[Report 1957] / Medical Officer of Health, Bilston Borough.

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BOROUGH OF BILSTON

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year

1957

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ANNUAL REPORT

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Medical Officer of Health

FOR THE YEAR

1957

J. P. NEYLON, M.B., B.Ch., B.A.O., D.P.H., D.C.H.
Medical Officer of Health

Health Department
23, Wellington Road
Bilston

JOHN PRICE & SONS, PRINTERS, BILSTON

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

MR. MAYOR, MADAM AND GENTLEMEN,

I present herewith my Annual Report for 1957.

FOREWORD

"*If all mankind minus one, were of one opinion, and only one person were of the contrary opinion, mankind would be no more justified in silencing that one person, than he, if he had the power, would be justified in silencing mankind*".—"Liberty" Ch. 2. John Stuart Mill (1806–1873).

Retrospective examination of the events recorded in this report shows that no dramatic nor outstanding events such as devastating epidemics or a spate of new legislation marked the twelve months under review. It may be described as an average successful year in the life of the Health Department.

It is satisfactory to note a steep fall in the infant mortality rate. As this rate is such a sensitive index to the health of any given community, such a reduction augurs well for the health of the town.

The notifications of tuberculosis show a slight increase. Where this disease is concerned, however, a slight upward trend in one year cannot be considered to be of great significance. It is necessary in the case of tuberculosis, to examine the figures over a given period of years before any definite conclusion can be drawn.

Infectious diseases in general show an upward trend owing to an epidemic of measles.

Despite the general financial stringency which characterised 1957, and the ever diminishing space for building in Bilston, the erection of new municipal houses went on steadily, and good progress was made in slum clearance.

On assuming the post of Medical Officer of Health for Bilston, I was very pleased to find such a high standard of meat inspection in the Borough. In my opinion it could not be bettered anywhere. This important task, however, keeps one Public Health Inspector occupied each day, thus throwing a greater strain on an already depleted staff, with the result that other duties may not receive as much attention as one would desire. I would particularly draw the attention of the Council to these facts.

During the year a Ministerial Order was made confirming the merger of the Bilston and Wolverhampton Water Undertakings, the merger to become effective on the 1st April, 1959.

I cannot but make adverse comment on the Bilston Sewage Works. Built in the early part of the century and extended in the twenties, they are now almost inadequate to deal with the vastly increased daily flow. I consider that reconstruction of the Sewage Works is a matter of some urgency.

This report has been prepared in accordance with the Sanitary Officers (Outside London) Regulations, 1935, Article 17b, and other relevant circulars from the Ministry of Health.

In conclusion, it is desired to express appreciation of a loyal and enthusiastic staff, and to acknowledge the courtesy and kindness extended by the Mayor, Aldermen, Councillors, and heads of other Corporation Departments during the year, and in particular, the Chairman of the Health Committee, Councillor F. Wolverson, who has given me every help and encouragement in my work.

I have the honour to be,

Your obedient servant,

J. P. Heylon.

Medical Officer of Health.

9TH SEPTEMBER, 1958.

PART I.

GENERAL PROVISIONS OF HEALTH SERVICES

"*If thou could'st, doctor,*
Cast the water of my land,
Find her disease,
And purge it to a sound and pristine health".

Macbeth IV. iii.50.
William Shakespeare (1564–1616).

1. SERVICES PROVIDED BY THE BOROUGH COUNCIL

Committees concerned with Health Matters:

HEALTH COMMITTEE ..	Councillor F. Wolverson (*Chairman*) Councillor W. Fellows (*Vice-Chairman*) Councillor E. Beards, J.P. (*Mayor*)
HOUSING COMMITTEE ..	Alderman E. W. Bold (*Chairman*) Alderman J. V. Lavender (*Vice-Chairman*) Councillor E. Beards, J.P. (*Mayor*)
PREVENTION OF ACCIDENTS COMMITTEE..	Councillor T. H. Larkin (*Chairman*) Councillor F. E. Ball (*Vice-Chairman*) Councillor E. Beards, J.P. (*Mayor*)
PUBLIC WORKS COMMITTEE	Alderman J. V. Lavender (*Chairman*) Councillor G. H. Jones, B.A. (*Vice-Chairman*) Councillor E. Beards, J.P. (*Mayor*)
FINANCE AND GENERAL PURPOSES COMMITTEE ..	Alderman O. H. Jones, (*Chairman*) Alderman N. Bayliss, J.P.C.,C.(*Vice-Chairman*) Councillor E. Beards, J.P. (*Mayor*)

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.S.H.
(Terminated 14/8/57).

J. P. NEYLON, M.B., B.Ch., B.A.O. (N.U.I.), D.P.H. (Leeds), D.C.H. (R.C.P. and S.I.), Fellow of the Society of Medical Officers of Health, M.R.S.H.
(Commenced 13/11/57).

Deputy Medical Officer of Health:

(Part Time)

W. BARRY, M.B., B.Ch., B.A.O. (N.U.I.)

Chief Public Health Inspector and Cleansing Superintendent:

J. R. TART, Cert. S.I.B., M.A.P.H.I.

Senior Public Health Inspector:

J. RICHARDS, Cert. S.I.B. (Terminated 7/7/57)
T. C. MOSS, Cert. S.I.B. (Commenced 29/7/57)

Additional Public Health Inspector:

J. W. BARBER, Cert. S.I.B.
T. C. MOSS, Cert. S.I.B. (Terminated 27/7/57)

Pupil Public Health Inspector:

B. HALES

Clerical Staff:

Health:

B. J. BAKER (Terminated 28/2/57)
R. R. ROBSON (Commenced 8/4/57)
Miss R. P. SHEFFIELD
Mrs. H. M. HOLLINGTON

Cleansing:

L. R. LITTLEWOOD (Part Time)

1. 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, 1955; Clean Air Act, 1956, and the Orders and Regulations made thereunder, including in particular the Sanitary Officers (Outside London) Regulations, 1935. Briefly these are:—

(1) To inform himself of all matters likely to affect the health of the Borough and to advise the Council in such matters.

(2) To inquire into the cause, origin and distribution of diseases.

(3) To inquire into the cause and circumstances of any outbreak of dangerous infectious disease and to take all necessary steps to prevent the extension thereof.

(4) To directly supervise the work of the Public Health Inspectors.

(5) If necessary, to inspect and examine any animal or any article, unfit for human food, and if diseased or unfit for it to be seized and dealt with.

(6) To inquire into any offensive trades carried out.

(7) To inspect or cause to be inspected all food preparing premises, and take all necessary steps to prevent any dangers to health in such premises.

(8) To report to the Ministry of Health and other Ministries as required by them from time to time.

(9) To make an Annual Report on the work of the Public Health Department and the health of the district.

(10) The Medical Officer of Health also acts as School Medical Officer and Assistant County Medical Officer for Staffordshire County Council, which appointments involve the carrying out of school medical inspections, infant welfare and ante natal clinics. He also examines prospective employees of both the County Council and Bilston Borough Council in connection with superannuation and sickness benefit schemes.

Chief Public Health Inspector

The duties of the Chief Public Health Inspector are as detailed in Article 27 of the Sanitary Officers (Outside London) Regulations, 1935, and the Acts referred to below:—

(1) To systematically inspect the district and to keep himself and the Medical Officer of Health informed of any nuisances that require abatement and of any other sanitary circumstances.

(2) To periodically inspect all food preparing premises and to inform the Medical Officer of Health of any action thought necessary.

(3) To act as officer of the Local Authority under the Prevention of Damage by Pests Act, 1949.

(4) To act as the Local Authority's inspector under the Shops Act, 1951, and Pet Animals Act, 1951.

(5) To act as the Local Authority's Cleansing Superintendent; that is to supervise the collection and disposal of house and trade refuse.

(6) To furnish the Medical Officer of Health with a tabular statement, giving the inspections made by him during the year, the notices served and the results of the service of such notices.

Senior Additional Public Health Inspector

The Senior Public Health Inspector acts as deputy for the Chief Public Health Inspector during his absence through any cause.

2. GENERAL MEDICAL SERVICES

In Bilston, fourteen general practitioners have contracted with the Staffordshire National Health Service Executive Council to provide general medical treatment for the populace. Five of these practitioners form a group practice; there are two partnerships of three doctors each, and three single handed practitioners. As yet, the Health Centres where General Practitioners and Local Authority Medical Officers would work side by side in premises provided by Local Authorities, envisaged at the inception of the National Health Service Act, 1946, do not appear to be any more popular among Bilston doctors than among the medical fraternity as a whole.

Excellent liaison exists between the Health Department and the Local Practitioners, all of whom are very helpful, co-operative and courteous when approached on any matter.

3. HOSPITAL SERVICES

The Birmingham Regional Hospital Board provide hospital and specialist services for Bilston. Hospitals mainly used are the Royal Hospital, Wolverhampton; Wolverhampton and Midland Counties Eye Infirmary; New Cross Hospital, Wednesfield; Moxley Isolation Hospital, and the Women's Hospital, Wolverhampton.

Good liaison is maintained between the Health Department and the majority of the hospitals mentioned. One or two departments of some hospitals, however, are not very co-operative.

4. SERVICES OF THE LOCAL HEALTH AUTHORITY

School Health

Two full-time School Nurses and three part-time School Medical Officers carry out routine school medical inspections, and supervise the school clinic which is held at the Centre Health Clinic each morning except Saturday. Dental clinics are held daily at the Centre Health Clinic by one full-time Dental Officer.

THE CENTRE HEALTH CLINIC

This modern building at the corner of Wellington Road and Prouds Lane was opened in February, 1940, by the Countess of Harrowby, D.B.E. Its initial cost was £16,000

Maternal Health

Five full-time midwives deal with domiciliary midwifery in the district. Ante Natal Clinics are held twice weekly under the supervision of an obstetrician from the Wolverhampton Hospital Group, who is employed for these sessions by the Local Health Authority—a very adequate service is thus available.

Child Health

Three full-time and one part-time Health Visitors are employed by the County Council. Infant Welfare Clinics are held twice weekly at the Centre Health Clinic, Bilston, and twice monthly at John Street Schools, Ettingshall.

Vaccination

Vaccination against smallpox is carried out by the family doctors acting as agents of the Local Health Authority.

Immunisation

The figures for immunisation are as follows:—

Diphtheria

	Males	*Females*	*Total*
Number of children completed initial course of injections	225	208	433
Number of children received reinforcing injections	85	62	147

Whooping Cough

	Males	*Females*	*Total*
Number of children completed initial course of injections	88	96	184
Number of children received reinforcing injections	4	4	8

Poliomyelitis

	Males	*Females*	*Total*
Number of children received initial two injections (Born years 1947–1956) ..	336	353	689

As well as the usual immunological procedures carried out, it is seen from the foregoing figures that the campaign against poliomyelitis is well under way. This is a great advance in the fight against such a dreadful condition and it is hoped that with the increased production of vaccine and more intensive anti-poliomyelitis campaigns, the disease will be conquered in a very short time.

It is disquieting, however, to note that more immunisations against poliomyelitis have been carried out in Bilston during 1957, than against both whooping cough and diphtheria together. These diseases must be viewed in correct perspective and while poliomyelitis undoubtedly presents a most dramatic and sympathy evoking picture, it has to be remembered that both diphtheria and whooping cough can be lethal and by their complicating factors can give rise to a severe degree of disable-

ment. Since so few cases of diphtheria now occur, people become apathetic regarding inoculation. In my opinion there is no room for complacency, as the number of immunisations now being carried out is inadequte to give a good herd immunity among pre-school and school populations. One or two cases could easily light up a severe epidemic since the corynebacterium diphtheriae has lost none of its virulence.

I feel that more children would be protected if the combined antigens were used in clinics, rather than single inoculation procedures as are at present offered. If combined prophylactics were used, a total of three injections, *i.e.*, three pricks for baby and three trips to the clinic for mother, would ensure an adequate immunity to diphtheria and whooping cough and to tetanus, if the latter toxoid has been incorporated as it usually is in the combined antigen. At present, baby has to receive two injections for diphtheria, three for whooping cough, and if they want active immunity to tetanus, three further injections. This is asking too much of most parents. Despite any slight or hypothetical risk of poliomyelitis from the use of triple antigen, I would unhesitatingly advocate its use in all clinics and surgeries.

Ambulance Service

The local ambulance service is based at Darlaston. The inauguration of wireless control during 1956 was a valuable aid to the more prompt, adequate and efficient service which it is today.

Domestic Help Service

This is an excellent service and becomes more popular with each succeeding year. It is of inestimable value in times of illness, confinements, and for the elderly. By means of this service the home can be kept running until usually the mother or other adult is again fit to take over.

Laboratory Facilities

Bacteriological and chemical examinations are carried out by the Public Health Laboratory, Martin Street, Stafford.

Mental Health

The School Medical Officers, having undergone a course of instruction in educationally sub-normal children and mental defectives, are approved by the Ministry of Education for the ascertainment of educationally subnormal children under Regulation 11 of the School Health Service and Handicapped Pupils Regulations, 1953. The Occupation Centre at King Street, Bradley, gives special training for mental defectives from Bilston and adjacent areas, and the workers there are to be congratulated on the excellent manner in which they accomplish a very difficult task.

A great deal of research into the causes of mental ill health and defectiveness remains to be done before many further significant advances in prevention and management can be achieved.

5. CARE OF THE ELDERLY

In 1901 the population of England and Wales was 32,528,000 and 1 in every 21 was 65 years of age or over. In 1954 the estimated population of

England and Wales was 44,274,000 of which 1 in 9 were over 65. It is calculated that by 1975, 1 in 7 of the population will be 65 years or over. This trend in population structure is causing an ever increasing problem, financially, socially and medically.

Bilston, in common with the rest of the United Kingdom, has its quota of elderly people and their associated problems and difficulties. There are various agents involved here in the management and care of older people. These agents include the family doctor who has contracted to provide general domiciliary medical services under the National Health Service Act, 1946, and in cases of severe illness—acute of chronic—he arranges for hospitalisation. Despite the fact, however, that the National Health Service Act has now been in existence for over ten years and that under the terms of this Act, old persons like other citizens, are entitled to a comprehensive free medical service, it is quite a revelation to find that a number have never yet registered with a General Practitioner. The Area Welfare Officer of the Staffordshire County Council; Health Visitors; and the Public Health Department, also play a part in the care of the elderly. Voluntary Committees and Clubs are very active in the different areas of Bilston and do sterling work in providing comfort and promoting happiness among many of the aged in the evening of their lives. The inauguration of the 'Meals on Wheels' service has proved an inestimable boon to some old people, by ensuring that they receive a properly cooked, well balanced meal on three days a week.

Despite the many services provided by hospitals, family doctors and the Local Authorities under the various Acts, *e.g.*, National Health Service Act, 1946, National Assistance Act, 1948, and the excellent efforts of the various voluntary bodies, I consider that the management and care of the elderly in this enlightened age is still inadequate. The fact that it is necessary to obtain a Magistrate's Order and thereby invoke police aid for the removal of an old couple to hospital for their own well being, appears to me to be a sufficient and savage indictment of the existing services in the Welfare State.

To remedy the defects in the management and care of the elderly, much needs to be done. Medical students need more teaching and experience in geriatrics, *e.g.*, three months in a geriatric unit as a clinical clerk. As eighty per cent of medical students enter general practice, experience in geriatrics will be invaluable to them later on. The general practitioner of the future will certainly need to have a more detailed and specialised knowledge of geriatrics than, say, obstetrics—the normal type of the latter now being practically the province of the midwife and the abnormal varieties being dealt with by the hospitals. Similarly, more emphasis should be placed on geriatrics in the D.P.H. curriculum for embryo Medical Officers of Health.

Local Authorities should maintain comprehensive and up-to-date registers of all the elderly in the district. Compilation of such a register is a most difficult task, especially as the Ministry of Pensions and National Insurance regard the names of those in receipt of old age pensions as confidential, and will not divulge the information to the Medical Officer of Health despite his altruistic motives.

Clinics for the elderly, run on similar lines to Infant Welfare Clinics, would do much good. They would be preventtive rather than curative

in outlook; staffed by the Local Authority Medical Officers and Health Visitors, working in close collaboration with the family doctors. Ancillary services such as chiropody would be included, as between fifty per cent and seventy per cent of our aged folk suffer from various foot disabilities. Simple investigation as haemoglobin estimation, could be included in the services provided by such a clinic, but more elaborate procedures such as electro-cardiograms, X-rays, and barium meals, would need to be carried out in hospital, and to facilitate this, close co-operation with the Consultant Geriatrician would be necessary. Clinics of this type are being operated at Rutherglen, Dagenham, and Salford, and it is hoped that in the near future many more will spring up throughout the United Kingdom, thereby diminishing the need for hospitalisation, with a resultant financial saving to the community at large, and an increased amount of happiness and comfort for the old folk. Hostels for the aged who are not suffering from illness, but who by reason of age and infirmity cannot care for themselves in a proper manner, are a necessity in the correct and properly planned management of the aged. Such hostels would need the services of male and female caretakers who would deal sympathetically and humanely with the sometimes rather querulous and difficult residents.

Provision of greatly increased numbers of domestic helps would prevent the deterioration and subsequent disintegration of many old folks family life. It would, however, involve the Local Health Authorities in heavy expenditure.

Many more 'specialist' Health Visitors to deal entirely with the problems of the aged are required. Owing to the poor remuneration which these excellent women receive in comparison with their nursing sister colleagues in the hospital service, it is not to be wondered at that recruitment is insufficient nowadays. Here again, finance is the big bogey.

While on the subject of finance we must not forget that increased pensions would be a very important step in lightening the load of the aged and proving a very solid foundation in a comprehensive scheme for their care and management.

The provision of special housing accommodation, either bungalows or ground floor flats, incorporating as many accident preventing and labour saving devices as possible, would make life easier for people growing old. Bungalows and flats for the elderly should not be erected at one secluded corner of a housing estate but interspersed here and there among the dwellings of younger and more active folk, so that old people can still maintain an interest in the activities occurring in their surroundings, with a consequent good psychological effect.

Research into the ageing process could bear fruitful results in the care of old people; as well as much better liaison between hospitals, general practitioners, and Medical Officers of Health.

The suggestions outlined, would in my opinion, go a long way towards solving the problem presented by the elderly, and would ensure that many more reach

"An old age serene and bright

And lovely as a Lapland night".

PART II.

SOCIAL AND STATISTICAL INFORMATION

"*A witty statesman said, you might prove anything by figures*".
Critical and Miscellaneous Essays, Vol. 4. Chartism, Chap. 2.
Thomas Carlisle (1795–1881).

Bilston, situated in the South East corner of Staffordshire, forming part of the highly industrialised, densely populated West Midlands conurbation, is an old town dating back to the early days of the industrial revolution. The traditional industries are manufacture of steel and iron products with their associated trades.

(1) Geographical Situation; latitude 52.340 N., longitude 2.400 W.
(2) Elevation 200—550 feet.
(3) Area of Borough, 1,871 acres.
(4) Population:
    (a) Census 1951 33,464
    (b) Registrar General's Estimate for mid-year 1957 33,880
(5) Density of population per acre 18
(6) Number of inhabited houses at 31/12/57 10,650
(7) Rateable value at 1/4/58 .. .. £331,658
(8) Product of 1d. rate 1957/58 .. .. .. £1,314 18s. 1d.
(9) The following figures kindly supplied by the Manager of the Bilston Employment Exchange, indicate that unemployment with its associated medico-social problems is practically negligible.

Unemployment figures:		*Men*	*Women*
10.12.56	Wholly unemployed ..	118	29
	Temporarily stopped ..	4	1
9.12.57	Wholly unemployed ..	170	69
	Temporarily stopped ..	6	–

(10) The total number of factories in the town is 189.

TABLE I.

Brass Founders	4
Builders	4
Brush Manufacturers	1
Clothing Manufacturers	3
Coal Merchants	3
Engineering	80
Enamellers	3
Food Preparing Premises ..	17
Goods Transport	1
Glassware	1
Holloware	7
Iron and Steel	21
Laundry	1
Miscellaneous	13
Printers	3
Petrol Storage	1
Shoe Repairers	14
Stonemasons	2
Undertakers	1
Woodwork	9

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

TABLE II

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	17	-	-	-
Factories in which Section 7 only is enforced by the Local Authority	159	21	7	-
Other Premises in which Section 7 is enforced by Local Authority	13	4	-	-

TABLE III

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	–	–	–	–	–
Insufficient ..	31	31	–	–	–
Not separate for sexes	–	–	–	–	–
Other Offences against the Act (Not including offences relating to outwork)	–	–	–	–	–

TABLE IV

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.)	5	–	–	–	–	–
Carding, etc. of Buttons, etc.	–	–	–	–	–	–
Cosaques, Christmas Crackers, Christmas Stockings, etc.	–	–	–	–	–	–
	5	–	–	–	–	–

VITAL STATISTICS

Vital statistics for the Borough during 1957 are given in the following pages, with comments in the appropriate places.

Births

Live Births	*Total*	*Males*	*Females*
Legitimate	546	287	259
Illegitimate	27	16	11
Total	573	303	270

Birth Rate per 1,000 population: 16.91
Comparability Factor for Births: 0.89
Corrected Birth Rate: 15.05
The live Birth Rate for England and Wales 1957: 16.1 (The highest since 1949).

It is thus seen that the Bilston birth rate is only lagging slightly behind that of the remainder of the country.

Still Births

A still birth is defined as "any child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother, breathe or show any other signs of life".

	Total	*Males*	*Females*
Legitimate	17	13	4
Illegitimate	–	–	–
Total	17	13	4

Still Birth Rate per 1,000 total births: 28.81
Still Birth Rate per 1,000 population: 0.5

Infant Mortality Rate

Death Rate of infants under one year of age per 1,000 live births: 26.17

Neo-Natal Mortality Rate

Deaths of infants under four weeks of age per 1,000 live births: 19.19

The infant mortality rate for England and Wales 1957 was 23 per 1,000 live births.

The Bilston infant mortality rate is the lowest yet recorded for the Borough. The figures for the immediately preceding years being shown in Table V.

TABLE V.

1956	40.15
1955	27.82
1954	32.5
1953	41.6

Multiple factors are involved in the downward trend shown by the infant mortality rate. Among such factors are better housing with diminished overcrowding, steady employment with increased standards of living, control of the most serious infectious diseases and introduction of chemotherapy and antibiotics to combat disease.

TABLE VI.

INFANT DEATHS DURING 1957

Taken from Death Returns

Date of Death	*Age*	*Sex*		*Cause of Death*
15. 1.57	3 hours	Male	1A.	Prematurity.
17. 3.57	3 hours	Male		Atelectasis of lungs. (*C.*)
3. 6.57	5 hours	Female	1A.	Prematurity.
6. 6.57	2 days	Female		Vagal inhibition and partial asphyxia due to inhalation of stomach content due to atresia of the jejunum. Whilst under local anaesthetic. (*C.*)
1. 7.57	6 days	Female	1A.	Atelectasis with haemorrhage broncho pneumonia.
			2.	Fatty necrosis of liver. (*C.*)
10. 7.57	3 weeks	Male	1A.	Asphyxia.
			B.	Closure of the external orifices of respiration.
			C.	Early broncho pneumonia. (*C.*)
10. 7.57	1 day	Male	1A.	Prematurity.
11. 7.57	6 days	Female	1A.	Meconium ileus.
21. 9.57	3 months	Female	1A.	Cardiac failure.
			B.	Influenza.
9.11.57	8 months	Male	1A.	Pneumococceal meningitis.
15.11.57	10 weeks	Male	1A.	Asphyxia due to 1B Closure of the external orifices of respiration. (*C.*)
20.11.57	2 weeks	Male	1A.	Congenital morbus corbus. (*C.*)
21.11.57	1 day	Male	1A.	Intra ventricular cerebral haemorrhage.
			B.	Haemorrhagic disease of newborn.
			C.	Prematurity and toxaemia.
22.11.57	4 days	Male	1A.	Imperforate anus. (*C.*)
			2.	Mongolism.
4.12.57	4 months	Male	1A.	Broncho pneumonia.

It is noted from Table VI that seven of the fifteen deaths under one year are due to various congenital anomalies—see deaths marked by large *C*. This high proportion is an indication of the great necessity for intensive research into the causation of these abnormalities and into the general intra-uterine existence of the foetus. Prematurity is associated with congenital defects in two deaths and is given as the sole cause in a third death. Prematurity is a most vague term and covers many underlying conditions. Some of the deaths ascribed to prematurity are undoubtedly due to an undiagnosed congenital defect. A post mortem should be performed in all cases of premature deaths by a pathologist experienced in infant and particularly in neo-natal pathology.

General Deaths

	Total	*Males*	*Females*
Deaths (All Causes)	319	185	134
Crude Death Rate per 1,000 population:	9.41		
Comparability Factor for Deaths:	1.44		
Corrected Death Rate:	13.55		

TABLE VII.

Deaths during 1957 by age groups

	Male		*Female*		*Total*	
	1956	1957	1956	1957	1956	1957
0— 4	14	11	12	5	26	16
5—14	–	1	–	2	–	3
15—24	1	3	1	4	2	7
25—44	12	10	4	6	16	16
45—64	55	69	35	29	90	98
65 and over	84	91	88	88	172	179
All deaths	166	185	140	134	306	319

Deaths from Certain Causes

TABLE VIII.

	1956	1957
Cardio-Vascular Diseases	79	91
Vascular Lesions of the Nervous System ..	36	33
Cancer	58	52
Bronchitis	31	34
Influenza	3	10
Pneumonia	15	18
Pulmonary Tuberculosis	3	5

Causes of Death during 1957 in detail

TABLE IX

Cause of Death	*Males*	*Females*	*Total*
Tuberculosis Respiratory.. ..	5	–	5
Tuberculosis Other	–	1	1
Syphilitic Diseases	–	–	–
Diphtheria	–	–	–
Whooping Cough	–	–	–
Meningococcal Infections ..	–	–	–
Acute Poliomyelitis	–	–	–
Measles	–	–	–
Other Infective and Parasitic Diseases	–	–	–
Malignant Neoplasm (Stomach)	3	3	6
Malignant Neoplasm (Uterus) ..	–	4	4
Malignant Neoplasm (Breast) ..	–	5	5
Malignant Neoplasm (Lung Bronchus)	11	–	11
Other Malignant and Lymphatic Neoplasms	19	7	26
Leukaemia, Aleukaemia ..	–	2	2
Diabetes	–	3	3
Vascular Lesions of Nervous System	15	18	33
Coronary Disease, Angina ..	24	8	32
Hypertension with Heart Disease	5	4	9
Other Heart Disease	17	23	40
Other Circulatory Diseases ..	5	5	10
Influenza	4	6	10
Pneumonia	10	8	18
Bronchitis	22	9	31
Other Diseases of Respiratory System	2	2	4
Ulcer of Stomach and Duodenum	2	2	4
Gatritis, Enteritis and Diarrhoea	–	–	–
Nephritis and Nephrosis ..	2	–	2
Hyperplasia of Prostate ..	2	–	2
Pregnancy, Childbirth, Abortion	–	2	2
Congenital Malformation ..	4	1	5
Other defined or ill-defined diseases	13	17	30
Motor Vehicle Accidents ..	2	1	3
All othe accidents	9	4	13
Suicide	4	1	5
Homicide and Operation of War	–	–	–
TOTAL ..	185	134	319

The number of deaths recorded shows an increase of thirteen over the previous year. Deaths attributed to malignant disease show a decrease of six—a trend which is not observed in the country as a whole. Five deaths from pulmonary tuberculosis were recorded thus showing an increase of two over 1956. In 1957 there were not any deaths ascribed to infectious diseases. Deaths from pneumonia and bronchitis show a slight increase, but in industrial areas such as Bilston we expect a high proportion of deaths from respiratory diseases. The various types of heart and circulatory disease also show an upward trend compatible with the trend in the age structure of the population.

Maternal Mortality

Two deaths during 1957 were ascribed to pregnancy and childbirth. One fatality occurred in a twenty-two year old woman due to pulmonary embolism—the diagnosis being confirmed at post-mortem examination. This death was unavoidable.

The cause of the second death was given as a (a) ante-partum Haemmorhage (b) Haemmorrhagic diathesis (c) toxaemia of pregnancy. This patient was aged twenty-four and in her fourth pregnancy having previously had three normal pregnancies and spontaneous deliveries. At the twenty-fourth week of pregnancy she showed a raised blood pressure which is one of th earliest signs of pregnancy toxaemia. She failed to follow her doctor's advice and her subsequent attendances at the surgery for ante-natal care were few and far between. At the thirty-sixth week of pregnancy she developed severe ante-partum haemmorrhage and was rushed to hospital where despite the most modern treatment she died. Not one iota of blame can be attached to the family doctor nor the hospital for this avoidable death which was entirely due to the unfortunate woman not heeding her doctor's advice nor attending for regular ante-natal supervision.

PART III.

EPIDEMIOLOGY

"If man could see
The perils and diseases that he elbows,
Each day he walks a mile; which capture him,
Which fall behind him and graze him as he passes;"

Death's Jest Book, Vol. IV. 1. (M.S.111).
Thomas Lovell Beddoes (1798—1851).

Notification of infectious diseases in Bilston during 1957 amounted to 598. The considerable increase over the figures for 1956, when the total notifications were 276, is due to a measles epidemic which accounted for 435 cases. There was a very slight increase in the notifications of tuberculosis—29 cases of pulmonary and 2 of non-pulmonary being brought to the notice of the Health Department. The corresponding figures for 1956 were 26 and nil. Of the 14 cases of food poisoning notified only three were confirmed and of 8 cases of dysentery two were confirmed. A notification of an acute anterior paralytic poliomyelitis was received but subsequent investigation in hospital proved it to be of the non-paralytic variety.

Tuberculosis

Once described by Bunyan as the "Captain of the Men of Death" this disease no longer merits this opprobrious title. It is still however a serious communal disease. The mortality from tuberculosis has declined fourfold in Bilston as in the rest of the United Kingdom.

The widespread fall in mortality and to a lesser extent in morbidity is due to the use of chemo-therapeutic substances to which the mycobacterium tuberculosiae is sensitive and to better techniques in radical surgical procedures. The majority of those now dying from tuberculosis are sufferers who have been notified many years before. This is true of the 5 deaths from pulmonary tuberculosis in Bilston—one of the cases was first notified as far back as 1938.

The morbidity or notificacation rate has not shown such a rapid decline as the mortality rate either in Bilston or in the nation as a whole epidemiological unit. Nevertheless the decline is steady in Bilston as will be seen from Table 1.

TABLE 1

Tuberculosis Notifications

Year	*Pulmonary*	*Non-Pulmonary*
1951 ..	54	7
1952 ..	44	3
1953 ..	53	4
1954 ..	57	8
1955 ..	43	1
1956 ..	28	Nil
1957 ..	29	2

Morbidity is affected by better housing, higher standard of living, diminished overcrowding, and decent behaviour among those affected.

It is pleasing to note that no cases of tuberculosis meningitis occurred in Bilston during 1957. This may be attributed to the more widespread vaccination with B.C.G. offered to child contacts of tuberculosis cases, to the general school population, and to anyone else who desires it, if considered necessary by medical opinion. B.C.G. acts as a controlled primary infection and thereby prevents spread via the blood stream of tubercular germs.

Measles

Measles accounted for the majority of notifications of infectious diseases in 1957. The fact that epidemics of measles show periodicity occurring about every two years must be borne in mind. 1957 was one of those years for Bilston. The epidemic was mild, no serious complications nor fatalities occurring.

Scarlet Fever

11 cases were notified, 5 of which were admitted to hospital. Owing to the waning virulence of the Haemolytic Streptococcus this is no longer a disease of serious importance. The disease was mild, and as usual was associated with attacks of tonsillitis in the family circle and/or in close contacts. Scarlet Fever is a disease characterised by tonsillitis and a typical rash. The rash occurs if the patient is susceptible to a certain poison produced by the streptococcus and known scientifically as erythrogenic toxin. If the person is not susceptible to this toxin he merely suffers from tonsillitis minus the rash. There is thus an anomaly in naming Scarlet Fever a notifiable disease, while tonsillitis is not. I consider it high time to erase Scarlet Fever from the list of statutory notifiable diseases, especially today, as these organisms are more readily controlled by sulphonamide, penicillin, and other modern wonder drugs, than by isolation of the patient.

Diphtheria

1 case was notified but not confirmed during 1957. The absence of this lethal infection is undoubtedly due to immunisation procedures carried out at both the Centre Health Clinic and General Practitioners' surgeries. The need for continuing this campaign even more intensively has been stressed elsewhere in this report, especially as in the comparative absence of the disease nowadays some parents tend to become apathetic towards immunisation and 'booster' injections.

Whooping Cough

Notifications amounted to 64, none of which proved fatal. This is a more serious condition than is often thought. It has a definite fatality rate in infancy and early childhood and is responsible for many severe complications, being often the starting point of bronchiectasis, and in general, leaving children weak and debilitated. Not nearly sufficient children are immunised against whooping cough. While admitting that whooping cough immunisation may not give the solid immunity conferred by diphtheria inoculation, it certainly confers an eighty per cent immunity, which is no mean immunity to any disease.

Acute Anterior Poliomyelitis

Notification of one paralytic case was received but was not confirmed after hospital investigation.

It is expected that with increased supplies of vaccine becoming available and the steady demand by the public for vaccination, that this disease will be controlled in a relatively short time. The most recent figures from the U.S.A. tend to support this view.

Pneumonia

25 notifications of pneumonia were received. Of these, 10 were admitted to hospital, while 18 deaths were attributed to the disease. This appears at first glance as an excessive case mortality, but closer scrutiny reveals that broncho-pneumonia was a factor in the death of three infants, while the remaining fifteen were in elderly people, clearly illustrating the fact that pneumonia is still a disease which reaps its greatest harvest in old age.

Puerperal Pyrexia

Of 5 cases of puerperal pyrexia notified 2 were admitted to hospital. No fatalities resulted, thanks to chemotherapy.

Meningococcal Infection

2 cases were notified, but after hospitalisation neither was confirmed.

Dysentery and Food Poisoning

It is advisable to consider these two conditions as a single epidemiological picture until laboratory investigation reveals the organism, as clinically it is well nigh impossible to differentiate such closely related infections. Since in many cases of gastro-intestinal disease it is impossible, as yet, to isolate a causal organism, it is not surprising that only two of the eight dysentery and three of the fourteen food poisoning notifications were confirmed—in my opinion a very low incidence for such common conditions in a densely populated area like Bilston.

Venereal Diseases

The figures supplied through the courtesy of Dr. W. Fowler, Consultant Venereologist, Wolverhampton Hospital Group, for venereal disease among Bilston residents during 1957, are as follows:—

TOTAL 1957		
Syphilis	3	
Gonorrhoea	16	
Non-Venereal	31	50
Jamaicans		
Syphilis	1	
Gonorrhoea	Nil	
Non-Venereal	Nil	1
Indians		
Syphilis	Nil	
Gonorrhoea	6	
Non-Venereal	11	17
White		
Syphilis	2	
Gonorrhoea	10	
Non-Venereal	20	32

The incidence for the Borough as a whole remains remarkably low. It must be appreciated, however, that these statistics may not represent a true picture of venereal diseases in the town, as these conditions are not notifiable directly to the Health Department but are only obtained from the special treatment centres and clinics; also many residents may seek treatment in centres other than Wolverhampton, *e.g.*, Walsall and Birmingham, and the tendency for sufferers from venereal disease to give fictitious names and addresses is well known.

Venereal diseases to-day do not present as great a problem as formerly, owing to the effective drug treatment now available, but much suffering and even death can accrue from neglected cases.

The high incidence of venereal disease among the relatively small coloured population—approximately three hundred—in the Borough, is worthy of note, and in my opinion is a most potent argument in favour of compulsory medical examination for all immigrants regardless of colour, entering the United Kingdom.

TABLE 2

Infectious Diseases notified during 1957

Disease	Total cases notified	Total cases confirmed	Cases admitted to hospital	Deaths
Tuberculosis—Respiratory	29	29	2	5
Tuberculosis—Meninges and C.N.S.	–	–	–	–
Tuberculosis—Other	2	2	–	1
Scarlet Fever	11	11	5	–
Whooping Cough	64	64	3	–
Acute Anterior Poliomyelitis	2	2	2	–
Measles	435	435	12	–
Diphtheria	1	–	1	–
Pneumonia	25	24	10	18
Dysentery	8	2	2	–
Smallpox	–	–	–	–
Puerperal Pyrexia	5	4	2	–
Ophthalmia Neonatorum	2	2	–	–
Erysipelas	–	–	–	–
Paratyphoid	–	–	–	–
Enteric or Typhoid Fever	–	–	–	–
Food Poisoning	14	3	–	–
Meningococcal Infection	2	–	2	–
Total	600	578	41	24

Total cases confirmed during 1965 578
Total cases confirmed during 1956 265

TABLE 3

Infectious Diseases—Confirmed. In Wards. 1957

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	3	2	5	3	3	6	17	13	30	3	4	7	9	7	16	35	29	64
Pneumonia	5	5	10	2	1	3	4	1	5	–	–	–	4	2	6	15	9	24
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Scarlet Fever	1	–	1	–	–	–	2	3	5	–	1	1	4	–	4	7	4	11
Measles	53	39	92	13	7	20	53	50	103	29	24	53	71	96	167	219	216	435
Meningococcal Meningitis ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Puerperal Pyrexia	–	1	1	–	–	–	–	1	1	–	1	1	–	1	1	–	4	4
Erysipelas	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Food Poisoning	–	–	–	1	1	2	–	–	–	–	–	–	1	–	1	2	1	3
Ophthalmia Neonatorum ..	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	2	2
Poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	2	–	2
Dysentery	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	1	1	2
Enteric or Typhoid Fever ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

TABLE 4

Pulmonary and Non-Pulmonary Tuberculosis Cases notified during 1955 — 1957

	1951 Census			1955		1956		1957		TOTAL	
	Male	Female	Total	Male	Female	Male	Female	Male	Female	Male	Female
Under 1 year ..	–	–	–	–	1	–	–	–	–	–	1
1— 4	1,611	1,548	3,159	1	2	–	–	3	2	4	4
5—14	2,692	2,635	5,327	–	1	1	1	1	1	2	3
15—24	2,376	2,656	5,032	10	9	2	6	3	5	15	20
25—44	5,293	5,078	10,371	10	7	4	5	5	6	19	18
45—64	3,343	3,677	7,020	5	2	7	–	4	–	16	2
65 and over ..	1,159	1,390	2,549	–	1	–	–	1	–	1	1
Age unknown ..	–	–	–	–	1	–	–	–	–	–	1
	16,474	16,984	33,458	26	23	14	12	17	14	57	49

TABLE 5

Deaths from Pulmonary and Non-Pulmonary Tuberculosis during 1955—1957

	1955		1956		1957		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 1 year	—	—	—	—	—	—	—	—
1— 4	—	—	—	—	—	—	—	—
5—14	—	—	—	—	—	—	—	—
15—24	—	—	—	1	—	—	—	1
25—44	1	3	—	—	—	1	1	4
45—64	5	1	2	—	4	—	11	1
65 and over	—	—	—	—	1	—	1	—
	6	4	2	1	5	1	13	6

TABLE 6

Tuberculosis Statistics—Number on Register at

31st December, 1957

		Males	*Females*	*Total*
Pulmonary	Under 1 year	—	—	—
	1 to 5 years	9	8	17
	6 to 15 years	13	14	27
	16 to 25 years	60	73	133
	26 to 45 years	98	70	168
	46 to 65 years	59	10	69
	Over 65 years	7	3	10
	Ages unknown	2	2	4
	Total all ages	248	180	428
Non-Pulmonary	Under 1 year	–	–	–
	1 to 5 years	7	4	11
	6 to 15 years	1	4	5
	16 to 25 years	10	7	17
	26 to 45 years	1	10	11
	46 to 65 years	1	–	1
	Over 65 years	1	–	1
	Total all ages	21	25	46
	Pulmonary all ages	248	180	428
	Non-Pulmonary all ages	21	25	46
	GRAND TOTAL	269	205	474

There were 428 cases of pulmonary tuberculosis on the register at 31/12/57. 248 of these were males and 180 were females. There were 46 cases of non-pulmonary tuberculosis, 21 being males and 25 females, on the register.

TABLE 7

Pulmonary Tuberculosis in Wards

1951—57

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
1955	3	5	7	–	4	11	3	3	8	4	25	23
1956	3	2	1	–	5	5	1	1	4	4	14	12
1957	7	4	2	1	1	6	3	3	2	–	15	14

TABLE 8

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	33	21	5	2	38	23
1952	17	27	1	2	18	29
1953	32	21	1	3	33	24
1954	29	28	5	3	34	31
1955	25	23	1	–	26	23
1956	14	12	–	–	14	12
1957	21	16	2	1	23	17

Including Inward Transfers.

PART IV.

HOUSING

"*Daughter am I in my mother's house,*
but mistress in my own.
The gates are mine to open,
as the gates are mine to close".

Our Lady of the Snows.
Rudyard Kipling (1865–1936).

The vital role played by adequate housing in the health of the community must never be forgotten and we must all strive for the day when there will be a house for each and every family. Reference has been made in Part II of this report to the great importance of housing as a factor in the reduction of infant mortality rates. The necessity of rehousing the tuberculous cannot be reiterated too frequently, as by leaving these people in old and unfavourable dwellings the disease is perpetuated and a firm focus established from which many new cases will be infected. The late Stuart Laidlaw in a masterly survey in Glasgow showed that 207 cases of tuberculosis occurred in people who were living in a house with a person with a positive sputum, and 259 cases occurred among people living with tuberculous sufferers who had a negative sputum. These figures are very significant and strongly support the priority rehousing of tuberculous families. As well as organic disease, unsatisfactory housing and overcrowding are responsible for much mental upset and even illness. This is particularly true of married couples with small families who are compelled by circumstances to live with in-laws. Among these people there is frequently a sense of frustration and tension ultimately culminating in various types of mental disturbances, ranging from sheer unhappiness to a florid neurosis. Many of the maladjusted children of the future will surely spring from such homes.

In Bilston, lack of space for new building is a big problem. It is hoped that in the imminent reorganisation of Local Government boundaries, that this progressive Local Authority will extend its borders sufficiently to embrace some wide open spaces so necessary for new building. Despite this, and Government curtailment of building in 1957, steady progress was maintained in slum clearance and erection of new houses. The good liaison which exists between the various departments concerned with housing must be emphasised, and it is only by co-operation that such excellent results are being achieved.

In 1957, 214 new municipal houses were completed in the Borough; this removed quite a few applicants from the housing list. 191 unfit houses were closed or demolished. Clearance and Compulsory Purchase Orders were confirmed by the Ministry in respect of Areas 48–54, *i.e.*, the major portion of Temple Street, part of Chapel Street, Bradley Street, a small portion of Oxford Street, Lester Street, the whole of Gozzard Street, parts of Salop Street, Lord Street, and Hatton Street, comprising in all 267 houses.

The majority of tenants for new houses are now being drawn from the Slum Clearance areas, and rightly so. A few tenancies, however, are still being awarded in accordance with the Points Scheme. The Points Scheme was introduced in October, 1953, and is a very fair and impartial method of allocating houses. Points are awarded as follows:—

(1) **Unfit houses.**
1 to 5 points at the discretion of the Medical Officer of Health, for the condition of the property and for the length of time resident therein, ½ a point for each year—up to a maximum of five points.

(2) **Lack of Facilities.** *e.g.*, water supply outside house, share of toilet, etc.

(3) **Residence in Bilston.**
½ a point for each year up to a maximum of five points.

(4) **Bedroom Deficiency.**

(5) **Overcrowding.**

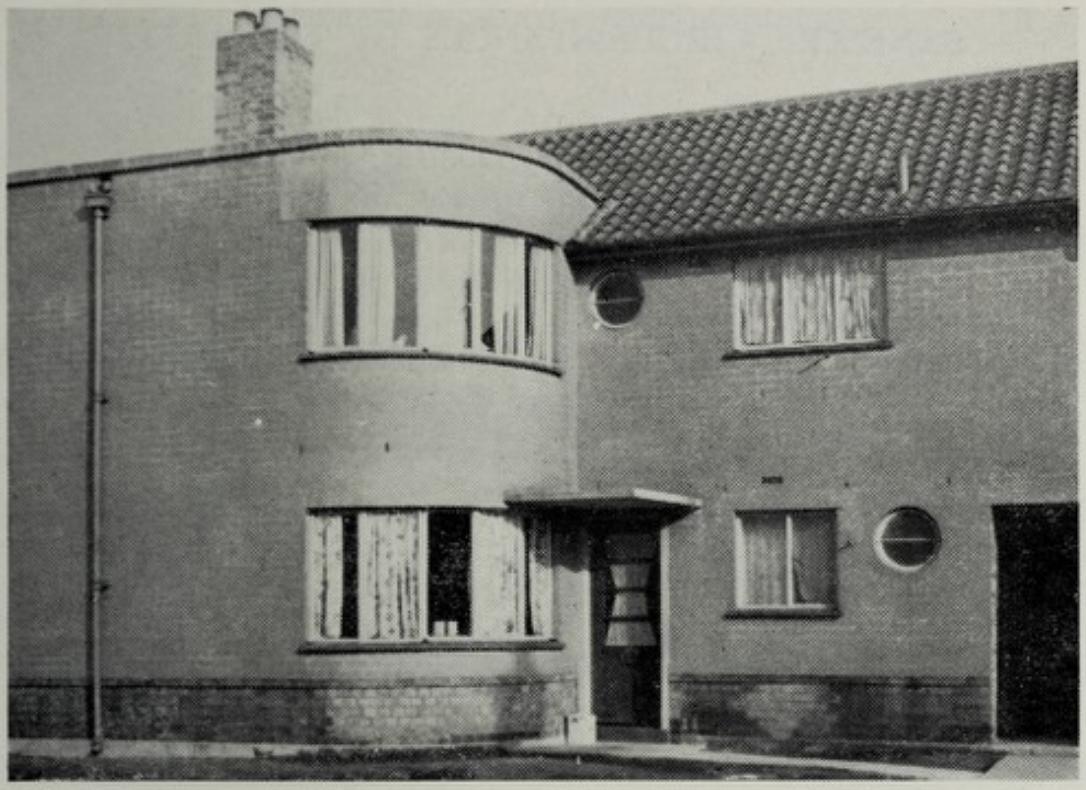
(6) **Period of waiting without a house.**

(7) **General Health.**
1 to 5 points at the discretion of the Medical Officer of Health.

(8) **Reserve Points.**
(*a*) Cases of special hardship may be awarded 1 to 5 points according to circumstances.
(*b*) Additional medical points may be awarded by the Medical Officer if considered necessary.

A certain amount of overcrowding exists in the Borough but this is true of most industrial areas in the country today, and is no worse in Bilston than elsewhere, I feel.

THE OLD



AND THE NEW

PART V.

SANITARY CIRCUMSTANCES OF THE AREA

"Remember that the most beautiful things in the world are the most useless; peacocks and lilies for instance".

Stones of Venice. Vol. 1. Chap. 2. 1. 17.
John Ruskin (1819–1900).

The following information was kindly supplied by the Borough Surveyor.

Water

The quality of water supplied continues to be satisfactory. Chlorination is practised at the sources of supply at the Bratch and Tomhill Pumping Stations. During the year 8 samples of water were taken, 1 of which was chemically analysed and 7 were bacteriologically tested. All the results were satisfactory and below are typical examples of the bacteriological and chemical analysis.

	Water from 23, Wellington Road, Bilston.
pH Value	7.0
	Parts per 100,000
Total Solid Matter Dried at 212°F.	30.0
Free and Saline Ammonia	0.0068
Albuminoid	Nil
Nitric Nitrogen	0.90
Chlorine present as Chloride	2.4
Oxygen absorbed in 4 hours at 80°F.	0.004
Appearance	Clear and Colourless
Metallic Contamination	Nil
Total Hardness	—
Permanent Hardness	—
Temporary Hardness	—
This water is chemically of satisfactory quality.	

Water

Bacteriological Examination Report

Nature of Sample: Source—Bore.
Mains supply Bilston Borough Water Department.
From tap from rising main, 23, Wellington Road, Bilston.

Date and hour of collection:	11.2.57	2.15 p.m.
Date and hour of arrival:	11.2.57	3.30 p.m.

REPORT

Date of Report: 13.2.57

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 Corporation owns and operates its own undertaking. The statutory limits of supply are about 12,000 acres comprising the Borough of Bilston, part of the Urban District of Coseley and part of the Rural District of Seisdon.

Water is obtained from two sources of supply (*a*) deep wells and a borehole at the Bratch, Wombourn, and (*b*) a borehole at Tomhill, Bobbington, both in the Rural District of Seisdon.

The supply to Bilston and Coseley is pumped from source to two covered concrete service reservoirs at Coton Road, Goldthorn Hill, having a combined effective capacity of 1,590,000 gallons, and thence by gravitation to Bilston and Coseley.

The estimated population supplied in Bilston and Coseley is 47,006 and in the Seisdon District 8,015 a total of 55,021.

The average daily consumption for all purposes in the whole area of supply during the year was 3,608,882 gallons or 65.59 gallons per head per day. In the Bilston and Coseley area the average daily consumption was 3,224,756 gallons or 28.09 gallons per head per day for domestic supplies and 40.51 gallons per head per day for trade supplies.

SEWAGE

The sewage disposal works are situated at the Lunt Road, 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 continuous filtration; the sludge from the tanks gravitates to a well from which it is pumped to lagoons.

The disposal works were first constructed in 1905. The works were extended in 1924 and again in 1929 to provide additional capacity for the reception and treatment of sewage from a part of the Coseley Urban District which now contains 5,462 houses with numerous industrial and other premises.

All major units of the works are heavily overloaded and a scheme is under consideration for improvements and extensions to bring the works up to date for present requirements, and for a future estimated dry weather flow of 1,700,000 gallons per day.

Drains and Water Closets

1,431 choked drains and water closets were cleansed by the Health Department Staff.

In accordance with the Sanitary Officers (Outside London) Regulations, 1935, Article 27 (18) (S.R.&.O.) 1935, No. 1110, the following tabular statement has been submitted by the Chief Public Health Inspector.

(*a*) INSPECTIONS *Nature of Inspection*	*1st Inspections*	*Re-Inspections*	*Total*
Dwelling Houses			
Inspections—Routine	261	291	552
Complaints	258	328	586
Overcrowding	8	–	8
Dirty Condition	19	8	27
Rent Act, 1957	72	17	89
Disinfected	30	46	76
Disinfested	112	163	275
Rodent Control	1,058	2,988	4,046
Infectious Disease	23	10	33
Disinfestation—Visits	127	150	277
Removals	276	–	276
Verminous	12	17	29
Slum Clearance	305	75	380
Waste Water Closets	37	27	64
Other Premises			
Houses let in lodgings	27	3	30
Tents, Van, Sheds, Sites	162	90	252
Common Lodging Houses	3	1	4
Factories—Mechanical Power	15	6	21
No Power	–	–	–
Workplaces—Ordinary	4	–	4
Outworkers	–	–	–
Bakehouses	–	–	–
Dairies	–	–	–
Milk Dealers	135	–	135
Ice Cream—Manufacturers	–	–	–
Retailers	4	1	5
Samples	18	–	18
Slaughterhouses—Inspected	6	–	6

	1st Inspections	Re-Inspections	Total
Meat Inspection ..	778	2	780
Private/Emergency Slaughter ..	–	–	–
Fried Fish Shops..	4	–	4
Food Preparing Premises ..	9	–	9
Ice Stores	–	–	–
Public Houses	2	–	2
Cafes and Restaurants	1	–	1
Works Canteen	2	–	2
Unsound Food	15	–	15
Market—Visits	19	–	19
Meat Stalls	–	–	–
Other Food Stalls ..	–	–	–
School Kitchens	–	–	–
Shops—Meat and Food.. ..	74	13	87
Others	4	–	4
Rodent Control ..	7	–	7
Public Conveniences	9	–	9
Stables	3	3	6
Premises re Swine, Fowl, etc. ..	2	–	2
Premises re Offensive Accumulation	19	3	22
Drains—Inspected	82	81	163
Colour Tested	29	4	33
Water Tested	8	–	8
Grenade Tested ..	6	–	6
Smoke Tested ..	9	–	9
Sewers—Inspected	8	2	10
Smoke Observations	34	1	35
Visits to Plant, etc. ..	21	1	22
Cinemas and Theatres	–	–	–
Water Samples—Chemical ..	1	–	1
Bacteriological	7	–	7
Inspections ..	–	–	–
Food Stalls and Carts	2	–	2
Meat Vans	–	–	–
Milk—Chemical	–	–	–
Bacteriological	–	–	–
Other Foods—Formal	–	–	–
Informal ..	–	–	–
Bacteriological ..	–	–	–
Cleansing Visits	16	–	16
Miscellaneous Visits	1,272	6	1,278
Smoke Measurement	192	–	192
Pet Animals Act, 1951	4	–	4

(*b*) NOTICES

Informal Notices Issued	179
Statutory Notices—Section 92–93	
Public Health Act, 1936—Issued	64
Complied ..	89

(*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	–	1	1
New Windows Provided	4	3	7
Old Windows Repaired	20	15	35
Window Cords Renewed	16	19	35
Dampness in Walls Remedied	7	8	15
Plaster of Walls Repaired	10	18	28
Plaster of Ceilings Repaired	21	12	33
Floors Repaired	14	1	15
New Fireplaces Provided	–	1	1
Old Fireplaces Repaired	1	–	1
Ovens Repaired	–	1	1
Doors Repaired	3	1	4
Flues Repaired	1	–	1
Staircases			
Steps Provided or Repaired	5	1	6
Plaster of Walls Repaired	4	–	4
Sculleries and Wash Houses			
Eaves Gutter Repaired or Provided	2	–	2
Window Cords Renewed	1	1	2
Windows Repaired	1	–	1
Waste Pipes Repaired or Renewed	2	1	3
Wash Coppers Repaired	3	–	3
Floors Repaired	3	–	3
Plaster of Walls Repaired	4	–	4
Plaster of Ceilings Repaired	2	–	2
Cellars			
Flooding Abated	–	1	1
External			
Roofs Repaired	67	14	81
Eaves Spouts Repaired or Provided	31	4	35
Down Spouts Repaired or Provided	14	–	14
Walls Repaired and/or Repointed	22	13	35
Chimney Stacks Repaired and/or Repointed	14	9	23
Doors Repaired	–	3	3

	By Notice	*Without Notice*	*Total*
Downspouts Disconnected from Drain	1	–	1
Boundary Walls Repaired ..	1	–	1
External Rendering Repaired/ Renewed	1	–	1
General			
Yard Paving or Surface Repaired	4	–	4
Houses Supplied with Town's Water Supply	2	–	2
Houses Cleansed, Limewashed or Redecorated	1	–	1
Yard Drainage Installed ..	–	1	1
Outbuildings			
Water Closets			
Roofs Repaired	16	–	16
Walls Repaired or Repointed ..	20	–	20
Floors Repaired	3	–	3
Doors Repaired	9	1	10
New Cistern Fixed or Repaired	20	3	23
New Pedestals and Seats Provided	10	1	11
Soilpipes Repaired	1	–	1
Water Supply Provided/Repaired	2	1	3
New Water Closets Provided ..	1	4	5
Flush Pipes/Pedestal Joints Repaired	1	–	1
Lighting and Ventilation Improved	1	–	1
Water Supply Renewed ..	1	–	1
Eaves Spouts Repaired/Renewed/Provided	2	–	2
Down Spouts Repaired/Renewed/Provided	2	–	2
Coal Stores			
Eaves Spouts Provided/Repaired/Renewed .. .	1	–	1
Down Spouts Provided/Repaired/Renewed .. .	1	–	1
Waste Water Closets			
Converted into Standard Type W.C's.	12	–	12
Ashbins			
Renewals	–	597	597
Provided for New Houses ..	–	270	270
Provided for Other Premises ..	–	17	17

	By Notice	*Without Notice*	*Total*
Drains			
Repaired or Relaid	44	12	56
Cleansed	16	5	21
Inspection Chambers Built or Repaired	16	5	21
Self Cleansing Gullies Provided	2	–	2
Sewers and/or Street Gullies			
Cleansed	1	–	1
Repaired	1	–	1
Offensive Accumulations			
Removed	6	2	8
Tents, Vans, Sheds and Sites			
Removed	3	–	3
Smoke Observations			
Additions to Plant or Improvement	1	–	1
Slaughterhouses			
Cleansed/Limewashed	–	1	1
Food Shops			
Improvements under Food Hygiene Regs.	51	2	53
Other Food Preparing Premises			
Structural Improvements ..	4	–	4
Other Improvements	6	–	6
Houses Let-in Lodgings			
Other Improvements	2	–	2

Disinfestation

112 houses were disinfested and 150 re-inspections were made of these houses. Treatment was by fumigant smoke or insecticide sprays.

In addition there were 276 removals, the tenant's effects and furniture being treated by HCN gas and the bedding sterilised in the steam disinfector.

Shops Act

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

Rodent Control

The total number of complaints received during the year was 205. 65 less than last year. 927 visits were made for the treatment of premises, besides the regular treatments carried out on waste land, brook courses, etc.

Two sewer treatments were carried out during the year and details are given below:—

Date of Treatment	*March*	*October*
Number of manholes in system	929	929
Number of manholes treated	88	186
Number of manholes showing infestation	59	70
Number of manholes showing complete pre-bait take	6	Nil
Poison used	Warfarin	Warfarin

CLEANSING

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

REFUSE COLLECTION AND DISPOSAL

(Period 1st April, 1957 to 31st March, 1958)

Some 10,000 tons of refuse are collected from the householders and business premises in this town each year. Averaging the density at 4 cwts. per cube yard, we have therefore 50,000 cube yards. The Town Hall stands on an area of some 1,000 square yards. I do not know the height of the Town Hall but I do know that if this quantity of refuse were stacked on a similar area it would extend 150 feet high, considerably overtopping the Town Hall. It would probably rise to twice the height.

I mention this rather surprising fact in order that the magnitude of the task carried out by the 22 men engaged on collection may properly be appreciated. It may also serve to emphasise the importance of the work carried out by these men. In the past, it has too often been my unpleasant duty in this report, to have to state that collection frequency has been most unsatisfactory. This year, and last year, I am happy to say, has seen an end to that. In the main the collection has returned to a weekly visit, and where there has been a fall-back it has been due to vehicle breakdown or to the effect of statutory holidays.

The effect of absences due to sickness and holidays has been equivalent to the loss of two men whole time. In view of the arduous and unpleasant nature of the job, with its tendency to cause respiratory upset due to the dusty conditions, I do not think this is bad at all, and it compares favourably with the past.

There has been a marked decrease in the 'turnover' of men. It was not uncommon for the men to work for a week or so and leave for pastures new. The Bonus Incentive Scheme has had the effect of keeping the teams together. Bonus earnings over all the teams have been of the order of 27/0d. per week.

The vehicles employed are the same as for some years past. The type of vehicles, date of purchase, and mileage, for the year under review are as follows:—

SRE 770	Shelvoke and Drewry Side Loader Purchased in July, 1949	4,837 miles this year
URE 962	Shelvoke and Drewry Side Loader Purchased in October, 1950	4,308 miles this year
XRE 939	Shelvoke and Drewry Fore and Aft Tipper. Purchased in July, 1952..	4,715 miles this year
980 ARF	Karrier Bantam 7 cb. yd. Side Loader Purchased in January, 1954	3,456 miles this year

5,058 gallons of petrol were used and consumption varied from 2.79 miles per gallon to 4.68 miles per gallon. The slow speed 'gutter crawling' accounts for the strikingly high consumption, as the vehicles are in low gear except when driven to the Disposal Point. Diesel engines would give double the economy. It is recommended that all future purchases be Diesel powered with the exhausts carried well above cab height. With proper maintenance there should be no nuisance.

Saturday morning maintenance by the drivers has been satisfactory and its importance in so small a fleet with no spare vehicle cannot be over emphasised.

TABLE 1

HOUSE REFUSE—DRY

Receptacles Emptied	Loads Removed	Estimated Tonnage
527,503	3,593	9,382

TABLE 2

MISCELLANEOUS REFUSE REMOVED

Covering for Tips	Trade Refuse	Waste Paper	Kitchen Waste	Cullet and Scrap	Total
Tons	Tons	Tons	Tons	Tons	Tons
34	309	116	174	5	638

Salvage

Collection figures are given below:—

TABLE 3

MATERIALS	1956–57			1957–58		
	Weight		Value	Weight		Value
	Tons	Cwts.	£	Tons	Cwts.	£
Paper	103	8	885	116	–	1,003
Kitchen Waste	194	17	778	174	7	698
Glass	6	2	14	2	17	6
Scrap	3	13	11	2	3	11
			1,668			1,718

Disposal

The method of disposal of refuse in Bilston has hitherto been by Controlled Tipping. The Loxdale Industrial Estate, a monument to the foresight of a previous Town Clerk, is also a monument to the value of Controlled Tipping, as the land in question was largely fiilled and levelled by this means. Whilst there is still a margin of some ten years tipping land left in Bilston, it was thought that consideration should be given to other means of disposal. Salvage and Incineration, a method favoured for closely built up areas, is expensive and leaves end products which are often an embarrassment finally to dispose of. Modern thought and indeed practice lies in the field of composting with the addition of sewage or sewage sludge. There are two well known methods at present in use in this country, one is the DANO system and the other is the JERSEY system. John Thompson Waste Utilisation Limited use a most efficient variation of the latter system, and the former was pioneered in the British Isles at Edinburgh.

A local firm has a further method, which was offered to Bilston as an experiment, and increasing quantities of refuse have been delivered during 1957–1958 to the plant set up by this firm in Bilston. It is too early at this stage to state what the outcome of the experiment will be, but progress, particularly with regard to cost, is being watched with great interest.

When one considers the vast quantities of organic material which find their way into house refuse and sewage works, there to be lost for ever, one wonders why the farming land of this country manages to retain its fertility. The quantity of refuse disposed of to tips annually in this country is in the region of 13,000,000 tons. Not all of this has a value as fertiliser, of course, but it shows that a goodly proportion of fertility is being lost,

and artificial fertilisers are not the final answer. The quantity of sewage sludge lost to the land is probably something of the same order.

Although Urban Authorities do not have to consider land fertility in the normal course of events, it is a matter of vital concern to all who dwell in these densely populated islands where dependance on imported food is both dangerous and bad economics. If, therefore, Local Authorities can help in this direction by arranging that the waste products of the community can be turned into valuable fertiliser, they will be performing a most important service to the country as a whole. There is, however, one most important consideration to be borne in mind in this connection, and that is that the processing of these wastes should not cost more and should preferably cost less than the more orthodox methods. I repeat that it is the cost in this experiment which is most carefully to be watched.

Weight of refuse delivered to the experimental plant are given below:—

	tons	*cwts.*	*qrs.*
April	65	11	2
May	66	1	1
June	102	6	2
July	22	14	0
August	–	–	–
September	20	11	2
October	375	9	0
November	524	16	1
December	627	15	0
January	819	4	0
February	749	8	2
March	829	15	0
Total	4,203	12	2
Cost	£2,627	5s.	2d.

Additional to the above, the following quantities were delivered to and disposed of at Dudley Street Tip.

TABLE 4

DUDLEY STREET TIP

	Cleansing Department		Tradespeople and Others		TOTAL	
	Loads	Tons	Loads	Tons	Loads	Tons
House Refuse—Dry ..	2,341	5,487	—	—	2,519	5,487
Trade Refuse			178	89		
Covering	17	34	—	—	17	34
Industrial Refuse ..	—	—	—	—	—	—
Miscellaneous	—	—	—	—	—	—
Totals ..	2,358	5,521	178	89	2,536	5,705

Below I include Cost Statement 1957–58 and Operational Statistics, as furnished to the Ministry of Housing and Local Government.

TABLE 5

COST STATEMENT 1957–58

Item	Particulars	Collection	Disposal	Totals	Percentage of total gross expenditure
	1	2	3	4	5
	REVENUE ACCOUNT	£	£	£	%
1.	GROSS EXPENDITURE:				
	(i) Labour	12,395	1,567	13,962	48
	(ii) Transport	6,724	1,967	8,691	30
	(iii) Plant, equipment, land and buildings ..	2,972	689	3,661	13
	(iv) Other items	5	2,625	2,630	9
	(v) Total gross expenditure	22,096	6,848	28,944	100
2.	GROSS INCOME (including £1,004 received from other local authorities) ..	778	1,314	2,092	—
3.	NET COST	21,318	5,534	26,852	—
4.	Capital expenditure met from revenue (included above) ..	—	—	—	—
	UNIT COSTS				
		s. d.	s. d.	s. d.	
5.	Gross cost per ton, labour only	24 10	3 2	28 0	
6.	Gross cost per ton, transport only	13 6	4 0	17 6	
7.	Net cost (all expenditure) per ton	42 9	11 3	54 0	
		£	£	£	
8.	Net cost per 1,000 population	629	163	792	
9.	Net cost per 1,000 premises	1,972	512	2,484	

Operational Statistics

10.	Area (statute acres)	1,871 acres
11.	Population at 30th June, 1957 (Registrar-General's Estimate)	33,880 persons
12.	Total refuse collected (tons)	9,987 tons
13.	Weight (cwts.) per 1,000 population per day (365 days to year) ..	16.1 cwts.
14.	Number of premises from which refuse is collected	10,812
15.	Premises from which collection is made at least once weekly	100% of total
16.	Average haul (miles) by collection vehicle to disposal point (single journey)	$2\frac{1}{4}$ miles
17.	Kerbside collection, if practised, expressed as estimated percentage of total collection ..	Nil
18.	Total refuse disposal of	9,809 tons
19.	Method of disposed (salvage excluded)	
	Controlled tipping	57.1%
	Trial Compositing Scheme	42.9%

20. Salvage. Analysis of income and tonnage:—

		Income (included in Item 2)	Tonnage Collected (included in Item 12)
		£	Tons
(*a*)	Raw Kitchen Waste ..	568	174
(*b*)	Waste Paper	1,132	116
(*c*)	Other Salvage	18	5
	TOTAL	1,718	295
21.	Trade Refuse	318	309

Caravans and Moveable Dwellings

252 visits were made to various sites in the Borough for the inspection of caravans occupied by gypsies and other wanderers.

Atmospheric Pollution

Atmospheric pollution is measured by means of two deposit gauges which measure the dust deposits directly from the air and washed in by the rain; by 11 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 volumetric sulphur dioxide recorder with smoke filter which measures daily the amount of sulphur dioxide and smoke in the air. The figures for 1957 show little difference from the previous year.

DEPOSIT GAUGES

Total solids are as follows:—

January	Park Site . .	. .	43.81	tons	per	square	mile
„	Dudley Street Site	. .	—	„	„	„	„
February	Park Site . .	. .	42.56	„	„	„	„
„	Dudley Street Site	. .	52.00	„	„	„	„
March	Park Site . .	. .	46.18	„	„	„	„
„	Dudley Street Site	. .	45.64	„	„	„	„
April	Park Site . .	. .	24.92	„	„	„	„
„	Dudley Street Site	. .	—	„	„	„	„
May	Park Site . .	. .	34.81	„	„	„	„
„	Dudley Street Site	. .	33.72	„	„	„	„
June	Park Site . .	. .	39.65	„	„	„	„
„	Dudley Street Site	. .	60.77	„	„	„	„
July	Park Site . .	. .	39.38	„	„	„	„
„	Dudley Street Site	. .	39.78	„	„	„	„
August	Park Site . .	. .	29.46	„	„	„	„
„	Dudley Street Site	. .	31.43	„	„	„	„
September	Park Site . .	. .	29.02	„	„	„	„
„	Dudley Street Site	. .	53.32	„	„	„	„
October	Park Site . .	. .	35.55	„	„	„	„
„	Dudley Street Site	. .	63.49	„	„	„	„
November	Park Site . .	. .	27.80	„	„	„	„
„	Dudley Street Site	. .	27.79	„	„	„	„
December	Park Site . .	. .	36.43	„	„	„	„
„	Dudley Street Site	. .	45.90	„	„	„	„

Daily Mean Concentration of SO2 and Smoke

Month		*SO2*	*Smoke*
January	Average	0.031	0.116
	Highest	0.061	0.206
	Lowest	0.013	0.056
February.. ..	Average	0.041	0.151
	Highest	0.093	0.278
	Lowest	0.015	0.067
March	Average	0.048	0.128
	Highest	0.085	0.229
	Lowest	0.034	0.056
April	Average	0.046	0.098
	Highest	0.081	0.188
	Lowest	0.021	0.029
May	Average	0.043	0.093
	Highest	0.062	0.202
	Lowest	0.027	0.024
June	Average	0.042	0.061
	Highest	0.067	0.136
	Lowest	0.029	0.025
July	Average	0.021	0.058
	Highest	0.040	0.093
	Lowest	0.009	0.031
August	Average	0.018	0.053
	Highest	0.032	0.112
	Lowest	0.011	0.041
September ..	Average	0.014	0.081
	Highest	0.024	0.122
	Lowest	0.009	0.052
October	Average	0.023	0.128
	Highest	0.055	0.279
	Lowest	0.009	0.066
November ..	Average	0.023	0.211
	Highest	0.038	0.441
	Lowest	0.010	0.090
December ..	Average	0.022	0.237
	Highest	0.098	0.802
	Lowest	0.009	0.038

LEAD PEROXIDE CYLINDERS

Mg. of SO3 per day collected by 100 sq. cm. of Batch 'F' & 'G' Pb02

Month 1957	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	2.01	2.74	2.18	1.37	2.20	2.20	5.54	3.20	1.84	3.16	0.51
February	2.84	2.56	2.28	1.88	2.40	2.58	5.64	3.30	1.97	3.22	0.71
March	2.28	1.49	2.30	1.85	1.86	1.84	4.30	2.89	1.64	2.56	0.76
April	0.89	1.30	1.46	1.47	2.07	1.90	3.06	—	1.36	2.11	0.76
May	1.46	1.75	1.13	1.45	1.12	1.46	3.13	1.94	1.08	1.53	0.14
June	1.56	0.82	1.25	0.86	1.09	1.01	2.11	1.54	0.89	1.49	0.56
July	0.85	0.54	1.00	—	0.92	0.95	1.90	1.21	0.62	1.21	0.30
August	0.79	0.56	1.60	0.56	0.73	0.85	1.86	1.17	0.46	0.87	0.14
September	1.25	0.87	1.63	0.88	1.30	1.28	2.91	1.74	0.98	1.72	0.37
October	1.90	1.24	2.49	1.81	1.67	1.79	4.07	2.77	1.55	2.50	0.39
November	2.94	2.09	2.68	2.23	2.60	2.65	6.03	3.45	2.17	3.19	0.82
December	2.68	1.75	2.69	2.40	2.44	2.59	4.76	3.29	2.11	3.09	0.79

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR PART

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	96	28	4	749	36.051	—
Number inspected ..	96	28	4	749	36.051	—
All diseases except Tuberculosis and Cysticerci: Whole carcases condemned	—	—	—	—	13	—
Carcases of which some part or organ was condemned	8	6	—	49	6,223	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ..	8.33	21.43	—	6.54	17.28	—
Tuberculosis only: Whole carcases condemned	—	—	—	—	9	—
Carcases of which some part or organ was condemned	4	1	—	—	1,821	—
Percentage of the number inspected affected with tuberculosis	4.16	3.57	—	—	5.07	—
Cysticercosis: Carcases of which some part or organ was condemned .. .	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and Totally condemned	—	—	—	—	—	—

CARCASES AND ORGANS

Generalised T.B.	9
Pyaemia	5
Fevered	2
Suffocation	2
Acute Swine Erysipelas	1
Jaundice	1
Toxaemia	1
Septicaemia	1
Total	22

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

Food	*Tons*	*Cwts.*	*Lbs.*	*Reason for Condemnation*
Bacon	–	–	53½	Tainted
Bacon	–	–	28	Bruising and Contusion
Bacon	–	–	77½	Decomposition
Cheese	–	2	84¾	Excessive Mould
Ham	–	–	20¾	Decomposition
Meat Pies ..	–	–	5	Mould
Tinned Goods ..	–	9	98¾	Blown and Decomposition
Bottled Goods ..	–	–	4	Mould
Preserved Meat ..	–	–	6	Abcesses
	–	14	42¼	
Fresh Meat ..	20	15	48	See Table.
Total ..	21	9	90¼	

Bakehouses and Other Food Premises

16 inspections have been made of other food premises.

Milk

There are 128 licensed dealers selling sterilised milk, 11 selling sterilised and pasteurised milk and 10 selling tuberculin tested milk.

Ice-Cream

Disease	Carcases and Organs	Heads and Collars	Lungs	Stomach and Intestines	Kic
Abscesses	—	42	—	27	
Ascaris Lumbricoides	—	—	—	—	
Actinomycosis	—	57	—	—	
Bruising	—	—	—	—	
Cirrhosis	—	—	—	—	
Chronic Swine Erysipelas	1–91	—	—	—	
Contamination	—	—	—	—	
Emphysema	—	—	21	—	
Fascioliasis	—	—	—	—	
Fatty Infiltration	—	—	—	—	
Fevered	2–26	—	—	—	
Haematoma	—	—	—	—	
Hydatid Cysts	—	—	13	—	
Hydronephrosis	—	—	—	—	
Infarcts	—	—	—	—	
Jaundice	1–63	—	—	—	
Oedema	—	—	—	—	
Pericarditis	—	—	—	—	
Peritonitis	—	—	—	2–68	
Pleurisy	—	—	1–0–18	—	
Pneumonia	—	—	1–12–36½	—	
Pulmonary Congestion	—	—	12–24½	—	
Pyaemia	7–91	—	—	—	
Septicaemia	1–50	—	—	—	
Strongylosis	—	—	2–28	—	
Suffocation	3–71	—	—	—	
Tenuicollis Cysts	—	—	—	—	
Torsion	—	—	—	—	
Toxaemia	1–64	—	—	—	
Tuberculosis	17–81	9–2–49½	2–98	5–48	
Urticaria	—	—	—	—	
Totals	1–17–89	9–3–36½	3–10–15	8–31	

LE (EXCLUDING COWS)

pleens	Omentum	Hearts	Livers	Parts of Carcases	Skins	TOTALS		
						Tons	Cwts.	Lbs.
—	1½	—	50	3–50½	—	—	4	59
—	—	—	1–8–96	—	—	1	8	96
—	—	—	—	—	—	—	—	57
—	—	—	—	9–90	15	—	9	105
—	—	—	4–32½	—	—	—	4	32½
—	—	—	—	—	—	—	1	91
—	3½	—	—	—	—	—	—	3½
—	—	—	—	—	—	—	—	21
—	—	—	102	—	—	—	—	102
—	—	—	64½	—	—	—	—	64½
—	—	—	—	—	—	—	2	26
18	—	—	—	—	—	—	—	18
—	—	—	3–93	—	—	—	3	106
—	—	—	—	—	—	—	—	32½
1–4	—	—	—	—	—	—	1	4
—	—	—	—	—	—	—	1	63
—	—	—	—	40	—	—	—	40
—	—	13–6½	—	—	—	—	13	6½
4–70	2	—	1–7–5	9–24½	—	2	3	57½
—	—	—	—	—	—	1	0	18
—	—	—	—	—	—	1	12	36½
—	—	—	—	—	—	—	12	24½
—	—	—	—	—	—	—	7	91
—	—	—	—	—	—	—	1	50
—	—	—	—	—	—	—	2	28
—	—	—	—	—	—	—	3	71
—	—	—	11½	—	—	—	—	11½
6	—	—	—	—	—	—	—	6
—	—	—	—	—	—	—	1	64
15	—	—	4–59	2–12	—	10	15	26½
—	—	—	—	—	92	—	—	92
6–1	7	13–6½	3–10–65½	1–4–105	107	20	15	48

Ice-Cream

There are 103 premises elling ice-cream in the Borough.

4 shops were inspected and 8 samples of ice-cream were taken and submitted to the Public Health Laboratory, and the results were:—

Grade 1	7
Grade 2	Nil
Grade 3	Nil
Grade 4	1

In addition 10 samples of ice-lollies were taken.

Street Food Vendors

6 street food vendors were licensed in the area.

Food Sampling

The sampling of milk and food under the Food and Drugs Act, 1955, 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	22
Milk Sterilised	22
Milk Pasteurised T.T. Jersey	6
Milk T.T.	4
Milk T.T. Pasteurised ..	18
	72

Number of samples taken	72
Number of samples genuine	71
Number of samples adulterated	1

General Foods

Number of samples taken	65
Number of samples genuine	58
Number of samples adulterated	7

Classification of General Foods

Cream Splits
Cream Doughnuts
Cream Straws
Cream Baskets
Cream Horns
Pork Scratchings
Roast Pork Dripping
Fish Dressing
Rusks
Pork in natural juices
Red Plums in syrup
Bitter Beer
Ground Nutmeg
Pork and Beef Snack
Corn Flakes
Rose Hip Syrup
Sugarless Table Jelly
Viconita
Seedless Raisins
Sultanas
Pure Lard
Processed Peas

Pork Sausage cont. pres. (4 samples)
Ice Cream
Indian Cerate
Malt Vinegar
Dripping
Stewed Steak
Mincemeat
Back and Kidney Pills
Orange Juice sweetened
Margarine
Cheese Spread
Butter Shortcake
Madeira Cake containing butter
Influenza and Cold Mixture
Black Cherry Linctus
Preserved Stem Ginger
Alexandra Sauce
Calcium Laitate Tablets
Mild Beer (3 samples)
Halibut Liver Oil Capsules
Haliborange
Tablets of Medicinal Charcoal
Stemicol
Lemon Squash
Tea
Luncheon Meat
Mixed Fruit (2 samples)
Butter Drops
Cream Cakes
Lemon Cheese
Extra Strong Peppermints
Christmas Pudding
Chest Tonic
Butter
Extra Creamy Caramels
Layer Cake Mix
Steak and Kidney Pudding

Particulars of Adulterated Samples

9 C/Q—Cream Splits —Formal
10 C/Q—Cream Doughnuts—Formal
11 C/Q—Cream Straws —Formal
12 C/Q—Cream Baskets —Formal
13 C/Q—Cream Horns —Formal
Not cream but consists of imitation cream. Fined £3 on each of five charges and ordered to pay £7 7s. 0d. costs on first charge.

43 C/U—Pasteurised Milk—Formal—9% deficient in fat. (Precautions taken). Firm now sold out to M.C.D.

81 C/C—Sultanas—Informal—0.5% Sand and Silicious matter which is excessive. Formal sample genuine.

73 C/D—Butter Drops—Formal—35% deficient in butter fat. Cautioned.

Food Preparing Premises

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

Grocers, greengrocers and general shops	199
Food shops with catering establishments attached ..	13
Other catering establishments (including works' canteens and premises of the school meals service)	45
Fried Fish Shops	17
Butchers Shops	33
Fish Shops	5
	312

PART VI

HEALTH EDUCATION

"*Soap and education are not as sudden as* a *massacre, but they are more deadly in the long run*".

The Facts Concerning the Recent Resignation.
Sketches New and Old, 1900 Page 350.
Mark Twain (Samuel Langhorne Clemens). (1835–1910)

There is little need to emphasis the importance of educating the public in methods of preventing disease and promoting positive health. The Bilston Corporation makes an annual subscription to the Central Council for Health Education, who in turn supply the Health Department with books, pamphlets and posters. The former are distributed to those who frequent the various Corporation Departments, and in Schools, while posters are displayed on the poster board outside the Town Hall, in the Health Department and the Library. The teachers lecture in schools on health education and frequently seek advice from the Health Department concerning technical information.

Health education is being practised daily by many agents in the course of their normal duties, *e.g.*, Health Visitors, Public Health Inspectors, Clinic Medical Officers and General Practitioners. In a quiet and unobtrusive manner the Health Visitor or Public Health Inspector automatically health educates those whom they encounter during routine visiting of houses and homes. The same applies to Infant Welfare and Ante Natal Clinics, especially the latter, where expectant mothers are in a most receptive frame of mind, during which habits of general personal hygiene which will never be forgotten or departed from, may be inculcated very easily.

In my experience, forums and exhibitions dealing with health education and for that matter home safety, are invariably poorly patronised, and are of little value compared with the more intimate and personal methods outlined above. This has been very capably demonstrated in a survey of sixteen large British towns where infant mortality rates were correlated with the number of Health Visitors. The conclusion reached was that the lower rates occurred in the towns best staffed with Health Visitors, and this was attributed to the value of these women in promoting health education among mothers.

Home Safety

In Bilston there is a small but vigorous Home Safety Committee which meets monthly and takes various steps to reduce the number of accidents occurring in the home. Posters are displayed, pamphlets are distributed, and home safety booklets published. Delegates also attend the Area Home Safety Meetings held at intervals in Birmingham.

The Royal Hospital, Wolverhampton, through the courtesy of its Secretary, Mr. A. B. Denley, notify the Home Safety Committee of any Bilston residents who, because of accidents in the home, are treated in the Casualty Department or wards of the hospital. This is most helpful to the Committee in giving an overall picture of serious home accidents occurring in the district.

The Wolverhampton Corporation Transport Department also prove very helpful by displaying home safety posters in their trolley buses.

Over the past decennium almost seventy thousand deaths resulted from accidents in the home. Compared with these figures, the death rate from poliomyelitis over the same period is practically negligible, and the deaths from tuberculosis are less than half of those due to misadventure in the home. Yet what attention these diseases command and what vast sums are spent annually in their treatment, and, of course, a lot less in their prevention. Unfortunately, the people most seriously affected by home accidents are the very young and the very old—two of the community's age groups which have the least to say for themselves. It is a lamentable fact that many Medical Officers of Health and their Authorities throughout the country, are completely disinterested in the home safety movement.

It seems to me to be the duty of those of us who labour in the field of preventive and social medicine, to focus more attention on this problem, and by unremitting effort to effect an appreciable reduction in the appalling mortality rate from accidents in the home, and thereby also to confute Mr. Micawber that "accidents will occur in the best regulated families".