92–93		
Public Health Act, 1936	Issued	93
	Complied	73
	Justices Order	1

(c) IMPROVEMENTS MADE AS A RESULT OF THE SERVICE OF INFORMAL OR STATUTORY NOTICES

Dwelling Houses	*By Notice*	*Without Notice*	*Total*
Internal Rooms			
Ventilation improved	4	—	4
New windows provided	2	8	10
Old windows repaired	41	8	49
Window cords renewed	78	5	83
Dampness in walls remedied	43	2	45
Plaster of walls repaired	37	23	60
Plaster of ceilings repaired	51	15	66
Floors repaired	30	3	33
New fireplaces provided	2	—	2
Old fireplaces repaired	6	—	6
Doors repaired	2	—	2
Converted into through	1	—	1
Staircases			
Steps provided or repaired	2	—	2
Guard rails provided	—	—	—
Guard rails repaired	3	—	3
Plaster of walls repaired	1	1	2
Plaster of ceilings repaired	—	—	—
Sculleries and Wash-houses			
Windows repaired	3	—	3
Plaster of walls repaired	2	—	2
Plaster of ceilings repaired	2	—	2
New sinks provided	2	3	5
Waste pipes repaired or renewed	8	2	10
Wash coppers provided	1	—	1
Wash coppers repaired	7	—	7
Floors repaired	2	—	2
Doors repaired	3	—	3
Water service pipes repaired	5	3	8
Service main repaired	1	—	1
Water brought indoors	1	1	2
Chimney rebuilt	1	—	1
Cellars			
Drainage provided	1	—	1
Flooding abated	—	2	2
External			
Roofs repaired	82	24	106
Eaves spouts repaired or provided	26	6	32
Down spouts repaired or provided	17	7	24
Down spouts disconnected from drain	1	—	1
Walls repaired and/or repointed	47	14	61
Chimney stacks repaired and/or repointed	39	12	51

	By Notice	*Without Notice*	*Total*
Doors repaired	5	1	6
Steps repaired	1	—	1
General			
Yard paving or surfaces repaired..	4	1	5
Houses supplied with town's water supply	—	1	1
Houses cleansed, limewashed or redecorated	3	1	4
Outbuildings			
Water Closets			
Roofs repaired	16	—	16
Walls repaired or repointed ..	23	—	23
Doors repaired	6	—	6
New cistern fixed or repaired ..	39	4	43
New pedestals and seats provided	26	3	29
Lighting and ventilation improved	—	1	1
Soilpipes repaired	1	2	3
Water supply provided	6	4	10
New water closets provided ..	—	2	2
Flush pipes repaired	2	—	2
Floors repaired	3	—	3
Ashbins			
Provided in substitution for other receptacles	—	—	—
Renewals	—	569	569
Provided for new houses ..	—	204	204
Provided for other premises ..	—	44	44
Provided for other departments ..	—	3	3
Drains			
Repaired or relaid..	45	7	52
Cleansed	11	7	18
Disconnected from sewer.. ..	1	—	1
Inspection chambers built or repaired	9	3	12
Self cleansing gullies provided ..	5	3	8
Anti-flood traps fitted	1	—	1
Land drainage improved ..	1	—	1
Sewers and/or Street Gullies			
Cleansed	1	1	2
Infested Premises			
Freed from vermin	—	1	1
Offensive Accumulations			
Removed	9	2	11
Animals so kept as a Nuisance			
Nuisance abated	1	1	2

	By Notice	*Without Notice*	*Total*
Tents, Vans, Sheds and Sites			
Removed	1	2	3
Sites improved	1	—	1
Factories—Mechanical Power			
Conveniences cleansed and/or limewashed	1	1	2
Conveniences—additional provided	2	—	2
Conveniences—other improvements	2	2	4
Factories—No Power			
Conveniences cleansed or limewashed	1	—	1
Stables			
Manure pits repaired/provided/improved	1	—	1
Smoke Observations			
Nuisances abated	5	—	5
Additions to plant or improvements	10	2	12
Bakehouses			
Ceilings underdrawn	1	—	1
Cleansed and/or limewashed	2	—	2
Slaughterhouses			
Lighting/ventilation improved	1	—	1
Floors repaired/repaved	1	2	3
Walls repaired/rendered impervious	1	—	1
Cleansed/limewashed	—	5	5
Shops			
Improvements under Shops Acts	—	1	1
Plate windows repaired	3	—	3
Food Shops			
Improvements under Food and Drugs Act	7	5	12
Fried Fish Shops			
Storage receptacles provided	1	—	1
Accumulations removed	1	—	1
Other improvements	1	—	1
Other Food Preparing Premises			
Structural improvements	6	—	6
Other improvements	2	7	9
Mortuary			
General repairs	14	4	18
TOTAL	838	1,035	1,873

Disinfestation

73 houses were disinfested and 125 re-inspections were made of these houses. Treatment was by fumigant smoke or insecticide sprays. In addition, the majority of tenants from old property had their furniture and effects treated by HCN gas, and the bedding sterilised by steam in the steam disinfector. There were 192 removals, and the effects were treated in all of these.

Shops Act

37 visits were made to shops other than food shops, in connection with the Shops Act.

Rodent Control

The number of complaints received during the year was 191, 19 more than last year. The number of inspections made for the purposes of treatment was 1,121 of domestic premises and 80 of shops and business premises. In addition, sewer treatment was carried out in accordance with the instructions of the Ministry of Agriculture and Fisheries, necessitating 605 visits and inspections.

	1st	*2nd*
Number of manholes in system	929	929
Number of manholes treated	86	97
Number of manholes showing infestation ..	57	64
Number of manholes showing complete pre-bait take	Nil	Nil
Actual bodies seen	29	32
Estimated kill	112	137
Dates of treatments	March	November

CLEANSING

The Cleansing Superintendent (Mr. J. R. Tart, M.S.I.A.) reports as follows:—

REFUSE COLLECTION AND DISPOSAL

(Period 1st April, 1954 to 31st March, 1955)

It had been hoped that this year would have shown a return to a regular weekly collection, but this has not come about. That Bilston does not stand alone in the matter of irregular and insufficiently frequent collections is small cause for satisfaction, but is rather a spur to our efforts to return to a system which prevailed some few years back where the housewife could count on the unfailing appearance of the collectors on the same day of each week.

One of the main reasons for the unsatisfactory state of affairs appears to be that the set up of vehicles and gangs is enough for the job with nothing to spare, so that sporadic absenteeism or absence due to ill health leaves a gap in the ranks and no reinforcements to fill the gap. The effect of men being away for one reason or another is shown by the following figures.

Men engaged on collection ..	22
Possible number of man hours	48,829
Actual man hours worked ..	43,678
Number of man hours lost ..	5,151 (including 1,520 man hours holiday).

The figure for 'actual man hours worked' is inflated by 778 hours overtime worked to try to recover ground lost.

It could therefore be said that 5,929 man hours were lost during the year of 48,829 or approximately 12%.

If a man is absent it is not possible to take another on for the day or two days of absence, any more than it is possible to take on a man in place of a man temporarily sick. Men will not take on work for a few days only. To carry a surplus of men full time, to cover absenteeism, would obviously be unsound from the purely financial viewpoint. Where Street Cleansing is carried out by the same department as Refuse Collection there is a reserve of men available to be drawn from, to cope with day to day contingencies, and it is generally found that those Authorities which maintain a good standard of collection resort to this means to keep refuse teams up to strength. The street scavenging suffers but that is not of such immediate importance as refuse collection. It is not an expedient to be recommended, as men do not like to be switched from one job to another. In this area, with so many sources of employment, men can pick and choose their jobs, as a free man has the right to, but the hard and unpleasant work of refuse collection has no great appeal to many. Men take up the job for a few weeks and then seek pastures new, some only stay with us for a day. Conditions at the Depot are among the very best in this area, there are adequate wash hand basins, towels, and heated lockers, so that no man need leave the Depot at the day's end carrying the dust of his labours with him. Each loader is provided with bib and brace overall and jacket, a donkey jacket for cold weather, and gum boots are available for use in times of rain or snow. All but the smallest vehicle have "Crew Cabs" so that when travelling to and from the place of work or the tip, the men do not need to sit in the noisome body of the refuse vehicle. There is a canteen to which the men can adjourn for their breakfast and lunch, and tea is there made for them. There remains, of course, the hard fact that the work is arduous and not to the taste of everyone. I am therefore the more grateful to those stalwart fellows who have been with us for so long and to the newcomers who are men enough for the job, for these have to make up for the odd "weaker brethren" and the fly-by-nights who leave a most essential job of public service when they find that it means working and not shirking.

The vehicles in use during the year have been two Shelvoke and Drewry side loaders, one Shelvoke and Drewry Fore and Aft Tipper and a Karrier Bantam. The pressure of work has made regular maintenance difficult and to take a vehicle off the road for complete check up or major overhaul, has immediately reflected itself in the collection frequency. Happy is the Cleansing Department with a spare vehicle.

TABLE 1

HOUSE REFUSE—DRY

Receptacles Emptied	Loads Removed	Estimated Tonnage
374,921	3,833	13,788

TABLE 2

MISCELLANEOUS REFUSE REMOVED

Covering for Tips		Trade Refuse		Waste Paper		Kitchen Waste		Condemned Food		Misc.		Total	
Lds.	Tns.	Lds.	Tns.	Lds.	Tns.	Lds.	Tns.	Lds.	Tns.	Lds.	Tns.	Lds.	Tns.
18	36	3	1½	681	143	239	323	5	2	10	17	956	522½

Salvage

The collection of paper and cardboard has not been as satisfactory as one would wish. Much valuable material is put in with the refuse and finds its way to the tip, too fouled to be extracted for baling. The raw material for paper has to be imported and the nation can ill afford to waste what can be re-processed and used again.

Collection figures are given below:—

TABLE 3

MATERIALS	1954–55			1953–54		
	Weight		Value	Weight		Value
	Tons	Cwts.	£	Tons	Cwts.	£
Paper	146	11½	1,135	160	15	1,175
Kitchen Waste	333	—	1,230	360	3	1,478
Metals	—	—	—	—	3	6
			2,365			2,659

REFUSE DISPOSAL

Disposal by 'controlled tipping' has continued. The small bulldozer has done good work, but its increasing maintenance costs suggest that a replacement will very soon be needed.

The shortage of tipping land in the Bilston area and the greatly increased cost of tipping beyond the boundary, or alternatively going over to separation and incineration, causes great concern. The greatest economy must be exercised to stretch out the present sites and it is recommended that to this end, covering should all be excavated on site and that there should be no dependence as heretofore on covering brought in from works and contractors. This is always of variable quality and occupies space best used for house refuse. In order to achieve self sufficiency in using material, the new vehicle for use on the tip should be adaptable to excavation in addition to bulldozing and consolidation.

In conclusion, I must record appreciation of the work of Mr Maskill and Mr. Littlewood, and that majority of the men who have done an honest twelve months work.

Details of refuse disposal are as follows:—

TABLE 4

DUDLEY STREET TIP

	Cleansing Department		Tradespeople and Others		TOTAL	
	Loads	Tons	Loads	Tons	Loads	Tons
House Refuse—Dry ..	3,833	13,788	—	—	3,833	13,788
Trade Refuse	3	11	241	120½	244	131½
Coverings	18	36	—	—	18	36
Industrial Refuse ..	—	—	6,271	37,626	6,271	37,626
Miscellaneous	10	17	560	560	570	577
Totals ..	3,864	13,852	7,072	38,306½	10,936	52,158½

Below I include Cost Statement 1954–55 and Operational Statistics, as furnished to the Ministry of Housing and Local Government.

TABLE 5

COST STATEMENT 1954–55

Item	Particulars	Collection	Disposal	Totals	Percentage of total gross expenditure
	1	2	3	4	5
	REVENUE ACCOUNT	£	£	£	%
1.	GROSS EXPENDITURE:				
	(i) Labour	8,538	1,400	9,938	50
	(ii) Transport	4,620	3,039	7,659	39
	(iii) Plant, equipment, land and buildings ..	1,754	400	2,154	11
	(iv) Other items	15	14	29	—
	(v) Total gross expenditure	14,927	4,853	19,780	100
2.	GROSS INCOME (including £1,220 received from other local authorities) ..	151	2,500	2,651	—
3.	NET COST	14,776	2,353	17,129	—
4.	Capital expenditure met from revenue (included above) ..	—	—	—	—
	UNIT COSTS	s. d.	s. d.	s. d.	
5.	Gross cost per ton, labour only	11 11	6	12 5	
6.	Gross cost per ton, transport only	6 6	1 2	7 8	
7.	Net cost (all expenditure) per ton	20 8	11	21 7	
		£	£	£	
8.	Net cost per 1,000 population	437	70	507	
9.	Net cost per 1,000 premises	1,420	226	1,646	

Operational Statistics

10.	Area (statute acres)..	1,871 acres
11.	Population at 30th June, 1954 (Registrar-General's Estimate)	33,810 persons
12.	Total refuse collected (tons)	14,283 tons
13.	Weight (cwts.) per 1,000 population per day (365 days to year)	23.147 cwts.
14.	Number of premises from which refuse is collected	10,407 premises
15.	Premises from which daily collection is made ..	Nil % of total
16.	Average haul (miles) by collection vehicle to disposal point (single journey)	2 miles
17.	Kerbside collection, if practised, expressed as estimated percentage of total collection ..	100%
18.	Total refuse disposed of	52,149 tons

19. Salvage and Trade Refuse. Analysis of income and tonnage:—

	Income (Included in Item 2)	Tonnage Collected (included in Item 12)
	£	Tons
Salvage:		
(a) Raw Kitchen Waste ..	1,220	333
(b) Waste Paper	835	143
Total ..	2,055	476
Trade Refuse	296	287

Caravans and Moveable Dwellings

59 visits were made to various sites in the Borough, for inspection and on occasions, removal of caravans occupied by gypsies and other wanderers.

Atmospheric Pollution

The extent of air pollution is measured by two deposit gauges which measure the dust deposits directly from the air, and washed in by the rain, by eleven lead peroxide cylinders which are so constructed as to measure the amount of sulphur dioxide which would be deposited on stone or brickwork, and by a volumetric sulphur dioxide recorder with smoke filter, which measures daily the amount of sulphur dioxide and smoke in the air.

DEPOSIT GAUGES

Total solids are as follows:—

January	Park Site	13.75	tons	per	square	mile
„	Dudley Street Site ..	30.67	„	„	„	„
February	Park Site	41.75	„	„	„	„
„	Dudley Street Site ..	48.07	„	„	„	„
March	Park Site	108.05	„	„	„	„
„	Dudley Street Site ..	31.52	„	„	„	„
April	Park Site	7.59	„	„	„	„
„	Dudley Street Site ..	18.00	„	„	„	„
May	Park Site	37.15	„	„	„	„
„	Dudley Street Site ..	58.95	„	„	„	„
June	Park Site	28.44	„	„	„	„
„	Dudley Street Site ..	11.66	„	„	„	„
July	Park Site	57.26	„	„	„	„
„	Dudley Street Site ..	32.60	„	„	„	„
August	Park Site	67.01	„	„	„	„
„	Dudley Street Site ..	21.59	„	„	„	„
September	Park Site	49.54	„	„	„	„
„	Dudley Street Site ..	45.06	„	„	„	„
October	Park Site	75.54	„	„	„	„
„	Dudley Street Site ..	81.20	„	„	„	„
November	Park Site	52.35	„	„	„	„
„	Dudley Street Site ..	118.43	„	„	„	„
December	Park Site	28.27	„	„	„	„
„	Dudley Street Site ..	44.42	„	„	„	„

LEAD PEROXIDE CYLINDERS

Mg. of SO3 per day collected by 100 sq. cm. of Batch A.Pb02

Month 1954	Library	Park	280, Wellington Road	Etting-shall Road	Bradley Vicarage	Moxley Hospital	Fire Station	Lunt Road Depot	4, Freeman Place	Centre Health Clinic	Tomhill Water-Works
January	—	—	—	—	—	—	—	—	—	—	—
February	2.39	2.25	2.37	2.25	2.29	2.22	4.18	2.41	2.21	2.85	1.13
March	1.85	1.94	2.00	1.97	1.76	1.66	3.29	2.00	1.72	2.47	0.81
April	1.41	1.31	1.22	1.56	1.52	1.27	2.34	1.59	1.27	1.82	0.36
May	1.94	0.71	1.71	2.11	2.34	2.12	3.90	2.72	1.39	2.21	0.65
June	1.46	0.91	1.28	1.49	1.32	2.84	1.57	0.77	2.46	1.72	0.30
July	0.93	0.79	0.82	—	1.02	0.81	2.58	1.40	0.59	2.24	0.13
August	—	0.98	0.94	1.23	1.31	1.27	2.61	1.67	0.75	2.03	0.25
September	0.71	1.15	1.19	1.03	1.03	1.08	3.08	1.76	0.83	2.81	0.08
October	1.66	1.78	1.90	1.43	1.60	1.65	4.32	2.70	1.48	3.71	0.28
November	2.88	2.30	2.89	2.64	2.93	2.57	5.09	3.89	2.66	4.17	0.64
December	2.42	2.36	2.43	2.06	2.57	2.02	4.52	3.33	2.02	3.55	0.49

Though Bilston's air is dirtier than that of less industrialised districts, the pollution is not greater per head of the population. For example, though the total solids deposited per square mile in Bilston are twice those in Cannock, the population per square mile in Bilston is over three times that in Cannock. The total soot fall per person or per household in Cannock is therefore greater than that in Bilston. In fact, the total soot fall per thousand population is less in Bilston than in the country as a whole. If every house in Bilston burnt smokeless coal, it is probable that the air would be cleaner than that in Bournemouth.

G. FOOD HYGIENE

I think it is reasonable to say that during 1954 there was an improvement in food handling practices in shops, cafes and snack bars. As pointed out in last year's report, the response to the offer of free bacteriological tests was poor, and after some fifty workers at a bacon factory had been tested and found negative, no further volunteers came forward.

The Galtee cream scare occurred in February. All the food shops in the area were visited and five tins from three consignments were examined by the Public Health Laboratory, Stafford. Nothing abnormal was found in any of these tins.

As an aid to hygienic food handling, the Council decided in March to sponsor a food hygiene booklet. This booklet was produced by an advertising agent with the co-operation of The Central Council for Health Education.

The booklets, when ready in October, were used as part of the health education campaign.

14 cases of food poisoning were notified during August, but no bacteriological or biological cause was found in any.

MEAT INSPECTION

Carcases Inspected and Condemnations					
	Cattle, excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	25	12	—	170	57,264
Number inspected	25	12	—	170	57,264
All diseases except Tuberculosis Whole carcases condemned ..	—	—	—	—	47
Carcases of which some part or organ was condemned	3	—	—	15	7,507
Percentage of the number inspected affected with disease other than tuberculosis	12.0	—	—	8.82	13.19
Tuberculosis only. Whole carcases condemned	—	—	—	—	28
Percentage of the number inspected affected with tuberculosis ..	8.0	—	—	—	3.96
Carcases of which some part or organ was condemned	2	—	—	—	2,240

The diseases or conditions causing the condemnation of fresh meat or organs are given as follows:—

	Carcase and Organs	Heads and Collars	Lungs	Heart	Stomach and Intestines	Kidney
Abscesses	—	12	—	—	—	—
Acute Swine Erysipelas	7–91	—	—	—	—	—
Ascaris Lumbricoides	—	—	—	—	—	—
Acute Peritonitis	3–28	—	—	—	—	—
Bruising	—	—	—	—	—	—
Calcification	—	—	—	—	—	—
Cardiac Failure	1–86	—	—	—	—	—
Cirrhosis	—	—	—	—	—	—
Congestion	—	—	4–6½	—	10	—
Contusions	—	—	—	—	—	—
Cystic	—	—	—	—	—	5¾
Dropsy with Emaciation	2–89	—	—	—	—	—
Echinococci	—	—	3	—	—	21
Emaciation	3–100	—	—	—	—	—
Endocarditis	—	—	—	1¾	—	—
Fatty Degeneration	—	—	—	—	—	—
Fatty Necrosis	—	—	—	—	—	—
Febrile	2–87	—	—	—	—	—
Fevered	7–82	—	—	—	—	—
Haematoma	—	—	—	—	—	—
Hepatitis	—	—	—	—	—	—
Hydronephrosis	—	—	—	—	—	19½
Infarcts	—	—	—	—	—	—
Jaundice	2–102	—	—	—	—	—
Lacerations	—	—	—	—	—	—
Liver Fluke	—	—	—	—	—	—
Mastitis	—	—	—	—	—	—
Moribund	16–75	—	—	—	—	—
Nephritis	—	—	—	—	—	10½
Oedema	—	—	—	—	14	—
Pericarditis	—	—	—	3–17¾	—	—
Peritonitis	—	—	—	—	93	—
Petechiae	—	—	—	—	—	31
Pleurisy	—	—	1–1–60	—	—	—
Pneumonia	1–81	—	3–12–90½	—	—	—
Pyaemia	1–20	—	—	—	—	—
Strongylus Paradoxus	—	—	1–59	—	—	—
Strongylus Rufrescens	—	—	2½	—	—	—
Suffocation	7–8	—	—	—	—	—
Tenucollis Cysts	—	—	—	—	—	—
Torsion	—	—	—	—	—	—
Trauma	—	—	—	—	—	—
Tuberculosis	1–19–86	11–13–5	10–90½	—	2–2–95	—
Urticaria	—	—	—	—	—	—
	4–19–39	11–13–17	5–10–88	3–19½	2–3–100	87¾

ATTLE (EXCLUDING COWS)

ver	Spleen	Omentum	Udder	Parts of Carcase	Skin	TOTAL		
						Tons	Cwts.	Lbs.
5	1¾	6	3	1–99	—	—	2	14¾
—	—	—	—	—	—	—	7	91
–6¾	—	—	—	—	—	1	4	6¾
—	—	—	—	—	—	—	3	28
—	—	—	—	2–95½	—	—	2	95½
—	—	—	—	3	—	—	—	3
—	—	—	—	—	—	—	1	86
82	—	—	—	—	—	—	12	82
1	—	—	—	—	—	—	4	27½
—	—	—	—	62½	—	—	—	62½
—	—	—	—	—	—	—	—	5¾
—	—	—	—	—	—	—	2	89
47½	—	—	—	—	—	—	13	71½
—	—	—	—	—	—	—	3	100
—	—	—	—	—	—	—	—	1¾
42¼	—	—	—	—	—	—	2	42¼
—	—	—	—	54	—	—	—	54
—	—	—	—	—	—	—	2	87
—	—	—	—	—	—	—	7	82
—	31¾	—	—	—	—	—	—	31¾
½	—	—	—	—	—	—	—	3½
—	—	—	—	—	—	—	—	19½
—	9	—	—	—	—	—	—	9
—	—	—	—	65	—	—	3	55
—	—	—	—	5	—	—	—	5
9	—	—	—	—	—	—	—	29
—	—	—	—	10	—	—	—	10
—	—	—	—	—	—	—	16	75
—	—	—	—	—	—	—	—	10½
—	—	—	—	—	—	—	—	14
—	—	—	—	—	—	—	3	17¾
–27¼	50	41	—	80¼	—	1	3	67½
—	—	—	—	—	—	—	—	31
—	¼	—	—	—	—	1	1	60¼
—	—	—	—	—	—	3	14	59½
—	—	—	—	—	—	—	1	20
—	—	—	—	—	—	—	1	59
—	—	—	—	—	—	—	—	2½
—	—	—	—	—	—	—	7	8
—	—	3½	—	—	—	—	—	3½
—	¼	—	—	—	—	—	—	¼
—	—	—	—	2	—	—	—	2
34¾	20	—	1	4–27	—	17	14	23¼
—	—	—	—	2–97	87	—	3	72
7–65	1–1	50½	4	14–40¼	87	30	5	39

CARCASES AND ORGANS

Generalised T.B.	28	Suffocation	5
Moribund	10	Jaundice	3
Acute Swine Erysipelas ..	5	Dropsy with Emaciation ..	4
Pyaemia	1	Pneumonia	2
Acute Peritonitis	2	Cardiac Failure	1
Fevered	7	Moribund—poor bleeding	1
Febrile	2		
Emaciation	4		

Total .. 75

Details of food examined, found to be unfit for human consumption and surrendered for destruction are as follows:—

Food	Tons	Cwts.	Lbs.	Reason for Condemnation
Bacon			17	Decomposition
Beef		4	89½	Bone taint
Bottle Goods			10½	Unsealed and excessive mould
Cabbage		1	109	Decomposition
Cheese			5	Mould
Cods' Roe			105	Putrefaction
Ham			18¼	Decomposition
Prunes			79	Mould
Tinned Goods ..		14	83¼	Blown and Damaged Tins
	1	3	68½	
Fresh Meat	30	5	39	See Table
TOTAL	31	8	107½	

Bakehouses and Other Food Premises

5 visits have been made to bakehouses and 84 inspections to other premises.

Milk

There are 132 licensed dealers selling sterilised milk, 12 selling sterilised and pasteurised milk, and 10 selling tuberculin tested milk.

Ice-cream

There are 94 premises selling ice-cream in the Borough.

14 shops were inspected and 19 samples of ice-cream were taken and submitted to the Public Health Laboratory, and the results were:—

Grade 1	18
Grade 2	–
Grade 3	1

Street Food Vendors

7 street food vendors were licensed in the area.

Food Sampling

The sampling of milk and food under the Food and Drugs Act, 1938, is undertaken by the County Council who are the Food and Drugs Authority under the Act. Dr. G. Ramage, the County Medical Officer of Health, has kindly supplied the following details of samples taken throughout the year.

Milk	Milk Pasteurised	13	
	Milk Sterilised	16	
	Milk T.T.	5	
	Milk T.T. Pasteurised ..	16	
	Total ..	50	All ,Genuine.

General Foods

Number of samples taken	29
Number of samples genuine	28
Number of samples adulterated	1

Classification of General Foods

Oxtail Soup
Cherries in Maraschino Flavour
Raspberries in syrup
Tomato Juice Cocktail
Salmon Spread
Salad Cream
Stewed Mutton
Chicken Noodle Soup
Preserved Stem Ginger
Pork Sausage containing preservative (4 samples)
E-La-Kofs
Mentho Lyptus Tablets
Lemon Barley
Corned Beef with Cereal (2 samples)
Pork Luncheon Meat (2 samples)
Margarine
Lemon Kali Drops
Whisky (2 samples)
Best Mild Ale
Strong Ale
Cooking Fat
Plum Pudding
Tomato Piquant

Particulars of Adulterated Sample

Pork Sausage (containing preservative)—Formal—12.2% deficient of its proper proportion of meat. (*Written Caution*).

Food Preparing Premises

Food shops and food preparing premises in Bilston can be classified as follows:—

Grocers, greengrocers and general shops	196
Food shops with catering establishments attached ..	12
Other catering establishments (including works' canteens and premises of the schools meals service)	45
Fried Fish Shops	17
Butchers Shops	33
Fish Shops	5
	308

H. HEALTH EDUCATION

The Civic News Sheet mentioned in the 1953 report remains in abeyance due to the pressure of work in the Town Clerk's Department.

It was felt that Health Education was now one of the best means of improving the health of the Borough, and in June it was decided that a Health Education Committee should be set up and a health education programme prepared. In order to acquire some of the knowledge required to do this, I attended the Central Council for Health Education's Summer School at Bangor, as your delegate, in August.

A Health Education Committee consisting of the Health Committee, the Council representatives on the Divisional Education Executive and the Area Health Committee, and representatives of youth organisations, traders organisations, teachers, dentists, and the social and health workers in the Borough, was set up in October. After considerable discussion it was decided that the most pressing problems to be dealt with were food hygiene and personal hygiene, and I was requested to arrange a programme of talks in the schools, and to parents. These talks I commenced during November and by the end of the year I had covered quite a number of the schools in Bilston. At the end of each talk, a copy of the Clean Food booklet was given to each child.

Home Safety Committee

This committee continued to meet monthly and did some useful work.

A talk on fire risks by a representative of the County Fire Department attracted but few of the general public, but stalls displaying home safety literature at a Boys' Brigade display and at the Bilston Carnival, attracted considerable attention and led to the distribution of a large number of leaflets.

A poster competition was held in the Borough's schools during the autumn and some very good posters were submitted by the children. During October one of the Crusader Insurance Company's home accident displays was displayed in the Gas Board showrooms and attracted considerable attention. In December a fluorescent poster on the dangers of home accidents at Christmas was distributed to various schools and appears to have made quite an impression.

Road Safety Committee

During the year the voluntary Road Safety Committee was wound up and was replaced by a statutory committee of the Council under the title of Prevention of Accidents Committee. A programme of instruction in the schools was arranged and was, I believe, most effective.

The field open to health education is wide. If all had adequate knowledge and acted upon it, it is probable that there would be few deaths before the age of sixty-five. We cannot, however, do more than give health information in an acceptable way. It is only possible to make people healthy against their will to a very slight extent; therefore, at the moment, we are concentrating on informing them as to the most pressing problems, and give information on such matters as mental health only when we are asked for it.

CONCLUSION

As I had hoped, after holding our own in 1953, we have gone forward a little in 1954. The infantile mortality is much more satisfactory and there have been no deaths between the ages of one and five.

I must thank you, Mr. Mayor, the Chairman of the Health Committee, and the members of the Council, for your advice and guidance throughout the year.

I must also express my thanks to the Chief Sanitary Inspector and to the Sanitary Inspectors and clerical staff.

I have the honour to be,

Mr. Mayor, Madam and Gentlemen,

Your obedient servant,

D. A. SMYTH,

Medical Officer of Health.