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CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

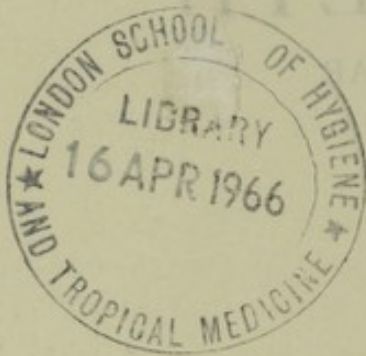
1949



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CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH



1949



PUBLIC HEALTH DEPARTMENT,
THE COUNCIL HOUSE,
BIRMINGHAM.

June, 1950.

*To the Chairman and Members,
Health Committee.*

As this is the last Annual Report which I shall have the honour of submitting to you—the twenty-second report for which I have been responsible in relation to the City of Birmingham—I ask your Committee's indulgence for the course to be adopted in the presentation of this Introduction.

In the immediately ensuing section I propose to make much briefer reference than usual to the year that has passed ; and in the subsequent section to indicate a few outstanding features of my period of office.

1949

The year's work can be recognised as encouraging in its results, as measured in particular by the infant and the maternal mortality rates, as among the most sensitive indices of the physical well-being of the community.

The infant mortality rate reached a new low level, of 31 deaths under 1 year of age per 1,000 live births ; the corresponding figure in 1948 was 32. The same is true of the infant mortality among illegitimate children which fell to 40 in 1949, from 44 in 1948.

The neonatal mortality rate (i.e., among infants under 4 weeks of age) also reached the lowest rate yet attained in the City, of 17·7 per 1,000 live births, as against 18·0 in 1948.

Similarly we attained our lowest level yet reached in Birmingham in the death rate from ages 1 month to 1 year per 1,000 live births, of 13·1 as against 13·6 in 1948.

The maternal mortality in relation to childbirth also reached a new low record for the City of 0·39 deaths per 1,000 live and stillbirths, as against 0·50 in 1948.

In other directions in which the Department has been engaged during the year, the pages of the report will show evidence of notable activity and in some of as notable progress. Elsewhere—I refer in particular to aspects of housing—much effort is expended in endeavouring to prevent retrogression, pending the time when, with substantially more houses available, progression may again follow. The difficult position in this respect is discussed in the report.

The year has happily been free from any major epidemic, as also from any notable incidence, of infectious disease. In this province also a new record has been established in the City, in that no child died of diphtheria during the year ; while for the third year in succession there were no deaths from diphtheria in children under school age.

There has been considerable pressure on the staff of sanitary inspectors, and on the medical officer responsible, in relation to the large numbers of applications for registration as eating houses or in connection with licensing as catering establishments.

All sections of the Department have had a very busy year, and have responded with their usual readiness and thoroughness to the demands made on them. Your Committee are fortunate in a remarkably united, willing and competent staff.

1928-1950

Seeing that, by the time this report is published, I shall myself have retired, at the end of my span of $22\frac{1}{2}$ years of service under the City Council, I feel that it may be of interest to your Committee briefly to review the main changes which have been experienced in the services which come under your direction. Looking back through the long series of annual reports, I am struck both by the great vicissitudes and by the great developments in the service.

The vicissitudes certainly leap to the eye. The even tenor of administration has thrice been jarred by a major convulsion. Within two years, or thereabouts, of my taking up my duties in Birmingham, the staff of the Department were suddenly more than doubled, and its activities correspondingly enlarged by the transfer of the City hospitals, an infirmary and certain convalescent homes from the jurisdiction of the Board of Guardians to that of your Committee, on behalf of the City Council, under the terms of the Local Government Act, 1929. Some eighteen months before the end of the year to which this, my last, report applies, the process was reversed, and those same institutions, together with a number of others, with their staff and the corresponding central administrative staff, were transferred from your jurisdiction to that of the Birmingham Regional Hospital Board, under the National Health Service Act, 1946. On this occasion, the vacuum resulting was filled by a variety of new services, some transferred to your Committee, others to be developed by you, on lines agreed with the Ministry of Health, under the same legislation. To add to the upheaval, your residential nurseries and their staff were at the same time transferred under other legislation to the newly formed Children's Committee.

Midway between these two great upheavals, in what had in each case been looked on as the established Public Health organisation of the City came the onset of the still more fundamental upheaval of the second World

War, preceded by the premonitory tremors of the Munich crisis. This meant the establishment, at speed and under conditions of heavy pre-occupation and depleted staff, of a great variety of war-time machinery : the casualty services, ampler ambulance services, the provision of first aid posts, the listing of air-raid casualties, the establishment of anti-gas measures, the arrangement of mortuaries for the reception of air-raid fatalities, the sanitary supervision of public shelters, the meeting of ambulance trains, the co-operation with the Water Department in safeguarding the water supplies in relation to air-raid damage, the opening of a large number of war-time nurseries, and a host of similar activities, superadded to the maintenance of the normal public health services. In this connection I note a significant sentence in my slender report for 1939 : " It has been of interest to note in how small a degree it has been found practicable to close down public health activities under war conditions, so almost uniformly essential are these services to the welfare of the population."

In this spate of unaccustomed obligations the Public Health Department shared in its particular sphere the experience of many other Departments of the Corporation in theirs ; and the success attained was a mark not only of the wholehearted co-operation between the members of each individual Department, but also of the strong and sure reliance which each Department could place on the co-operation of all others.

It can be said, then, without exaggeration that, throughout the vicissitudes of these years, the work of the Public Health Department has never been dull, and has often been difficult. That the difficulties have been negotiated successfully has been in part due to the consistent support of your Committee, and pre-eminently of a succession of Chairmen, for whose consideration and encouragement I am most grateful ; and for the rest it has been due to the wholehearted collaboration and vigorous initiative of a staff of whom your Committee may rightly be proud.

I have referred not only to vicissitudes, but to developments. To indicate these at all comprehensively would be to fill a report intended for matters of the present with matters more remotely of the past. A few illustrations will however serve the purpose.

The maternity and child welfare services of the City, already outstanding in reputation under the direction of my predecessor, Sir John Robertson, have developed into what can without any doubt be claimed as the premier maternity and child welfare services of the country, under the strong leadership and the vigorous drive in succession of two women of outstanding calibre—the City owes much to Dr. Ethel Cassie and to Dr. Jean Mackintosh—and to the wholehearted support which they have received from a large staff of health visitors, together with the staffs of City maternity homes, of the City midwifery service, and of the day nurseries and residential nurseries ; in close co-operation also with the maternity departments of the City institutions. The result has been a

well-knit service for the expectant mother, for the woman in labour, for the nursing mother and for the young child, for the unmarried mother, for child adoption, for the supervision of foster-mothers and foster-children and for the provision of home helps, the whole forming a satisfying and comprehensive entity, effectively linked with the medical practitioners of the City. The shifting of the kaleidoscope brought about by the National Health Service Act naturally altered the balance, transferring as it did the maternity work to the Regional Hospital Board ; while the Children Act shifted the pattern still further by transferring the residential nurseries and the adoption work to the Children's Committee.

Housing has had a rather chequered career. Under two successive Chief Sanitary Inspectors, Mr. Thompson and Mr. Turley, with their very competent staff of inspectors, the heavy, slogging work of dealing with the maintenance in a reasonable state of habitability of the poorer house property in the City has been carried on steadily and courageously, nearly always under difficulties and at times under the gravely hampering effects of uncontrollable circumstances, such as the devastation inflicted by the second World War, and the lack of labour and materials after that war to right the devastation, combined with the uncertainties which confronted property owners in relation to the vast post-war central areas re-development scheme. The work of large scale assessment of properties from the standpoint of clearance area action fell to the lot of Mr. Lamb, as Chief Housing Inspector, with his staff of housing inspectors. Here again the war proved a housing calamity of the first magnitude, for, apart from the direct damage from air raids, it prevented the clearance of thousands of houses already in train for demolition, and it put an end to a five-year plan of clearance and of house building which, could it have materialised, would have made Birmingham's housing problem very different from what unhappily is now the case. The central re-development areas have brought their own acute problems to the housing staff, working in close collaboration with the Central Areas Management Office. I may add that, taking the successive duties in his stride, Mr. Lamb was responsible for giving effect to the two very considerable operations involved in the Overcrowding Survey of 1936 and the Housing Survey of the City in 1946.

In the realm of infectious disease we have in general been fortunate : and this in large degree owing to the alertness of medical officers concerned in this work, and in particular of Dr. Burn, as Deputy Medical Officer of Health, in the measures taken for the control of threatening epidemics. The result has been that, apart from infections affecting the country as a whole, there have only been one moderate epidemic of typhoid fever, three on a restricted scale of paratyphoid B fever, and one—a war product —of trichiniasis. In the prevention of diphtheria, Birmingham has been a pioneer in, and one of the most successful exponents in the country of, diphtheria immunisation, under the combined initiative of Dr. Burn and of Dr. Vera Fellowes.

Of the hospitals and sanatoria it seems scarcely appropriate now to speak except as of the late lamented. I shall always associate the hospitals with the name of the late Dr. Ellis, as primarily the motive power behind their unusually complete development, and the sanatoria with that of the late Dr. Dixon as being similarly responsible, as Chief Clinical Tuberculosis Officer, for the development of these institutions. Your Committee received from Dr. Geddes, as Dr. Dixon's successor, a remarkably comprehensive plan for the expansion of the tuberculosis service as a whole. While a part of that plan, in relation to its domiciliary aspects, still falls to your Committee to operate, the rest will no doubt be merged into the even larger schemes which the Regional Hospital Board will be envisaging.

Obviously such comment could be continued indefinitely on the activities of the Department during the past twenty years. I will not attempt to expand it further.

I have had occasion to mention certain members of the staff by name. I know that it will not be regarded as invidious by a generous-minded staff if I mention a very few others. First and foremost I would name Mr. McKinnon, former Secretary to the Department, and his successor, Mr. Bateman, Secretary-Accountant. Both alike have filled with great distinction, and with a fine spirit of friendly co-operation, a post which is both taxing in its demands and heavy in its responsibilities. To both I owe a great debt of gratitude for their uniform helpfulness and comradeship, and for the constant support which they have given in the shouldering of my own responsibilities.

The remaining personal references must be limited to those who have worked with me day by day through these years in my own office ; to Mr. Whitehead, to Mr. Edmunds and then to Mr. Deeley as successively my admirable personal secretaries, so different in their ways yet so alike in their competence and watchful care : of shorthand typists, to Miss Noake until her retirement on marriage, and then to Miss Thomas, to Miss Lowe and Miss Rhydderch for the splendid spirit of responsibility as well as for skill and thoroughness and a cheerful spirit ; of junior clerks, among others to Messrs. Wilding, Burton and Chance for willing and most competent service.

While I have named some, it would be impossible to refer to all : to refer in particular to what some might call the rank and file, but what I regard as the backbone of the Department—all those steady, nameless, good and willing workers, doing their work in a spirit of sweet reasonableness, in a way which has made the Department a quite remarkably happy and contented one. For that, they owe much to a succession of Chairmen and to a Committee which, however changing in membership, has always been the same in its care for the welfare of the staff.

My grateful thanks are not to be limited to the Health Committee and to the Public Health Department. I am indebted to many Committees of the City Council for constant kindness and consideration, and also to all my brother-officers in other Departments, from the Town Clerk, the City Treasurer, the City Engineer and Surveyor onwards through all my colleagues in the City Service, for the good feeling and spirit of helpfulness and accommodation which has been so uniform a feature of our association.

To Dr. Burn, as my successor in office, I offer my cordial wishes for as full a measure of happiness as has been my own fortunate lot in the service of the Birmingham City Council.

To you, Mr. Chairman, and to all your predecessors in office, I should like to express heartfelt gratitude for your understanding, support and guidance. To Chairman and Committee alike I give my profound thanks for constant kindness, patience and fairmindedness, as well as for the energy and drive on which rest Birmingham's reputation in civic affairs. It has been a great privilege to be at the head of such a Public Health Department, as the servant of such a Committee and of such a City Council.

I am,

Your obedient Servant,

H. P. NEWSHOLME,

Medical Officer of Health.

SECTION A

SUMMARY OF STATISTICS

For the Year 1949

Area (in acres)	51,147
Population (Census, 1931)	1,002,603
Population, estimated by Registrar-General (Civilians only) as at 30th June, 1949	1,106,800

The Registrar-General's estimated mid-year civilian population has been used for all relevant purposes throughout this report, and in addition where rates are based on less than twenty instances, these rates are printed in italics.

Extracts from Vital Statistics of the year 1949 :

Birth-rate per 1,000 population	18·1	(20,054 live births)
Stillbirth rate per 1,000 total live and stillbirths	21·7	(445 stillbirths)
Crude Death-rate per 1,000 population	10·7	(11,869 deaths)
Area comparability factor	1·13	

Maternal Mortality :—

	<i>Excluding maternal deaths after abortion</i>	<i>Including maternal deaths after abortion</i>
From Sepsis : (1 death after abortion) Rate per 1,000 live and still births	—	0·05
From other puerperal causes : (9 deaths, including 1 after abortion) Rate per 1,000 live and still births	<u>0·39</u>	<u>0·44</u>
Total Maternal Mortality	<u><u>0·39</u></u>	<u><u>0·49</u></u>

Infant Mortality :—

Deaths of infants under one year of age per 1,000 live births :

Legitimate	30
Illegitimate	40
Legitimate and illegitimate	31

POPULATION AND MORTALITY STATISTICS

Population

The Registrar-General estimates the civilian population at 1,106,800 on June 30th, 1949.

Births (see page 26)

Deaths

The number of deaths during 1949 was 11,869, giving a death-rate of 10·7, which, except for the low figure of 9·8 for 1948, is the lowest rate so far recorded in the City. The average rate for the ten years prior to 1949 was 11·7 while that for 1948 was 9·8. The death rates for 1940 and 1941 were swollen by air raid deaths.

The changes in the death-rate in England and Wales and in Birmingham during the past forty-eight years can be seen from the figures below, although the figures for 1940 and 1941, enlarged as they are by air-raid deaths, obviously cannot fairly be compared with others.

DEATH-RATES IN BIRMINGHAM AND ENGLAND AND WALES

	<i>Birmingham</i>	<i>England and Wales</i>
1901-1905	16·5	16·0
1906-1910	15·0	14·7
1911-1915	14·6	14·3
1916-1920	13·4	14·4
1921-1925	11·5	12·1
1926-1930	11·6	12·1
1931-1935	11·2	12·0
1936	11·3	12·1
1937	11·7	12·4
1938	10·9	11·6
1939	11·4	12·1
1940	14·3	14·3
1941	13·2	12·9
1942	11·8	11·6
1943	12·1	12·1
1944	11·2	11·6
1945	11·2	11·4
1946	11·3	11·5
1947	11·1	12·0
1948	9·8	10·8
1949	10·7	11·7

The death-rates in Birmingham from the more prominent causes of death over a series of years are shown below :—

	<i>Cancer</i>	<i>Diseases of the Heart and Blood vessels</i>	<i>Bronchitis, Pneumonia, and other respiratory diseases</i>
1938	1·59	3·45	1·18
1939	1·55	3·65	1·16
1940	1·61	3·31	2·21
1941	1·70	3·10	1·94
1942	1·77	2·87	1·51
1943	1·83	3·02	1·73
1944	1·75	3·15	1·40
1945	1·84	3·14	1·44
1946	1·90	3·36	1·37
1947	1·83	3·34	1·48
1948	1·82	3·00	1·10
1949	1·75	3·52	1·34

Amongst males 79·5% of cancer deaths were due to cancer of digestive and respiratory organs, whilst 59·9% of cancer deaths in women occurred in digestive and genital organs, and 23·0% were due to cancer of the breast.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

1. General Services

(a) Laboratory facilities

I—City Bacteriological Laboratory

The work done in the City Bacteriological Laboratory is set out in detail below :

GENERAL SECTION

<i>Specimens received</i>		<i>Examinations made</i>				
<i>Nature</i>	<i>No.</i>	<i>Type</i>	<i>For</i>	<i>No.</i>	<i>Total</i>	
FAECES	3,798	Microscopical	Protozoa	60	793	
			Helminths	—		
		Cultural	T.B.	733		
			Dysentery	189		
			Enterica	2,852		
Inoculation	Food poisoning	—	3,041			
T.B.	68	68				
URINES	518	Microscopical	T.B.	397	873	
			Other pathogens	476		
		Cultural	T.B.	1		
			Enterica	37		
			Other pathogens	220+1*		259
Inoculation	Penicillin Sen. 1*	150	150			
T.B.	150	150				
SWABS	3,072	Microscopical	T.B.	37	368	
			Streptococci	—		
			Vincent's angina	193		
		Cultural	Other pathogens	138		
			T.B.	20		
			Diphtheria	2,309		
			Streptococci	667		
Inoculation	Other pathogens	295+1*	3,292			
	Penicillin Sen. 1*	85	85			
Virulence	85	85				
SPUTA	2,681	Microscopical	T.B.	2,888	2,909	
			Other pathogens	21		
		Cultural	T.B.	1,564		
			Other pathogens	46+38*		1,648
			Strep.—28*			
		Inoculation	P.A.S.—10*			
T.B.	2		2			
Other pathogens	—	2				

<i>Specimens received</i>		<i>Examinations made</i>			
<i>Nature</i>	<i>No.</i>	<i>Type</i>	<i>For</i>	<i>No.</i>	<i>Total</i>
STOMACH WASHES	383	Microscopical	T.B.	422	422
		Cultural	T.B.	422	422
		Inoculation	T.B.	—	—
BLOOD	121	Microscopical	Malaria	6	6
			Cell count	—	
		Cultural	Enterica	3	14
			Septicaemia	—	
			Brucellosis	—	
Serological	Other pathogens	11	600	600	
BODY EXUDATES AND FLUIDS	224	Microscopical	T.B.	208	351
			Other pathogens	143	
		Cultural	T.B.	124	288
			Other pathogens	164	
CEREBRO- SPINAL FLUIDS	108	Microscopical	T.B.	86	105
			Other pathogens	19	
		Cultural	T.B.	79	97
			Other pathogens	18	
WATERS	1,407	Cultural	Hygienic assay	1,349	2,757
			Specific pathogens	1,349	
			Enterica	59	
MILKS	1,367	Reductase and/or Cultural	Hygienic assay	1,358	1,824
			Specific pathogens	452	
	2,430	Inoculation	Food poisoning	1+13*	2,448
			Enterica 13*	2,448	
CREAMS	110	Reductase and/or Cultural	Hygienic assay	110	220
			Specific pathogens	110	
			Food poisoning	—	
ICE CREAMS AND "MIXES"	392	Reductase and/or Cultural	Hygienic assay	391	393
			Specific pathogens	1+1*	
SHELL FISH (Samples)	61	Cultural	Hygienic assay	61	61
			Specific pathogens	—	
FOODSTUFFS	44	Cultural	Food poisoning	44	58
			Hygienic assay	7	
			Specific pathogens	7	
		Inoculation or feeding	Food poisoning	1	1

Specimens received		Examinations made			
Nature	No.	Type	For	No.	Total
CORD DUSTING POWDERS	93	Cultural	Sterility	93	93
SPUTUM, PUS, SWABS, ETC.	306	Sensitivity test of organisms	Streptomycin Penicillin	301 6	307
MISCELL- ANEOUS	37			43	43
GRAND TOTAL	17,152				24,029

VENEREAL DISEASE SECTION, 1949

No. of Specimens		No. of Examinations	
BLOOD	37,618	Wass test	37,373
		Gono. fix test	4,604
		Kahn test	17,412
		Laughlen test	19,057
		Van den Bergh	9
		Paul Bunnell	22
		Streptomycin	101
		P.A.S. content	95
C.S. FLUID	1,434	Wasserman test	1,434
		Cell count	420
		Penicillin cont.	2
FILMS	12,308	Gonorrhoea	12,308
URINES	59	Micro test	5
		Chemical test	56
		Penicillin cont.	2
CULTURES	9,541	Gonorrhoea	9,541
VACCINES	6	Vaccines 15 c.c. Bots.	6
SERUM	3	Spirochaetes	3
PENICILLIN	2	Unit content	2
TOTAL	60,971	TOTAL	102,452

II—City Analytical Laboratory

The following statement indicates the samples analysed in the City Analyst's Department :

Total food and drugs samples	5,413
Total samples incorrect	449
Offences against Preservatives Regulations	8
False labels	36
Offences against Labelling of Food Order	6
" " Food Standards Orders	6
" " Food Orders	22
" " Condensed Milk Regulations	—
" " Food and Drugs Act. Section 3	53
" " Poisons and Pharmacy Act	4
Total miscellaneous samples	2,080
Total samples of all types	7,493
Number of prosecutions	3
Number of fines	—
Number of cautions	319

Details of this work are given in the Report of the City Analyst, printed separately.

REPORT ON THE WORKING OF THE AMBULANCE SERVICE, 1949

I am indebted to MR. COLEMAN, Chief Fire Officer, for the following detailed statement of the City Ambulance Service during 1949.

The Ambulance Services in Birmingham which were taken over by the Health Committee on the 5th July, 1948 continued to be operated by the Fire Brigade Committee acting as their agents.

The combination of the Fire Brigade and Ambulance Service has resulted in the fusing of these two emergency services into a closely co-ordinated and efficient whole, which has in the past year dealt with a huge increase in calls on the Ambulance Section, an increase which has exceeded even the most liberal estimates.

This increase is apparent in the following statistics, which are shown under the three categories into which the work of the Service is divided.

Hospital Removal Ambulances

In this section alone there has been an increase in the number of patients carried of 67,496 as compared with the year 1948, the monthly totals showing that in December, 1949 there was an increase of almost 100% over the month of January, 1948.

In the analysis it will be seen that patients attending hospital clinics account for a large proportion of the increase, but the figures for other categories of patients have also risen appreciably.

Comparative figures for each month and for the corresponding period in 1948

	1948	1949	<i>Increase</i>
January	9,438	14,560	5,122
February	9,157	14,230	5,073
March	10,369	16,760	6,391
April	10,142	14,339	4,197
May	9,663	16,280	6,617
June	10,278	14,913	4,635
July	10,414	16,454	6,040
August	10,792	17,645	6,853
September	11,186	17,345	6,159
October	12,572	19,304	6,732
November	13,011	18,204	5,193
December	13,649	18,133	4,484
	<u>130,671</u>	<u>198,167</u>	<u>67,496</u>

Analysis

Clinic cases	137,902
Admissions	19,693
Discharges	26,114
Transfers	5,674
Emergency Maternity Service	135
Maternity cases	7,313
Miscellaneous	1,336
	<u>198,167</u>

Division of cases into Stretcher or Sitting Cases

Sitting cases	149,053
Stretcher cases	49,114
	<u>198,167</u>

Cases requiring Transport outside the City Boundary

The Ministry of Health ruling with regard to the principle of the continuing need for ambulances resulted in the Service making a number of journeys to hospitals situated outside the City Boundary for the purpose of bringing back into Birmingham the patients who had been taken to these hospitals for treatment and were ready to return the same day.

Additionally, under the terms of Section 27 of the National Health Service Act 1946, the Service was called upon to provide transport for a number of patients who, having been accommodated in Birmingham hospitals, required transport to their homes which were outside the City, some of these journeys being to places a considerable distance from Birmingham.

Details of these patients are given below, the figures having been included in the totals given above.

Number of cases from outside City into Hospital	.....	.....	641
Number of cases from inside City to outside City	.....	.....	9,335

A certain amount of relief from this type of work is anticipated in future under the provisions made in Section 24 of the National Health Service (Amendment) Act, 1949, which was introduced on 16th December, 1949.

Outposted Ambulances

These ambulances are specially allocated to deal with patients suffering from infectious diseases requiring transport to either Little Bromwich Fever Hospital or Yardley Green Tuberculosis Hospital, or allied Sanatoria and for cases of mental deficiency accommodated at Monyhull Hall Colony.

With the approval of the Hospital Authorities at the two first named hospitals a separate Ambulance Unit has been set up with accommodation provided by courtesy of the Authorities at Little Bromwich Hospital. Three ambulances deal solely with those cases for Little Bromwich Hospital and four are allocated to Yardley Green Hospital for conveyance of tuberculous patients. This arrangement has the desired effect of segregating these vehicles and crews from normal routine cases.

One ambulance has been placed at the disposal of the Authorities at Monyhull Hall Colony, who provide the driver and any necessary attendants.

The number of patients carried by these ambulances during the year is as follows :—

Monyhull Hall Colony (55 outside the City)	.....	.....	652
Little Bromwich Hospital (52 outside the City)	.....	.....	2,791
Yardley Green Hospital (26 outside the City)	.....	.....	1,709
			<u>5,152</u>

Accident Ambulances

Eight ambulances, strategically sited at six Fire Stations in the City and manned by firemen, provided the necessary cover for all emergencies and accidents, and during the year responded to 11,894 calls as compared with the 4,312 responses made in the period 5th July, to 31st December, 1948.

The following tables show the types of accident and injury for which ambulance calls were received :—

Types of Accidents

Street accidents (involving vehicles)	2,342
Factory accidents	904
Private houses	3,800
Offices	120
Shops and restaurants	233
Outdoor (other than street accidents)	2,862
Licensed premises	171
Schools	273
Cinemas and theatres	128
Other premises	994
False alarms	67
	<hr/>
	11,894
	<hr/>

Types of Injury

Fractures	2,174
Wounds	2,579
Collapse, fits, strokes	2,129
Abrasions and bruises	545
Gas poisoning	128
Drowning	19
Eye injuries	100
Dislocations and sprains	393
Hanging	8
Concussion, shock	326
Haemorrhage	354
Scalds and burns	380
Poisoning	194
Services not required	697
Not classified	1,801
False alarms	67
	<hr/>
	11,894
	<hr/>
Persons dead on arrival of ambulance	171

The number of casualties in the calls to street accidents (involving vehicles) was 2,530, of which 20 were dead before the arrival of ambulances, or died on the way to hospital.

Injured Persons

The following table shows the incidence of accidents during the hours of the day, in relation to the age groups of persons involved :—

Age Group	HOURS OF DAY																								Total
	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	
5 and under	12	14	4	5	1	2	5	13	20	31	58	67	86	80	79	85	103	82	76	79	48	39	34	24	1047
6-10	3	1	5	1	—	1	1	5	17	23	26	36	87	75	57	62	107	90	83	73	66	29	22	12	882
11-15	3	—	—	1	—	—	1	6	17	33	34	65	55	74	53	72	68	67	54	72	50	49	31	9	814
16-20	32	10	7	4	—	7	6	26	37	36	41	51	49	52	43	68	54	57	60	42	67	68	73	47	937
21-25	53	19	15	7	8	4	9	25	36	37	31	52	72	53	55	60	60	62	62	50	52	45	104	73	1044
26-30	40	23	9	15	10	7	11	27	32	37	46	61	50	45	53	62	57	59	32	38	44	37	88	93	976
31-35	34	16	7	9	4	4	3	16	27	33	45	36	44	43	33	50	47	42	45	40	32	27	64	45	746
36-40	31	13	9	8	5	3	9	16	34	27	34	46	47	42	56	63	50	57	39	40	52	45	65	57	848
41-45	20	7	10	8	7	5	8	15	14	19	43	43	42	32	27	51	34	33	45	19	37	27	56	42	644
46-50	15	8	11	10	3	6	5	12	22	36	36	48	50	30	37	53	52	44	37	25	21	32	54	46	693
51-55	18	3	10	2	3	5	3	13	27	29	22	35	54	34	33	35	29	27	34	28	24	23	34	25	550
56-60	14	7	7	2	7	6	5	26	31	25	27	40	51	35	44	32	35	43	32	28	20	21	40	30	608
61-65	13	1	7	5	1	—	3	13	13	32	28	38	46	44	41	35	26	28	38	21	19	16	30	23	521
66-70	11	9	5	4	7	3	5	11	17	19	27	41	44	43	36	35	21	24	30	24	20	16	39	12	503
Over 70	15	6	4	5	4	4	6	14	14	40	48	83	99	89	73	68	56	57	51	44	39	41	47	34	941
TOTAL	314	137	110	86	60	57	80	238	358	457	546	742	876	771	720	831	799	772	718	623	591	515	781	572	11754

Hospitals to which Casualties were removed

Accident Hospital	3,954
General Hospital	4,717
Other Hospitals	2,003
Not taken to Hospitals	1,220
	<hr/>
	11,894

Method of Transmission of Calls

Exchange Telephone	3,112
" 999 " system	6,151
Police Information Room	1,945
Street fire alarm	54
Messenger	414
Direct line	170
Wireless cars	21
Observed	27
	<hr/>
	11,894

Mileage Statistics

	<i>Removal Ambulances</i>	<i>Accident Ambulances</i>	<i>Outposted Ambulances</i>	<i>Mileage Total</i>
January	91,645	5,577	4,697	101,919
February	91,460	5,459	4,516	101,435
March	105,025	5,809	5,500	116,334
April	93,807	7,153	5,051	106,011
May	104,463	6,871	5,626	116,960
June	99,117	6,230	5,180	110,527
July	103,638	7,449	4,853	115,940
August	106,913	7,970	5,463	120,346
September	105,692	9,183	4,943	119,818
October	111,879	7,121	5,673	124,673
November	104,712	7,395	5,384	117,491
December	105,303	9,635	6,844	121,782
Total	<hr/> 1,223,654	<hr/> 85,852	<hr/> 63,730	<hr/> 1,373,236

Catastrophe Service

On several occasions during the year the Service had opportunities for testing the arrangements for mobilising ambulances and special appliances to deal with large scale accidents involving a number of casualties. In each case the arrangements worked smoothly and, with the close co-operation of the police, casualties were removed to hospital, vehicles righted or removed and roads re-opened to traffic a short time after the incident occurred.

Ambulance Fleet

The establishment of ambulances at the 31st December, 1948 was 88 vehicles of all types. The actual strength at the beginning of 1949 was 83 vehicles made up of the following types :—

General purpose ambulances	59
Clinic ambulances	18
Cars	5
Mobile surgical unit	1
	<hr/>
	83

The establishment had been based on reaching a peak of 700 removal cases per day, but it was found that the load passed the 800 mark and it was therefore necessary to retain in service, vehicles scheduled for disposal during 1949. The strength of the fleet at 31st December, 1949 and how it was reached is shown thus :—

Strength at 31st December, 1948	83
Number of new vehicles taken into service during 1949	28
	<hr/>
	111
Vehicles scrapped and disposed of during 1949	19
	<hr/>
Total	92
	<hr/> <hr/>

Towards the end of 1949 it was clearly evident from the increasing number of cases to be carried daily that even this fleet required augmentation to deal with commitments. By re-arrangement of duties and internal re-organisation to eliminate uneconomic journeys, the number of additional vehicles required is not in direct ratio to the number of additional patients requiring conveyance. Next year's report will deal with the proposed augmentation programme for 1950.

Staff

The proposed increase in the size of the fleet in 1950 will necessitate a corresponding increase in the staff establishment approved in October, 1948. Reference will be made to this in next year's report.

The schedule given below shows the establishment and strength as at 31st December, 1949.

Ambulance Staff

(i) <i>Operational</i>	<i>Establishment</i>	<i>Strength</i>
Depot Superintendent	1	1
Deputy Depot Superintendent	1	1
Staff Officers	2	1
Control Duty Officer.....	1	1
Deputy Control Officers	6	3
Control Operators	14	13
Leading Drivers	14	9
Drivers	112	110
Attendants	35	31
Midwives	12	8
	<hr/>	<hr/>
Total	198	178
	<hr/> <hr/>	<hr/> <hr/>
(ii) <i>Non-Operational</i>		
Depot Maintenance Staff	14	12
	<hr/>	<hr/>
(iii) <i>Part-time Staff</i>		
Midwives	—	7
Depot Maintenance Staff	—	1
Cooks	2	2
Cleaners	1	1
	<hr/>	<hr/>
Total	3	11
	<hr/> <hr/>	<hr/> <hr/>

These figures do not include additional administrative staff, which were recruited to the Fire Brigade as a consequence of the taking over of the Ambulance Service.

The arrangements whereby additional ambulances are manned by volunteers from the St. John's Ambulance Brigade in the evenings and at week-ends continue to operate, and valuable assistance was rendered to the Ambulance Service in this respect.

Hospital Car Service

The general increase in traffic already indicated in the statistics for the Ambulance Service was also reflected in the work of the Hospital Car Service, which, acting on behalf of the Birmingham Fire and Ambulance Service, carried an increased load when compared with the figures available for 1948.

A larger measure of control has been exercised over the journeys carried out by this Service by the introduction of a system whereby hospitals route requests for transport to places outside Birmingham to the Central Ambulance Control. This ensures that complete co-ordination of such journeys is achieved and that economical journeys are arranged.

With the continued co-operation of the Hospital Car Service staff, this innovation operated smoothly and the increase in traffic has been handled to the satisfaction of hospitals and patients.

The comparative figures for the last six months of 1948 and the year 1949 are given below :—

Hospital Car Service Mileages

	1948	1949
January	—	15,476
February	—	16,579
March	—	17,175
April	—	15,907
May	—	18,504
June	—	16,407
July	9,658	14,117
August	15,186	14,559
September	15,486	15,543
October	15,810	16,243
November	16,537	20,855
December	15,619	20,905
Totals	<u>88,296</u>	<u>202,270</u>

No figures are available for the first six months of 1948.

Liaison with Hospitals and Doctors

The work of the Hospital Liaison Officers continued to prove of considerable value to the Service, through their ability to settle problems and difficulties as soon as they arose. It naturally followed that patients and hospitals also benefited by their activities.

A Circular giving guidance and advice on the ordering of Ambulances and presenting the Service's views on this matter, was issued to all hospitals in Birmingham in February, 1949. Following further practical experience and to keep interested parties informed of necessary changes in procedure, the Circular was revised and, following approval by the Regional Hospital Board, was issued to local hospitals in December, 1949. At the same time a similar Circular designed to assist doctors in obtaining the services of ambulances was approved for issue to local doctors by the Executive Council, who kindly undertook the responsibility for circulation.

Mutual Assistance

Agreements covering the financial aspect of work carried out by the Birmingham Fire and Ambulance Service on behalf of another Local Health Authority were entered into with adjoining authorities and these operated satisfactorily for the period under review.

Bed Bureau

Operated by the Birmingham Fire and Ambulance Service, on an agency basis on behalf of the Regional Hospital Board, the Bed Bureau continued its work of assisting medical practitioners in obtaining admission to hospital for an increased number of emergency cases. Despite the very difficult position due to acute shortage of hospital accommodation, considerable success was achieved in obtaining beds as is shown in the following details of requests received and beds obtained. The figures for 1948 are also given for the purpose of comparison.

	1948 (<i>half-year only</i>)	1949
Requests for admission to hospital	..... 5,017	11,750
Beds obtained through Bed Bureau	..... 4,447	10,666

REMOVAL OF AGED AND INFIRM PEOPLE

During 1949, 114 cases were investigated with a view to possible removal to an institution under the provisions of Section 47 of the National Assistance Act, 1948, as compared with 87 cases during 1948, and 51 cases during 1947. The care of the aged and infirm, culminating in a small number of cases in their compulsory removal to hospital, has become an increasingly difficult task, and the extreme shortage of institutional accommodation has only accentuated the difficulty. Many of these old people live alone, and the majority of them are either childless or have no

near relatives, their welfare being almost entirely dependent on kindly disposed neighbours. Visiting officers have gathered a strong impression that assistance from neighbours is much more readily available in the older parts of the City, and that the neighbourliness of the courtyard stands in marked contrast to the insularity of the newer housing estates.

In three cases the conditions under which an aged person was living were so grossly unsatisfactory that an application was made to the Court for a Compulsory Removal Order, and this was granted in each case. Brief details of these cases follow :—

- (1) **Female, aged 85.** Living alone under grossly insanitary conditions. Physically infirm. Relatives lived at a distance, and unable to accept responsibility. Removed to an institution by Court Order for a period not exceeding three months. At the end of this time, she remained as a voluntary patient.
- (2) **Female, aged 80.** Living alone. No known relatives. Deaf and dumb, and had recently become completely blind. Any form of communication was impossible, and she was removed to an institution for the Deaf/Blind under a Court Order for a period not exceeding three months. At the end of this period she remained as a voluntary patient.
- (3) **Female, aged 85.** Living in an almshouse under grossly insanitary conditions. Bodily verminous, and refused all offers to cleanse. Physical condition showed marked deterioration over a period of observation, and a Court Order was obtained for her removal to an institution for a period not exceeding three months. This old lady died a few weeks after admission.

HEALTH CENTRES

The Health Committee, acting in close collaboration with the Birmingham Executive Council and the Birmingham Regional Hospital Board, have proceeded with the preparation of a scheme for the provision of Health Centres as required under the National Health Service Act, 1946.

It has been agreed with the bodies concerned that the order of priority for the erection of Health Centres (subject to the approval of the Minister of Health) should be :—

- (a) an experimental Health Centre at Stechford,
- (b) the completion as a Health Centre of the building at Kingston Hill, partly constructed as a Child Welfare Centre, but uncompleted in consequence of the outbreak of the war, and
- (c) a Health Centre incorporating a School Clinic and remedial gymnasium on a site in Benacre Street.

Other suitable sites have been reserved for the purpose of the erection of Health Centres in due course, but no order of priority has been determined.

Early in 1949 the Minister of Health reversed his earlier decision and gave approval in principle to the erection of the experimental Health Centre at Stechford. In order to complete the work of survey, it was necessary to demolish the existing bomb damaged buildings and to clear the site. After the necessary negotiations had been completed and the consents obtained for purchase of the site and for clearance, the latter work was entered on and completed early in 1950. Detailed plans for the Centre have been submitted to the Minister of Health and it is hoped to obtain formal permission to proceed with its erection in the near future.

The position regarding the erection of further Health Centres is indefinite, in view of the Minister's decision that, in the light of present economic circumstances, the erection of the second Health Centre at Kingston Hill should be deferred for the time being.

The Health Committee, in conjunction with the Public Works Committee, are continuing to reserve suitable sites for the erection in due course of an adequate number of Health Centres to serve the whole City.

HEALTH CENTRES

The Health Committee, acting in close collaboration with the Ministry of Health, Council and the Birmingham Regional Hospital Board have proceeded with the preparation of a scheme for the provision of Health Centres as required under the National Health Service Act, 1946.

It has been agreed with the local authority that the order of priority for the erection of Health Centres should be subject to the approval of the Minister of Health.

An experimental Health Centre at Stechford, for the erection of a Health Centre at the building of the former Stechford Works, was erected as a trial Health Centre and was opened on the 15th of July, 1950.

As part of the Health Centre survey, a special clinic and ambulance station were established at the site in Stechford Street. Other centres have been erected for the purpose of the erection of Health Centres in the areas, but no order of priority has been fixed.

REPORT ON MATERNITY AND CHILD WELFARE

By DR. JEAN M. MACKINTOSH,

Senior Assistant Medical Officer of Health (for Maternity and Child Welfare).

VITAL STATISTICS, 1949

For the purpose of this Report the population given by the Registrar-General is used for the birth rate, but the figures used for the stillbirths, infant and maternal deaths are local figures.

Births

Total Births (live and still), 20,499.

Live Births—Born (a) in City—18,593 ; (b) outside City—1,461.

Total, 20,054.

Population (Civilian)—Registrar General's estimate—1,106,800.

Birth Rate—18·1 per 1,000 population.

Illegitimate Birth Rate, 5 per cent. of live births.

Stillbirths—445 (426 legitimate, 19 illegitimate).

Stillbirth Rate—21·7 per 1,000 total births (live and still) (21·9 legitimate, 18·6 illegitimate.)

Plurality

Of the 18,805 confinements of Birmingham residents which took place in the City, there were 18,573 single births, of whom 412 were stillborn, 231 pairs of twins, of whom 33 infants were stillborn, and one set of triplets, all of whom lived.

Infant Deaths

617 (577 legitimate, 40 illegitimate).

Infant Death Rate—31 per 1,000 live births (30 legitimate, 40 illegitimate).

Neonatal Deaths—354 (329 legitimate, 25 illegitimate)

Neonatal Mortality—17·7 per 1,000 live births (17·3 legitimate, 25·0 illegitimate).

Maternal Deaths

10 deaths, of which 2 followed abortion.

Maternal Mortality Rate excluding deaths after abortion :

0·39 per 1,000 total births (live and still), or

0·40 per 1,000 live births.

GENERAL COMMENTS

This is the first full year of operation of the National Health Service. As far as the vital statistics relating to maternity and child welfare are concerned it has been a year of new low records. Attendance at child

welfare clinics has been well maintained, but attendance at antenatal clinics at welfare centres has fallen off substantially. Our records show, however (see Table VI, page 34) that where the patient received six or more antenatal examinations either at the Corporation antenatal clinics or elsewhere, the neonatal death rate was much lower than when compared with patients whose antenatal examinations were less numerous. It has been felt strongly that general practitioners undertaking maternity services under the new arrangements should, in fact, be responsible for the antenatal care of their patients and should not confine their antenatal examinations to the minimum requirement of two examinations, leaving all the intermediate examinations to be carried out at the antenatal clinic by the local authority medical officer. Such an arrangement could only perpetuate the division of responsibility which has been criticised in the past. In consequence, patients who have booked the general practitioner in this way are not accepted at clinics for intermediate examinations by local authority medical officers unless at the request of their general practitioner and for some specific reason. On the other hand, where general practitioners hold special sessions for expectant mothers at their surgeries, the domiciliary midwives have been encouraged to attend there with their patients.

Informal meetings have been held at each welfare centre to enable general practitioners, local authority medical officers, health visitors, domiciliary midwives, district nurses and day nursery matrons working in the area to meet each other and discuss their mutual problems. In this way an attempt is being made to improve the working of the new service and promote greater understanding between all concerned with it.

Births

Information as to residence was available as follows in relation to 22,686 births :

	<i>Live births</i>	<i>Still- births</i>	<i>Total</i>
Born and resident in Birmingham	18,593	445	19,038
Born away—resident in Birmingham	1,461	Not known	1,461
Born in Birmingham—resident away	2,123	64	2,187

Live Births

The live birth rate fell from 19.5 in 1948 to 18.1 in 1949.

The illegitimate birth rate per 1,000 live births was 50.0.

	<i>Illegitimate Births per 1,000 live births</i>		<i>Illegitimate Births per 1,000 live births</i>
1942	54.3	1946	67.6
1943	57.6	1947	54.7
1944	64.1	1948	54.1
1945	92.0	1949	50.0

The age distribution of 19,711 Birmingham mothers with live born children is shown in Table I.

Table I.

Live Births and Neonatal Mortality Rates by Age of Mother

Births in Birmingham (and in Marston Green Maternity Hospital) to Birmingham Residents.

	AGE OF MOTHER							All Ages
	15—19 years	20—24 years	25—29 years	30—34 years	35—39 years	40—44 years	45 years and over	
<i>Single Births</i>								
Births	640	5326	6590	3640	2309	691	47	19243
Neonatal deaths	14	93	97	41	41	16	—	302
Neonatal mortality rate	21.9	17.5	14.7	11.3	17.8	23.2	—	15.7
<i>Twins</i>								
Births	4	102	136	113	81	27	2	465
Neonatal deaths	—	18	11	4	6	—	—	39
Neonatal mortality rate	—	—	—	—	—	—	—	83.9
<i>Triples</i>								
Births	—	—	—	3	—	—	—	3
Neonatal deaths	—	—	—	—	—	—	—	—
Neonatal mortality rate	—	—	—	—	—	—	—	—
<i>All Births</i>								
Births	644	5428	6726	3756	2390	718	49	19711
Neonatal deaths	14	111	108	45	47	16	—	341
Neonatal mortality rate	21.7	20.4	16.1	12.0	19.7	22.3	—	17.3

Footnote: Deaths include all deaths under 4 weeks of babies born in 1949. Neonatal deaths of 1948 babies are not included. Included in both births and deaths are 3 unidentified dead bodies allocated to Birmingham. Unknown ages and parities, amounting to less than 1% in each case, have been distributed in this and subsequent tables.

61.7 per cent. of the live births occurred among mothers in the age group 20—29 years. The parity of the same group of mothers is shown in Table II.

Table II

Live Births and Neonatal Mortality Rates by Number of Previous Live and Still Births.

Births in Birmingham (and in Marston Green Maternity Hospital) to Birmingham Residents

	PARITY (TOTAL)															
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th & over	16th & over
<i>Single Births</i>	7321	5805	2906	1438	730	379	262	172	91	64	29	16	9	9	12	1043
Births	124	85	45	31	8	1	4	3	—	—	—	—	—	1	—	9
Neonatal mortality rate	16.9	14.6	15.5	21.6	11.0	—	—	—	—	—	—	—	—	—	—	8.6
<i>Twins</i>	139	137	85	37	22	13	10	14	2	2	2	—	2	—	—	45
Births	14	11	7	2	2	1	—	2	—	—	—	—	—	—	—	3
Neonatal mortality rate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Triplets</i>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Births	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatal mortality rate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>All Births</i>	7460	5942	2994	1475	752	392	272	186	93	66	31	16	11	9	12	1088
Births	138	96	52	33	10	2	4	5	—	—	—	—	—	1	—	12
Neonatal mortality rate	18.5	16.2	17.4	22.4	13.3	—	—	—	—	—	—	—	—	—	—	11.0

Footnote: Deaths include all deaths under 4 weeks of babies born in 1949. Neonatal deaths of 1948 babies are not included. Included in both births and deaths are 3 unidentified dead bodies allocated to Birmingham. Unknown ages and parities, amounting to less than 1% in each case, have been distributed in this and subsequent tables.

37.8 per cent. of live births occurred in primiparae. Only 5.5 per cent. births occurred in families where there already had occurred five or more live or still births. Among the 19,711 live born infants in this group there were 1,410 who weighed 5½ lbs. and under. Mothers in the age group 20—29 years had a similar percentage of immature babies (i.e., weighing 5½ lbs. and under), but a higher percentage of babies weighing over 7½ lbs.

Stillbirths

The stillbirth rate for 1949 shows a further fall of one point from the previous low record in 1948. (21.7 against 21.8).

	<i>Rate per 1,000 total births</i>		<i>Rate per 1,000 total births</i>
1942	28	1946	25
1943	27	1947	24
1944	25	1948	22
1945	25	1949	22

The following table gives an analysis of the 445 stillbirths which occurred in Birmingham to Birmingham residents :—

Table III.

<i>Cause of death</i>	<i>Total</i>	<i>Number of stillbirths Responsibility for antenatal care</i>			
		<i>Midwife</i>	<i>General practitioner</i>	<i>Hospital booked</i>	<i>No A.N. Care</i>
1. <i>Deaths occurring before labour :</i>					
Known causes :					
Toxaemia	4	3	1	—	—
Syphilis	—	—	—	—	—
Rhesus incompatibility	1	—	1	—	—
Other maternal conditions	3	1	1	1	—
Separation of placenta	3	1	2	—	—
Foetal deformity	7	4	3	—	—
Other conditions	6	2	4	—	—
Unknown causes	27	12	13	—	2
TOTAL, all causes of death before labour	51	23	25	1	2

Cause of death	Total	Number of stillbirths Responsibility for antenatal care			
		Midwife	General practitioner	Hospital booked	No A.N. care
2. Deaths occurring during labour :					
Antenatal causes :					
Toxaemia	—	—	—	—	—
Syphilis	1	—	1	—	—
Rhesus incompatibility	1	—	1	—	—
Other maternal conditions	—	—	—	—	—
Separation of placenta	4	2	2	—	—
Foetal deformity	13	6	6	1	—
Intranatal causes :					
Breech	19	10	6	2	1
Other difficult labours	9	4	5	—	—
Other intranatal causes	14	10	4	—	—
Inattention at birth	5	2	1	1	1
Precipitate labour	2	2	—	—	—
Unknown causes	14	5	7	—	2
<hr/>					
TOTAL, all causes of death during labour	82	41	33	4	4
<hr/>					
TOTAL, Domiciliary cases	133	64	58	5	6

Cause of death	Total	Responsibility for antenatal care Emergency admissions			
		Hospital booked	Domiciliary midwife	General practitioner	No A.N. care
Hospital cases					
1. Deaths occurring before labour :					
Known causes :					
Toxaemia	31	22	2	6	1
Syphilis	2	2	—	—	—
Rhesus incompatibility	7	7	—	—	—
Other maternal conditions	10	6	1	2	1
Separation of placenta	4	2	—	2	—
Foetal deformity	6	4	—	2	—
Other conditions	17	16	1	—	—
Unknown causes	37	19	2	9	7
<hr/>					
All causes of death before labour	114	78	6	21	9

Cause of death	Total	Responsibility for antenatal care			
		Hospital booked	Domiciliary midwife	Emergency admissions General practitioner	No A.N. care
2. Deaths occurring during labour :					
Antenatal causes :					
Toxaemia	23	8	4	11	—
Syphilis	—	—	—	—	—
Rhesus incompatibility	2	2	—	—	—
Other maternal conditions	4	4	—	—	—
Separation of placenta	16	8	2	6	—
Foetal deformity	40	33	2	4	1
Intranatal causes :					
Breech	21	18	—	2	1
Other difficult labours	47	32	5	9	1
Other intranatal causes	28	21	2	5	—
Unknown causes	16	9	2	5	—
<hr/>					
TOTAL, all causes of death during labour	197	135	17	42	3
<hr/>					
TOTAL, institutional cases	311	213	23	63	12

To these must be added one stillbirth delivery in a Nursing Home, about whom no information was obtainable.

Thirty per cent. of stillbirths occurred in private houses. Only six out of a total of 133 domiciliary cases had no antenatal care of any kind. The responsibility for antenatal care for the others was almost equally divided between the general practitioners and the midwives.

Of the 311 cases of stillbirth occurring in hospital, 213 were booked for hospital delivery and the hospital was responsible for the antenatal care. In 98 cases, stillbirth followed emergency admission to hospital. Of these cases, 12 had no antenatal care, in 63 the general practitioner had assumed this responsibility and in 23 cases the midwife was responsible.

Infant Mortality—Cause of Death

The infant mortality rate has shown a further slight fall to establish a new low record of 31 per 1,000 live births.

Year	England and Wales		Year	England and Wales	
	Birmingham	and Wales		Birmingham	and Wales
1942	56	49	1946	40	43
1943	55	49	1947	41	41
1944	42	46	1948	32	34
1945	49	46	1949	31	32

The following table shows the main causes of infant death for the years 1945 to 1949 :

	1945	1946	1947	1948	1949
Total infant death rate	49	40	41	32	31
Respiratory disease	11.2	8.1	8.6	6.0	4.7
Diarrhoea and enteritis	7.3	6.4	7.0	3.1	2.9
Congenital malformations	5.7	4.8	5.1	4.7	5.2
Prematurity	10.5	7.8	5.9	5.3	7.4
Atrophy, debility, marasmus and atelectasis	1.8	2.4	2.6	1.5	1.6
Injury at birth	2.6	4.6	4.8	4.9	2.7
Other causes	9.9	5.9	6.6	6.5	6.1

The death rate from respiratory disease, diarrhoea and enteritis and injury at birth have shown a further fall. Unfortunately, the death rate coded as due to immaturity and congenital malformations has shown a rise. A more detailed analysis of the causes of death among immature infants is given later in this report.

Table IV INFANTILE MORTALITY DURING THE YEAR 1949

Deaths from stated causes in weeks and months under one year of age

Cause of Death	WEEKS				Total under One Month	MONTHS				Total Deaths under One Year
	0—	1—	2—	3—		1—	3—	6—	9—	
Measles	-	-	-	-	-	-	1	1	1	3
Scarlet fever	-	-	-	-	-	-	-	-	-	-
Whooping cough	-	-	-	1	1	6	2	2	3	14
Diphtheria and croup	-	-	-	-	-	-	-	-	-	-
Influenza	-	-	-	-	-	-	2	1	1	4
Tuberculous meningitis	-	-	-	-	-	-	-	-	1	1
Abdominal tuberculosis	-	-	-	-	-	-	-	-	-	-
Other tuberculous diseases	-	-	-	-	-	-	-	3	-	3
Rickets	-	-	-	-	-	-	-	-	-	-
Syphilis	1	-	-	-	1	1	-	-	-	2
Cerebro-spinal fever	-	-	-	-	-	1	-	2	-	3
Meningitis (not tuberculous)	-	3	-	-	3	3	1	1	-	8
Convulsions	-	-	1	-	1	-	3	-	-	4
Bronchitis	-	-	-	-	-	1	6	-	-	7
Pneumonia (all forms)	3	5	1	2	11	27	29	14	7	88
Gastritis	-	-	-	-	-	-	-	-	-	-
Diarrhoea, enteritis, etc.	-	-	-	1	1	22	25	9	2	59
Congenital malformations	46	11	3	6	66	23	8	3	4	104
Immature birth	145	3	-	-	148	-	1	-	-	149
Atrophy, debility and marasmus	1	-	-	-	1	2	1	-	-	4
Atelectasis	28	1	-	-	29	-	-	-	-	29
Injury at birth	51	1	-	1	53	1	-	-	-	54
Suffocation (overlying)	-	1	-	-	1	2	-	-	1	4
Other causes	25	7	4	2	38	8	8	8	8	70
Otitis media	-	-	-	-	-	1	5	1	-	7
All causes	300	32	9	13	354	98	92	45	28	617
Neonatal infant mortality rate						17.7				
Infants 1—12 months mortality rate						13.1				
Infant mortality rate						30.8 or 31				

Neonatal Death Rate

The neonatal death rate per 1,000 live births (i.e. the rate below 4 weeks of age) for 1949 again showed a fall.

		<i>Rate per</i> 1,000 <i>live births</i>			<i>Rate per</i> 1,000 <i>live births</i>
1942	.....	30.1	1946	.....	22.1
1943	.....	25.7	1947	.....	20.9
1944	.....	22.2	1948	.....	18.0
1945	.....	22.5	1949	.....	17.7

The following remarks relate only to neonatal deaths occurring among the same group of 19,711 infants born in 1949.

Both Tables I and II show relatively higher neonatal death rates among the infants born to the youngest mothers and for first births and again for older mothers and higher parities, but the number of neonatal deaths in a single year's experience is too small to justify extensive comparisons with figures obtained elsewhere.

The following table analyses neonatal deaths by cause and responsibility for antenatal care.

Table V

Neonatal Deaths

	<i>Total</i>	<i>Responsibility for antenatal care</i>			
		<i>Domiciliary midwife</i>	<i>General practitioner</i>	<i>Hospital booked</i>	<i>No A.N. care</i>
<i>Antenatal causes :</i>					
Toxaemia	29	—	9	19	1
Syphilis	1	—	—	1	—
Rhesus incompatibility	12	—	2	10	—
Other	62	6	22	32	2
<i>Intranatal causes :</i>					
Breech.....	5	—	1	4	—
Other causes	55	11	18	25	1
<i>Postnatal causes :</i>					
Infection	24	5	9	7	3
Other	20	2	8	8	2
<i>Foetal abnormality</i>	73	21	28	23	1
<i>Immaturity only</i>	64	12	18	25	9

There were, in addition, 9 neonatal deaths, about whom no information was available.

The influence of adequate antenatal care in the group of 19,711 live births is shown in Table VI. This table shows that women who had six or more antenatal examinations had a very much lower neonatal mortality rate than those women whose antenatal care was less complete.

Table VI

Antenatal Care

<i>Antenatal care</i>	<i>Live births</i>	<i>Neonatal deaths</i>	<i>Mortality Rate</i>
<i>Attending Corporation Antenatal Clinic :</i>			
1 or 2 visits	427	17	39.8
3—5 visits	1,597	37	23.2
6—8 visits	3,096	29	9.4
9 or more visits	4,917	52	10.6
All clinic patients	10,037	135	13.5
<i>Other Antenatal Care :</i>			
1 or 2 visits	258	12	46.5
3—5 visits	1,032	19	18.4
6—8 visits	2,529	31	12.3
9 or more visits	3,587	47	13.1
All other patients	7,406	109	14.7
No antenatal care	77	8	103.9
Extent of antenatal care unknown	2,191	89	—

Percentage antenatal care unknown = 11.1

For various reasons it was not possible to get as complete information about the antenatal and delivery period of the group of 19,711 live births as during the first four weeks of the child's life. Detailed information was, however, available in relation to 83% of these births, i.e., of total of 16,425 live births. Table VII shows the incidence of antenatal diseases or complications in these 16,425 births, together with the neonatal death rates associated with these diseases and complications.

Table VII.

Antenatal Diseases and Complications and Neonatal Mortality Rates

<i>Antenatal disease or complication</i>	<i>Occurring singly</i>	<i>Number of cases (live births)</i>		<i>Neonatal Mortality Rate</i>
		<i>combined occurrences added*</i>	<i>Neonatal deaths</i>	
Toxaemia	988	1,085	38	38.5
Wassermann reaction positive	60	64	1	—
Rubella	1	1	1	—
Non-toxic antepartum haemorrhage	176	192	25	142.0
Pyelitis	153	219	7	45.8
Other	1,723	1,826	67	38.9
More than one complication	164	—	12	73.2
All cases with disease or complication	3,265	—	151	46.2
No disease or complication	13,160	—	143	10.9
Unknown	3,286	—	47	—

* Excludes 47 unspecified diseases occurring in combination.

Footnote: The above figures are based on births, not confinements, so that mothers of live-born twins occur twice. The most frequent complications occurring under the heading "other" are: anaemia, varicose veins, antenatal version, cardiac disease and respiratory disease.

Death Rate—4 weeks to 1 year

The death rate in this age period has shown a slight fall.

	<i>Death rate per 1,000 live births</i>		<i>Death rate per 1,000 live births</i>
1942	25.9	1946	17.9
1943	29.3	1947	19.5
1944	19.8	1948	13.6
1945	26.5	1949	13.1

Pneumonia was the most common cause of death in this age group, accounting for one-third of the cases.

Legitimacy

The illegitimate infant mortality rate per 1,000 illegitimate births was 40 whilst the corresponding rate for legitimate births was 30.

	<i>Legitimate Infant Death rate</i>	<i>Illegitimate Infant Death rate</i>		<i>Legitimate Infant Death rate</i>	<i>Illegitimate Infant Death rate</i>
1942	54	83	1946	39	54
1943	56	52	1947	39	64
1944	41	62	1948	31	44
1945	49	56	1949	30	40

The main causes of death in illegitimate infants compared with legitimate infants is shown in the following table.

	Rate per 1,000					
	Legitimate live births			Illegitimate live births		
	1947	1948	1949	1947	1948	1949
Infectious disease	1.0	1.0	0.8	1.2	1.7	2.0
Tuberculosis	0.3	0.6	0.2	—	0.9	—
Respiratory disease	8.3	5.8	4.8	14.5	7.8	4.0
Diarrhoea and enteritis	6.5	3.0	2.9	15.3	4.3	3.0
Congenital malformations	5.1	4.8	5.1	5.3	4.3	7.0
Premature birth	5.6	5.3	7.5	10.7	4.3	6.0
Atrophy, debility, marasmus and atelectasis	2.5	1.4	1.7	3.8	3.5	1.0
Injury at birth	4.7	4.9	2.6	5.3	4.3	5.0
Other causes	5.1	4.1	4.7	7.6	13.0	12.0

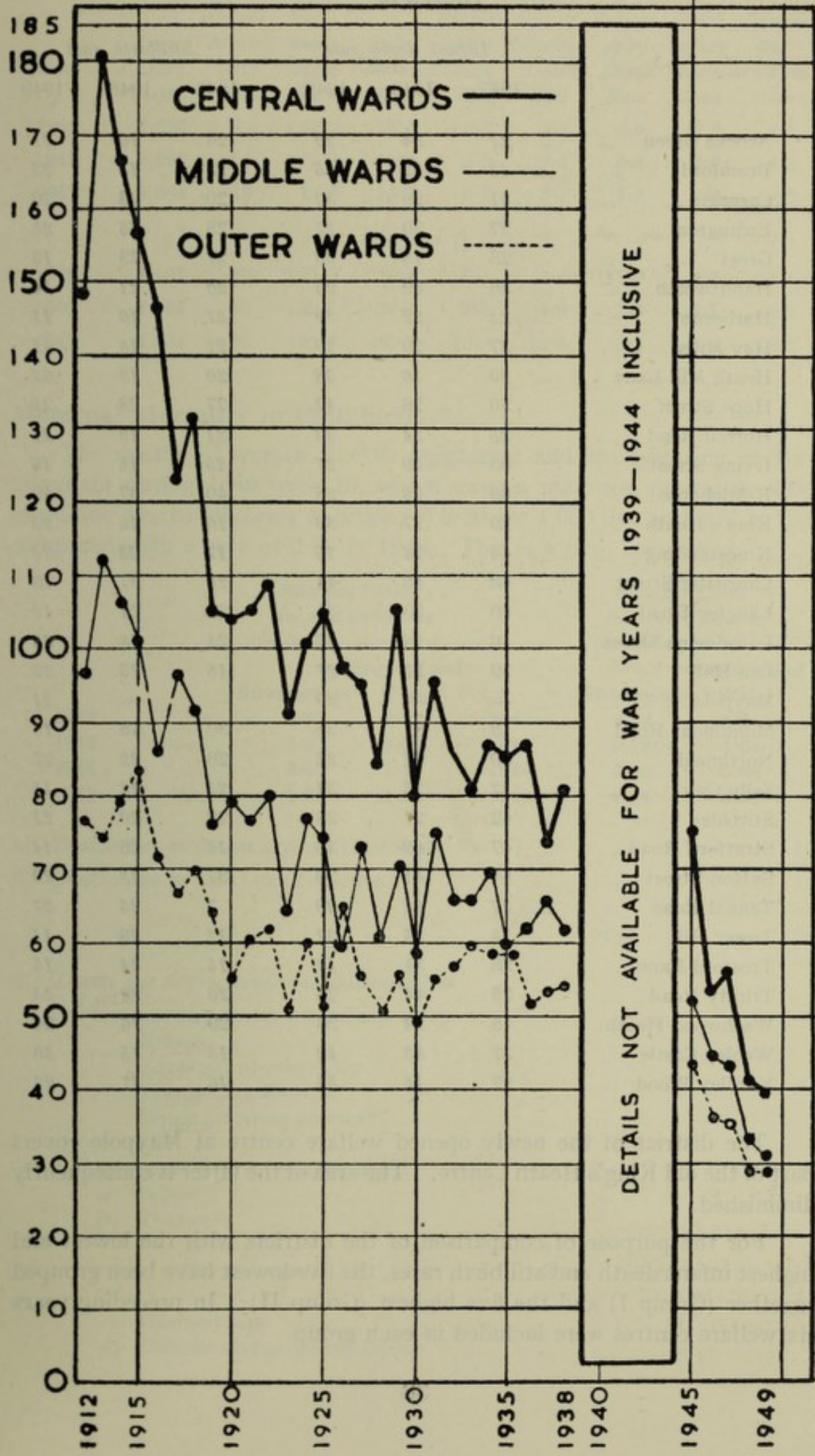
Infant Mortality in Wards of the City

The appended table shows the infant mortality in the groups of wards of the City in 1949.

Central Wards		Middle Ring		Outer Ring	
St. Paul's	58	Lozells	18	Soho	24
St. Mary's	46	Aston	38	Sandwell	40
Duddeston and Nechells	27	Washwood Heath	22	Handsworth	30
St. Bartholomew's	37	Saltley	30	Perry Barr	25
St. Martin's and Deritend	55	Small Heath	34	Erdington	26
Market Hall	17	Sparkbrook	34	Gravelly Hill	30
Ladywood	29	Balsall Heath	38	Bromford	34
		Edgbaston	27	Stechford	29
		Rotton Park	33	Yardley	18
		All Saints'	31	Acock's Green	31
				Hall Green	29
				Sparkhill	25
				Moseley and King's Heath	37
				Selly Oak	28
				King's Norton	36
				Northfield	20
				Harborne	24
Average in 1949	39	Average in 1949	31	Average in 1949	28
Average in 1948	41	Average in 1948	31	Average in 1948	28

The following diagram shows the fall in infantile mortality in each of the three groups of wards during the past 37 years. The rates for the war years are not shown as during that time, for various reasons, the information at our disposal was not such as to enable us to arrive at accurate figures.

INFANT MORTALITY RATES IN GROUPS OF WARDS.



Infant Death Rate and Stillbirth Rate according to Welfare Centre Districts.

	<i>Infant death rate</i>			<i>Stillbirth rate</i>		
	1947	1948	1949	1947	1948	1949
Acocks Green	27	34	20	26	16	21
Bromford	42	32	35	25	13	22
Carnegie	41	29	32	20	28	20
Erdington	27	30	17	28	25	28
Greet	28	18	26	27	23	15
Handsworth	36	39	25	20	21	14
Harborne	23	22	29	37	10	11
Hay Mills	37	29	19	22	18	11
Heath Mill Lane	40	36	38	20	19	62
Hope Street	50	26	42	27	23	21
Horrell Road	25	24	23	21	19	21
Irving Street	63	39	27	15	18	16
Kettlehouse	38	29	28	40	37	49
King's Heath	29	27	38	16	15	25
Kingstanding	44	24	16	17	23	23
Lancaster Street	48	48	44	20	37	18
Langley Road	40	39	31	22	21	12
Lansdowne Street	40	28	16	24	18	28
Lea Hall	39	27	27	16	23	29
Maypole	—	—	29	—	—	21
Monument Road	48	31	35	30	18	15
Northfield	39	21	23	26	22	27
Selly Oak	27	23	31	25	18	18
Stirchley	42	27	28	28	20	21
Stratford Road	47	29	36	18	28	14
Sutton Street	54	41	39	37	18	20
Tennal Road	47	26	20	7	25	27
Tower Hill	18	25	31	12	29	11
Treaford Lane	28	31	19	15	24	15
Trinity Road	25	44	26	20	20	23
Washwood Heath	45	39	26	20	16	24
Weoley Castle	37	33	12	15	15	30
Yardley Wood	27	15	35	16	17	22

The district of the newly opened welfare centre at Maypole covers part of the old King's Heath Centre. The area of the latter is consequently diminished.

For the purpose of comparison of the districts with the lowest and highest infant death and stillbirth rates, the five lowest have been grouped together (Group I) and the five highest (Group II). In preceding years six welfare centres were included in each group.

GROUP I

Year	Total Live Births	Infant Mortality Rate	Neo-natal Death Rate	Still-birth Rate	Respiratory Death Rate	Diarr-	Premat-urity Death Rate	Birth injury Death Rate	Congen-ital Malform-ations
						hoea & Enteritis Death Rate			
1949	2,626	21	12.9	15.0	2.7	1.1	4.6	3.0	4.2
1948	3,693	21	13.3	18.3	4.9	0.3	3.8	3.5	3.2
1947	4,064	25	14.5	15.7	6.6	2.7	3.7	3.9	4.2

GROUP II

1949	3,105	39	21.3	29.4	6.4	3.5	11.0	2.3	5.8
1948	4,497	40	22.2	24.9	7.8	4.9	7.3	5.1	6.0
1947	4,221	50	21.3	30.3	10.9	12.6	6.2	4.0	6.6

Maternal Mortality in Childbirth

The deaths of women due to pregnancy and child-bearing in Birmingham during 1949 were 10, which gave a maternal mortality rate, excluding deaths following abortion, of 0.39 per 1,000 live and still births, compared with a rate of 0.50 in 1948. This is a new low record.

	Rate per 1,000 live and stillbirths (excluding abortions)		Rate per 1,000 live and stillbirths (excluding abortions)	
	England and		England and	
	Birmingham	Wales	Birmingham	Wales
1942	1.82	2.01	0.64	1.24
1943	1.35	1.84	0.73	1.01
1944	0.95	1.53	0.50	0.86
1945	1.21	1.46	0.39	0.82

A. Deaths due to pregnancy and childbirth	10
B. Deaths due to associated conditions	14
TOTAL	24

A. Deaths due to pregnancy and childbirth (10)

1. Not associated with a notifiable birth	4
Ectopic	1
Toxaemia of pregnancy	1
Therapeutic abortion	1
Sepsis following abortion	1
2. Associated with a notifiable birth	6
(a) Sepsis	—
(b) Toxaemia	
Eclamptic	4
Non-eclamptic	2
(c) Haemorrhage	0
(d) Difficult and abnormal labour	0

B. Deaths due to associated causes (14)

1. Not associated with a notifiable birth	.....	.....	.....	.....	.....	3
Abortion due to empyema	.....	.....	.....	.....	.....	1
Abortion self procured	.....	.....	.....	.....	.....	2
2. Associated with a notifiable birth	.....	.....	.....	.....	.....	11
Heart disease	.....	.....	.....	.....	.....	3
Renal disease	.....	.....	.....	.....	.....	2
Bronchitis	.....	.....	.....	.....	.....	1
Insanity (suicide)	.....	.....	.....	.....	.....	3
Pulmonary tuberculosis	.....	.....	.....	.....	.....	2

A review of the circumstances of every case of maternal death makes it possible to estimate whether or not there was any avoidable factor, and in this respect the cases have been classified according to the following table :—

	<i>Sepsis</i>	<i>Toxaemia</i>	<i>Other Obstetrical causes</i>	<i>Associated conditions</i>
	(0)	(9)	(1)	(14)
Lack or inadequacy of antenatal care	—	3	—	1
Lack or inadequacy of specialist or hospital treatment	—	1	—	—
Lack of co-operation of patient or friends	—	—	—	4
Safety only by avoidance or termination of pregnancy	—	1	—	—
No avoidable factor	—	4	1	4
No. of cases where assessment not possible	—	—	—	5
Total number of cases in which one or more avoidable factors were present				10
Total number of cases in which death was inevitable or unavoidable				9
Total number of cases where assessment not possible				5
				—
				24
Place of death (including abortions)				—
Death in hospital				17
Death at home				7
				—
				24
Nature of delivery (including abortions)				—
Natural				9
Instrumental				3
Caesarean section				1
Undelivered				3
Undelivered abortion				6
Hysterotomy				1
Ectopic				1
				—
				24
				—

Comparison with Previous Years

A comparison of the maternal death rate figures in the principal groups with those of previous years is shown hereunder :—

Death-rate per 1,000 Live and Stillbirths :

<i>Year</i>	<i>Abortion</i>	<i>Sepsis</i>	<i>Toxaemia</i>	<i>Haemorrhage</i>	<i>Other puerperal causes</i>	<i>Total due to puerperal causes</i>	<i>Maternal deaths due to " associated conditions "</i>
1938	0.55	0.67	0.72	0.67	0.28	2.88	1.16
1939	0.66	0.33	0.55	0.50	0.44	2.48	0.44
1940	0.56	0.39	0.62	0.23	0.34	2.14	0.45
1941	0.67	0.24	0.49	0.24	0.79	2.43	0.73
1942	0.57	0.47	0.57	0.26	0.57	2.45	0.78
1943	0.43	0.43	0.48	0.29	0.05	1.69	0.53
1944	0.39	0.30	0.26	0.13	0.26	1.34	0.69
1945	0.29	0.29	0.49	0.05	0.29	1.41	0.44
1946	0.17	0.04	0.30	0.13	0.21	0.85	0.47
1947	0.20	0.12	0.25	0.04	0.37	0.98	0.57
1948	—	0.09	0.18	—	0.23	0.50	0.50
1949	0.05	—	0.39	—	0.05	0.49	0.68

Rates in italic indicate here, as elsewhere, that they are calculated on less than 20 instances.

The following table gives the age grouping of maternal deaths since 1940 :—

<i>Year</i>	<i>Under 20 years</i>	<i>20-25 yrs.</i>	<i>25-30 yrs.</i>	<i>30-35 yrs.</i>	<i>35-40 yrs.</i>	<i>40 years and over</i>
1940	0	11	15	8	7	5
1941	0	7	12	8	20	5
1942	3	13	15	17	12	2
1943	2	9	8	13	7	7
1944	1	10	9	15	8	4
1945	0	6	9	10	11	2
1946	2	4	4	6	12	3
1947	1	6	7	7	12	5
1948	0	4	6	4	6	2
1949	0	3	6	8	5	2
	9	73	91	96	100	37

Puerperal Pyrexia and Puerperal Sepsis

Out-of-City cases	8
Cancellation of notification	30
Birmingham City cases	109
	147

(1) Due to infection of the genital tract	.....	.....	.....	.....	.....	26 cases
Uterine infection	.....	.....	.....	.....	.....	9
Subinvolution	.....	.....	.....	.....	.....	6
Septic abortion	.....	.....	.....	.....	.....	4
Retained products	.....	.....	.....	.....	.....	3
Perineal infection	.....	.....	.....	.....	.....	2
Puerperal sepsis	.....	.....	.....	.....	.....	2
						—
						26
						—
(2) Due to extra-genital infection	.....	.....	.....	.....	.....	68 cases
Urinary infection	.....	.....	.....	.....	.....	12
Mastitis	.....	.....	.....	.....	.....	17
Influenza	.....	.....	.....	.....	.....	12
Upper respiratory infection	.....	.....	.....	.....	.....	12
Chest infection	.....	.....	.....	.....	.....	9
Thrombophlebitis	.....	.....	.....	.....	.....	4
Skin sepsis	.....	.....	.....	.....	.....	2
						—
						68
						—
(3) Other causes	.....	.....	.....	.....	.....	15 cases

Ophthalmia Neonatorum

During the year 1949 there were 662 cases of ophthalmia neonatorum (so called) notified, of which one was treated in hospital. No impairment of vision occurred in any case reported to the Department.

Pemphigus

The following are details of cases which occurred during 1949 in the City :—

Number of cases which occurred on the district during 1949	.....	.....	.....	.....	.....	8
Admitted to hospital	.....	.....	.....	.....	.....	1
Number nursed at home	.....	.....	.....	.....	.....	7
(a) by district nurse	.....	.....	.....	.....	.....	3
(b) by relative	.....	.....	.....	.....	.....	4
Number of cases of pemphigus which occurred in institutions during 1949	.....	.....	.....	.....	.....	0
Number of deaths from pemphigus	.....	.....	.....	.....	.....	0

IMMATURITY

During 1949, 1,613 immature births, i.e., babies with a birthweight of 5½ lbs. or less, occurred in Birmingham to Birmingham residents. Of these, 203 were stillborn and 1,410 liveborn. Table VIII shows the survival rate and nursing by gestation period of these 1,410 immature infants :—

TABLE VIII

<i>Survival</i>	<i>Gestation period</i>			<i>All Immature Births</i>
	<i>Less than 37 weeks</i>	<i>37 weeks and over</i>	<i>Unknown</i>	
Live births :				
(Weight 5½ lbs. or less)	431	617	362	1,410
Neonatal deaths	129	34	44	207
Neonatal mortality rate	299.3	55.1	121.5	146.8
<i>Nursing :</i>				
From birth. Home only	83	237	92	412
„ Special P.B. Unit	63	62	27	152
„ Other hospital	209	276	199	684
Transferred in 1st 24 hrs. to :				
Special P.B. Unit	53	18	32	103
Other hospital	13	8	6	27
Transferred after 24 hrs. to :				
Special P.B. Unit	4	1	—	5
Other hospital	5	6	3	14
Unknown	1	9	3	13

Immature births with a gestation period of 37 weeks and over have a much lower neonatal mortality rate than those with a gestation period of less than 37 weeks.

These 1,613 immature births were investigated by Dr. Crosse, who makes the following observations. The 1,410 live births showed the following weight distribution :—

Up to 2 lbs.	30 babies = 2.2% of the total
2—3 lbs.	86 babies = 6.1% „ „
3—4 lbs.	178 babies = 12.6% „ „
4—5 lbs.	497 babies = 35.2% „ „
5—5½ lbs.	619 babies = 43.9% „ „

Incidence

Immature babies formed 8.2% of all births, live and still, and 7.3% of live births only. The incidence of immature births in the various categories of births and deaths is given below for the years 1943-49 :—

Incidence of Immature Birth as a percentage of ;

	1943	1944	1945	1946	1947	1948	1949
Total birth rate	6.0	6.3	7.2	7.9	7.9	7.6	8.2
Stillbirth rate	41.4	44.2	44.8	41.3	47.1	47.0	45.6
Live birth rate	5.4	5.4	6.2	7.1	6.9	6.7	7.3
Neonatal death rate	58.7	59.3	59.2	54.2	56.9	59.6	60.9
Death rate							
(1—12 months)	—	—	—	—	16.5	21.2	16.7
Infant mortality rate	—	—	—	—	34.4	42.9	42.2

The percentages relating to the death rate 1—12 months and the total infant mortality rate are not available for the years 1943-46.

Mortality

The mortality rates from the different causes of death are given below for (1) the immature births, and (2) babies weighing over 5½ lbs. at birth, the latter being added for comparison so that the true hazard of immaturity can be realised.

Stillbirths

STILLBIRTH RATE BY CAUSE OF DEATH FOR IMMATURE BIRTHS AND BABIES OVER 5½ LBS.

<i>Causes of death</i>	<i>Immature deaths (per 1,000 Immature births, live and still)</i>	<i>Deaths of babies over 5½ lbs. (per 1,000 births over 5½ lbs. live and still)</i>
<i>Antenatal deaths :</i>		
(a) Known causes :		
Toxaemia	15.5	0.4
Syphilis	0.6	0.1
Rhesus incompatibility	0.6	0.4
Other maternal conditions	4.3	0.1
Separation of placenta	3.7	0.1
Foetal deformity	6.8	0.2
Other conditions	9.4	0.1
(b) Unknown	17.4	1.9
Total antenatal deaths	58.3	3.3
<i>Intranatal deaths :</i>		
(a) Antenatal causes :		
Toxaemia	11.8	0.2
Syphilis	—	0.1
Rhesus incompatibility	—	0.2
Other maternal conditions	0.6	—
Separation of placenta	7.5	0.4
Foetal deformity	19.8	1.1
(b) Intranatal causes :		
Breech presentation	8.1	1.5
Difficult labour	3.1	2.8
Other	7.4	2.3
(c) Unknown	9.3	1.4
Total intranatal deaths	67.6	10.0
Total stillbirth rate	125.9	13.3

The greater proportion of stillbirths occurring before the onset of labour are classed as immature births because they weigh 5½ lbs. or less. This is not, however, a true picture of the causation of stillbirth in these cases which is, in fact, attributable to the antenatal causes shown in the table above.

On the other hand, the increased risk of death during labour from intranatal causes is a result of the immaturity and arises from a greater chance of breech presentation, more risk of cord complications and a greater susceptibility to intracranial birth injury. The stillbirth rate in the immature group has reached a new low record.

Infant Mortality Rate

For 1949 the infant mortality rate was 179 per 1,000 immature births and 19 per 1,000 babies born weighing over 5½ lbs. This is a new low record for the immature infants.

Neonatal Mortality

NEONATAL DEATH RATE FOR IMMATURE BABIES AND BABIES OVER 5½ LBS.

<i>Cause of death</i>	<i>Deaths of immature babies (per 1,000 live immature births)</i>	<i>Deaths of babies over 5½ lbs. (per 1,000 live births over 5½ lbs.)</i>
Antenatal causes :		
Toxaemia	20.6	—
Syphilis	0.7	—
Rhesus incompatibility	2.8	0.4
Other maternal conditions	17.7	0.1
Other	22.7	0.2
Foetal deformity	21.3	2.4
Intranatal causes :		
Breech.....	1.4	0.2
Difficult labour	7.1	1.4
Other causes	2.8	0.9
Postnatal causes :		
Infection	3.5	1.1
Other	2.8	0.9
Immaturity only	45.4	—
Total neonatal death rates	148.8	7.6

As in the case of stillbirths, the greater proportion of neonatal deaths are classed as immature births because they weigh 5½ lbs. or less, but the deaths occurring among immature infants and attributed to antenatal causes in the table above are, in fact, due to these causes and not to an immaturity which is merely the result of these causes. On the other hand, as in the case of stillbirths, the immaturity itself is the direct cause of the greatly increased risk of death from intranatal causes, postnatal causes and immaturity only. During 1949 the risk of neonatal death was nearly 20 times greater for the immature births than for the baby weighing over 5½ lbs. at birth.

NEONATAL DEATHS (PER CENT.) IN THE VARIOUS BIRTHWEIGHT GROUPS

	1945	1946	1947	1948	1949
<i>Birth</i>	(1,222	(1,560	(1,648	(1,431	(1,410
<i>Weight</i>	<i>babies)</i>	<i>babies)</i>	<i>babies)</i>	<i>babies)</i>	<i>babies)</i>
Up to 2 lbs.	100.0	100.0	93.0	97.2	100.0
2—3 lbs.	80.0	77.4	71.1	75.3	74.4
3—4 lbs.	45.2	35.2	33.8	35.2	26.4
4—5 lbs.	14.0	9.2	7.6	11.0	8.9
5—5½ lbs.	6.7	3.4	6.0	3.2	4.0
All weights to 5½ lbs.	21.1	17.3	16.8	16.0	14.9

This table shows the decrease in the neonatal death rate in each weight group as between 1945 and 1949, though there has been an upward movement in the 5 to 5½ lb. group in 1949.

It is of interest to note the age at death of immature babies and of infants over 5½ lbs. who died during the first 4 weeks of life ;—

<i>Age at death</i>	<i>Immature babies</i>		<i>Babies over 5½ lbs.</i>	
	<i>Per cent. of deaths</i>	<i>Per cent. of live births</i>	<i>Per cent. of deaths</i>	<i>Per cent. of live births</i>
Less than 24 hours	48.6	7.2	26.7	0.2
24—48 hours	18.1	2.7	17.0	0.1
48 hours to 1 week	26.2	3.9	26.7	0.2
1—2 weeks	5.2	0.8	16.3	0.1
2—3 weeks	0.5	0.1	5.9	0.1
3—4 weeks	1.4	0.2	7.4	
All ages to 4 weeks	100.0	14.9	100.0	0.7

No less than 48.6% of the immature infant deaths occur during the first 24 hours after birth and 92.9% during the first week ; while the corresponding figures for babies weighing over 5½ lbs. at birth are 26.7% and 70.4%.

Death Rate from 1—12 months

Deaths over 4 weeks have also been divided into immature babies, and those over 5½ lbs. at birth ; and the following table shows the relative risks of death from each important cause for the two groups :—

DEATHS OVER 4 WEEKS AND UNDER 1 YEAR, 1949

<i>Cause of death</i>	<i>Immature babies</i>	<i>Babies over 5½ lbs.</i>
	<i>(Rate per 1,000 Immature live births)</i>	<i>(Rate per 1,000 live births over 5½ lbs.)</i>
Infections :		
Respiratory	13.5	3.9
Digestive	5.0	2.4
Other	5.0	2.4
Foetal deformity	2.1	1.3
Other causes	4.3	1.8
Total death rate 4 weeks—1 year	29.9	11.8

This table shows that the relatively high death rate from infections continues in immature infants even after the first four weeks of life. The high death rate from deformities in immature infants is due to the high incidence of immaturity in cases of deformity; the immaturity being the result, and not the cause, of the deformity.

The following table shows the history of the 1,431 immature babies born alive in Birmingham during 1948 and reaching the age of one year during 1949.

FOLLOW-UP TO 1 YEAR. 1,431 IMMATURE BABIES BORN IN 1948

	<i>All weights</i>					
	<i>Up to 2 lbs.</i>	<i>2—3 lbs.</i>	<i>3—4 lbs.</i>	<i>4—5 lbs.</i>	<i>5—5½ lbs.</i>	<i>to 5½ lbs.</i>
(1) Births	36	81	159	526	629	1,431
(2) Neo-natal deaths	35	61	56	58	20	230
(3) Alive at 4 weeks	1	20	103	468	609	1,201
(4) Left City	—	—	6	23	33	62
(5) Untraced at 1 year	—	1	4	11	21	37
(6) Traced to death or 1 year	1	19	93	434	555	1,102
(7) Died after 4 weeks and before 1 year	—	4	9	34	25	72
Per cent. of 6	—	21.0	9.7	8.0	4.5	6.5
(8) Alive at 1 year	1	15	84	400	530	1,030
(9) Abnormalities found in children alive at 1 year :						
Up to 3 pounds	2 blind.					
3—4 pounds	1 mongol.					
4—5 pounds	2 mongols, 1 backward with multiple abnormalities, 1 backward only, 2 congenital heart cases and 1 squint (severe).					
5—5½ pounds	2 mongols, 2 backward only, 1 hernia, 1 hare lip, 1 blind and 1 squint (severe).					

To summarise, among 1,050 children only 18 were abnormal, 6 both mentally and physically, 3 mentally only and 9 physically only.

MATERNITY SERVICES

The births occurring in the City during the year were as follows :

	<i>Livebirths</i>	<i>Stillbirths</i>
Births notified	20,556	507
Failed to notify	160	2

There were 20,943 confinements resulting in 20,663 single births, 278 sets of twins and two sets of triplets, making a total of 21,225 births. Of 20,943 confinements, 11,629 took place in institutions and 9,314 were domiciliary.

The following table shows the attendance at birth :—

TABLE IX

	Number of confinements		
	Birmingham residents	Out of City residents	Total confinements
Domiciliary confinements	9,274	40	9,314
Institutional confinements	9,531	2,098	11,629
TOTAL	18,805	2,138	20,943

The 21,225 births which resulted from these 20,943 confinements were distributed as follows :—

	Confinements	Births		Total
		Live	Still	
<i>Birmingham residents :</i>				
Single births	18,573	18,161	412	18,573
Twins	231	429	33	462
Triplets	1	3	—	3
	18,805	18,593	445	19,038
<i>Out-of-City residents :</i>				
Single births	2,090	2,030	60	2,090
Twins	47	90	4	94
Triplets	1	3	—	3
	2,138	2,123	64	2,187

DOMICILIARY MIDWIFERY

The following table gives details of the domiciliary confinements :—

1. Number of confinements where midwife engaged and solely responsible	4,987
2. Number of confinements where midwife engaged—general practitioner being responsible for antenatal and postnatal care (in 553 of these cases the midwife acted as maternity nurse)	3,809
3. Number of confinements where doctor was booked for confinement—midwife acting as maternity nurse	355
4. Number of confinements delivered by ambulance nurse, but originally booked for :	
home confinements	0
hospital confinements	114
unbooked emergency	9
	123

There were 552 general practitioners who indicated their intention to practise midwifery and of these, 383 were on the list as general practitioner obstetricians. An analysis was made from domiciliary midwives' records of the number of cases attended by individual general practitioners in the patients' own homes.

Number of general practitioners who were responsible for or called to	
50 confinements or more	5
40—50	4
30—40	19
20—30	28
10—20	85
less than 10	190
	331

From these figures it will be seen that of the general practitioners who had indicated their intention to practise midwifery, 60% were, in fact, responsible for or called into domiciliary confinements, and of these over one-half were not responsible for or called into more than 9 domiciliary cases during the year.

At the end of 1949, 126 City midwives were in practice, 16 midwives employed as maternity nurses and 34 independent midwives were in practice (including 11 who resided outside the City). Sixteen ambulance midwives were also employed.

Of the 9,314 domiciliary confinements, 8,977 were delivered by City midwives and 174 by private midwives. In addition, there were 123 confinements attended in patients' homes or in ambulances by the ambulance midwives.

City Midwives

During the year City midwives attended 8,977 cases, acting as maternity nurses in 908 of these cases. The approximate average number of deliveries per month, per midwife, was 6 or 69 cases per year. This makes no allowance for 231 weeks lost by sick leave. There have been 23 appointments and 23 resignations.

Supervision of Midwives

During the year 1949, 392 midwives notified their intention to practise in the City. Of these, 11 resided outside the City and, therefore, did not come under routine inspection. Of these 392 midwives, 179 were institutional. Fifty midwives ceased to practise during the year.

The following visits were paid during the year by the Supervisors of Midwives to domiciliary midwives :—

Routine visits to midwives	303
Special visits to midwives	404
Visits to stillbirths	16
Visits after neonatal deaths	50
Nursings and deliveries supervised	163
Visits to ophthalmia neonatorum cases	1,173
Visits to puerperal sepsis cases	105
Other visits	700
Unsuccessful visits	631
Number of interviews with midwives	1,428
Interviews <i>re</i> hospital beds	7,124

Midwives sent for medical help in 3,284 cases ; for the mother in 2,206 instances, and for the child in 1,078.

Reasons for sending for medical help

MOTHERS		CHILDREN	
Delayed labour	483	Ophthalmia	751*
Laceration of perineum	864	Immaturity	35
Haemorrhage	162	Convulsions	4
Adherent placenta	51	Jaundice	42
Abnormal presentation	85	Deformity	37
Abortion or miscarriage	29	Skin eruption	31
Rise of temperature	122	Other causes	178
Other causes	410		
	2,206		1,078

* Over 600 of the 751 Ophthalmia medical aids were to the Eye Hospital.

Emergency Maternity Service

This is a service whereby an obstetric consultant and/or a resident doctor and nurse attend the patient in her own home at the request of the general practitioner in attendance. They are conveyed by ambulance and carry special equipment, including blood transfusion equipment, for the treatment of obstetric shock or haemorrhage.

This service is staffed by personnel from Birmingham Maternity Hospital.

The service was used in 131 cases during the year. Forty-three of these were patients outside Birmingham.

The reasons for being summoned to the Birmingham cases (88) are classified below. Ten of these cases were transferred to hospital and blood transfusion was given in fifty-five instances.

	1948	1949
Post partum haemorrhage and placenta retained	32	44
Post partum haemorrhage and placenta delivered	14	31
Haemorrhage and abortion	2	8
Antepartum haemorrhage	0	1
Obstetric shock only	1	2
Eclampsia	0	2
Retained placenta	2	0
Inversion of uterus	2	0
Complicated breech delivery	2	0
	55	88

Gas and Air Analgesia

The number of City midwives with their gas and air certificate is now 126 and 96 sets of apparatus are available. During 1949, 2,439 patients received gas and air anaesthesia by a City midwife in the domiciliary service. This is an increase of 1,555 cases when compared with 1948.

Immature Baby Equipment

There are 57 immature baby outfits on the district at midwives' houses. Four hundred and twelve immature babies were nursed in their own homes. These were mainly the babies over 4½ lbs. The full equipment has been loaned out to patients in 10 instances, and part equipment has been loaned out in 28 instances. In the other cases the resources of the home were sufficient to provide all that was needed in the way of equipment.

District Training

During the year 1949, 28 teacher midwives were taking pupils on the district. Four midwives were approved as teachers during the year and no teachers resigned.

	<i>Pupils trained for the</i>			<i>Obtained</i>
	<i>Central Midwives' Board</i>		<i>Gas and Air</i>	
	<i>Certificate</i>				Certificate
	<i>Part I</i>	<i>Part II</i>		
Selly Oak Hospital	18	—	—	
Dudley Road Hospital	27	—	—	
Maternity Hospital	58	—	—	
Sorrento	—	19	7	
Heathfield Road	—	34	14	
Lordswood	—	23	10	
Marston Green	—	51	36	

INSTITUTIONAL MIDWIFERY

Of the 18,805 confinements of Birmingham residents which occurred in the City during the year, 9,531 took place in institutions. In addition, over 2,000 confinements of women who were not residents in the City took place in institutions within the City boundary. Many Birmingham women were confined in Marston Green Maternity Hospital, which is just outside the City boundary. The trend towards institutional confinement continues. Cases which require admission to hospital for medical reasons are booked directly by the hospital. Those who desire admission for social reasons must first make application to the Public Health Department where their needs are assessed in relation to other applicants and the number of beds available. Many more women than can be accommodated desire admission to hospital for social reasons. Owing to the great pressure on the hospital bed accommodation, 3,728 women had to be discharged to their own homes before the end of the puerperium. In these cases the domiciliary midwives continued the attendance on these women in their own homes as long as was necessary.

INSPECTION AND REGISTRATION OF NURSING HOMES AND NURSING AGENCIES

Nursing Homes

At the end of 1949 there were 33 nursing homes on the register. Two maternity homes and one home for medical cases changed ownership. New premises were acquired for one medical home and its accommodation was thereby increased from 6 to 14 beds. Three homes closed during the year, two for maternity cases with seven and nine beds respectively, and one for eight chronic medical beds.

The total number of visits paid to nursing homes during the year 1949 was 102 (92 by medical officers and 10 by supervisors of midwives).

Total number of beds in homes	382
No. of homes which are equipped for surgical work	4
No. of homes which take chronic or senile cases only	15
No. of homes which take maternity cases only	14*
No. of homes which keep some beds for maternity work	2†

* With total 100 beds.

† With total 5 beds.

Nursing Agencies

In accordance with the Nurses Act of 1943 and the Nurses Agency Regulations, 1945, applications were received from five agencies and renewals of licence were granted in each case. Thirteen visits of inspection were paid during the year.

HEALTH VISITORS' TRAINING COURSE, 1949-50

The twenty-seventh course of training for the Health Visitors' Certificate commenced on September 19th, 1949.

The response to the advertisements for Birmingham assisted students showed a decrease on previous years. Fifty-four completed application forms were received and twenty-five students were appointed by the Health Department. Following the usual procedure, groups of candidates attended the Training Centre to write the entrance test at monthly intervals prior to the meeting of the Selection Committee. The eleven local authorities in the Midland Region participating in the training scheme selected twenty candidates for training. The Birmingham Education Department sent two candidates to the Course, making a total of forty-seven students.

The duties of the health visitor, now defined under the National Health Service Act, 1946, have necessitated a new syllabus designed to cover the needs of the whole family. The student health visitor receives comprehensive instruction on physical and mental development as well as the physical, mental and social needs of the various age groups. The health visitor as the health educator is emphasised throughout the syllabus.

As a result of the introduction of the new syllabus, the number of lectures has increased and many new lecturers, specialists in their own subjects, have been added to the panel of lecturers.

The student health visitors continue to enjoy the very varied practical facilities afforded to them by the four Counties and seven County Boroughs in the scheme.

Forty-nine students of the 1948-49 course entered for the health visitors' examination in April, 1949, forty-two students were successful. All students except one have now obtained the Health Visitors' Certificate.

HEALTH VISITING SERVICE

The visited child population for 1949 shows a decrease of 1,280 children compared with 1948. The number of health visitors engaged on district visiting was 106.

<i>Year</i>	<i>No. of visited children under 5 years</i>	<i>No. of Health Visitors engaged solely on Maternity and Child Welfare Work</i>	<i>Case Load per Health Visitor</i>
December 31st, 1937	66,538	90	739
" 1938	69,698	95	734
" 1939	70,289	95	740
" 1940	67,826	96	706
" 1941	65,259	97	673
" 1942	70,008	97	722
" 1943	75,310	98	768
" 1944	82,839	99	837
" 1945	86,935	98	887
" 1946	93,572	103	908
" 1947	98,223	111	885
" 1948	99,190	111	894
" 1949	97,910	106*	921

* 2 part-time health visitors counted as equal to 1 full-time health visitor.

Total number of routine visits paid to children under 5 years	249,672
Total number of special visits paid to children under 5 years	13,375
Total number of visits to expectant mothers	14,484
Total number of visits postnatally following ophthalmia, still births and neonatal deaths	1,314
Total number of visits to neglect, scabies cases and home helps	1,590
Total number of useless calls	65,387

Of the total visited child population of 97,910 who were under 5 years on the 31st December, 1949, the number who attended the Centre was 41,934 or 42.8%. This shows a decrease of 2.6%.

It would have been reasonable to expect that with the advent of the National Health Service there would have been a greater diminution in the attendance at child welfare clinics. That this has not happened shows how much mothers continue to appreciate the help and advice they get there.

<i>Age of child</i>	<i>Total visited children</i>	<i>Total individual children who attended centre</i>	<i>Percentage of visited group</i>
Under 1 year	19,268	14,735	76.47
1—2 years	20,076	12,655	63.04
2—3 years	21,662	6,933	32.01
3—4 years	19,953	4,503	22.57
4—5 years	16,951	3,108	18.34
TOTAL	97,910	41,934	42.8

Table of attendances made by individual children

	<i>0—1 year</i>		<i>1—2 years</i>		<i>2—5 years</i>	
	<i>Number</i>	<i>% of visited group</i>	<i>Number</i>	<i>% of visited group</i>	<i>Number</i>	<i>% of visited group</i>
Children who made						
1—2 attendances	3,581	18.6	3,863	19.2	9,267	15.8
3—4 attendances	3,290	17.1	2,841	14.2	4,341	7.4
6—11 attendances	4,081	21.2	3,034	15.1	796	1.4
12 and over attendances	3,783	19.6	2,917	14.5	140	0.2
TOTAL	14,735	76.5	12,655	63.0	14,544	24.8

Movement of Staff

The number of health visitors on the staff at the end of the year, including the administrative staff was 118.

During the year 31 health visitors left the staff for the following reasons.

By retirement	3
By retirement on health grounds	1
By marriage	3
By transfer to other local authorities :	
(a) for domestic reasons	8
(b) for other reasons	2
By transfer to District Nursing or combined work with other local authorities	3
By transfer to Children's Department	1
By transfer to Midwifery Training Part II	4
By transfer to Missionary Training Course	1
By transfer to Queen's Training Course	1
By transfer to Overseas work (South Africa, Australia)	3
By transfer to Army Nursing Service	1
	31

Twenty-five newly qualified health visitors were retained for the second year of contract and 1 existing health visitor was transferred from the Tuberculosis Department.

Sickness

The number of days lost during the year was 1,893, making an average of 16·6 per health visitor.

The number of working days lost by sickness in :—

1945	1,260	average of 12	days per health visitor
1946	1,354	.. .. 13	.. .. ..
1947	2,060	.. .. 19	.. .. ..
1948	1,852	.. .. 15·4	.. .. ..
1949	1,893	.. .. 16·6	.. .. ..

MATERNITY AND CHILD WELFARE CENTRES

The number of centres provided and maintained by the Council is 33. The prefabricated building in Sladepool Farm Road was completed and officially opened for use on Friday, 8th July, 1949.

Antenatal Clinics

The number of antenatal clinics held weekly at maternity and child welfare centres was 79 with an average attendance of 16·5. The number of individual women attending was 12,891, a decrease of 4,392 on the figure for 1948, and the total attendances decreased by 16,597.

	1947	1948	1949	<i>Decrease or increase on 1948</i>
Number of antenatal clinics held	4,583	4,379	4,110*	— 269
New mothers booked during year	15,768	13,290	10,329	— 2,961
Total individual women attending	20,671	17,283	12,891	— 4,392
Total antenatal attendances	96,090	84,523	67,926	—16,597

* including 576 midwives' clinics.

Blood Tests

Samples of blood are taken from expectant mothers as part of the routine examination of all patients attending City antenatal clinics. These samples of blood are tested by Wassermann and Kahn reaction for acquired or congenital syphilis at the City Laboratory and for the Rhesus factor by the Ministry of Health Blood Transfusion Service. These are of the greatest importance in preserving the good health of mothers and babies and in reducing incidence of miscarriage and still-birth. Where the mother is syphilitic it enables her to start treatment early in her pregnancy and to produce a healthy child free from syphilis. The following table shows the number of cases of syphilis diagnosed in antenatal patients compared with the total number of cases of syphilis in both sexes attending Venereal Disease Clinics in the City for the first time.

It is shown that the greatest number of cases occurred in 1943, and since that year there has been an almost steady decrease in the incidence.

Three hundred women were referred to welfare centres for blood tests by general practitioners.

Year	No. of new cases of syphilis attending V.D. clinics	No. of specimens from expectant mothers	Positive diagnostic reactions	Per cent of specimens
1940	318	9,295	79	0.85
1941	343	10,555	85	0.81
1942	515	12,726	114	0.90
1943	685	13,973	130	0.93
1944	604	14,321	113	0.79
1945	567	13,832	124	0.90
1946	835	17,440	131	0.75
1947	608	16,956	91	0.54
1948	602	15,215	73	0.48
1949	541	13,093	59	0.45
TOTAL	5,618	137,406	999	0.73

12,536 samples of blood were taken at the clinics for investigation of the Rhesus factor. 10,451 were found to be Rh. positive and 2,085 were Rh. negative. Of these 2,085 Rh. negative bloods, 64 had agglutinins present. The serious effect of the latter condition on the chances of survival of live born infants is shown in Table X.

TABLE X
MATERNAL RHESUS BLOOD GROUP AND NEONATAL MORTALITY RATE

	Live Births	Neonatal Deaths	Neonatal Mortality Rate
Rh. positive	10,451	170	16.3
Rh. negative, agglutinins absent	2,021	26	12.9
Rh. negative agglutinins present	64	9	140.6

Mass Radiography of Pregnant Women

	1948	1949
No. requested to attend	11,591	12,050
No. attended	7,734 (66.7%)	7,792 (64.7%)
Abnormality shown—further examination requested	324	460
<i>Analysis of larger X-ray film :</i>		
Active pulmonary T.B.	13	15
Inactive T.B.	91	125
Acquired cardio-vascular lesions	6	1
Other abnormal conditions	29	45
Normal	156	236
Failed to complete	29	19

Incomplete :

Under medical direction	9
Awaiting sputum	6
Awaiting large film	3
Sent to Selly Oak Hospital	1

Postnatal Clinics

The number of postnatal clinics held during the year was 1,521 and the total number of primary examinations and re-examinations at postnatal and antenatal clinics was 3,681, a decrease of 1,418 on the figure for 1948.

The following table shows the result of these examinations :—

Number of postnatal cases examined at clinics	3,681
Number of cases showing no abnormality	1,468
Number of cases showing abnormality	2,213
Percentage of cases showing abnormality	61%

Conditions found :

Breasts—mastitis	33
Abnormalities in genital tract	1,085
Vaginal discharge	433
Persistent loss	88
Abnormalities in urinary tract	106
General conditions	900
Backache	323
Abdominal muscles (normal, lax, divarication of recti)	446
Other conditions	399

More than one abnormality may be found in the same mother.

At postnatal clinics held at welfare centres the mother is also given the opportunity of bringing her young infant for examination and advice at the same time as she receives her own examination. The mother can bring her infant to this clinic until it is three months old. The following are the attendances at these postnatal clinics :—

	1948	1949
Number of postnatal clinics held	1,532	1,521*

Mothers :

No. of primary examinations	4,830	3,456
No. of re-examinations	269	225
Total examinations	5,099	3,681
Average number of examinations per consultation (Dr. present)	3.3	2.4

Infants :

No. of new infants attending	11,327	10,580
Total number of infant attendances	64,672	63,041
Total examinations by doctor	24,039	23,860
Average attendance of infants per consultation	42.6	41.5
Average number of infants seen by doctor per consultation	15.7	15.7

(*No doctor present at 3 of these clinics).

Attendance of Children at Child Welfare Centres

The total number of attendances at Child Welfare centres during 1949, including children attending at postnatal clinics :—

(1) By children under 1 year of age	196,468
(2) By children between 1—5 years of age	64,771
	261,239

Total number of children who attended a centre for the first time and who, at the time of their first attendance, were :—

(1) Under 1 year of age	17,050
(2) Between 1—5 years of age	3,236
	20,286

Total number of individual children who attended during the year and who on the 31st December, 1949 :—

	1948	1949	<i>Increase or decrease</i>
(1) Were under 1 year of age	15,634	14,735	— 899
(2) Were between 1—5 years of age	29,463	27,199	— 2,264
(3) Had attained 5th year of age	1,999	1,787	— 212
Total individual children attending	47,096	43,721	— 3,375
Total attendances by infants at post-natal clinics	64,672	63,041	— 1,631
Total attendances made at children's consultation clinics	186,028	171,345	— 14,683
Total attendances made at pre-school medical inspections	26,521	26,853	+ 332
Total children's attendances	277,221	261,239	— 15,982

Children's Clinics

Children of any age up to five years may attend these clinics, though mothers with babies under 3 months are encouraged to attend the post-natal clinics, and children between the ages of 18 months and 5 years to attend the pre-school inspection clinics.

<i>Number of clinics held</i>	1948	1949	<i>Increase or Decrease</i>
With doctor attending	3,400	3,192	— 208
Without doctor attending	98	223	+ 125
Total	3,498	3,415	— 83
New children attending	8,114	8,020	— 94
Total attendances	186,026	171,345	— 14,681
Average attendance per clinic	53.2	50	— 3.2
Total seen by doctor	62,406	56,715	— 5,691
Average seen by doctor per clinic	18.4	17.8	— 0.6

Medical Inspection of Pre-School Children

These clinics are held for the medical inspection of pre-school children between 18 months and 5 years of age. Quarterly appointments are given and the mother is encouraged to keep these regularly. If more frequent supervision is considered desirable, the mother is advised to bring the child in the interim to the ordinary consultation.

The number of pre-school clinics held during the year was 1,602, a decrease of 37 over 1948; the average attendance per clinic was 16·7, a slight increase over 1948, and the total number of attendances showed an increase of 232 over the previous year.

The number of children who attended the pre-school clinic for the first time was 7,008, a slight decrease of 169.

The following table gives an analysis of the attendances and the conditions found :—

Section A.

Number of clinics	1,602
Total attendances	26,853
Number of individual children	13,909
Number of children attending pre-school clinics for the first time	7,008

Section B.

Environmental conditions

Clothing unsuitable or inadequate	65
Rest : bedtime later than 7 p.m.	3,655
No day-time rest	6,303

Section C.

Defects :

<i>Eyes</i> —Squint	285
Inflammatory conditions	130
Other eye conditions	67
<i>Skin</i> —Eczema	183
Purulent conditions	111
<i>Ear, nose and throat :</i>	
Otorrhoea	208
Deafness	77
Enlarged or diseased tonsils and/or adenoids	2,135
Nasal obstruction and/or mouth breathing	261
<i>Teeth :</i>	
Carious or defective	1,763
<i>Glands :</i>	
Enlarged	1,198
<i>Heart :</i>	
Congenital diseases	114
Rheumatic conditions	39
Anaemia	92
Lungs	116
<i>Rickets :</i>	
Active	160
Rachitic deformities	1,235
Other deformities	1,246
Mentality (backward)	91
Speech (backward or defective)	207
Enuresis	1,422
Other defects	130

Dental Treatment

Owing to the inability to increase the number of dental officers during 1949 and the resignation on 30th September of the only full-time dental officer, it was necessary to limit the number of appointments to more urgent cases and to cease providing dentures from that date. During the last three months of the year the services of one part-time dental officer were available for two sessions per week.

It was not practicable for the dental officer to undertake the inspection of the teeth as this would have taken his entire time and no treatment could have then been given, so it was left to the medical officers to inspect the teeth of the new mothers attending the clinics.

In April, 1949, arrangements were made with the Education Department whereby seven of the School Dental Clinics, with the necessary personnel, were made available to this Department on Saturday mornings for the purpose of providing conservative treatment for expectant mothers. The numbers willing to avail themselves of this treatment were, however, disappointing and during the eight months a total of only 253 mothers attended for treatment.

X-ray facilities

An X-ray apparatus is provided at one of the dental clinics and any case requiring such examination is seen there during a denture session on Friday mornings.

Facilities for the supply of dentures

Dentures to expectant and nursing mothers (that is with children under one year of age) have been supplied free of cost since the introduction of the National Health Service. Impressions and fittings are undertaken by the dental officer and the dentures are made by the Central Counties Dental Laboratories.

(a) Numbers provided with dental care :

	<i>Examined by medical officers</i>	<i>Treated</i>	<i>Made dentally fit</i>
Expectant and nursing mothers	10,329	1,831	820
Children under five	43,721	1,324	1,294

(b) Forms of dental treatment provided :

	<i>Extractions</i>	<i>Anaesthetics</i>		<i>Fillings</i>	<i>Scalings or scaling and gum treatment</i>
		<i>Local</i>	<i>General</i>		
Expectant and nursing mothers	5,596	108	1,600	7	2
Children under five	3,058	5	1,186	99	—

	<i>Silver Nitrate treatment</i>	<i>Dressings</i>	<i>Radiographs</i>	<i>Dentures provided</i>	
				<i>Complete</i>	<i>Partial</i>
Expectant and nursing mothers	—	—	5	367	258
Children under five	—	—	1	—	—

	<i>Selly Oak</i>	<i>Stratford Road</i>	<i>Lancaster Street</i>	<i>Carnegie Institute</i>	<i>Total</i>
New mothers booked at welfare centres during 1949					10,329
Numbers inspected by dental surgeon	At present all new mothers are inspected by the Medical Officer				
Numbers having dental treatment	174	675	393	589	1,831
Total number of individual children between 2—5 years who attended welfare centres during 1949					16,331
Total number of children having dental treatment	167	420	320	417	1,324
Number of extraction clinics	22	69	53	61	205
Number of denture clinics	—	58	30	87	175
Total number of clinics	22	127	83	148	380
Total attendances :					
Mothers	192	1,562	1,066	1,888	4,708
Children	198	495	384	508	1,585
Average attendance per session					
Mothers	9	12	13	13	12.4
Children	9	4	4.5	3.5	4.2
Local anaesthetics	1	42	21	49	113
Extractions with local anaesthetics	2	82	29	60	173
General anaesthetics	345	920	668	853	2,786
Extractions with general anaesthetics	1,088	2,874	2,058	2,634	8,654
Mothers supplied with dentures	—	205	132	288	625
Number of dentures supplied	—	328	203	465	996
Repairs to dentures	—	10	18	16	44
Conservations to deciduous teeth	—	32	49	59	140
Conservations in permanent teeth	—	—	—	—	—
Other dental operations, including scaling, gum treatments, x-rays, denture adjustments, etc.	3	46	38	91	178

Treatment of Ear, Nose and Throat Conditions

Owing to various difficulties about the provision of beds, it was necessary to discontinue the clinic in February.

Parents' Guidance Clinic

During 1949 two weekly sessions have been held by the psychiatrist and psychiatric social worker and one session weekly by the psychiatric social worker only. This makes a total of 95 consultation clinics, with a total attendance of 468 and 42 follow-up clinics, with a total attendance of 122. The policy has continued of referring to the follow-up clinic mainly those who would appear to benefit most from regular weekly interviews.

One hundred and thirty patients were referred during the year and 112 attended the clinic. In 8 instances home visiting only was considered advisable; 6 parents did not co-operate and failed to keep any clinic appointments; 2 were referred to the Child Guidance Clinic and 1 to the School Clinic. Three were given appointments for early 1950, and as 5 of those attending early in 1949 were referred in December, 1948 this accounts for the difference between twenty noted as referred and not attending and the actual difference of 18.

Home visiting is much appreciated, particularly by those mothers who have young babies as well as toddlers, and find clinic attendance extremely difficult. A home visit is always paid before the first clinic appointment, in order to make contact with the mother and child and to explain the nature of the clinic. At the same time the worker gains valuable information and impressions.

During the year 28 mothers, 2 fathers, 41 girls, 35 boys, and 6 nursery nurses were seen for the first time.

In considering the following list, which classifies the cases according to the most troublesome symptom, it should be remembered that some of the children were passing through almost normal phases and the troubles were corrected by relieving the parents' anxiety. This forms an important part of the preventive work of the clinic. In many instances the father is seen either at home or at the clinic, but this is not always possible, and in a few cases may be inadvisable.

REASONS FOR REFERRAL

CHILDREN

Temper tantrums, uncontrolled, aggressive or destructive behaviour	36
Enuresis	15
Fears, disturbed sleep, night terrors	8
Speech difficulties	6
Masturbation	5
Backward children	2
Anorexia	1
Pilfering	1
Mental defective	1
Encopresis	1

—
76
—

MOTHERS

Depression	9
Anxiety	8
Domestic difficulties	8
Hysteria	1
Speech difficulty	1
Psychotic	1
	28

FATHERS

1 anxiety state and 1 extreme irritability	2
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NURSERY NURSES

Behaviour problems	6
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112

Five mothers and 1 father were referred by the psychiatrist to the Midland Nerve Hospital, 1 mother was psychotic and admitted to a mental hospital and the remainder were considered suitable for clinic treatment. Three expectant mothers were referred. The importance of the antenatal period cannot be overstressed and timely consultation at that time can prove very valuable. Two children were admitted to the Midland Nerve Hospital and convalescent treatment was arranged for 4 children and 2 mothers.

Overcrowding and uncongenial living conditions are sometimes the causes of the emotional disturbance, but the majority of the patients come from homes where these aggravating factors are absent.

Remedial Exercise Clinics

During the year the following clinics were held :—

<i>Quarter</i>	<i>Children's Classes</i>			<i>Mothers' Relaxation Classes</i>		
	<i>No. of centres</i>	<i>No. of sessions</i>	<i>Attendances</i>	<i>No. of centres</i>	<i>No. of sessions</i>	<i>Attendances</i>
1st	11	129	2,089	3	17	152
2nd	11	121	2,084	3	29	319
3rd	11	105	1,937	6	42	310
4th	8	77	1,282	7	66	564
TOTAL		432	7,392		154	1,345

The average attendance for children's classes per season was 17 and for mothers' classes 8.7. Miss Hancox, our only full-time physiotherapist left the Department on September 10th. The work is now being carried on by three part-time physiotherapists.

OTHER ACTIVITIES

Sewing Classes

Sewing classes have been held at 26 centres, with a total attendance of 10,494. The classes continue to be staffed by arrangement with the Education Department.

Visits

There has, as usual, been a continual demand for facilities to enable visitors to observe the work of the Department.

The routine programmes of visits fixed were as follows:

VISITS TO WELFARE CENTRES

121 student midwives taking Part II Course (5 sessions each at a Centre)	605 sessions
30 child care reserve students (group visits)	2 ..
37 industrial nurses (2 sessions each)	74 ..
19 nursery students (group visits)	3 ..
99 medical students (1 session each)	99 ..
52 doctors, including D.P.H. students	55 ..
189 students taking various training courses	89 ..
81 visitors in various professions	73 ..
165 student nurses	37 ..
	<hr/>
	1,037 ..
	<hr/>

Our other visitors included representatives from the following countries: America, West Africa, China, Czecho-slovakia, Finland, France, Germany, Greece, India, Ireland, Italy, Netherlands, Tasmania, Trans-jordan, Trinidad and Yugo-slavia.

Refresher Courses

Twenty-two health visitors attended refresher courses during the year, each of a fortnight's duration, which were held in Cambridge, London, Nottingham and Cardiff.

Surveys

Dr. Crosse's survey on immature babies and babies in the control group continued during the year. In addition the Ministry of Health, in association with the British Paediatric Association, asked for our co-operation in a survey of the rate of growth of infants.

Chiropody Clinic

The chiropody clinic continued to be held for two sessions a week from January to June, when, in order to meet the increased demand, two additional sessions were approved.

Total number of sessions held	162
Total number of attendances	988
Average number of patients per session	6
Average number called per session	9

Staff Meetings

During the year seven staff meetings were held at Lancaster Street Centre. As previously, the first part of the morning was devoted to free discussion and the second half to a lecture or talk of general interest. The following lectures have been given :—

February 12th	.....	Dr. M. C. O'Brien on " My recent visit to Europe."
March 12th	.....	Dr. A. L. d'Abreu on " The Blue Baby."
April 9th	.....	Dr. Mackintosh on " My recent visit to Iran."
May 14th	.....	Dr. P. Asher on " Spastic Children."
September 10th	.....	Mr. E. J. Holmes on " The work of the Children's Department."
October 8th	.....	Dr. Charles gave a talk on " Some statistical findings arising out of the Health Visitors' routine visiting."
November 12th	.....	The annual meeting of the Maternity and Child Welfare Association, followed by short talks on aspects of health education given by Miss Poley, Miss Richards and Miss Atkinson.

The medical officers were invited to join the health visitors in the second part of each meeting.

Clerical Assistants

Thirty-three part-time clerical assistants were employed during the year for a total of a hundred and forty-four sessions weekly. Their work has been of great assistance in relieving the pressure on the health visiting staff.

School Clinic Sessions

The Education Department have continued to hold a weekly session of a minor ailment clinic at Kingstanding Child Welfare Centre.

Voluntary Executive Committee

Mrs. F. A. Woodcock has resumed the secretaryship of the Voluntary Executive Committee. During the year a meeting was held in February at which Dr. Mackintosh discussed the importance of voluntary work at the welfare centres. In March, Dr. Dorothy Taylor, of the Ministry of Health, addressed a meeting of the voluntary workers.

Lecture Course

An advanced course in public speaking was taken by Miss Bliss, L.R.A.M. (Hons. Eloc.), L.G.S.M. (Eloc.).

Twenty health visitors attended this course.

Obituary

On February 16th, Mrs. Rogerson (nee Rowley), died, aged eighty-two. She was one of the first four health visitors to be appointed in Birmingham.

Miss M. A. Lloyd, who was the first tutor to the Health Visitors' Training Course, died during the year.

General Practitioners' Meetings

Beginning in August, arrangements were made for meetings at every centre to which general practitioners, district nurses, district midwives and nursery matrons were invited to meet the medical officers and health visitors of the area. These meetings have been much appreciated.

Special Clinics

The following special clinics were held at Carnegie:—

<i>Doctor</i>	<i>No. of sessions</i>	<i>No. of children</i>	<i>Average per session</i>
Dr. Braid—consultation clinic	45	276	6
Dr. Crosse—consultation clinic	49	180	3.7
Dr. Badenoch—adoption clinic	47	337	7
Dr. Brailsford—X-ray clinic	47	692	14

DOMESTIC HELP SERVICE

Number of domestic helps employed full time	116
Number of domestic helps employed part time	92
	<hr/>
	208
	<hr/>
Number of individual cases dealt with :	
Confinements	1,493
Postnatal	88
Illness of the housewife	329
Elderly persons	187
Lung tuberculosis	13
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	2,110
	<hr/>

Continuous training courses are arranged for domestic helps during the spring, autumn and winter terms, at the City Education Domestic Science School, Oozells Street. Ninety-two helps have now received this training.

Nine domestic helps have volunteered to attend cases of tuberculosis. Twelve are available to sleep in, if necessary.

HOME NURSING SERVICE

The work of the Home Nursing Service has increased steadily during the year and every effort has been made to obtain additional staff to meet this demand.

Staff

In addition to 10 Superintendents, there are now 66 full-time and 47 part-time nurses employed, and there are still vacancies to be filled in each area.

Miss Basterfield, Superintendent of the Central Home, and Miss M. Stoddard, Superintendent of Saltley, have left during the year and Miss D. M. Hodgson and Mrs. Rose have been appointed in their place. Miss Orme, formerly Superintendent of Yardley Home, has been appointed as non-resident Tutor to Bordesley Training Home and Miss Narbett is now Superintendent of Yardley.

There have been 52 new nurses appointed to the Home Nursing staff and 27 resignations.

Sickness

Fifty nurses have been away for periods of sick leave, the total number amounting to 11.3 days per nurse.

Training

At the beginning of the year it was decided to use only the Bordesley Home at present for the training of Queen's Nurses. During the year 4 male and 4 female candidates have completed the course successfully and have been placed on the Roll of Queen's Nurses.

Refresher Courses

All the nurses attended a study day which was arranged for them in Birmingham during the spring.

A four-day course was held during the autumn for Superintendents and Senior Staff and two Superintendents also attended the Administrators' Course arranged at Roffey Park by the Queen's Institute of District Nursing.

A course of 8 nursing lectures has been arranged for the State Enrolled Assistant Nurses on the staff and 24 are attending these.

Student Nurses' Visits

During the year a large number of student nurses from some of the Birmingham hospitals have spent a day with the nurses, accompanying them on their rounds.

Talks on the work of the Home Nursing Service have also been arranged for the student nurses, either in their hospitals or in the Queen's Training Home.

Nurses' Work

From 1st January to 31st December, 1949, the following work has been carried out by the Home Nursing Service :—

Cases on books, 1st January, 1949	.....	.....	.....	.....	.....	1,478
New cases attended	.....	.....	.....	.....	.....	12,652
Total cases attended	.....	.....	.....	.....	.....	14,130
Total visits paid	.....	.....	.....	.....	.....	330,788

HEALTH EDUCATION

During the past year, while there has been a continued expansion of the work in health education, the increase to report has been less than in 1948 when the numbers were more than doubled, but it has been commensurate with the staff available. There has been no increase in the male whole-time staff, but Miss Gibbons was appointed as assistant to Miss Bettney on the 1st November, 1949. During the first part of the year there were 82 health visitors engaged part-time in health education but on account of staff changes the number has fallen to 67. A further advanced course on public speaking was held which was attended by 20 health visitors on six Saturday mornings for two-hourly sessions. Lack of accommodation prevents any consideration at the moment of any increase in full-time staff.

Health Talks at Centres by Health Visitors

Talks were given at welfare centres by health visitors to 61,243 mothers. In addition, 1,657 talks were given at hospital antenatal clinics.

Lectures given

	1948	1949
Lectures at schools	1 772	1,819
Lectures to youth organisations	280	320
Lectures to adult groups	386	440
	<hr/>	<hr/>
	2,438	2,579
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Teaching in Schools

One-term courses for school leavers and the 11+ age group have been in progress throughout the year. There has been some increase in the number of courses to the younger age group and in the third term of the year 14 courses for boys and 6 courses for girls were in progress.

Youth and Adult Organisations

There was a continued increase in the amount of work with these organisations. There have been certain changes in the content of courses and some extension of the scope of the teaching.

(1) Westhill Training College

The year's course on health education for the student teachers at Westhill Training College was completed in the summer term and all the students passed the examination satisfactorily.

(2) H.M. Prison, Winson Green

The second course of weekly lectures covering the year to women prisoners has been completed, but as Winson Green is now only taking short sentence prisoners, the courses in the future will be reduced to 16 weeks' duration. Three courses of 13 weekly lectures which have been given to the male prisoners have been very successful.

(3) **Continuation School**

Following a course on mothercraft to the baby linen department staff of a City store, a series of courses on mothercraft and hygiene have been given to the girls and boys in the Continuation School of the store. These courses will continue for some time.

Regional Courses in Parentcraft Teaching

Following a number of requests from the region a course was held in the autumn on Parentcraft Teaching in Welfare Centres. There were 8 weekly meetings of two hours each and the course was generally agreed to be most helpful and practical. Twenty students attended from the following authorities.

Coventry	Warwickshire
Dudley	West Bromwich
Stoke-on-Trent	Wolverhampton
Walsall	Worcester County

Birmingham Accident Prevention Council

A further exhibition in road safety was held in a City store and once more, at the request of the Birmingham Accident Prevention Council, an exhibit illustrating safety in the home for the young child was set up by the Department and staffed by a rota of health visitors.

Health Education Demonstration

At a sessional meeting of the Royal Sanitary Institute in Birmingham on the 6th October, an exhibition of health education material was set up at Lancaster Street Welfare Centre and appeared to be of great interest to the members.

Central Council for Health Education Exhibition

At a conference on Health Education held by the Central Council for Health Education at the Central Hall, Westminster, an exhibition was set up of health education material from a variety of sources, both at home and abroad. A selection of teaching charts, posters, a flannelgraph and two film strips were sent from this Department. As a result of this exhibition a number of requests have been received from other local authorities for the loan or purchase of health education material prepared by the Department.

Film Strips

A further film strip, in colour, on "Clean Food" has been prepared. This strip has proved very helpful in illustrating the frequent talks given in the drive against food infection. The film strip is a very popular and useful visual aid to health education and the two film strip projectors are in constant use.

Films

A copy of a new film prepared by Messrs. Southalls (Birmingham) Ltd., "Growing Girls," has been purchased and is being shown when required by the Central Office of Information.

DAY NURSERIES

At the beginning of 1949, the Health Committee were responsible for 46 day nurseries and one twenty-four hour nursery, providing a total of 2,183 places for day nursery children. The total number of children on the registers was 2,316, with an average daily attendance of 1,872 at the beginning of the year and one of 1,890 at the end of the year.

Francis Road Nursery, with 40 places for toddlers, closed in April as the building was required for conversion to a Breast Milk Bank. The children were accommodated with difficulty in neighbouring nurseries.

The waiting lists for admission to day nurseries increased from 5,455 at the beginning of the year to 7,881 at the end of the year. As the number of social cases seemed to be increasing, an analysis was made of the occupations of the mothers whose children were accommodated in the day nurseries. The cases fell into two main categories :—

- (1) those requiring admission for social reasons and
- (2) those requiring admission because the mothers are engaged on essential work connected with the export drive.

The detailed analysis was as follows :—

- (i) Cases requiring admission for social reasons whose mothers were engaged on essential work :—

Illegitimate	331
Separation or divorce	236
Widows	67
Husbands ill or disabled	128
Husbands in forces	28
Financial difficulties	662
Housing difficulties	269
Special workers, <i>e.g.</i> nurses or teachers	32

1,753

- (ii) Cases admitted for social reasons only :—

Mother dead	15
N.S.P.C.C. cases	3
Recommended for psychological reasons	15
Mother ill or in hospital	45
Recommended by Children's Officer	23
Father in prison	8

109

- (iii) Father working, mother on essential work

349

The Health Committee, therefore, in October of this year decided that the descending order of priority for admission of children to day nurseries should be as follows :—

- (1) children whose mothers have sole responsibility, *e.g.* illegitimate children, children of widows or of women whose husbands are invalids.
- (2) children whose mothers are temporarily or permanently unable to look after them and whose fathers or relatives can care for them at night and the week-ends.
- (3) children of mothers who are engaged on work of national importance, particularly connected with the export drive.

Outside City cases

Applications for admission of these children to Birmingham day nurseries from women living just outside the City boundary but working in the City have been considered where vacancies exist. Financial responsibility is accepted by the appropriate local authority. There were 22 such children in the nurseries at the end of the year.

Transfer of Day Nursery children

Owing to the heavy demand for nursery places for children in the Balsall Heath area, arrangements were continued to transport children aged 2—5 years to other nurseries. The children are collected at Hope Street welfare centre and from the nursery at 92, Pershore Road each morning and returned to their respective collection station at night by Corporation 'bus. Seventeen children are transported from Hope Street welfare centre, 12 to the nursery at 671, Yardley Wood Road and 5 to the nursery at Highfield Road, Yardley Wood. Fourteen children are transported from Pershore Road nursery, 11 to 1-3, Springfield Road nursery and 3 to Yardley Wood nursery.

Mass Radiography

Two hundred and sixty members of the nursery staff who have commenced employment in the nurseries within the last year have been X-rayed. A further 270 of the 600 staff who have been in the nurseries and X-rayed within the last 4 years have had a further X-ray examination. It is proposed, if possible, to have all nursery staff X-rayed yearly in future.

Central Kitchens

Two central kitchens are responsible for the cooking of mid-day dinners, which are delivered to all the day nurseries except two. Vegetables are cooked in the individual nurseries. Rationed and other goods are distributed to the nurseries for breakfasts and teas.

Average number of meals served weekly

January 2nd, 1949—December 31st, 1949.

Bacchus Road Kitchen :

Main meals	.....	5,870
Breakfasts	.....	3,091
Teas.....	.....	4,914
Milk drinks.....	.....	8,934
Staff hot beverages	.....	5,421

Selly Oak Kitchen :

Main meals	.....	6,171
Breakfasts	.....	3,146
Teas.....	.....	5,595
Milk drinks.....	.....	9,753
Staff hot beverages	.....	6,365

Total meals served weekly

Main meals	.....	.....	.....	.....	.....	.....	.....	.....	.....	12,041
Breakfasts	.....	.....	.....	.....	.....	.....	.....	.....	.....	6,237
Teas	.....	.....	.....	.....	.....	.....	.....	.....	.....	10,509

Coleshill Road Nursery—cooking for themselves :

Main meals	.....	.....	.....	.....	.....	.....	.....	.....	.....	172
Breakfasts	.....	.....	.....	.....	.....	.....	.....	.....	.....	61
Teas	.....	.....	.....	.....	.....	.....	.....	.....	.....	109
Children's hot beverages	.....	.....	.....	.....	.....	.....	.....	.....	.....	141
Staff hot beverages	.....	.....	.....	.....	.....	.....	.....	.....	.....	267

Islington Row Nursery—cooking for themselves :

Main meals	.....	.....	.....	.....	.....	.....	.....	.....	.....	279
Breakfasts	.....	.....	.....	.....	.....	.....	.....	.....	.....	109
Teas	.....	.....	.....	.....	.....	.....	.....	.....	.....	222
Staff hot beverages	.....	.....	.....	.....	.....	.....	.....	.....	.....	230
Children's hot beverages	.....	.....	.....	.....	.....	.....	.....	.....	.....	388

Nursery Diets

A dietitian from the Ministry of Health visited the Central kitchens and some of the day nurseries and gave a talk to the Nursery Matrons with a view to effecting an improvement in nursery diets.

Laundry Arrangements

On the 8th August, new laundering arrangements were made whereby the Health Committee's Bacchus Road laundry undertook work previously done by 14 commercial laundries. This was possible because work previously done for the hospitals had been discontinued.

Somerset Road 24 hour nursery

Children of transport workers or night factory workers are accommodated here from Monday to Saturday each week and go home for weekends. A local general practitioner is on call for emergencies. A local authority medical officer is responsible for the routine medical examinations.

MEDICAL CARE OF DEPRIVED CHILDREN

In July, 1948, the Children's Committee resolved that the Medical Officer of Health should be responsible to them for the medical care and supervision of deprived children. In consequence the following arrangements for the care of these children were made

- (1) For each institution, a general medical practitioner is engaged to take the children in the institution on to his medical services list, with a view to their individual medical care, and to assume responsibility for such medical or surgical attention as may be needed from time to time.

- (2) Members of the medical staff of the Public Health Department undertake the supervision of the more general conditions of health within the groups of children as a whole and the institution as a whole. This supervision, with certain exceptions, includes the routine medical examination at six monthly intervals of all children in the institutions as well as the medical examination of all admissions and discharges. At the nursery at Red House, Overbury, routine examinations and examinations of admissions and discharges are undertaken by the general practitioner. Similar arrangements obtained at Shawbury Approved School and the Remand Homes.
- (3) The Public Health Department staff are also responsible for the general supervision of boarded-out children and also undertake the initial medical examination within four weeks of placement and the subsequent routine examinations. Each child is also on the list of a general medical practitioner.
- (4) The Education Committee have agreed to make the following services available :—
 - (i) Psychiatric reports (or combined psychiatric and medical reports) on children referred for report by the Magistrates of the Juvenile Court.
 - (ii) The part-time services of a Psychiatrist and Educational Psychologist on one session per week each for Forhill Remand Home.
- (5) Arrangements have been made whereby all children placed for adoption will be examined by a medical officer of the Public Health Department.

The transfer of responsibility for medical care in individual institutions has been gradual.

Residential Nurseries

During 1949 the Health Committee continued to act as agents of the Children's Committee for the administration of the residential nurseries.

Residential nurseries continue to find difficulty in recruiting staff—particularly the more highly qualified staff—which is so essential where there are children under two years. The main reasons are undoubtedly the longer hours, including week-end duty, night duty and bank holiday duty with little more attractive remuneration than the day nursery staff. With the junior members of staff many have to be billeted out owing to lack of residential accommodation in the nurseries. The billets provide only a bedroom without any attendance or meals—the girls are lonely and many complications arise in cases of illness. The number of nurses in billets at the end of 1949 was 33.

Overbury	.....	.....	4	Perry Villa	.....	.....	10
Flint Green	.....	.....	5	Wassell Grove	.....	.....	1
Meadway	.....	.....	13				

Admissions to Residential Nurseries

Owing to the heavy demand for residential nursery accommodation, the Children's Committee temporarily limited the admissions to long stay cases and the mothers working in the Transport Department and on night duty had to find alternative accommodation for their children.

House Mothers' Course—commenced 20th September, 1949

This course was run by the Education Department on behalf of the Home Office. Arrangements were made for facilities to be given for practical training of the pupils attending the course at Hawthorne House, Perry Villa, Oaklands, Droitwich and Somerset Road nurseries.

Medical Emergencies

General practitioners living in the vicinity of residential nurseries are now "on call" for medical emergencies while the local authority medical officers are responsible for the routine medical examinations and examinations of children within twenty-four hours of admission and discharge.

Contacts of Tuberculosis

In the eight residential nurseries at the end of the year there were 29 children who were admitted to the nurseries because of the possible danger to their health of contact infection from open tuberculosis in the household, or that they had been deprived of parental care because the mother had been transferred to a Sanatorium. It is hoped that in due course many of these children will be admitted to a suitable institution for observation and vaccination against tuberculosis.

Wassell Grove Nursery. (Number of places 52—children 0-5 years)

A reduction of numbers to 45 has been suggested by the Inspectors.

Family groups are organised here with consequent beneficial effects to the children. Each nurse is responsible for a small group of children, 4, 5 or 6, according to the experience of the nurse—the toddlers in each group attending the "nursery school" either morning or afternoon.

There have been 55 admissions and 60 discharges during the year. Five of the children have been discharged to adopting parents and 7 to foster homes.

The health of the children has in general been excellent, with no epidemics.

Oaklands, Droitwich. (Number of places, 50—0-5 years)

A reduction of numbers to 39 has been recommended by the Inspectors.

There have been 112 admissions and 112 discharges during the year. Six children have been transferred to foster homes and one to adopting parents.

There have been 27 admissions to hospital for various reasons.

Briarlea continues to be much appreciated as a nurses' home for 12 staff and the warden.

Red House, Overbury. (Number of places, 30—0-2 years)

A reduction of numbers to 25 has been recommended by the Inspectors. There have been 23 admissions during the year and 23 discharges. The health of the children has been excellent.

Meadway. (Number of places, 30—2-5 years)

A reduction of numbers to 22 has been suggested by the Government Inspectors. One hundred and two children have been admitted during the year and 102 discharged. This nursery has dealt mainly with short stay children. Five children have been transferred to foster homes and one to adopting parents.

Pype Hayes. (Number of places, 42—0-3 years)

Reduction of numbers to 33 has been recommended by the Inspectors. There have been 88 admissions and 86 discharges during the year.

Perry Villa. (Number of places, 35—0-3 years)

This nursery is scheduled in the future for demolition in connection with proposed maternity accommodation for the north side of the City. The Government Inspectors have recommended a reduction of numbers to 32 if the nursery is to continue. There have been 58 admissions and 65 discharges during the year.

Flint Green House. (Number of places, 25—0-2 years)

A reduction of numbers to 23 has been recommended by the Ministry Inspectors. There have been 55 admissions and 51 discharges during the year. Apart from an epidemic of whooping cough affecting 19 children—all fortunately of a mild character—the health of the children has been very good.

Hawthorne House. (Ultimately 33 places—0-5 years)

Owing to delay in completion of alterations and consequent lack of sanitary accommodation, it has been possible to admit only 8 babies and 8 tweenies. Latterly, while drains were being connected to the main sewer, it was only possible to deal adequately with 8 babies, the 8 tweenies being transferred to Milton Grange. Ten children have been admitted during the year and 18 children have been discharged. The health of the children has been excellent, only one case of scarlet fever and one broncho-pneumonia being transferred to hospital.

There is an excellent nurses' home at 2, Hawthorn Park, with accommodation for 22 nurses and the warden, when Hawthorne House is in full working order. It has been of great value this year for the accommodation of the nurses from other residential nurseries attending the block system of training and their attendance at nursery schools for training in the 2-5 year old group.

Milton Grange

This reception home was opened on the 6th May, 1949 for 17 children and the annexe at 80, Church Road on the 26th September, 1949, for a further 19 children, making a total of 36 children between 2-16 years. The health of the children has been very good.

Hostels

The hostels for working boys and girls were taken over by the Children's Committee on the 1st June. A local general medical practitioner is on call for medical emergencies. Owing to shortage of staff, and for other reasons, it was not possible to commence routine medical examinations by the staff of the Health Department before the end of the year.

Middlemore House

This home was opened on the 12th September. Forty children were transferred from Erdington and Shenley Fields Cottage Homes, thereby effecting a very desirable reduction in the overcrowding in these institutions. A local general practitioner is on call for medical emergencies and a local authority medical officer is responsible for the routine medical examinations.

Remand Homes and Approved Schools

These institutions were taken over by the Children's Committee on the 1st October. General practitioners undertake all the medical care, with the exception of the general medical supervision, which is undertaken by Health Department Staff.

Erdington Cottage Homes

The medical supervision of the children in these homes was transferred to the Medical Officer of Health on the 1st November. The Cottage Homes comprise 19 homes and a Sick Bay. There has been very serious overcrowding, but towards the end of the year the situation was much improved. Most of the cases of illness are nursed in the sick bay, including epidemics of measles, mumps and chicken-pox. There has been great difficulty in procuring adequate and suitable staff.

The Education Department continued to be responsible until the end of the year for the medical care of children in Shenley Fields Homes and of children boarded out.

NURSERY TRAINING—DAY AND RESIDENTIAL NURSERIES

New and higher standards for training nurseries have been laid down by the Ministries of Health and Education. All the nurseries, with 2 exceptions, have been inspected with a view to deciding whether each nursery reached the required standard and afforded the necessary facilities for training students in the care of children in the 0-5 year age group. The general recommendations made included :—

- (1) Reduction in the number of children
- (2) Necessity of more qualified and experienced staff
- (3) Additional sanitary accommodation
- (4) Improvement of laundry facilities
- (5) Provision of more play material
- (6) Increase of protein in the diets
- (7) Improvement in children's clothing
- (8) Improvement in nurses' uniforms

In addition, in residential nurseries the Inspectors recommended that :

- (1) Age range should be 0-5 years in all nurseries
- (2) Senior staff to have refresher courses and untrained staff to receive training
- (3) More attractive and suitable crockery, the provision of knives, more dormitory equipment and more attractive day room furniture

As a result of these inspections, the following reports were received :—

A. Approved for training—

(a) *Day Nurseries*

245, Birchfield Road	73, Jerrys Lane
17, Bloomsbury Street Camden Street	750, Kingstanding Road
224, Cartland Road	26, Kingston Road Monument Road
326, Charles Road	92, Pershore Road
76, City Road	27, Quinton Lane
697, Coventry Road	57, Park Road, Sparkhill
2,186, Coventry Road	123, Selwyn Road
1,328, Coventry Road	1, Soho Road
40, Francis Road	362, Soho Road
(closed 16.4.49)	1 and 3, Springfield Road
131, Frankley Beeches Road	428, Tyburn Road
461, Gospel Lane	671, Yardley Wood Road

In 1948, in addition to the above, 17 day nurseries were passed for training.

(b) *24 hour nursery*

40, Somerset Road

(c) *Residential nurseries*

Red House, Overbury	74-80, The Meadway
Oaklands, Droitwich	Pype Hayes

B. Approved for training either for short periods or in one age group only—

Day Nurseries

23 and 25, Grantham Road	Shirley Road
Park Road, Moseley	Westley Road

C. *Approved for training pending further inspection—*

Day Nurseries

146, Coleshill Road	73, Trinity Road
127, Crossfield Road	46, Wordsworth Road

Residential Nurseries

Flint Green	Wassell Grove
Perry Villa	

D. *Approval withdrawn—*

Alma Street	Marsh Lane
298, Birchfield Road	120, Moseley Road
1, Bournbrook Road	Reddings Lane
77, Gt. Brook Street	Summer Lane
Highfield Road, Alum Rock	Warren Farm Road
91, Islington Row	Yardley Wood (Highfield Road)

Flaxley Road day nursery and Hawthorne House residential nursery have not been inspected owing to decorations and adaptations.

Owing to lack of approved training nurseries in West Bromwich, the Education Officer requested, and we accepted, 5 students in the Birmingham nurseries for training. Four of the five later successfully passed the nursery examination.

Nursery students continue to attend Garrison Lane training centre for their vocational training on one day per week and Bournville Day Continuation College on another day per week for further education.

The following are the results of the examinations conducted by the National Nursery Examination Board:—

May examination held in Birmingham:

Day nurseries—8 passed, 2 failed.

Residential nurseries—7 passed.

July examination held in Leicester:

Day nurseries—2 passed.

Residential nurseries—2 passed.

October examination, held in Birmingham:

Day nurseries—8 passed.

Residential nurseries—12 passed.

Block System of training for residential nursery students

Owing to the inaccessibility of some of our residential nurseries to approved training centres, the restricted age range in some of these nurseries and the necessary absenteeism from lectures when the students are on night duty, a block system of training commenced this year. As the training course lasts 2 years, it is not yet possible to assess fully the value of this course from the point of view of the students. The students spend 9 months in the nursery for practical training in the care of children in the 0-2 age group. They then attend the block course for 3 months, where lectures and demonstrations concerning that age group are given along with further education. Next the students spend 9 months with

the 2-5 year age group, followed by 3 months' block course with appropriate lectures, demonstrations and further education. Much benefit is derived by the children from this new method in that the nurses are able to continue looking after their family groups in the nursery without constant interruption. Residential accommodation for the nurses while they attend the course, and when it is necessary for them to gain their toddler experience at nursery schools has been provided at the District Nurses' Home, 948, Warwick Road and Hawthorn Park, which is the nurses' home for Hawthorne House nursery, but is not yet fully occupied because the adaptations at Hawthorne House are not yet complete. In certain instances the nurses are able to live at home.

One Supplementary Senior Child Care Reserve Course (Warden's Course), was held during the year from 13th June to 8th July. Of nine students who entered, eight passed.

One Senior Child Care Reserve Course held 2-27th May. Of 14 candidates who entered, 13 passed. Until courses are held more frequently it will be impossible to implement the recommendations of the Ministries of Health and Education to employ a larger proportion of more qualified and experienced staff, particularly wardens and Child Care Reserves.

Owing to the increase in the length and character of nursery training, the Health Committee were asked by the Education Committee to second to the training centres, two of our nursery supervisors as full-time health tutors. In spite of repeated advertisements, no suitable applications have been received to fill these vacancies.

Deputy Matrons' Course

A three months' course of training for 6 staff nurses lasted from April to July. It included one month's training in the Children's Hospital, one month's training in Little Bromwich Hospital and a third month spent in lectures, demonstrations and visits to the various activities of the Public Health and Education Departments. The 6 candidates were appointed as deputy matrons in day nurseries at the completion of the course. It will be necessary to hold these courses annually in order to recruit sufficient staff to fill vacancies for deputy matrons.

Refresher Courses

The matrons of Perry Villa and Pype Hayes residential nurseries attended a refresher course for staffs in Children's Homes in Manchester, for three weeks commencing March 15th.

Mrs. Lindon, Superintendent of Wardens, attended a refresher course run by the Nursery School Association at Sheffield from July 27th to August 10th.

Refresher Courses for matrons and deputy matrons from Birmingham and Regional nurseries were held in Birmingham from November 21st to November 28th, nine Birmingham and sixteen Regional matrons attending and eight Birmingham and fourteen Regional deputy matrons attending respectively.

Voluntary Homes and Residential Schools

Under the Children Act, 1948, the general inspection of these homes became the sole responsibility of the Home Office. The Children's Committee, however, have right of entry to see their own children. During the transition period a medical officer of the department continued to visit Birmingham children in these homes, who come within the category of deprived children.

Nurseries and Child Minders' Regulation Act, 1948

Under this Act only 2 persons have applied for registration. Both applications were granted.

CARE OF THE UNMARRIED MOTHER

Beechcroft Home for Unmarried Mothers was opened in 1948, but alterations and decorations were not completed until May, 1949. Since that date the number of admissions has increased and on several occasions the Home was filled to capacity.

There is accommodation for 19 mothers and 14 infants. The girls are admitted usually four weeks before the date of confinement, and the confinement is arranged to take place in one of the maternity hospitals. They are re-admitted after the puerperium and remain in the Home for approximately three months. During 1949, 50 girls were admitted and 47 babies. Of this number, 17 babies were adopted, 17 returned home with the mother, 2 babies were transferred to hospital on account of illness and 1 baby was discharged to a foster mother. During the year 3 weddings took place from the Home.

During the year there was a decrease in the number of cases dealt with by this Department to 869, compared with 966 last year. Of these cases, 672 were unmarried mothers and 197 married women. Amongst the 672 cases, 490 were first pregnancies and 182 were multiple cases.

<i>Dealt with at :</i>	<i>First cases</i>	<i>Multiple cases</i>	<i>Married women</i>
Hope Lodge	34	3	—
Hostel	—	—	—
Lyncroft House	9	4	1
Woodville	20	—	—
Francis Way	15	—	—
Park Hill	2	3	—
Beechcroft	45	3	—
Birmingham Infirmary	8	20	3
Homes out of City	22	7	—
Own home except for confinement	206	86	127
Own home entirely	73	37	53
Returned to Ireland	20	5	—
Left City before confinement	25	8	8
Born out of City	11	6	5
Grand Total	490	182	197

38 cases — Mothers and babies still in the Homes	4.37%
22 cases — Babies have died and stillbirths	2.53%
105 cases — Babies have been adopted	12.08%
5 cases — Babies are with foster mothers	0.58%
51 cases — Mothers have married babies' fathers	5.87%
34 cases — Mothers and babies have left the City	3.91%
17 cases — Babies are in Homes without the mother	1.96%
597 cases — Mothers at home with their babies	68.70%

869

Home visits paid <i>re</i> unmarried mothers	1,147
Special visits paid <i>re</i> unmarried mothers	150
Cases visited in hospitals	338
Homes inspected <i>re</i> suitable lodgings with babies	3
Special visits <i>re</i> V.D.	18
Office interviews, applications	741
Office interviews, other than applications	3,857
V.D. Office interviews	29

Girls under the age of consent :

14 years old	3
15 years old	5
16 years old	11
	19

Summary of the 182 multiple cases dealt with in 1949 (excluding married women) :—

- 81 have other children in their care (31 of these have more than one child).
- 6 first child dead.
- 15 first child in home (resident nursery).
- 24 first child adopted.
- 1 first child adopted by grandparents.
- 31 care of relatives, apart from mother.
- 43 of these cases living with putative father.

Of these 182 cases, 101 were dealt with previously.

Year	Cases dealt with in the Dept.	Total Births	Total Illegitimate							
			2nd	3rd	4th	5th	6th	7th	8th	9th
1949	869	1,002	136	34	10	1	1	—	—	—
1948	966	1,154	98	33	7	—	1	—	—	—
1947	1,110	1,310	123	28	7	3	3	2	2	—
1946	1,324	1,529	101	25	6	2	2	2	—	1
1945	1,543	1,841	95	28	2	3	1	2	2	—
1944	1,418	1,499	79	20	9	5	—	1	1	—
1943	1,078	1,168	54	15	8	2	1	—	—	—

<i>ii. Final Examinations</i>		
Healthy	183	} 257
Minor defects	65	
Unfit for adoption (one adopted none the less)	9	
<i>iii. Adopted children reviewed from 1946, 1947 and 1948</i>		39
<i>iv. One foster-child examined—subnormal mentality</i>		1
<i>v. One adopting mother examined—Mitral stenosis. Referred to a consultant who found her unfit to adopt a young baby—less objection to older child</i>		1
	TOTAL	327

Unfit for Adoption—

1 Subnormal mentality (I.Q.65%)	} 9
1 Gross congenital heart	
1 Healthy baby physically, whose natural mother suffered from recurrent confusional psychosis. Adopting parents were fully informed of possibilities but decided to adopt none the less	
4 Tuberculosis contacts with poor general health. Adoption deferred meantime	
1 Quiescent tuberculosis (calcified area one lung)	
1 Albuminuria (? cause)—referred for further investigation	

Defects in children adopted

Respiratory defects	15
Blood and circulatory defects	10
Gastro-intestinal defects	2
Genito-urinary defects	5
Congenital defects	5
Deficiency disease	3
Miscellaneous defects	25
TOTAL	65

Reviews from 1946, 1947 and 1948 (including 7 adopted children who attended on account of new lesions which had developed subsequent to adoption) :—

Review of Children previously examined

Thirty-nine children were reviewed. Of these 32 were examined in relation to defects previously discovered. Of these, 29 were found to be cured and three conditions were stationary. Seven children attended because of defects which had developed subsequent to adoption. Appropriate advice was given in each case.

First enquiries <i>re</i> adoption (made to Public Health Department)	224	}	306
Requests from Adoption Societies and other Local Authorities	45		
Direct placings investigated	37	}	306
Applications inspected and accepted	213		
Applications inspected and rejected	6		
Applications refused, referred elsewhere or cancelled	83		
Applications still awaiting visit	4		
Other interviews <i>re</i> adoption			2,600
Other visits <i>re</i> adoption			1,007
Attendances at Children's Courts			80

Summary of children placed in homes by Public Health Department

Unmarried mothers—first babies under 6 months	85
Children of a second or subsequent pregnancy	22
Older children	21
Illegitimate children of married women	42
Foster children adopted by foster parents	6
<i>Re-adoptions</i>	2
Adopting mothers died in each case.	
One child remained in family, being adopted by adopting father's sister	1
Adoption Society placings	33
Adoptions arranged by other local authorities	17
No third party placings were notified	—
Direct placings—	
Unmarried mothers, first babies under 6 months	17
Other children	20
Reclaimed by mother before Court application	8
(Five of these children were direct placings)	
Returned by adopters	
1 direct placing	1
2 babies proved medically unfit at the preliminary examination	2
Removed to other areas before Court Order was granted	2
Deaths	—

Adoptions arranged but not concluded

<i>Reclaimed by mother</i>	8
Five of these children were direct placings	
<i>Returned by adopters</i>	3
<i>Direct placings</i>	1
Two babies medically unfit	
<i>Removed to other areas</i>	2

Total Orders granted in the City

Number known to Birmingham Public Health Department	438
= 51%	224

Orders granted by Courts outside the City of Birmingham

Number of applications made to the Court	19
	459

6 withdrawn
2 non-appearance
1 order refused
3 interim orders
9 adjourned altogether
(7 sine die 2 to dates in 1950)

CHILD LIFE PROTECTION

From 1st January, 1949, to 21st March, 1949.

This work was taken over by the Children's Committee in March, 1949.

Interviews

Registered foster mothers interviewed	84
Applications for foster mothers	28
Applications for foster children	4
Infant Life Protection interviews	245
Other special interviews	123

Visits re foster homes

Homes inspected and rejected	—
Registration of homes	8
Registration of foster children	12
Routine visits to foster children	41
Child Life Protection—Special visits	112

Foster Mothers on Books at 21st March, 1949

<i>Total foster Mothers</i>	<i>Scheme</i>	<i>Total foster Children</i>	<i>Scheme</i>
154	23	186	26

CARE OF THE AGED

At the end of the year work concerning the care of the aged in their own homes commenced. The needs of the aged in their own homes are investigated by two health visitors, especially detailed for the purpose. In appropriate cases the services of district nurse and/or a home help are made available.

Two interviews and ten home visits in connection with this work were made before the end of the year.

SECTION C

SANITARY CIRCUMSTANCES

Water Supply

There has been no change in the general water supply, the quality and quantity of which has been maintained throughout the year, providing a constant supply of pure water to all parts of the City. The conversion of communal standpipe supplies to internal supplies has continued where appropriate, and of the 293,605 houses in the City, only 4,750 now remain without an individual supply. The close co-operation of the Water Department has continued to be a feature of the year's work.

Routine Sampling of Corporation Water

Routine samples have continued to be taken at vantage points on the Frankley and Whitacre undertakings, from the Elan Valley waterworks, and from the deep wells at Longbridge and Shortheath, a total of 873 bacteriological and 324 chemical samples being submitted for examination from the Corporation supply. All samples of filtered water were free from coliform organisms with the exception of two, one each from Frankley and Whitacre, which showed a very small number of coliform bacteria. Chemical analyses have been equally satisfactory, the average composition of the filtered water leaving Frankley and Whitacre being :—

	PARTS PER 100,000					
	<i>Ph.</i>	<i>Total Solid Matter</i>	<i>Free Ammonia</i>	<i>Albuminoid or Organic Ammonia</i>	<i>Nitrogen in Nitrates</i>	<i>Oxygen consumed in 3 hours at 27°C (80°F)</i>
Frankley	6.9	4.3	.000	.002	.01	.13
Whitacre	7.7	38.2	.000	.005	.20	.05

	PARTS PER 100,000					
	<i>Chlorine in Chlorides</i>	<i>Hardness (as CaCO₃)</i>	<i>Total Alkalinity (as CaCO₃)</i>	<i>Silica (SiO₂)</i>	<i>Plumbo-Solvency</i>	<i>Erosion 1 day</i>
Frankley	0.9	2.3	1.0	.18	.13	10.5
Whitacre	3.6	20.1	—	.41	—	—

There has been no outbreak of infectious disease during the year that could be attributed in any way to contamination of the drinking water supply.

Precautions taken to prevent plumbo-solvency

The raw water collected in the Elan Valley is acid in reaction with an average pH of about 6.1, and hydrated lime is added at the Elan Valley waterworks in the proportion of 0.6 parts per 100,000 to prevent any possibility of danger arising from the plumbo-solvent action of the acid moorland water. The average of 12 samples taken at monthly intervals gave the following results:—

	PARTS PER 100,000					
	<i>pH.</i>	<i>Total Solid Matter</i>	<i>Free Ammonia</i>	<i>Albuminoid or Organic Ammonia</i>	<i>Nitrogen in Nitrates</i>	<i>Oxygen consumed in 3 hours at 27°C (80°F)</i>
Raw Water	6.1	3.5	.001	.006	—	.19
Aqueduct Outlet	8.5	4.2	.000	.003	.02	.19
Inlet to Filters	7.5	4.2	.000	.003	.01	.15
Filtered Water	6.9	4.3	.000	.002	.01	.13

	PARTS PER 100,000					
	<i>Chlorine in Chlorides</i>	<i>Hardness (as CaCO₃)</i>	<i>Total Alkalinity (as CaCO₃)</i>	<i>Silica (SiO₂)</i>	<i>Plumbo-Solvency</i>	<i>Erosion 1 day</i>
Raw Water	0.9	—	0.5	.19	.26	9.8
Aqueduct Outlet	0.9	2.4	0.9	.19	.13	—
Inlet to Filters	0.9	2.4	1.0	.18	—	—
Filtered Water	0.9	2.3	1.0	.18	.13	10.5

Sampling of Well Water

During the year 91 visits of inspection were made to premises still remaining on the well register, and a total of 92 samples were taken (50 bacteriological, 42 chemical).

Water Supply to Institutions

The water supply to six institutions under the control of Corporation Departments was supervised during the year, and 53 bacteriological and 43 chemical samples were submitted for examination. Miscellaneous water samples taken during the year were 140 in number, the majority of these samples being taken from the rivers Blythe and Cole.

Sanitary Inspection

The work of the general sanitary inspectors has been carried on steadily and vigorously throughout the year, and the following statement indicates the main headings under which visits were paid :

For housing complaints	79,011
For other house inspection	753
For infectious diseases	360
For inspection of courts	1,918
For inspection of manure receptacles	441
For inspection of drainage (construction or repair)	5,049
For drain tests (smoke or water)	327
To common lodging houses	265
To houses let in lodgings	1,204
To outworkers	688
To school premises	12
To offensive trade premises	43
To workshops and factories, etc.	2,479
Under the Rats Order	1,531
To tips	215
For miscellaneous complaints	10,526
To see owners or agents	2,324
To food preparation premises	5,657
For other purposes	15,588
Unsuccessful visits	17,865
	<hr/>
TOTAL VISITS AND RE-VISITS	146,256
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During the year notices were served for the following work to be done :

Repairs to houses	64,884
Houses to be cleansed by owner	4
Houses to be cleansed by tenant	10
Houses to have better ventilation	68
Houses to have proper water supply	906
Houses to be provided with damp course	32
Water or filth to be removed from cellars	41
Spouting to be repaired or disconnected	5,980
Water closets to be repaired or reconstructed	1,962
Water closets to be cleansed	35
Additional water closets to be provided	60
Wash houses or ashplaces to be repaired or limewashed	567
Soilpipes to be repaired or removed	151
Defective drains	464
Additional drains needed	23
Sanitary sinks to be provided	55
Sinks to be repaired	989
Yards to be paved or repaired	225
Accumulations of rubbish, manure, etc., to be removed	191
Dangerous premises reported to City Surveyor's Department	757
Reports to other departments	1,073
Other defects	1,096

The total number of notices served during the year was 15,836, of which 371 were preliminary notices, and 15,465 were statutory notices.

The summonses taken out during the year were as follows:—

General nuisances	1,184
Houses let in Lodgings	15
Contraventions of Shops Acts	5
Dogs fouling footpaths	7
Offensive trades	—
Common lodging houses	9
TOTAL	1,220
Magistrates' Orders obtained	148

Section 59, Birmingham Corporation Act 1946

Notices are served under this Section on the persons responsible for the opening and cleansing of obstructed drains, calling upon them to remove any obstruction within 24 hours. If the notice is not complied with within the time specified, the Corporation may carry out the work necessary to abate the nuisance and any expenses so incurred may be recovered from the person on whom the notice was served.

Total number of notices served during 1949	1,630
Work carried out by owners in the time specified	1,034
Orders given by Corporation to builders to carry out necessary work	596

Section 138, Public Health Act 1936

(Provision of internal water supplies)

During the year 795 notices were served and supplies were installed in 862 houses.

In 244 cases occupiers refused the installation and on the Health Committee's instructions no further steps were taken towards installation.

Building Licences and Priority Certificates

Number of licences issued during 1949	2
Total sums involved in licences issued	£522

During the year 29 permits to purchase timber have been approved and forwarded to the Timber Control for issue.

Repairs and Materials

The position with regard to the availability of labour and materials has eased considerably and, except for the supply of timber, no serious difficulties have been encountered during the year.

In the latter part of the year the free limit re the purchase of timber (soft woods), was withdrawn and at the end of November the issuing of licences by the Board of Trade (Timber Control) to enable soft woods to be purchased temporarily ceased. The effect was temporarily to cause considerable delay in the execution of certain essential repairs.

Section 32, Birmingham Corporation Act 1948

Notices are served under the provisions of this Section where a dwellinghouse is found to be in such a defective state that in the opinion of the Corporation unreasonable delay would be occasioned by following the procedure prescribed by Sections 93 to 95 of the Public Health Act 1936 for the abatement of nuisances.

The notice informs the person on whom it is served that the Corporation intend to remedy the defective state of the dwelling house after nine days unless the person on whom the notice was served serves upon the Corporation a counter notice stating that he intends to remedy the defective state.

If the work required is not completed in a reasonable time then the Corporation may themselves execute the work and any expenses reasonably incurred by them may be recovered from the person on whom the notice was served.

When it is necessary for the Corporation to do the work the order is placed with a builder on the Department's approved list. In all cases the work is executed without delay and this section has proved to be of great benefit to the work of this Department.

Number of notices served	.....	.....	.....	.....	.....	664
Work carried out by owners	.....	.....	.....	.....	.....	437
Work carried out by Corporation	.....	.....	.....	.....	.....	227

Enforcement Section

This is a section of the staff dealing with summonses for non-compliance, and with the repair work arising therefrom.

Number of summonses heard	.....	.....	.....	.....	.....	1,220
Number of magistrates' orders	.....	.....	.....	.....	.....	148

(The above figures relate to the actual number of summonses heard, and do not indicate the total number of adjourned hearings which approximate to some forty per week).

In order to obviate the unavoidable delay which occurs in the carrying out of repairs by tender the majority of works carried out this year have been executed on a "day to day plus cost basis," specifications being prepared in each case.

It is interesting to note that the amount of work carried out by the Department at the request of owners is twice as much as in 1948.

	<i>Jobs</i>	<i>Houses</i>	<i>Cost</i>		
			£	s.	d.
<i>Section 92 Public Health Act, 1936</i>					
At default of owners	41	76	1,237	13	9
At request of owners	43	102	2,116	15	2
<i>Section 56 Public Health Act 1936</i>					
At default of owners	2	52	210	17	10
At request of owners	1	11	32	9	6

	<i>Jobs</i>	<i>Houses</i>	<i>Cost</i>
<i>Section 47 Public Health Act 1936</i>			
At request of owners	3	5	259 13 0
<i>Section 39 Public Health Act, 1936</i>			
At default of owners	1	1	27 16 4
<i>Houses provided with internal water supply</i>			
At default of owners		50	903 15 7
At request of owners		71	1,623 15 8

Offensive Trades

There were 43 visits of inspection made to Offensive Trade premises during the year.

A notice was served with respect to contraventions found at one of the premises. Plans have been deposited for extensive works of improvement at another building.

Common Lodging Houses

At the end of the year there were twelve registered common lodging houses in the City, affording accommodation for 708 males and 46 females.

Number of houses on register (for males only)	11
Number of houses on register (for females only)	1
Number of lodgers allowed	754
Number of visits	265

Following action by this Department, resulting in Court proceedings, one common lodging house was closed voluntarily.

On instructions from the Health Committee the Prison Gate Mission and Free Night Shelter, Winson Green, was registered as a common lodging house after the necessary improvements and adaption to comply with the Bye-Laws had been effected.

Owing to the special conditions which existed during and immediately after the war the new overcrowding standard set out in the Bye-Laws had not been enforced in certain of the larger common lodging houses. In March the Health Committee decided that this standard should be rigidly enforced. The number of beds available is now in accordance with the Bye-Laws and no overcrowding is permitted.

Houses Let in Lodgings

At the end of the year there were 320 houses let in lodgings on the register containing 2,541 rooms. They were let as follows :—

Number of lets of single rooms	778
Number of lets of two or more rooms together	773
Certified accommodation (persons)	3,764

There were 322 visits and 882 re-visits paid during the year.

Tents, Vans and Sheds

Few complaints were received during the year, and these have been mostly dealt with by the City Surveyor under the Birmingham Corporation (General Powers) Act 1929.

Canal Boats

The number of boats inspected on the canals within the City area was 570.

These boats were registered for the accommodation of 1,791 persons, and when inspected were found to be carrying 441 men, 369 women and 428 children, represented in terms of adults as 1,024.

Of the 570 boats inspected during the year it was found that 531 or 93·2 per cent. were in good condition and conforming with the Act and Regulations, while in 39 or 6·8 per cent. of the total, various contraventions were found.

Complaint notes were duly served on the owners in all cases. There were 38 contraventions outstanding at the end of 1948, and a further 96 were found during 1949. Of these, 87 were remedied during the year, leaving 47 still outstanding at the end of December.

It has not been necessary during the year to take any Court proceedings under the Act or Regulations.

The number of canal boats on the Birmingham register at the end of 1949 was 585.

Owing to the nationalisation of canal boats and the change of ownership from Messrs. Fellows, Morton and Clayton, Ltd., to Docks and Inland Waterways Executive, 122 boats have been re-registered. These have, of course, not been counted as contraventions.

Factories Act 1937

The number of visits paid by the inspectorial staff to factories with mechanical power and non-mechanical power totalled 2,479.

This includes visits paid under Section 9 of the Factories Act, 1937, and routine and advisory visits in respect of work in progress following the service of notices.

The co-operation with the City Surveyor's Department in regard to plans of new factories, deposited for inspection under the Building Bye-Laws, has resulted in several infringements of the Sanitary Accommodation Regulations, 1938, being remedied at the planning stage; and the architects concerned readily consented to any alterations necessary to the sanitary accommodation in order to conform with the Factories Act, 1937.

Several joint visits have been paid in an advisory capacity with the Factory Inspectorate of the Ministry of Labour and National Service, mainly in regard to the alteration or re-building of sanitary accommodation where licences and permits are involved.

1. Factories with non-mechanical power	.....	.....	.....	1,058
2. Factories with mechanical power	.....	.....	.....	5,539

FACTORIES ACT, 1937

I. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH (including inspections made by Sanitary Inspectors).

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1,058	108	14	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	5,539	2,358	192	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	138	13	—	—
TOTAL	6,735	2,479	206	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of Cases in which Defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1)	12	14	—	22	—
Overcrowding (S.2)	1	2	—	1	—
Unreasonable temperature (S.3)	2	3	—	4	—
Inadequate ventilation (S.4)	1	1	—	9	—
Ineffective drainage of floors (S.6)	1	1	—	—	—
Sanitary conveniences (S.7)					
(a) Insufficient	62	67	—	52	—
(b) Unsuitable or defective	387	363	—	159	—
(c) Not separate for sexes	18	19	—	25	—
Other offences against the Act (not including offences relating to outwork)	2	2	2	—	—
TOTAL	486	472	2	272	—

OUTWORK. (Sections 110 and 111).

<i>Nature of Work</i>	<i>No. of out-workers in August list required by Sect.</i>
Wearing apparel :	110 (1) (c)
Making, etc.	207
Curtains and furniture hangings	2
Electro-plate	16
Brass and brass articles	145
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	14
Brush making	62
Carding of buttons	8
TOTAL	454

RODENT CONTROL

Rodent control has continued on the general lines described in previous reports, and a full-time staff of 33 was employed at the end of the year, consisting of 2 rodent officers, a clerk, 6 inspectors, 2 foremen, and 22 operatives.

I. Complaints

Complaints received during the year totalled 3,536, an increase of 887 over the previous year, and 3,698 treatments were given (industrial 1,240, domestic 2,458). The standard methods advised by the Ministry of Agriculture and Fisheries have been followed in all cases and have, in general, given excellent results ; a small number of re-infestations occurred, due largely to defective drainage systems, and further treatments were required after repairs had been carried out. The Rodent Control Staff have given assistance during the year to many of the Corporation departments, including the Public Works, Estates, Civic Restaurants, Education, Salvage, Parks and Allotments Departments.

II. Sewer Treatment

The 6th and 7th sewer maintenance treatments were completed during the year, and the 8th treatment was commenced. Approximately one-half of the 1,400 miles of the City sewers are known to show some degree of infestation, and the area served by these sewers has been divided into 115 blocks, which receive pre-baiting and poisoning, according to a regular programme, by two squads of 4 men each. A proportion of the remaining sewers have been test-baited in order to detect any spread of infestation to hitherto free areas. The regular sewer treatments carried out during the last five years have proved of great value in preventing major infestations of surface properties through the agency of defective drainage systems, and certain areas of the City, heavily infested only a few years ago, are now virtually clear.

III. Salvage Department Destructors

The five large salvage destructors in the City present a difficult problem, as the nature of the processes carried out favours a large rat population, and the practical difficulties of control are such that a small colony inevitably remains after treatment, followed within a few months by a rapid build-up of the population. Regular inspections have been carried out both by day and by night in all the destructors, and every opportunity has been taken for co-operation with the Salvage Department. Treatments have been given in all the destructors during the year, with an estimated kill of 19,000 rats, and in addition to the standard poisoning methods, hand killing has been carried out in parts of the destructor inaccessible to standard methods. One party of rodent operatives killed over 1,200 rats by hand during a period of two days at the Montague Street destructor.

IV. General

A number of interesting problems of control have been encountered during the year, including several examples of infestation by way of old drainage systems, and a considerable amount of time and labour has gone to the eradication of these infestations. A house in the Highgate area, known to have been infested with rats over a period of at least 50 years, was successfully cleared by the removal of an old drainage system nearly 8 feet below the floor of the existing premises, this old drainage system having served premises built on the site over a century ago. This particular investigation was greatly facilitated by the co-operation of the Central Areas Management Office, now responsible for the property.

Specimens of live rats continued to be supplied on request to the Ministry of Agriculture and Fisheries, and to various scientific bodies, and lectures have been given on the subject of rodent control as part of the Health Education programme. The Rodent Control Section have also co-operated with the City Bacteriological Laboratory in an investigation into the prevalence of Salmonella infection in rodents.

Supervision of Shops

At the beginning of the year, four whole-time inspectors were available for the work of inspection in relation to the Shops Acts, 1912-36, Young Persons Employment Act, 1938, and numerous Closing and Exemption Orders, but the transfer of the Senior Shops Act Inspector to the Chief Housing Officer's Staff on 1st December, created a vacancy which remained unfilled for the remainder of the year. The total inspections carried out show an increase over the previous year, chiefly in relation to special visits made on the weekly half-holiday, and during the evenings, but only a comparatively small number of major contraventions were noted, and 10 prosecutions were made, the magistrates inflicting a fine in each case. Defence Regulation 60 AB, modifying the Shops (Hours of

Closing) Act, 1928, was in operation from the beginning of the year until 5th March, but when the Defence Regulation came into operation again on 6th November, the City Council extended the Closing hour to 7 p.m., with a further extension to 7.30 p.m. on the "late day." The Birmingham Late Day (Grocers) Order, 1949, came into effect on 2nd February, and changed the "late day" for this group of shopkeepers from Saturday to Friday.

The work of the Shops Act inspectors is shown in the following summary :—

General Inspection :

Visits	8,462
Re-visits	3,584

Special Visits :

Sunday closing of shops	1,460
Night closing of shops	1,966
Half-day closing of shops	4,098
Appointments	370

TOTAL VISITS

19,940

Number of streets patrolled by day (1912 Act)	3,321
Number of streets patrolled by night (1928 Act Reg. 60 A.B.)	1,171
Number of streets patrolled by day (1936 Act)	1,339

5,831

Offences reported and action taken :

Shops Act notices not exhibited	2,538
No provision of seats for female staff	25
Evening closing offences	148
Half-day closing offences	121
Sunday closing offences	19
Total nuisances found	310
Warning letters sent	206
Prosecutions	10

Smoke Abatement

The hand-fired boiler or furnace continues to be the major source of smoke nuisance, and experience has shown that the education of the operative on the firing floor is of first importance in effecting a cure. If the emission of smoke from the burning of raw bituminous coal is to be prevented, the principles of complete combustion, and the requirements so necessary to ensure it, must be fully understood by anyone engaged on the firing floor. Advice and practical demonstrations in different methods of hand-firing to suit the type of plant, and the type of fuel provided, have, therefore, been given to stokers and furnace-men at a large number of industrial premises during the past year. This measure has had its effect in reducing smoke emission where this has been noted as excessive,

in particular where chimney stacks serving small boiler-plant are concerned. In all such cases where advice has been thought necessary, the management have also been recommended to avail themselves of the educational facilities made available for the boiler- or furnace-operative through the joint efforts of the Ministry of Fuel and Power and Institute of Fuel, whose Regional Joint Education Committee have done much in this direction in recent years.

Managements also have their responsibilities and, above all, they must ensure that heating installations are not seriously overloaded. This is of particular importance in connection with the steam demand in the case of boiler plant. Servicing and maintenance are also of considerable importance, as a state of disrepair readily counteracts the skill of an operative in obtaining the conditions necessary for complete combustion with the various grades of fuel commonly supplied to-day.

During the earlier part of the year, two large firms converted Lancashire boilers from hand to mechanical firing by the installation of chain-grate stokers. Considerable improvement has been noted in these instances, in spite of the use of a cheaper and lower grade of fuel since the conversion.

The hand-fired vertical boiler remains by far the most consistent offender in creating smoke nuisance, and in many cases the stoker has great difficulty in maintaining the steam pressure required without creating heavy smoke emissions. The remedy in such cases is either conversion to mechanical stoking, or the installation of additional boiler plant, or both.

No applications have been received under the provisions of Section 46 of the Birmingham Corporation Act, 1948, dealing with the installation of new fuel burning plant. On the other hand, the liaison between the Public Works (Town Planning) Department and the Public Health Department has indicated what a vast amount of constructive work can be accomplished under the Town and Country Planning (Use Classes) Order, 1948. Through this collaboration it has been found possible to arrange for modern fuel burning installations to be installed in new industrial premises, while it is possible also to see that arrangements for the arrest of grit-emission are embodied in new plant when it is proposed to install forced draught.

Noise Abatement

Under the Birmingham Corporation Act, 1935, Section 58, limited powers are in force in relation to noise abatement. Complaints during the past year dealt with under this section have included excessive noise from the working of various classes of machinery situated in industrial premises, including processes such as tube-billet piercing, automatic punching, soda-crystal separating, polishing bobs, diesel electric generators, electric alternators, and drop-stamping machinery.

A number of firms, in order to co-operate in the electricity load-shedding programme, have instituted night shifts, whilst a few managements have installed their own diesel electricity generating plant, not only for emergency purposes, but to supplement their own needs and so relieve the electricity load at peak periods. As in previous years, this has resulted in the inspectorial staff having to spend many hours during the night time investigating noise complaints received from residents of houses adjacent to these industrial premises. This work is mainly of an advisory character, and each particular problem has to be considered separately. Some of the remedial measures have meant the re-siting of the offending machinery, or the insulation of a part of the plant, and even reorganisation of the production planning schedule. It is encouraging to note that the various managements concerned have shown sympathy and co-operation, and in many cases have taken all practicable steps to eliminate excessive noise to the satisfaction of the complainants.

The Town and Country Planning (Use Classes) Order, 1948 has again proved of real value in that it has enabled measures to abate or reduce noise to be introduced at the planning stage ; in some cases, even to the withdrawal of the application.

Abatement of Fumes

A variety of complaints of noxious fumes have been received and dealt with during the past year, with the result that, after investigation, remedial measures have been applied to mitigate fumes arising from the working of gas-fired annealing-furnaces, paint-spraying booths, scrap-metal recovery processes, pickling vats, enamelling ovens, and cyanide-hardening furnaces. Several complaints have also been received with regard to chemical works, the processes concerned being known as registered processes under the Alkali, &c. Works Regulation Act of 1906. In these instances, close co-operation with the Alkali Inspector under the Act has been maintained, with the result that action taken by him has proved beneficial to the complainants.

Collaboration with the Public Works Department in connection with The Town and Country Planning (Use Classes) Order, 1948, has also proved of considerable value in assisting in the modification or amplification of new proposals, or in some instances to their withdrawal where the area was not suited to such development.

Supervision of Swimming Baths

Close supervision of the following baths has been continued during the year :—

Corporation baths	.....	.....	.....	.....	.....	.....	.....	24
Private baths	.....	.....	.....	.....	.....	.....	.....	3
Children's Committee Institution	.....	.....	.....	.....	.....	.....	.....	1
Orphanage and school	.....	.....	.....	.....	.....	.....	.....	1
Approved school	.....	.....	.....	.....	.....	.....	.....	1
Deaf institution	.....	.....	.....	.....	.....	.....	.....	1

A total of 228 bacteriological and 228 chemical samples were taken from Corporation baths, the results being generally very satisfactory, but in 28 cases the total bacterial count was rather higher than usual, and in 10 cases the water showed the presence of small numbers of coliform organisms. The majority of the adverse results occurred during the summer months, when school children on holiday use the baths in very large numbers, and the heavy and often intermittent bathing loads experienced during this season of the year, require the nicest judgment in order to keep the free chlorine level in the water at an optimal concentration.

The seven swim baths belonging to private firms and institutions in the City were sampled on 35 occasions, bacteriological and chemical investigation being carried out in each case, and the results were extremely satisfactory. These baths (with the exception of those belonging to a private firm), are only open during the summer months, and as only residents are admitted to the water, control is a relatively easy matter. The baths at Shenley Fields Cottage Homes and at Erdington Cottage Homes have been closed throughout the year, and there is no immediate prospect of their re-opening.

Louse Infestation

The numbers of cases treated at Bacchus Road Cleansing Station are set out in the following table. This is the only centre now remaining open for the treatment of head and body vermin.

	<i>Men</i>		<i>Women</i>		<i>Children</i>	
	<i>Head</i>	<i>Body</i>	<i>Head</i>	<i>Body</i>	<i>Head</i>	<i>Body</i>
1946	1	574	120	42	62	34
1947	—	567	97	18	14	—
1948	—	539	155	50	—	2
1949	—	361	188	21	—	4

The majority of the cases of body vermin among men treated at Bacchus Road are drawn from the common lodging houses, being referred by the keepers for treatment before they are accepted for the night's accommodation, and an increasingly large number of the female cases are factory employees recently arrived in the City, who are referred by the Factory Welfare Officer prior to billeting in hostels or other lodgings. The number of children attending the centre is now very small, as juvenile cases are dealt with by the school clinics.

Scabies

The decline in scabies noted during the post-war years has continued, and only 1,630 cases were treated during 1949, as compared with 3,551 cases during 1948. The former figure gives an average weekly attendance of 31, spread over the three treatment centres now remaining open in the City. Treatment by benzyl benzoate has continued to be the method of choice, and very few relapses have been noted. Details of attendances are as follows :—

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Bacchus Road	140	210	196	546
Floodgate Street	324	—	43	367
Sheep Street	—	346	371	717
TOTAL (1949)	464	556	610	1,630
TOTAL (1948)	1,067	1,203	1,281	3,551
TOTAL (1947)	2,233	2,677	2,522	7,432
TOTAL (1946)	4,219	5,496	5,156	14,871

Disinfection

The following table gives details of the work done during 1949 :

Houses disinfected after scarlet fever	1
Houses disinfected after tuberculosis	1,440
Houses disinfected after miscellaneous diseases (on request)	2,320
Beds disinfected	380
Miscellaneous articles of clothing and bedding disinfected	15,981

SECTION D

HOUSING

If the position of housing accommodation at the beginning and the end of the year were to be compared, it would seem, on the basis of the immediately following data, that the unwelcome conclusion would need to be reached that, measured in relation to the Registrar General's estimate of increase in population of the City, the position as regards housing accommodation as a whole was less advanced at the end of the year than at the beginning. So far as can be estimated, new construction exceeded known demolition and other permanent losses of dwellings by 1,297 houses. As against this, the Registrar General's estimate of growth of population within a period of twelve months (June, 1948 to June, 1949), amounted to 10,700 persons. There is no accurate measure of the average number of persons per occupied dwelling in the City at the present time. If that figure were 3·6, as found in the Housing Survey of the City in 1946, this would imply a need for 2,972 additional houses to accommodate the growth in population. The number certainly will not be as high as 4·5 persons per occupied dwelling, this being the figure mentioned later in this section as applying to the group of families re-housed during the year by the Estates Department specifically on grounds of marked statutory overcrowding. Assuming a figure midway between 3·6 and 4·5, namely 4 persons per occupied dwelling, on such a basis there would be needed an additional number of houses of 2,675. There would seem, therefore, genuine grounds for concluding that the growth in number of new houses over demolitions, etc., has not been sufficient to cover the estimated increase in population, quite apart from the needs of the original population.

In July the Health Committee reviewed the previous restrictions, which of necessity they had imposed on the service of notices under the Public Health and Housing Acts, and issued instructions that future notices should cover all items of disrepair which may be considered to render the condition of the property concerned inimical to health. This instruction was communicated to the Central Areas Management Committee who authorised parallel action in respect of the Central Re-development Areas, with suitable modifications appropriate to houses of known short life.

There have been no marked difficulties attendant upon building repairs, one important factor being that the class of labour engaged on repair work of privately owned houses or of houses repaired under the aegis of the Central Areas Management Department is not that normally employed on new construction. There has been some improvement in the amount of repair carried out by private owners on their own initiative, although in many cases reference has had to be made to the Public Health Department to ensure effective and prompt release of controlled materials. Building costs, so far as repair work is concerned, have not varied

substantially during the year, but for private owners they have constituted formidable obstacles to routine maintenance work. The deterioration in the condition of property, arising from inaction due to war and the subsequent emergency, has been so substantial that in many cases it is not possible, out of the current rent yield, to find sufficient monies to meet the cost of adequate maintenance work.

As reported in detail on page 108 the acquisition of the areas covered by the Birmingham (Central Re-development) Compulsory Purchase Order, 1946 has progressed substantially, the total number of houses now owned by the Corporation being 21,201.

It is now possible to examine the results of the work first carried out on the Re-development Areas and it is pleasing to record the markedly favourable response on the part of the occupying tenants, who have, in general, co-operated with the Central Areas Management Department. Although the operations at present being carried out are not those of actual physical re-development, there is no doubt whatever that the repair scheme now being executed by the Corporation forms a most valuable contribution to the betterment of housing conditions in the City as a whole. Satisfactory though this may be, it must be made clear that the bulk of the houses now vested, even after repair, fall dismally short of satisfactory housing standards, and because of inherent defects of structure may have to be repaired again in a very few years, the present operation being frankly restricted to immediately necessary essentials.

It is almost normal for vesting to be followed at an early date by complaints made to the Public Health Department by the tenants, who seek to expedite the same measure of improvement in conditions as has been experienced by their more fortunate neighbours, whose houses have been repaired under the scheme.

The full effect of the decision to instal internal water supplies on the Re-development Areas has not yet been felt ; up to date 371 supplies have been installed, and, at a relatively early date, substantial parts of the central areas will be fully serviced in this respect. Privately owned houses are referred to on page 110, but one aspect of the operation of securing a water supply in all possible cases is worthy of mention. A formal objection was made by the Birmingham and District Property Owners' Association to the service of notices to instal water in 73-year-old back-to-back houses which, it was agreed by the Department, were unfit for human habitation, but which, as far as could be judged from available information, would not be affected by any clearance scheme for well over 5 years. It was argued that the expense of installation, of the order of £20 per house, could not be recouped by the owner from the proceeds of the increase of rent permitted by the Rent Restrictions Acts ; and action under Section 11, which would lead to demolition, was suggested as being the fairer course in the circumstances. After examination of possible alternative courses of action, it was decided that the known life of the houses justified enforcement of the notices.

Approaches before vesting have been made by owners of property, suggesting amendment to the vesting programme, but these suggestions have varied according to financial interests involved, immediate vesting being suggested by some, substantial postponement by others. As was to be expected, formidable sociological problems have been encountered in the Central Re-development Areas, and particular attention has had to be paid to overcrowding, badly arranged and constructed houses-let-in-lodgings and otherwise sub-let houses, tending to be crowded more and more by workers from other areas and countries attracted by the prospects of beneficial employment.

While the remedial measures resulting from the action of the Department's officers, the work carried out by owners of their own accord, and the repairs effected in the Re-development Areas have had a noticeably favourable influence on the housing conditions, nevertheless the lack of new houses to be utilised as alternative accommodation has meant the continuance in occupation of vast numbers of houses which should be demolished as being beyond repair. The Survey of 1946 disclosed that, at that time, much of the overcrowding resulted from maldistribution of population ; the accommodation overcrowded was only slightly greater than that undercrowded. The provision of new houses in substantial numbers will therefore, it may be expected, confer a benefit proportionately greater than the number of houses provided, principally because it will facilitate voluntary re-distribution, and allow a more effective use of the available accommodation.

The following figures show the number of inspections carried out by the staff of Housing Inspectors (largely in relation to the Central Re-development Areas), as distinct from the staff of general sanitary inspectors :—

No. of inspections in response to complaints on vested houses	6,032
Re-visits	27,191
No. of inspections or surveys on duties under Housing Acts (<i>less</i> Part IV)	6,027
No. of visits made under Part IV Housing Act, 1936 (overcrowding), including cases referred by Estates Department	20,074
Miscellaneous, including visits in liaison with other Departments	3,500

New Houses

During the year, 1,697 permanent houses were built ; 1,227 by the Corporation and 470 (or 27·7%) by private enterprise. In addition 162 houses were re-built, 44 by the Corporation and 118 by private enterprise, whilst conversion of existing houses into flats yielded 172 additional habitations, 124 by private enterprise and 48 " B.2 " type built by the Corporation.

As previously reported, the national scheme for temporary bungalows was fully completed last year, and none have been erected in the year under review. Of the houses built by the Corporation, 2 were non-traditional in character.

The gross yield of new houses during the year was, therefore, 2,031 additional houses or flats, 1,319 or 64.9% being erected by the Corporation and 712 or 35.1% by private enterprise.

I am indebted to the City Engineer and Surveyor for these figures and also for the fuller information set out below, covering the period since the end of the 1914-18 war :—

<i>Year</i>	<i>NUMBER OF HOUSES ERECTED</i>			<i>Total</i>
	<i>By private enterprise</i>	<i>By the Corporation</i>	<i>Government temporary bungalows</i>	
1919	29	—	—	29
1920	244	553	—	797
1921	426	970	—	1,396
1922	382	810	—	1,192
1923	556	1,621	—	2,177
1924	1,201	2,004	—	3,205
1925	1,774	3,215	—	4,989
1926	1,775	5,159	—	6,934
1927	2,445	4,007	—	6,452
1928	1,487	3,505	—	4,992
1929	2,456	4,359	—	6,815
1930	1,738	6,687	—	8,425
1931	1,983	3,893	—	5,876
1932	2,159	1,703	—	3,862
1933	3,028	2,029	—	5,057
1934	4,226	837	—	5,063
1935	6,265	985	—	7,250
1936	6,926	2,285	—	9,211
1937	7,662	2,643	—	10,305
1938	7,804	3,003	—	10,807
1939	5,178	1,413	—	6,591
1940	1,183	302	—	1,485
1941	181	10	—	191
1942	26	63	—	89
1943	5	35	—	40
1944	37	2	—	39
1945	25	6	325	356
1946	550	413	1,475	2,438
1947	667	826	1,333	2,826
1948	470	1,400	1,492	3,362
1949	470	1,227	—	1,697
	<u>63,358</u>	<u>55,965</u>	<u>4,625</u>	<u>123,948</u>

These figures do not include houses re-built after war damage nor flats provided by sub-division of larger houses.

Housing Act, 1936

During the year no representations were made in respect of Clearance Areas, but 46 houses lying outside the boundaries of the Central Re-development Areas were found to be in such a condition as to necessitate representation with a view to individual demolition or closure. Because of the serious housing position, action with a view to demolition and clearance is virtually suspended, being restricted to the most extreme cases, but the deterioration of houses under the shadow of demolition as a result of action by the Corporation has continued at an accelerated and alarming rate. Efforts have been made by the Department to arrest this deterioration by the service of notices for repair or abatement of nuisance, but these efforts are hampered by the cost of work in relation to rent yield and value, and are palliative only where the basic defects are inherent in age and structure.

Between 1931 and 1939 representations were made in respect of 338 Clearance Areas comprising 10,407 unfit houses and 303 houses not regarded as unfit but marked down for demolition to make possible the effective utilisation of cleared areas purchased, or to be purchased, compulsorily. In 236 of these Areas action has been carried through up to or beyond the demolition of the houses. In the remaining 102 Areas many houses are still standing and are occupied. The Re-development schemes have embraced 70 of these Areas and, consequently, repair of the houses, where repair is possible, has become the responsibility of the Corporation, involving 2,595 occupied and 251 unoccupied houses.

In the 32 outstanding Clearance Areas outside the scope of the Re-development schemes, there are 356 occupied and 93 unoccupied houses, mostly in the ownership of private persons who are necessarily aware of the previous action taken.

Problems arising from this situation are extremely grave; these houses share with all house property the difficulties caused by the general increase in costs of repair or amendment without any permitted increase in rent. More than ever the words of the original representation ring true :—

“ that the most satisfactory method of dealing with the conditions . . . is the demolition of all the buildings in the Area.”

The difficulties, and the harmful effects on the occupants of the houses tend inevitably to increase with the passage of time. The resumption, within a limited time, of clearance of these and other houses of similar character must be contemplated, granted always that such a course can only be made possible by the construction of new houses in replacement of those demolished.

The following table gives particulars of individual action taken under the Housing Act, 1936 during the year.

Proceedings under Sections 11 and 13 of the Housing Act, 1936

1. Number of dwellinghouses in respect of which official representations were made	40
2. Number of dwellinghouses in respect of which undertakings under Section 11 (3) were accepted :	
(a) Not to use for human habitation	17
(b) To carry out works to render fit for human habitation	—
3. Number of dwellinghouses in respect of which Demolition Orders were made	36
4. Number of houses demolished :	
(a) In pursuance of Demolition Orders	58
(b) After the making of Closing Orders	1
(c) After an undertaking not to use for human habitation had been accepted	19
5. Number of dwellinghouses rendered fit for human habitation in pursuance of undertakings under Section 11 (3)	1

Proceedings under Section 12 of the Housing Act, 1936

1. Number of parts of buildings, separate tenements, or underground rooms in respect of which official representations were made	6
2. Number of parts of buildings or underground rooms in respect of which Closing Orders were made	6

It has been possible to suspend action already embarked upon in the case of 111 houses. Under the authority of Ministry of Health Circular 1,866 of the 8th September, 1939, 23 houses remain in occupation after representation, and are regularly inspected to ensure that suitable conditions are maintained. On certain Areas purchased by the Corporation for clearance and development, 88 houses have been repaired and are being maintained by the Estates Department until demolition becomes practicable.

At the close of the year 205 houses represented in the past as unfit for human habitation were restricted by non-user undertakings or by closing orders. These houses are visited periodically to secure that they are not re-occupied in contravention of the statutory restriction.

Since September, 1939, it has been necessary to take action with a view to closure or demolition of 651 houses. During the year it has proved difficult to devise methods, other than demolition, to cope with extreme cases, and there seems every likelihood that this year's total of 46 will be exceeded in 1950, particularly when it is remembered that the Central Re-development Scheme embraces only about one-half of the unfit dwelling house property in the City, and that there are, outside the boundaries of that scheme, aggregations of houses as bad as any of those vested in the Corporation.

Central Re-development

The acquisition of the Areas covered by the Birmingham Central Re-development Order has, with the approval of the Ministry of Town and Country Planning, proceeded rapidly during the year, the Vesting programme approved by the Central Areas Management Committee on December 2nd, 1948 having been completed by Vesting Declaration No. 76 on December 14th, 1949. The acquisition of 10,514 dwelling houses during the year brought the total acquired by the Central Areas Management Committee to 21,201 houses, approximately two-thirds of the total number included in the five Areas embodied in the scheme. Shortly before the end of the year, a further programme covering most of the balance was approved. The Vesting programme, primarily based on the gradings of the Medical Officer of Health, was so arranged as to embrace the blocks of dwellinghouse property in poorest condition, together with certain areas, comprising 4,920 houses, earmarked by the City Engineer and Surveyor for the earliest stages of actual development, these latter being regarded for the present as having a " life " not exceeding 5—7 years.

The speedy acquisition of such a substantial number of old dwelling-houses would in any case have given rise to formidable administrative problems, but the preponderance of lower grade dwellinghouses inevitably enhanced the difficulties. During the year the Central Areas Management Committee kept constant watch on the situation, and from time to time took steps to ease administrative obstacles and to provide the requisite trained staff, all efforts being expressly directed towards the rapid repair of defective houses.

In the earlier part of the year it was possible to consider the implications of the task immediately ahead and an endeavour was made to assess the potential life of the individual blocks of property comprising each of the Areas. The City Engineer and Surveyor's proposals, whilst possibly subject to variation in some degree, gave a nucleus of property of known short life to which had to be added the houses placed in the lowest grades by the Medical Officer of Health. The amount of work to be carried out on the short life blocks is limited to essential repair and decoration plus the installation of internal water supplies in those cases where the circumstances appear to justify the expenditure, and demolition is likely to be deferred for about 5 years or more. Whilst it is impossible for the City Engineer and Surveyor to guarantee at this stage that any specific part of any of the Areas will be unaffected by actual re-development for a long term of years, or in fact to forecast the time which re-development will take, certain blocks are regarded as having a life sufficient to justify the application of higher, and therefore more expensive, standards.

The work of repair has been systematised and block repairs have been instituted. In due course the block repair scheme will deal with all

initial repairs necessary. During the year 774 houses were thus dealt with, bringing the total initially repaired to 1,569 dwelling houses; acceleration may be expected in the near future as over 3,000 schedules were in course of preparation at the end of the year preparatory to inviting tenders. The many advantages of the block repair scheme include the continuity accorded to builders regularly tendering, and make it the most desirable system of repair. The cost of initial repairs varies with individual houses, but up to date the, generally, low grade houses thus dealt with have entailed works costing in general between £60—£100 per house.

Supplementing this, at least as an urgent measure for the time being, are schemes for the radical treatment of urgent general defects such as leaky and sagging roofs, involving numbers of adjacent houses. Such repairs are put in hand by the Central Areas Management Department either as a result of inspection by their officers, or on recommendation from the Public Health Department. These repair works are not, of necessity, sufficient to cope with the demands of the situation; and complaints by tenants reach either the Central Areas Department, as landlords, or the Public Health Department where they are checked by the housing staff who verify and advise as to urgency and extent of remedial action. Many of these complaints, found to be fully justified on inspection, are in respect of defects which have obviously existed for a number of years.

During the year 5,543 intimations of disrepair were sent to the Central Areas Management Department by the Chief Housing Inspector; 3,601 were fully complied with, leaving 1,942 outstanding at the end of the year to be dealt with early in 1950.

Many houses, including those on the areas first required for new building, combine short life and serious structural defect; some are literally dangerous structures. Both categories merit demolition as distinct from repair, the 365 demolished during 1949 bringing the total demolished since the inception of the scheme to 568, with another 389 held void pending demolition.

To meet these highly urgent needs, a number of houses equal to 25% of the new houses erected by the Corporation are handed over to the Central Areas Management Officer. The 378 handed over during the year bring the total thus utilised to 665, leaving a balance of 99 to be made up during 1950.

In pursuance of the decision made last year, and in accordance with the policy of the Health Committee in relation to the City as a whole, water supplies have been installed in 371 houses, leaving, at the end of the year, 3,338 houses without an internal supply. Water taps will be installed in these latter houses in all cases where the circumstances justify such a course, either in advance or at the actual time when systematic repair is undertaken.

Additional water closets were installed in 16 cases in order to bring the accommodation at the affected units up to a scale of not less than one W.C. per two houses.

For the time being, improvement on a proper basis of the houses not likely to be demolished for 10 years or more, is not to be undertaken until the work of initial repair has been cleared. It is, however, the ultimate intention of the Committee that the houses of known longer life shall be improved where possible including the provisions of bathrooms and the opening up of courts.

Housing Survey and Overcrowding

The Housing Survey of 1946 disclosed that there were within the City 6,429 houses without a separate internal water supply, 3,853 being within the Central Re-development Areas. At the end of 1949 these figures had been reduced to 4,750 and 3,338 respectively by 371 installations in Re-development Areas and by 862 installations in privately owned houses, action in these cases being by way of Notices served under Section 138 of the Public Health Act, 1936 as amended by Section 30 of the Water Act, 1945. Since resumption of this activity, the tenants of 388 privately owned houses have refused to consent to the installation of water supplies; 156 installations have been withheld because of the expectation that the houses will need to be demolished in less than 5 years; in 14 cases the distance from water mains has made the cost of installation prohibitive, and in a number of other cases it has not proved possible, within the space available internally, to find room for a sink. These and similar cases apart, the balance outstanding should be overtaken in 1950.

There is no evidence that overcrowding has diminished during 1949. It is known that 2,031 new houses were provided, that 653 were demolished or held void pending demolition on the Re-development Areas and 81 were demolished or closed as the result of Housing Act action. The Registrar General's figures quoted on page 9 show a population increase of 10,700 in the 12 months from mid 1948—mid 1949.

The General Manager of the Estates Department has kindly supplied the following figures:—

Total accommodation available for letting during 1949 (including 587 re-lets)	1,899
Total families re-housed	3,010
Position of application register at 1st January, 1949	67,740
Position of application register at 31st December, 1949 (adjusted figures from screening of the register)	51,878
Number of weekly properties in rent at 31st December, 1949 (including 2,684 requisitioned properties)	61,608

NOTE. This does not include 21,201 properties managed by the Central Areas Management Officer.

Of the allocations made by the Estates Department, 449 were in respect of overcrowded or undesirable sub-let houses. Particulars of these were referred to the Public Health Department, and 318 were found to be overcrowded according to the limited standards of the Housing Act, 1936. All the cases, 150 from Corporation Estates and 299 from privately owned houses, concerned sub-tenant families living in rooms. In these particular cases, 992 adults and 1,004 children were involved, an average of 4.5 persons per family re-housed.

In every case referred to this Department, a visit was made and, in those cases found to be statutorily overcrowded, suitable follow-up action was taken to prevent re-crowding. Warning letters were sent to principal occupiers in 318 cases, and further visits were made to ensure that contraventions had not occurred later.

As required by the Housing Acts, certificates, showing the number of persons allowed to occupy a house, were supplied—2,508 to owners of privately owned houses, 9,134 to the Central Areas Management Office, and 1,368 to the Estates Department. These certificates involved measurement of rooms or a check of existing records in every case.

There has been no diminution of the gravity of the conditions disclosed by applicants for re-housing priority who complained direct to the Public Health Department, chiefly on grounds of ill-health, overcrowding, structural defect in present accommodation, or a combination of these circumstances. A substantial number of cases were referred to the Department by members of the City Council or Members of Parliament. All cases were promptly investigated, and, by liaison with the Estates Department, a proper degree of priority was accorded. Excluding cases dealt with by direct reference to the Central Areas Management Department, 90 cases of substantiated overcrowding were referred to the Estates Department for special consideration ; 8 were referred on grounds other than overcrowding ; 3 were referred on grounds of sex overcrowding ; 910 cases were referred by the Department's Medical Officers, of which 89 cases were specially referred by them on medical grounds. Cases of pulmonary tuberculosis are submitted by the Anti-Tuberculosis Centre, and receive priority second only to that for a dangerous dwelling. Special consideration has also continued to be given to the households of patients suffering from active and infectious pulmonary tuberculosis and reference to this is made in Section F on page 145.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Eating Houses

There are 991 eating houses registered under Section 54 (i) of the Birmingham Corporation Act, 1935. These include restaurants, cafes, snack bars, but exclude clubs, civic restaurants, works canteens, licensed houses and other premises which are subject to inspection, however, under Section 13 of the Food and Drugs Act, 1938.

The work of inspection prior to registration and of subsequent re-inspection, by the District Sanitary Inspectors and Sanitary Inspectors has been greatly intensified during the year. Works canteens are inspected by the Smoke and Factory Inspectors.

The close collaboration with the Food Office, instituted in October, 1948, as to the suitability of eating house premises, and with the Public Works Department as to the suitability of plans and conformity with Town Planning requirements, has ensured the issue of catering licences only where the premises have been found, or have been made, suitable for the purpose.

The large extension in this work has put considerable strain on the inspectorial and clerical staffs, and they are to be congratulated on the way in which they have met the flood of applications for registration or for catering licences. The following table gives some indication of the numbers and types of premises inspected :—

PROPOSED CATERING ESTABLISHMENTS INSPECTED WITH A VIEW TO THE ISSUE OF A CATERING LICENCE

Referred by Public Works (Town Planning) Department	.....	.....	100
Referred by occupier	.....	.....	507
Referred by Food Office	.....	.....	27
Arising out of district inspection	.....	.....	54
		-----	688
		=====	
1. Restaurants	(a) licensed	.....	2
	(b) unlicensed	.....	7
		-----	9
2. Public Houses	(a) full catering	.....	8
	(b) snacks only	.....	21
		-----	29
3. Cafes	(a) full catering	.....	155
	(b) snacks only	.....	89
		-----	244*

4. Fish friers providing meals on premises	.....	.....	.....	.....	28*
5. Factory canteens	.....	.....	.....	.....	23
6. Mobile canteens, with premises at which food is stored and prepared	.....	.....	.....	.....	31
7. School canteens	.....	.....	.....	.....	6
8. Food preparation premises providing meals for consumption off the premises	.....	.....	.....	.....	8
9. Clubs, full time (licensed)	(a) full catering	.....	2		
	(b) snacks only	.....	10		
			—		12
10. Clubs, full time (unlicensed)	(a) full catering	.....	2		
	(b) snacks only	.....	7		
			—		9
11. Clubs, part time (licensed)	(a) full catering	.....	1		
	(b) snacks only	.....	2		
			—		3
12. Clubs, part time (unlicensed)	(a) full catering	.....	2		
	(b) snacks only	.....	146		
			—		148
13. Residential Establishments	(a) private hotels	.....	9		
	(b) boarding houses	.....	6		
			—		15
14. Premises used for manufacture of cooked meats, and other foods					32†
15. Premises proposed but found unsuitable (Public Works (Town Planning) Dept. or Public Health Department), or licence refused by Food Office	.....	.....	.....	.....	55
16. Proposal subsequently abandoned	.....	.....	.....	.....	36
					688

* denotes premises subject to registration under Section 54 (i), Birmingham Corporation Act, 1935.

† denotes premises subject to registration by Veterinary and Food Inspection Department under Section 14, Food and Drugs Act, 1938, and to joint inspection by that department and by Public Health Dept.

Clean Food Campaign

The campaign to educate food handlers, commenced in October, 1947, was continued throughout 1948 and 1949 as part of the national drive to eliminate food and drink infections. In the continued absence of any suitable films from civilian sources, the following military training films were again widely shown to food trade organisations, staffs of catering establishments and other interested associations :—

Cookhouse Inspection	(25 minutes)
The Housefly	(18 minutes)
Hand to Mouth	(4 minutes)

A film strip—Clean Food—prepared in colour from frames produced by a member of the staff of the Health Education Section has been much used as a visual aid to the lectures given.

At the end of the year, the film—" Another Case of Poisoning "—was announced as to be available early in 1950 ; and it has in fact come into regular use in the latter year.

Details of lecture-film demonstrations given during 1949 are as follows:

	<i>No. of lectures</i>	<i>Total Attendances</i>
Food trade	8	362
General public	27	1,083
	—	—
TOTAL	35	1,445
	—	—

Ice Cream

During the year 31 manufacturers' registrations were cancelled, 5 ceasing to manufacture and sell, and 26 becoming retailers only.

Four new registrations were approved, giving a total of 209 manufacturing premises at the end of the year.

There has been a marked increase in the number of premises registered for the sale of ice-cream, the number on the register being 1,613 at the end of the year. There are, in addition, 5 registrations in the name of persons operating within the City solely from mobile vehicles and 9 in respect of persons with premises outside the City, who retail from mobile vehicles operating within the City. A satisfactory report in respect of such premises outside the City is obtained from the Medical Officer of Health of the area concerned before such a retailer is registered for sale within the City.

There are, in all, 120 mobile vehicles (including barrows) operating in the City. By the early summer, when the open-air sale of ice-cream again became popular, all the vehicles retailing loose (unwrapped) ice-cream complied with a general specification recommended by the Department, and voluntarily accepted by the trade. While every latitude was given to the individual trader in selecting his own design, the following basic principles were included in the general specification :—

1. a transparent cover (windows in the larger vehicles) with a small serving hatch, to minimize contamination of the opened container, biscuits or servers by dust, etc. ;
2. the body of the vehicle was to be metal-lined for ease of cleansing ;
3. means for sterilizing servers and hot water for hand-washing were to be provided, and soap and towels were to be carried on the vehicle. (The calor gas type of heating unit has been widely, if not exclusively, adopted for these purposes) ;
4. wet-ice refrigeration was not to be permitted.

No applications for registration have been refused during the year.

The standard of purity has been improved, while the nutritive quality has also been more satisfactory than in the previous year.

No infection has been traced to the consumption of contaminated ice-cream.

The following tables give the results of examination of the 391 samples taken for the methylene blue test, and of 195 samples taken for analysis of fat-content :—

METHYLENE BLUE TEST

<i>Provisional Grade</i>	<i>Samples of Ice-cream manufactured on premises in the City</i>	<i>Samples of Ice-cream manufactured on premises outside the City</i>	<i>Total Samples 1949</i>	<i>1948 Results</i>
I	196 (65.5%)	38 (41.3%)	234 (59.8%)	55.6%
II	49 (16.4%)	26 (28.3%)	75 (19.2%)	21.0%
III	28 (9.4%)	16 (17.4%)	44 (11.3%)	9.7%
IV	26 (8.7%)	12 (13.0%)	38 (9.7%)	13.6%
TOTAL SAMPLES	299	92	391	

NOTE. The higher proportion of failures (Grades III and IV), in samples of ice-cream manufactured on premises outside the City is thought to be due to one or more of the following factors :—

- (1) inadequate conditions of refrigeration during transport ;
- (2) the time factor ;
- (3) insufficient hardening before despatch ;
- (4) below standard before despatch.

ANALYSIS OF FAT CONTENT

<i>Percentage of Fat</i>	<i>Number of Samples, 1949</i>	<i>1948 Results</i>
Under 1	2—(1.0%)	14—(9.3%)
1—2	9—(4.6%)	23—(15.2%)
2—4	58—(29.7%)	52—(34.4%)
4—8	110—(56.4%)	55—(36.4%)
8—10	12—(6.2%)	5—(3.3%)
Over 10	4—(2.1%)	2—(1.3%)
TOTAL	195	151

NOTE. The improved fat content may be due in part to the bonus allocation of ingredients allowed by the Ministry of Food to manufacturers maintaining a fat standard of more than 2½% ; but it must be appreciated that off-ration fats are now available in quantity while the larger manufacturers and many of the smaller firms are pressing for an improved and legal standard.

MILK SAMPLING

<i>Classification</i>	<i>Total number of samples</i>	<i>Failed Methylene Blue Test</i>	<i>Failed B.Coli Test</i>	<i>Failed Phosphatase Test</i>
Raw milk	317	29 (9·1%)	82 (25·9%)	—
Designated raw milk	224	5 (2·2%)	31 (13·8%)	—
Pasteurised milk	625	6 (1·0%)	—	16 (2·6%)
Sterilised milk	147	—	—	2 (1·4%)
Heat treated (Ministry of Food Licence)	92	—	—	1 (1·1%)

Synthetic Cream

Routine sampling of synthetic cream received at confectionery bakeries from the suppliers to the area showed the following results :—

<i>Bacterial count</i>	<i>Number of samples</i>	<i>Coliform bacilli present per 1·0 cc.</i>	<i>Number of samples</i>
Under 1,000	48	Nil	78
1,000—10,000	18	Under 10	3
10,000—100,000	4	10—100	2
100,000—500,000	1	100—1,000	5
Over 500,000	17		—
	88		88
	—		—

As a check upon the handling of this ingredient of confectionery, a number of samples were also taken from the mixing bowl after making up, with the following results :—

<i>Bacterial count</i>	<i>Number of samples</i>	<i>Coliform bacilli present per 1·0 cc.</i>	<i>Number of samples</i>
Under 1,000	18	Nil	23
1,000—10,000	8	Under 10	7
10,000—100,000	5	10—100	8
100,000—500,000	3	100—1,000	8
Over 500,000	12		—
	46		46
	—		—

No outbreaks of infection were traced as having been caused by the consumption of synthetic cream.

Shell Fish

During the year, 4 samples of oysters, 1 sample of periwinkles, and 60 samples of mussels were taken by the City Veterinary Department for bacteriological examination, and gave the following results:—

<i>B.coli</i> Type I per 1.0 c.c. of fish	No. of Samples
Nil	31
1—5	19
6—10	4
11—50	10
51—100	1
Over 100	0

No infection was traced to the consumption of contaminated shell fish during the year.

Inspection of Cows and Cowsheds

Extracts from Report by MR. C. G. ALLEN, M.R.C.V.S., Chief Veterinary Officer.

City Dairies

The Milk and Dairies Orders require the registration of cow-keepers and enforcement of general requirements as to structure and cleanliness of cowsheds and precautions to be taken in connection with the milking of cows.

At the end of 1949 there were 34 dairy farms housing 657 milch cows in 86 registered sheds, viz. :—

Attested herds	2
Tuberculin-tested herds	1
Accredited herds	14
Non-designated herds	17

A monthly inspection has been made of all city cowsheds and dairy cows, and during the year 1,061 visits were made by veterinary inspectors.

Milk and Dairies Regulations, 1949 (Part IV).

Veterinary inspections of City dairy herds were made on behalf of the Ministry of Agriculture and Fisheries, and certificates issued as follows :

<i>Accredited herds</i>	<i>Cows examined</i>
38	898
<i>Non-designated herds</i>	
23	311

In connection with the Ministry's voluntary scheme for vaccination of heifer calves against contagious abortion, 51 calves have been vaccinated.

Dairy Herds

Despite shortage of labour and other difficulties, the health and cleanliness of the cows in the City dairies remain good. The cows are regularly examined, with a view to preventing danger to health from the sale of infected, contaminated or dirty milk, and in particular, for prohibiting the supply or sale of milk suspected of being infected with tuberculosis.

Mastitis

During the year 28 cows were found to be affected with acute catarrhal mastitis, and the milk produced from these cows was prohibited from sale.

Tuberculosis

In addition to the clinical examination of the dairy cows bulk samples of milk were taken from each City dairy herd during the year, and individual samples from suspected cows.

	Taken	Infected
Mixed samples from dairy herds	65	5
Individual samples	1	1

As a result of clinical examination, eight cows affected with tuberculosis were removed from the City dairy herds during the year and dealt with under the Tuberculosis Order.

In addition, at the request of the Ministry of Agriculture and Fisheries, post mortem examinations were made on fourteen cows dealt with under the Tuberculosis Order and sent to the City Meat Market from farms outside the City.

Inspection of Cowsheds

Regular inspection has been maintained of all registered cowsheds, attention being paid to the provisions of the Milk and Dairies Order for securing adequate lighting, ventilation and a clean water supply, also the cleansing of cowsheds and removal of dung and offensive matter.

In spite of labour shortage all cowsheds have been limewashed or sprayed with lime at least twice during the year.

Examination of Milk coming into the City from Outside Sources for the presence of Tubercle Bacilli

The system is to sample each source of supply and samples are obtained at depots from raw milk before heat treatment.

Milk supplies are handled mainly by large milk depots.

The following return shows the number of samples of milk taken during 1949. Each sample represents the mixed milk of the cows of a single herd.

<i>Source</i>	<i>Samples taken at Depots, etc.</i>	<i>Samples infected</i>	<i>No. of T.B. Cows traced</i>
Derbyshire	30	9	8
Gloucestershire	53	1	1
Herefordshire	14	—	—
Leicestershire	94	7	7
Shropshire	350	16	10
Staffordshire	702	50	32
Warwickshire	650	42	38
Worcestershire	433	8	4
	<hr/>	<hr/>	<hr/>
	2,326	133	100
City Dairies (Bulk)	65	5	8
City Dairies (Individual)	1	1	—
	<hr/>	<hr/>	<hr/>
	2,392	139	108
Pasteurised (To test plant)	14	—	—
	<hr/>	<hr/>	<hr/>
	2,406	139	108

With regard to the infected samples, in addition to notifying the County Medical Officers concerned, and in order to avoid any delay, copies of notifications are sent to the County Divisional Inspectors of the Ministry of Agriculture (Animal Health Division) who arrange veterinary examinations of the herds concerned, in order to find and eliminate the infected cows.

As a direct result of sampling milk for the presence of tubercle bacilli, 108 cows (100 outside dairies and 8 City dairies), giving tuberculous milk were removed during 1949 from dairy herds supplying milk to Birmingham.

At 32 farms the investigations had not been completed at the end of the year.

Comparative Return

The following table shows the number of samples of milk sent in from outside sources, taken during the past ten years, and the percentages infected :—

<i>Year</i>	<i>Samples Taken</i>	<i>Samples Infected</i>	<i>Percentage Infected</i>
1940	2,237	244	10.9
1941	2,377	189	8.0
1942	2,408	182	7.5
1943	2,456	146	5.9
1944	2,434	138	5.7
1945	2,396	122	5.1
1946	2,232	128	5.7
1947	1,659	84	5.1
1948	2,306	69	3.0
1949	2,326	133	5.7
	<hr/>	<hr/>	<hr/>
AVERAGE FOR PERIOD .....	.....	.....	6.3

It will be seen from these figures that since 1940 the position has substantially improved, the average percentage of infected milks for the past ten years being 6·3% and down to 3% for 1948. In a large measure this improvement can be attributed to dairy farmers, owing to food rationing difficulties, disposing of old and unprofitable cows for slaughter.

This is also revealed in the cattle slaughtered at the public abattoir. The percentage of the total number of cattle killed during 1949 found to be affected with tuberculosis was 30·28%, whereas the corresponding percentage for the year 1939 was 24·0%. This 6·28% increase is due to a greater percentage of low grade cattle received for slaughter than formerly.

Tuberculin Testing of Herds

The following return gives the number of animals tested during the year :—

	<i>Tested</i>	<i>Passed</i>	<i>Failed</i>	<i>Commencement of Testing</i>
1 ..	77	77	—	3rd October, 1908
2	152	152	—	3rd October, 1908
3	115	115	—	1st January, 1934

Inspection of Meat and Other Foods

Under the Livestock (Restriction on Slaughtering) Order, 1940, the slaughtering of cattle, sheep and a certain number of pigs, carried out in Birmingham is concentrated at the Public Abattoir. In addition to that centre there are fourteen private slaughterhouses attached to bacon factories in the City for the slaughter of pigs. Prior to the Ministry of Food's control of slaughtering there were 83 private slaughterhouses in use.

For the purposes of the inspection of meat in the Public Abattoir and in the bacon factories, there are employed five Veterinary Meat Inspectors and three Food Inspectors. The food inspection in the shops and food stores in the City is carried out by eight District Inspectors. There is also one Inspector employed in the Wholesale Fruit, Vegetable and Fish Markets.

Under the present procedure, whereby the Ministry of Food take control of slaughtering, the local authority continue meat inspection and inspection of slaughtering, as carried out prior to the change.

CARCASSES INSPECTED AND CONDEMNED

	CITY MEAT MARKET				BACON FACTORIES
	Cattle	Calves	Sheep and Lambs	Pigs	
Number killed	51,685	55,859	169,865	19,138	85,927
Number inspected	51,685	55,859	169,865	19,138	60%
<i>All diseases except Tuberculosis:</i>					
Whole carcasses condemned	72	555	127	74	69
Carcasses of which some part or organ was condemned	1,149	158	7,149	679	106
Percentage of the number killed affected with disease other than tuberculosis	2.36%	1.27%	4.28%	3.93%	0.2%
<i>Tuberculosis only:</i>					
Whole carcasses condemned	799	29	—	28	64
Carcasses of which some part or organ was condemned	14,852	22	—	1,403	4,616
Percentage of number killed affected with tuberculosis	30.28%	0.09%	—	7.47%	5.44%
TOTAL DISEASED 1949	32.64%	1.36%	4.28%	11.4%	5.64%
TOTAL DISEASED 1948	30.8%	1.4%	8.5%	11.2%	5.2%
TOTAL DISEASED 1947	34.6%	1.6%	9.8%	12.6%	5.9%

Inspection of Meat, Fish and Other Foods at Institutions, Birmingham Restaurants, etc.

The premises visited include :—

Institutions, etc.	33
School Meal Centres	117
Birmingham Restaurants	34
	184

2,154 visits of inspection were made during the year to the above premises. In cases where food supplies and storage conditions were found to be unsatisfactory at school meal centres, reports were sent to the Schools Meals Section, Civic Centre, and reports relating to food inspected at Birmingham Restaurants were sent to the Administrative Officer, Birmingham Restaurants Department, Cambridge Street. These referred to

School Meal Centres	72 cases
Birmingham Restaurants	17 „
	89 „

Registered Premises used for the Manufacture of Cooked and Potted Meats, under the Food and Drugs Act, Sec. 14 (i) (B)

Registration of premises which complied with the requirements of the Veterinary and Public Health Departments was carried out in 23 cases during 1949.

At the end of the year there were 294 food preparation premises on the register as follows :—

Sausages, cooked meat and pork pie manufacturers	292
Jam manufacturers	2
	294

Food and Drugs Act, Section 13

Provisions as to rooms where food intended for sale is prepared or stored.

To enable occupiers of shops to obtain paint, timber and other necessary material, for repairs and alterations, certificates have been issued, stating the requirements in each case.

The following retail food shops, etc., were visited :

Beef and pork butchers	1,020
Grocers	1,559
Greengrocers	1,303
Hucksters	4,292
Fish friers	444
Fishmongers	652
Horseflesh	4
	9,274
TOTAL	9,274

Visits of inspection were paid by inspectors as follows :—

Slaughterhouses (Bacon Factories)	1,959
Food preparation premises	5,663
Fish friers	2,484
Beef and pork butchers	20,168
Grocers	5,238
Greengrocers and fishmongers	13,500
Hucksters	351
Ham and bacon curers	2,087
Street hawkers	25,951
Horseflesh	36
Cold stores	18,753
Other requests	3,389
Birmingham restaurants, school meal centres, etc.	2,154
Factory canteens	150
	101,883

SECTION F

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

GENERAL

The mortality figures for 1949 are set out below and compared with the decennial (1939-1948) averages in the statement following :—

<i>Disease</i>	<i>Number of deaths 1949</i>	<i>Yearly average No. of deaths 1939—1948</i>
Enteric fever	1	2
Smallpox	—	—
Measles	10	17
Scarlet fever	—	2
Whooping cough	20	50
Diphtheria	1	34
Pulmonary tuberculosis	595	711
Other forms of tuberculosis	52	73
Influenza	209	136
Cerebro-spinal fever	8	28
Poliomyelitis	6	4
Polio-encephalitis	4	1

The prevalence of the notifiable diseases is shown in the next table :—

<i>Disease</i>	<i>Corrected Number of Cases 1949</i>	<i>Yearly Average No. of corrected notifications 1939—1948</i>
Enteric fever	11	29
Smallpox	—	—
Scarlet fever	1,866	1,743
Whooping cough	5,202	4,151
Measles	11,842	8,138
Diphtheria	138	721
Erysipelas	295	376
Puerperal pyrexia	120	315
Ophthalmia neonatorum	661	958
Pulmonary tuberculosis	1,133	1,073
Other forms of tuberculosis	152	164
Acute primary or influenzal pneumonia	1,332	1,615
Cerebro-spinal fever	44	134
Acute poliomyelitis	68	34
Polio-encephalitis	4	2
Malaria	8	9
Encephalitis lethargica	4	6
Dysentery	64	122

Diphtheria

The incidence of diphtheria again showed a decline, the number of cases for 1949 being 138 as against 165 the previous year. There was a fall in case mortality from 3.0% to 0.7%.

Diphtheria Immunisation

For the first time on record, no child has died from diphtheria during the year under review, while for the third year in succession there have been no deaths among children under school age. Indeed, only one death from diphtheria was recorded during the year, in the person of a middle-aged woman who had never been immunised.

This outstanding event in the field of Birmingham's public health justifies brief reference to the successive steps leading to the present organisation for diphtheria immunisation.

Its inception may be attributed to the pioneer action of Dr. E. H. R. Harries, then Medical Superintendent of Little Bromwich Infectious Diseases Hospital, in Schick testing and immunising the nursing and domestic staff at that hospital in 1924.

In the winter of 1925, the procedure was extended to the testing and immunisation of children in various institutions, subject to the consent of parents or guardians; and clinics were opened at Little Bromwich Hospital and in the Public Health Department.

From November, 1927, with the cordial co-operation of Dr. Auden, then School Medical Officer, and the approval of the Education Committee, medical officers of the Public Health Department commenced diphtheria immunisation in the elementary schools.

In 1929, immunisation clinics were opened in Child Welfare Centres.

From that point the work has grown by leaps and bounds, under Dr. Vera Fellowes, as executive medical officer, and with the very active co-operation of health visitors in the homes and child welfare centres, and of teachers in the schools, while the part played by medical practitioners has increased, and is likely to expand under the closer collaboration in this direction made practicable through the National Health Service Act, 1946. The immunisation figures are now consistently high, some 20,000 to 25,000 children receiving primary inoculations each year, five-sixths of these being of the pre-school group.

T.A.M. in three doses was used until April, 1944, since when two doses of A.P.T. have been given; while a supplementary injection of A.P.T. shortly before or after admission to school has been advocated since 1946.

The percentage of immunised pre-school children is steady at approximately 70%. Some anxiety is felt lest the diminished fear of diphtheria should lead to a false sense of security, particularly among young parents who have no knowledge of the ravages of the disease fifteen to twenty years ago.

An important secondary product of a successful immunisation policy has been the freeing of hospital beds and staff for the nursing of cases of enteritis, whooping cough and measles.

The major work of education still falls to the Health Visitors who continue, as always, to rise to the occasion despite increasing calls on their time and energy in many other directions. The steady nation-wide propaganda by radio and in the press is still very necessary if the results already achieved are to be maintained.

The total number of children who received a full course of A.P.T. through the Public Health Department in 1949 was :—

Children under 5 years of age immunised by the Public Health Department Staff.....	11,306	} Total under 5 years—	} Total 0-15 years of age
Children under 5 years of age immunised by general medical practitioners with material supplied by the Public Health Department	5,412			16,718
Children from 5 to 15 years of age immunised by the Public Health Department Staff	2,779	} Total 5-15 years :	} 19,791
Children from 5 to 15 years of age immunised by general medical practitioners with material supplied by the Public Health Department	294			3,073

These ages apply to the year of birth, *i.e.*, the age at December 31st, 1949.

In addition, 61 adolescents and adults were inoculated with T.A.F. or A.P.T.

17,192 supplementary doses of A.P.T. including 879 by general medical practitioners were given to children and adolescents previously inoculated. Again, most of this work was carried out in the schools, the age grouping at December 31st according to the year of birth, being :—

Under 5 years of age	1,051	Many of these were actually treated while under 5 years of age but have to be returned as over 5 years at December 31st, 1949.
5—10 years of age	15,728	
10—15 years of age	387	
15 years of age and upwards (mainly nursery staff)	26	

Routine visits were made to child welfare centres, nurseries, nursery schools, primary schools and institutions.

There has been a steady increase in the number of children receiving combined diphtheria and whooping cough prophylactics from their own doctors.

The annual census of the numbers of children immunised between the ages of 8 months and 5 years in each health visiting district and centre gave very creditable results. One centre gave over 90% immunisation of all visited children, seven gave 80% to 90%, eighteen gave 70% to 80%, and five gave 60% to 70%, with one further centre with only a point below 60%. These percentages, particularly in the centres within the inner ring of the City, testify to the great keenness and persistence shown by health visitors. The data give a total immunisation figure of 74.7% of the children between 8 months and 5 years visited by Health Visitors, this being a 1½% increase on the figures for 1948. These figures have been corrected for migrations and deaths, and largely for immigrants into the City, but do not include children not on the visiting lists, nor those in institutions.

It is estimated that 68.5%* of the pre-school children and 97.7% of the children between 5 and 15 years of age have been inoculated, the estimated percentage of children 0—15 years of age being 86.5%.*

There were 49 cases of diphtheria among inoculated children (0-15 years), mostly very mild attacks. As already stated, there were no deaths among children from diphtheria, and for the third successive year no pre-school child died from this disease. The sole diphtheria death was that of a non-immunised woman aged 53.

* Based on Education Department census figures.

Encephalitis Lethargica

There were four cases of encephalitis lethargica, all of whom died.

Cerebro-Spinal Fever

There were 145 cases notified as cerebro-spinal fever during the year. In 101 cases the diagnosis was afterwards revised, leaving 44 clinical cases of this disease. There were 8 deaths, giving a case mortality of 18.2%. Amongst the revisions were 15 to poliomyelitis and 1 to polio-encephalitis.

<i>Age distribution</i>	<i>Cases</i>
Under 1 year	5
1 and 2 years	12
3 and 4 years	8
5 and under 10 years	6
10 and under 15 years	5
15 and under 20 years	4
20 and under 25 years	3
25 and under 35 years	1
35 and under 45 years	—
45 years upwards	—
	44
	—

Tuberculosis

The notifications of pulmonary tuberculosis for 1949 were 1,133 and for non-pulmonary 152, as against 1,132 and 162 respectively in 1948.

Ophthalmia Neonatorum

The number of notifications of Ophthalmia Neonatorum decreased from 836 in 1948 to 661 in 1949. The vast majority of these were "precautionary" notifications, of slight catarrh of no significance; gonococcal ophthalmia was very rare, and in no instance did any impairment of vision result.

Enteric Fever

There were 26 cases notified as enteric fever and 15 of these proved negative. There was 1 death.

Undulant Fever

No case of this disease came to the notice of the Department during the year.

Smallpox

There were no cases of smallpox in the City during the year.

Vaccination

During 1949 the following numbers were vaccinated.

Under 1 year	6,993
1 year and over	396
Re-vaccinated	865

	<i>No. of infants vaccinated under 1 year old in Birmingham</i>	<i>No. of live births to Birmingham mothers</i>	<i>Percentage successfully vaccinated</i>
1939	6,850	17,461	39.2
1940	6,583	17,213	38.2
1941	6,481	15,961	40.6
1942	8,511	18,664	45.6
1943	9,162	20,195	45.4
1944	11,090	22,539	49.2
1945	10,151	20,008	50.7
1946	10,302	22,935	44.9
1947	12,808	23,935	53.5
1948	8,954	21,346	41.9
1949	6,993	20,054	34.9

Figures on the previous page show for the past ten years the numbers of infants under 1 year of age who were vaccinated.

The definite drop in vaccination in 1948 and 1949 gives cause for some anxiety ; for if the level of immunity in the population is to continue to sink it might well be disastrous if ever smallpox of a virulent nature were introduced into the community.

It is sincerely to be hoped, therefore, that in increasing numbers parents will take steps to have their infants protected.

Measles

During the year there were 11,842 cases of measles with 10 deaths ; the bulk of these cases occurred during the 2nd quarter of the year.

It has been the practice for a number of years to supply measles immune serum to general practitioners and hospitals in the City for use in preventing or attenuating the disease as may be appropriate. This serum has previously been prepared by the City Bacteriological Laboratory from blood supplied by Red Cross donors. The Medical Research Council, however, have now undertaken to supply measles immune serum in quantity, and supplies are available from either the Public Health Department or the City Bacteriological Laboratory. A total of 225 ampoules of serum have been supplied from both sources during the year, 56 ampoules to general practitioners and 169 ampoules to hospitals in the City.

Scarlet Fever

The number of cases of scarlet fever fell from 1,982 in 1948 to 1,866 in 1949. There were no deaths.

Dysentery

83 cases were notified during the year, but on investigation 19 of these proved not to be dysentery, thus making a net total of 64 clinical cases.

Whooping Cough

During the year 5,202 cases were notified. There were 20 deaths.

Malaria

9 cases of malaria were reported during the year, one of whom proved not to be malaria, making a total of 8 confirmed cases. These were service or ex-service personnel showing relapse.

Food Poisoning

The following is a summary of the cases of food poisoning, set out in the form desired by the Ministry of Health :—

<i>No. of outbreaks</i>	<i>No. of cases</i>	<i>No. of deaths</i>	<i>Organisms isolated</i>	<i>Outbreaks of each</i>	<i>Foods involved</i>
11	491	0	B.proteus B.paracolon	1 (Domestic—3 cases)	Cooked meat
Factory canteens School canteens Domestic premises	6 2 3	}	B.proteus mirabilis	1 (Factory—91 cases)	Minced meat Meat and vegetable Stew. Pastry
			Streptococcus viridans Staphylococcus saprophyticus B.coli, type 1 B.paracolon	1 (Factory—24 cases)	Lamb
			Staphylococcus saprophyticus	1 (Domestic—2 cases)	Fish paste (opened)
			S.typhimurium	1 (Domestic—3 cases)	Beef
			B.coli, type 1 B.paracolon	1 (School—125 cases)	Beef and stew
			Staphylococcus saprophyticus B.paracolon Streptococcus viridans	1 (Factory—70 cases)	Beef and carrots
			Staphylococcus saprophyticus B.paracolon	1 (Factory—23 cases)	Boiled beef
			Streptococcus viridans B.aerogenes	1 (School—40 cases)	Minced meat

The result of investigation of two outbreaks of food poisoning which occurred in factory canteens, involving 86 persons and 24 persons, proved inconclusive owing to inability to obtain samples of the food involved for examination. Bacteriological examination of staff was negative.

Handler contamination of food was proved, or strongly suspected, in reference to outbreaks from four factory canteens and from two school canteens. In two outbreaks from factory canteens septic wounds of the thumb were discovered in food handlers.

Acute Anterior Poliomyelitis

	<i>Verified cases</i>
1940	47
1941	8
1942	12
1943	10
1944	4
1945	23
1946	25
1947	166
1948	42
1949	68

The above table shows the incidence of Poliomyelitis in the City during the past ten years.

In 1949 there were received 143 notifications of the disease but further clinical investigation showed that approximately 50% were, in fact, not affected.

Of the 68 true cases, 6 subsequently died, giving a case mortality rate of 8.8%. This was a slightly lower rate than that experienced in 1948, viz., 9.5%.

In the 68 cases, 33 showed multiple paralyses; 14 cases had one side paralysed and 21 cases did not suffer from any paralysis.

The distribution was general throughout the City and only in one instance were there two cases in one household, both of these being of the non-paralytic type.

The following is a summary of the age incidence :—

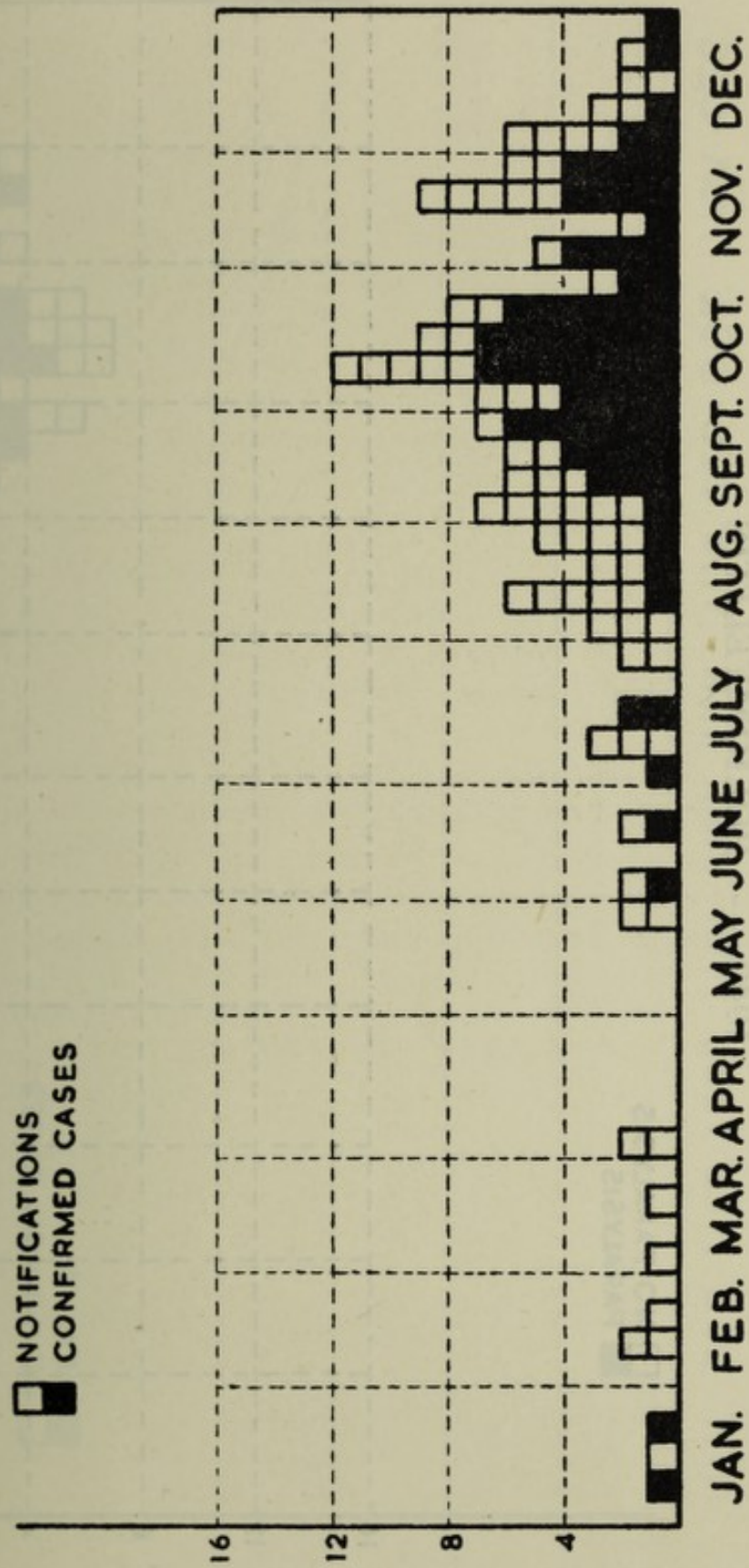
MALES

0-5	5-10	10-15	15-20	20-25	25-30	30-35	35-40
10	12	6	1	-	1	2	1
	1 death		1 death		1 death		

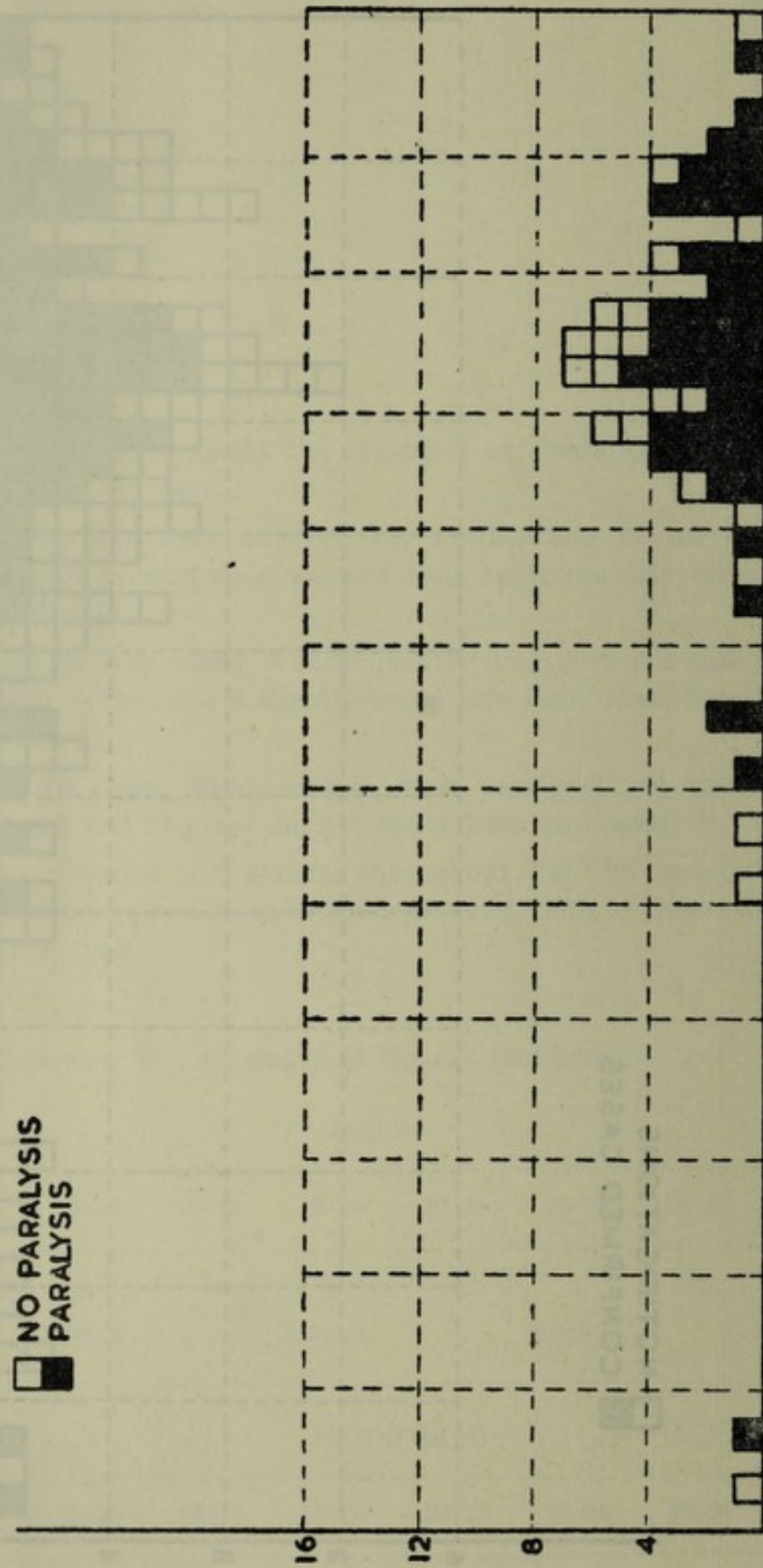
FEMALES

0-5	5-10	10-15	15-20	20-25	25-30	30-35	35-40
18	11	-	-	2	-	2	2
1 death				1 death			1 death

1949 — POLIOMYELITIS

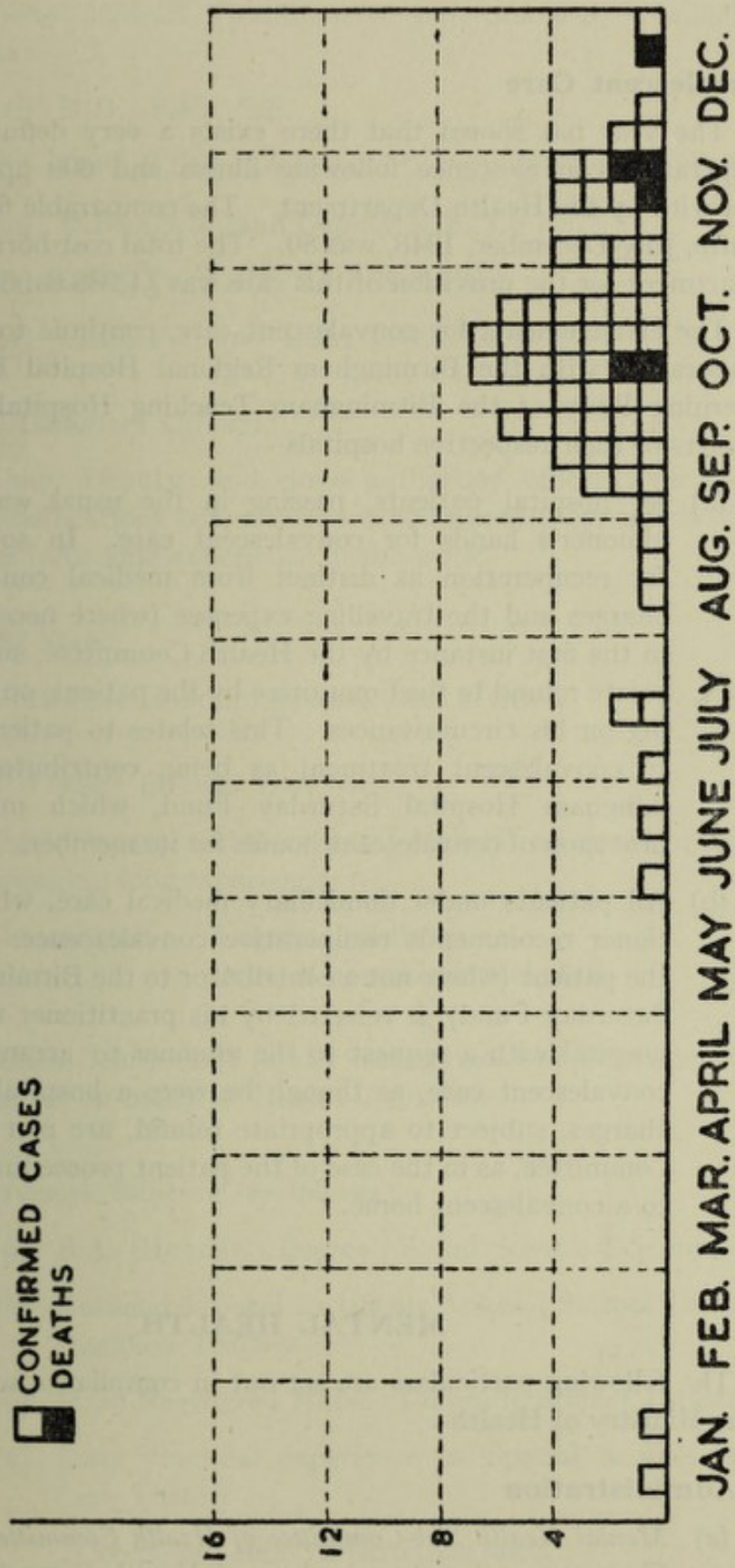


1949 — POLIOMYELITIS



JAN. FEB. MAR. APRIL MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC.

1949 — POLIOMYELITIS



Polio-encephalitis

There were four cases of polio-encephalitis during the year, 3 of whom died.

Convalescent Care

The year has shown that there exists a very definite demand for recuperative convalescence following illness and 609 applications were dealt with by the Health Department. The comparable figure for the six months July-December, 1948, was 80. The total cost born by the Health Department for the provision of this care was £1,988 6s. 6d.

The arrangements for convalescent care, continue to be effected, in collaboration with the Birmingham Regional Hospital Board, and the Governing Body of the Birmingham Teaching Hospitals, through the almoners of their respective hospitals—

- (a) for hospital patients, passing in the usual way through the almoner's hands for convalescent care. In so far as this is for recuperation as distinct from medical convalescence, the charges and the travelling expenses (where necessary), are met in the first instance by the Health Committee, subject to appropriate refund to the Committee by the patient, on a scale depending on his circumstances. This relates to patients not entitled to convalescent treatment as being contributors to the Birmingham Hospital Saturday Fund, which makes extensive provision of convalescent homes for its members.
- (b) All patients under domiciliary medical care, where the practitioner recommends recuperative convalescence. In such cases the patient (where not a contributor to the Birmingham Hospital Saturday Fund), is referred by his practitioner to a convenient hospital with a request to the almoner to arrange recuperative convalescent care, as though he were a hospital patient. The charges, subject to appropriate refund, are met by the Health Committee, as in the case of the patient proceeding from hospital to a convalescent home.

MENTAL HEALTH

The following particulars are set out in compliance with the request of the Ministry of Health :

I. Administration

- (a) *Mental Health Sub-Committee of Health Committee*, composed of Chairman and eight members of Health Committee. Monthly meetings are held.

(b) *Number and qualifications of Staff.*

Psychiatrist—part-time—M.D., D.P.M.

Certifying Medical Practitioners (part-time)—5, qualified as follows :—

- (i) M.D., F.R.C.S.E.
- (ii) M.B., B.Ch., B.A.O. (and Deputy, M.B., B.Ch., B.A.O.).
- (iii) M.B., Ch.B. (and Deputy M.B., Ch.B.).
- (iv) L.R.C.P., L.R.C.S., L.R.F.P.S.
- (v) L.R.C.P.I. and L.M., L.R.C.S.I.

Duly Authorised Officers.

Chief, Deputy, and three authorised officers ; no specific qualifications but, except for one recently appointed officer, all have long experience in the work.

Clerical Staff.

1 full time, share of general Clerical Staff.

Social Workers (Mental Deficiency).

Chief, Deputy, and three social workers : no specific qualifications, but long experience.

Clerical staff : 4 clerks, full-time.
share of general clerical staff.

Occupation Centre Staff (under management of Education Committee on behalf of Health Committee).

Four Supervisors, full-time, as follows :—

- (i) B.A. (Honours) Degree : Social Science Diploma.
- (ii) National Froebel Certificate : Social Science Diploma : Qualified Teacher.
- (iii) State Registered Nurse : Domestic Science Diploma.
- (iv) Long practical experience as Special Schools After-Care Visitor.

2 Cooks, full-time : 5 part-time staff.

(c) Co-ordination with

(a) *Regional Hospital Board*, by frequent consultation with the Regional Psychiatrist in regard to the admission of mental defectives to institutions, and in connection with problems of patients of unsound mind.

(b) *Hospital Management Committees*, by enquiry and correspondence as necessary, and by supervision of patients discharged from mental hospitals or discharged, or on licence from, mental deficiency institutions.

(d) *Duties delegated to Voluntary Associations.*

Pre-care and after-care of cases of mental illness were undertaken by staff of the National Association for Mental Health, as agents of Health Committee. It may be added that in April, 1950, by agreement with the National Association and with the staff in question, this staff, consisting of a psychiatric social worker and two social workers, was taken over into the direct service of the Health Committee. No doubt this will receive fuller reference in next year's Report.

(e) No training of mental health workers was initiated during the year.

II. Account of Work undertaken in the Community.

(a) *Under Section 28, National Health Service Act, 1946.*

After-care of cases discharged from hospital and pre-care of selected cases—mainly ex-service cases and persons referred to a certifying medical practitioner with a view to certification, but not found to be certifiable—has been undertaken through the psychiatric social worker and two social workers provided by the National Association for Mental Health. Through this staff supervision has been exercised over 173 new cases referred during the year, of whom 54 were referred by the Public Health Department, and 119 were from outside sources. 180 cases were regarded as completed during the year. At the end of the year 110 cases remained under supervision.

(b) *Under the Lunacy and Mental Treatment Acts, 1890—1930.*

1,779 cases were dealt with by the duly Authorised Officers, classified as follows :—

CASES DEALT WITH BY DULY AUTHORISED OFFICERS, 1949

<i>Classification</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total</i>
Certified	73	49	75	51	62	51	54	61	43	57	51	60	687
Voluntary	87	67	46	44	44	44	60	54	62	34	42	52	636
Temporary	0	1	3	2	1	3	1	0	5	2	0	2	20
Sec. 20 Lunacy Act	19	12	19	14	14	12	8	9	9	11	9	8	144
Sec. 21 Lunacy Act	5	4	23	2	1	2	6	5	5	2	8	4	67
Urgency Order	3	6	1	3	0	1	1	5	3	2	1	4	30
Not certified	27	12	2	22	13	10	14	16	17	16	15	16	180
Other cases	0	1	5	2	2	1	1	1	0	0	1	1	15
Total cases dealt with, 1949	214	152	174	140	137	124	145	151	144	124	127	147	1,779

(c) *Under the Mental Deficiency Acts, 1913—38.*

(i) *Ascertainment.*

Reported during 1949	261
In institutions at 31.12.49	2,245
Awaiting admission at 31.12.49	168

(ii) *Guardianship and Supervision.*

Under guardianship	49
Under statutory supervision	2,551*

*This figure includes 143 of those awaiting admission to an institution.

(iii) *Training.*

In occupation centres	181
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The accommodation for mental defectives needing residential care continues to be far short of the needs ; and the growing waiting-list has been a source of great concern to the Health Committee, who have made urgent representations on the matter.

DOMICILIARY CARE OF TUBERCULOSIS

During the year there was no alteration in the number of beds available for treatment and the waiting list with its considerable number of patients—245 patients on that list on 31st December, 1949—persisted as a heavy handicap, both in the attainment of effective treatment and in the maintenance of good standards of prevention. This big problem of inadequate accommodation is primarily one for the Regional Hospital Board, but it has considerable repercussions on the general public health. There can be no effective prevention without effective treatment and the use of sanatorium beds for the prompt and active treatment of the early or treatable case is an essential in the prevention of tuberculosis.

The provision of accommodation through the Health Authority for those patients with chronic pulmonary tuberculosis who do not require any special medical treatment or particular nursing care, but for whom institutional segregation is desirable because of conditions in the home or the absence of suitable help in the home, is at the present time under review, and will no doubt have due reference in the report for 1950. Such accommodation, simple in its constructional character, and of the hostel type, would enhance the facilities for prevention and would relieve the present excessive burden on the treatment beds in the sanatorium service.

Notifications

The notification rate during 1949 for all forms of tuberculosis was 1.16 per 1,000 of the population, a decrease in comparison with 1948 of 9 or 0.01 per 1,000 of the population.

The pulmonary rate was 1.02 and the non-pulmonary rate 0.14 per 1,000 of the population. In comparison with 1948, the pulmonary notifications have increased by 1; the non-pulmonary notifications have decreased by 10, giving a reduction in the non-pulmonary notification rate of 0.01 per 1,000 of the population.

The number of cases of pulmonary tuberculosis notified during 1949 was 270, or 31.3% above the notification figure for 1939.

The number of cases of non-pulmonary tuberculosis notified during 1949 was 21 or 12.1% below the figure for 1939. The figures of notification for non-pulmonary tuberculosis have undergone little alteration in the past ten years.

Deaths

The death rate during 1949 from all forms of tuberculosis was 0.58 per 1,000 of the population, which represents in comparison with 1948, a decrease of 49 deaths or 0.04 per 1,000 of the population.

The pulmonary death rate was 0.54 and the non-pulmonary rate 0.05 per 1,000 of the population.

In comparison with 1948 the pulmonary rate has decreased by 55 deaths, or 0.05 per 1,000 of the population and the non-pulmonary rate has increased by 6 deaths or 0.01 per 1,000 of the population.

The number of cases and deaths occurring in past years are shown in the following tables :—

TUBERCULOSIS (All forms)					
		<i>New</i>	<i>Rate</i>	<i>Deaths</i>	<i>Death-rate</i>
		<i>Cases</i>	<i>per 1,000</i>		<i>per 1,000</i>
			<i>Population</i>		<i>Population</i>
1901—1910 (average)	.....	—	—	1,309	1.65
1911—1920	„	—	—	1,284	1.46
1921—1930	„	1,824	1.91	1,031	1.08
1931—1935	„	1,459	1.43	928	0.91
1936	.....	1,136	1.10	805	0.78
1937	.....	1,119	1.07	836	0.80
1938	.....	1,209	1.15	813	0.78
1939	.....	1,036	0.98	885	0.84
1940	.....	1,049	1.03	855	0.84
1941	.....	1,073	1.13	850	0.90
1942	.....	1,257	1.30	833	0.86
1943	.....	1,239	1.28	750	0.78
1944	.....	1,371	1.38	782	0.79
1945	.....	1,348	1.36	749	0.76
1946	.....	1,300	1.28	689	0.68
1947	.....	1,407	1.31	748	0.70
1948	.....	1,294	1.18	696	0.63
1949	.....	1,285	1.16	647	0.58

The relative prevalence and mortality from pulmonary and other forms of tuberculosis are shown in the two subsequent tables :—

PULMONARY TUBERCULOSIS

		<i>New Cases</i>	<i>Rate per 1,000 Population</i>	<i>Deaths</i>	<i>Death-rate per 1,000 Population</i>
1901—1910 (average)	.....	—	—	993	1.25
1911—1920	„	—	—	1,059	1.20
1921—1930	„	1,533	1.61	892	0.94
1931—1935	„	1,225	1.20	824	0.80
1936	.....	962	0.93	734	0.71
1937	.....	965	0.93	756	0.72
1938	.....	1,011	0.96	732	0.70
1939	.....	863	0.82	808	0.77
1940	.....	899	0.88	786	0.77
1941	.....	922	0.97	768	0.81
1942	.....	1,069	1.11	745	0.77
1943	.....	1,106	1.14	681	0.71
1944	.....	1,190	1.20	696	0.70
1945	.....	1,193	1.21	671	0.68
1946	.....	1,135	1.12	616	0.61
1947	.....	1,223	1.14	691	0.64
1948	.....	1,132	1.03	650	0.59
1949	.....	1,133	1.02	595	0.54

NON-PULMONARY TUBERCULOSIS

		<i>New Cases</i>	<i>Rate per 1,000 Population</i>	<i>Deaths</i>	<i>Death-rate per 1,000 Population</i>
1901—1910 (average)	.....	—	—	317	0.40
1911—1920	„	—	—	224	0.26
1921—1930	„	290	0.31	139	0.14
1931—1935	„	234	0.23	104	0.10
1936	.....	174	0.17	71	0.07
1937	.....	154	0.15	80	0.08
1938	.....	198	0.19	81	0.08
1939	.....	173	0.16	77	0.07
1940	.....	150	0.15	69	0.07
1941	.....	151	0.16	82	0.09
1942	.....	188	0.19	88	0.09
1943	.....	133	0.14	69	0.07
1944	.....	181	0.18	86	0.09
1945	.....	155	0.16	78	0.08
1946	.....	165	0.16	73	0.07
1947	.....	184	0.17	57	0.05
1948	.....	162	0.15	46	0.04
1949	.....	152	0.14	52	0.05

Non-Notification

The number of deaths from non-notified pulmonary tuberculosis was 51 or 8.6%, and from non-pulmonary tuberculosis 10 or 19.2%.

The percentage of non-notified deaths from all forms of tuberculosis was therefore 9.40, but in 24 cases the diagnosis was established following an autopsy, and the corrected figure is 5.7% of the total deaths from all forms of tuberculosis. The corresponding figure for 1948 was 5.3% and it should be recorded that there has been during the past few years an unfortunate tendency for this figure to increase—1944, 2.9%; 1949, 5.7%.

Mortality Rate

The mortality rate from pulmonary tuberculosis shows a decrease of 55 deaths in comparison with the figure for 1948 and is the lowest so far recorded. The steady fall in the mortality rate without any corresponding reduction in the notification rate is of great interest and in essence satisfactory. The number of deaths during 1949 was 213 or 26.4% less than in 1939, whilst the notifications were 270 or 31.3% more than in 1939. Both this divergent trend between the mortality and the notification rates, and the very remarkable fall in the mortality rate itself, within this period of eleven years, are most encouraging.

The mortality rate from non-pulmonary tuberculosis shows an increase of 6 deaths on the corresponding figure for 1948.

CONTACTS EXAMINED DURING 1949

The supervision of contacts continues to be undertaken by examination at the Mass Radiography Department and at the Chest Clinic. The work undertaken is shown in the following table, which demonstrates both its value and the degree of limitation, at present unavoidable, of this important service.

	<i>Total Number of Cases</i>	<i>Contacts to patients with sputum containing tubercle bacilli</i>	<i>Contacts to patients with negative sputum</i>
<i>0 to 5 years</i>			
Tuberculous	22 (3.4%)	17 (77.3%)	5 (22.7%)
Non-tuberculous	620 (96.6%)	319 (51.5%)	301 (48.5%)
	642	336	306
<i>6 to 15 years</i>			
Tuberculous	7 (1.2%)	6 (85.7%)	1 (14.3%)
Non-tuberculous	576 (98.8%)	283 (49.1%)	293 (50.9%)
	583	289	294
<i>16 years and over :</i>			
Tuberculous	52 (3.8%)	35 (67.3%)	17 (32.7%)
Non-tuberculous	1,308 (96.2%)	620 (47.4%)	688 (52.6%)
	1,360	655	705

Work of the Tuberculosis Visitors

There are 14 nurses engaged as tuberculosis visitors in the Department. The visitors are concerned with the domiciliary welfare of the patient ; the range of their duties is wide, and the character of the work varied. It is their primary duty to make enquiry into every case of tuberculosis, and maintain by regular visits close contact with the patient in his or her home.

After-care in all its aspects is the concern of the visitor, and an indication of the scope of the work is shown in the following statement :—

VISITS PAID BY THE TUBERCULOSIS VISITORS DURING 1948 AND 1949

	1948	1949
Primary visits to new cases	1,542	1,581
Special visits and routine re-visits	28,350	27,134

The following statement gives an indication of certain of the after-care activities of the department :—

	1948	1949
Beds issued	288	432
Chalets provided	12	15*
Grants of clothing and nursing appliances	548	415
Grants of food made	239	173
Home helps employed	—	13

*The provision of chalets is governed by the fitness of the patients to sleep or rest unattended for prolonged periods out of doors.

The closest co-operation has been maintained between the tuberculosis service, the school medical officer's department, and the maternity and child welfare department, allowing opportunities for the after-care service to be widely applied.

Disinfection

The disinfection of 1,428 houses where a member of the family had suffered or died from tuberculosis or changed his or her address, was undertaken during the year.

Housing

The housing problem has continued to be a difficult one, but despite these difficulties, the Estates Department has been able to offer suitable accommodation to 148 families. This is a reduction of 86 houses in comparison with the number allocated during 1948, a reduction resulting from the cessation in erection of the prefabricated type of house at the end of 1948. The number of houses allocated to tuberculous families during the past four years is shown below :—

1946	69 houses
1947	215 houses
1948	234 houses
1949	148 houses
TOTAL	666 houses

Action under Legal Enactment

It was unnecessary during the year to take action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, relating to tuberculous employees in the milk trade ; nor was Section 172 of the Public Health Act, 1936, employed to remove any patient compulsorily to a sanatorium.

Rehabilitation

During the year 137 patients were interviewed by Dr. J. M. Gilmore and the Divisional Rehabilitation Officer (Ministry of Labour) at the Chest Clinic. Reasonably suitable employment was obtained for 109 of these patients. In addition, Dr. Gilmore carried out 514 " follow-up " interviews. The work of this department will be considerably advanced when the Remploy Factory is opened, and after much delay, that should take place early in 1950.

B.C.G. Vaccination

The general arrangements were in process of development during the year, but unfortunately were somewhat retarded by unavoidable delay in the completion of the scheme for the reception of contact children in the Skilts residential nursery. It is the intention of the Health Committee to offer vaccination to all the appropriate household contact population of tuberculous patients in the City, and the scheme under development is being constructed with that objective in view.

VENEREAL DISEASES

The records for 1949 show a notable decline in new cases of syphilis, and a trifling decline in those of gonorrhoea, as compared with 1948.

The precise figures are included in the two tables which follow :—

	<i>New Cases</i>			
	<i>Syphilis</i>	<i>Soft Chancre</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
General Hospital	453	—	756	2,449
Children's Hospital	1	—	—	6
Lancaster Street	50	—	8	1,064
Birmingham Infirmary	37	—	15	17
Total	<u>541</u>	<u>—</u>	<u>779</u>	<u>3,536</u>

The following table gives the data over a period of ten years :—

	<i>Syphilis</i>	<i>Soft Chancres</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
1940	318	1	835	1,957
1941	343	4	940	2,261
1942	515	2	1,030	2,906
1943	685	—	878	4,816
1944	604	—	765	4,583
1945	567	—	1,061	4,695
1946	835	—	1,510	5,437
1947	608	—	1,052	4,003
1948	602	—	782	4,086
1949	541	—	779	3,536

The total attendances for treatment are indicated below :—

1940	75,936	1945	84,539
1941	73,175	1946	96,515
1942	83,776	1947	71,482
1943	97,973	1948	65,546
1944	92,915	1949	67,797

Further particulars of the work done at the Centres in 1949 are as follows :—

	<i>Syphilis</i>	<i>Soft Chancres</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
No. of cases under treatment, Jan. 1st, 1949.....	1,657	—	415	718
New cases under treatment during year	541	—	779	3,536
Total attendances	43,815	—	7,440	16,542
No. discharged after completion of treatment and observation	307	—	408	3,737
No. transferred to other centres	173	—	89	34
No. who ceased to attend:				
Before completion of treatment	216	—	21	—
After completion of treatment but before final tests as to cure	175	—	312	—
No. of cases of congenital syphilis treated :				
Under 1 year of age	9	Aged 5-15 years	7	
Aged 1-5 years	4	Aged 15 years and over	30	
TOTAL			50	

The corresponding number of cases of congenital syphilis under treatment in 1948 was 45. The number of infants under the age of 1 year treated for congenital syphilis rose from 5 in 1948 to 9 in 1949. The numbers are too small for any conclusion as to their significance.

While under the National Health Service Act the venereal disease clinics have been transferred to the authority of the Regional Hospital Board, I am indebted to Dr. Assinder, the Director of the Clinic, for the particulars here summarised.

TABLE I

VITAL STATISTICS DURING 1949 AND PREVIOUS YEARS

YEAR	Population Estimated to middle of each year	Birth-rate	Death-rate	Infant Mortality rate per 1,000 Births	Enteric Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis		Cancer	Diseases of Nervous System	Diseases of Circulatory System	Diseases of Respiratory System	Diseases of Digestive System	Diseases of Genito-Urinary System	Suicides	Other Violence	DEATH-RATES PER 1,000 LIVE BIRTHS				
												Respiratory	Other Forms									Puerperal Fever	Diarrhoea and Enteritis (under 2)	Other Accidents of Child Birth		
1911	842,337	26.1	15.0	150	.04	.00	.47	.10	.17	.13	.09	1.14	.32	.89	?	?	2.51	?	?	.41	1.64	2.18				
1912	850,947	26.1	14.1	111	.04	.00	.67	.18	.39	.12	.12	1.28	.24	1.02	1.36	1.33	2.68	.95	.50	.07	1.22	2.03				
1913	859,644	27.3	14.9	129	.02	.00	.46	.20	.19	.19	.13	1.19	.34	1.03	1.37	1.53	2.48	1.68	.56	.11	1.85	2.01				
1914	862,534	26.4	14.8	122	.02	.00	.35	.17	.35	.30	.16	1.20	.27	.88	1.35	1.74	2.69	1.49	.51	.09	1.42	1.77				
1915	891,234	23.8	14.4	118	.01	.00	.47	.07	.14	.15	.16	1.28	.27	1.00	1.36	1.82	2.82	1.31	.48	.05	1.65	1.79				
	Average	25.9	14.6	126	.03	.00	.48	.14	.25	.18	.13	1.22	.29	.94	1.36	1.60	2.64	1.36	.51	.09	1.55	1.99				
1916	895,678	23.1	13.5	104	.01	.00	.37	.01	.14	.13	.11	1.24	.24	1.00	1.29	1.88	2.60	1.07	.45	.05	1.50	1.94				
1917	900,000	19.7	12.6	101	.01	.00	.37	.01	.14	.13	.11	1.30	.26	1.02	1.23	1.87	2.10	.88	.44	.06	1.47	1.13				
1918	870,000	19.4	15.2	99	.01	.00	.08	.01	.32	.18	2.50	1.35	.25	1.02	1.18	1.76	2.85	.96	.40	.07	1.72	1.31				
1919	910,000	20.9	13.0	84	.01	.00	.20	.05	.06	.14	1.15	1.10	.18	1.01	1.07	1.73	2.67	.66	.35	.11	1.19	1.45				
1920	910,000	27.6	12.6	83	.16	.00	.16	.12	.20	.22	.46	.93	.17	1.12	1.06	1.72	2.46	.82	.32	.11	2.03	1.56				
	Average	22.1	13.4	94	.18	.01	.18	.04	.23	.16	.88	1.18	.22	1.03	1.17	1.79	2.54	.88	.39	.08	1.58	1.48				
1921	919,683	24.1	11.3	83	.01	.00	.08	.01	.17	.04	1.15	.37	.16	1.12	0.98	1.64	2.02	.93	.33	.10	1.17	1.67				
1922	919,683	24.1	11.3	83	.01	.00	.08	.01	.17	.04	1.15	.37	.16	1.12	0.98	1.64	2.02	.93	.33	.10	1.17	1.67				
1923	927,844	21.5	12.1	86	.00	.00	.09	.04	.38	.10	.48	.97	.16	1.18	1.04	1.85	2.38	.66	.40	.07	1.26	1.76				
1924	936,079	20.4	11.0	72	.00	.00	.20	.04	.05	.15	.28	.92	.16	1.17	1.00	1.71	1.98	.70	.39	.14	1.78	1.73				
1925	944,386	19.2	11.6	83	.01	.00	.08	.02	.19	.10	.39	.97	.13	1.30	1.00	1.91	2.15	.70	.37	.10	2.01	1.90				
1926	952,766	18.8	11.7	78	.00	.00	.11	.02	.23	.10	.39	.98	.16	1.21	0.98	2.12	1.97	.73	.37	.11	1.96	2.19				
	Average	20.8	11.5	80	.00	.00	.13	.03	.19	.12	.27	.94	.12	1.26	1.07	2.12	1.88	.73	.40	.12	1.84	2.05				
1927	961,222	18.7	11.3	73	.00	.00	.08	.01	.13	.12	.27	.94	.12	1.26	1.07	2.12	1.88	.73	.40	.12	1.84	2.05				
1928	969,752	17.8	11.8	75	.00	.00	.13	.01	.07	.08	.41	.89	.17	1.35	0.95	2.28	1.89	.67	.41	.15	1.45	2.14				
1929	976,500	17.6	10.9	65	.00	.00	.08	.02	.13	.03	.36	.83	.10	1.45	0.87	2.41	1.56	.70	.41	.15	1.45	2.14				
1930	981,000	17.1	13.5	79	.00	.00	.05	.01	.13	.09	1.09	.94	.15	1.34	0.98	2.76	2.26	.76	.53	.16	1.55	2.44				
	Average	17.8	11.6	70	.01	.00	.10	.01	.11	.09	1.13	.90	.13	1.35	0.96	2.57	1.32	.69	.44	.15	1.55	2.44				
1931	1,011,300	16.9	11.7	71	.00	.00	.18	.01	.09	.06	.27	.92	.14	1.46	0.77	2.90	1.61	.62	.45	.15	1.64	2.17				
1932	1,017,500	16.3	11.3	67	.00	.00	.05	.01	.13	.03	.36	.83	.10	1.45	0.87	2.73	1.47	.59	.45	.19	1.68	2.05				
1933	1,023,500	14.7	11.0	66	.00	.00	.08	.02	.03	.03	.44	.85	.11	1.43	0.70	2.94	1.32	.61	.40	.17	1.85	2.06				
1934	1,028,000	15.3	11.0	68	.01	.00	.02	.01	.11	.08	.18	.71	.08	1.43	0.76	3.04	1.26	.67	.44	.16	1.85	2.06				
1935	1,033,000	15.4	10.9	64	.00	.00	.05	.01	.06	.08	.15	.71	.08	1.52	0.72	3.14	1.09	.62	.46	.13	1.45	2.07				
	Average	15.7	11.2	67	.00	.00	.08	.01	.08	.06	.28	.80	.10	1.46	0.76	2.95	1.35	.62	.46	.13	1.45	2.07				
1936	1,038,000	15.8	11.3	62	.00	.00	.04	.01	.10	.06	.13	.71	.07	1.57	0.69	3.43	1.22	.62	.45	.12	1.66	2.07				
1937	1,042,000	16.3	11.7	60	.00	.00	.07	.01	.03	.08	.40	.72	.08	1.62	0.73	3.40	1.40	.56	.45	.15	1.85	2.05				
1938	1,048,000	16.6	10.9	61	.00	.00	.01	.01	.07	.07	.15	.70	.08	1.59	0.61	3.45	1.18	.61	.34	.16	1.68	2.05				
1939	1,055,000	16.6	11.4	60	.00	.00	.02	.00	.05	.05	.16	.77	.07	1.55	0.67	3.65	1.16	.45	.39	.15	1.85	2.06				
1940	1,020,000	16.9	14.3	70	.00	.00	.01	.01	.07	.05	.22	.77	.07	1.55	0.67	3.65	1.16	.45	.39	.15	1.85	2.06				
	Average	16.4	11.9	63	.00	.00	.03	.01	.06	.06	.21	.73	.07	1.59	0.80	3.45	1.43	.56	.46	.14	1.85	2.07				
1941	950,000	16.8	13.2	69	.01	.00	.05	.00	.12	.09	.15	.81	.09	1.70	1.30	3.10	1.94	.72	.45	.12	1.66	2.05				
1942	965,000	20.9	11.8	56	.02	.00	.01	.01	.06	.04	.34	.71	.09	1.77	1.28	2.87	1.51	.64	.43	.11	1.79	0.94				
1943	965,000	19.3	12.1	55	.00	.00	.01	.00	.06	.04	.34	.71	.09	1.83	1.34	3.02	1.73	.46	.45	.11	1.79	0.94				
1944	990,000	22.8	11.3	42	.00	.00	.03	.00	.03	.02	.11	.70	.09	1.75	1.29	3.15	1.40	.43	.42	.08	1.79	0.94				
1945	990,000	19.9	11.2	50	.00	.00	.03	.00	.03	.02	.06	.68	.07	1.84	1.33	3.14	1.44	.44	.41	.10	1.79	0.94				
	Average	19.9	11.9	54	.00	.00	.02	.00	.06	.04	.15	.73	.08	1.78	1.31	3.10	1.60	.54	.41	.10	1.79	0.94				
1946	1,017,100	22.5	11.3	40	.00	.00	.01	.01	.03	.01	.11	.61	.07	1.90	1.32	3.36	1.57	.44	.36	.12	1.79	0.94				
1947	1,076,300	22.2	11.1	41	.01	.00	.02	.00	.03	.00	.08	.64	.05	1.82	1.34	3.34	1.48	.36	.34	.11	1.79	0.94				
1948	1,096,100	19.5	9.8	32	.03	.00	.01	.00	.03	.00	.03	.89	.04	1.82	1.10	3.00	1.10	.32	.33	.13	1.79	0.94				

TABLE III

CASES OF INFECTIOUS DISEASE NOTIFIED AND VERIFIED DURING 1949
CLASSIFIED ACCORDING TO SEX AND AGE

Disease	Sex	AGE GROUPS														Total
		0-1	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75 up		
Enteric Fever	M.	—	—	2	1	2	—	—	—	—	—	—	—	—	5	
	F.	—	1	—	1	—	1	1	2	—	—	—	—	—	6	
Scarlet Fever	M.	4	87	244	439	68	16	8	7	10	5	—	—	—	888	
	F.	7	65	197	533	122	21	7	16	8	2	—	—	—	978	
Diphtheria	M.	1	9	9	17	14	1	5	9	2	—	—	—	—	67	
	F.	1	6	8	25	12	8	3	3	4	1	—	—	—	71	
Erysipelas	M.	—	2	—	—	3	1	4	14	23	21	27	11	4	110	
	F.	1	—	—	2	3	1	3	22	30	49	37	24	13	185	
Pulmonary Tuberculosis.....	M.	4	14	11	21	14	64	55	109	106	124	88	33	5	648	
	F.	5	15	7	17	16	84	93	123	65	33	16	5	6	485	
Tuberculous Meningitis	M.	—	5	4	—	—	—	1	1	—	—	—	—	—	11	
	F.	—	5	1	4	3	1	1	1	—	—	—	—	—	16	
Tuberculosis of Peritoneum & Intestines	M.	—	—	—	1	1	1	1	—	1	—	1	1	—	7	
	F.	—	1	—	—	1	3	1	3	—	—	—	—	—	9	
Other forms of Tuberculosis	M.	—	2	8	10	4	3	7	6	7	4	5	1	—	57	
	F.	1	—	5	2	10	6	9	11	3	2	1	2	—	52	
Meningitis	M.	6	8	4	4	1	4	2	—	—	—	—	—	—	29	
	F.	—	4	3	2	4	—	1	1	—	—	—	—	—	15	
Poliomyelitis	M.	—	5	5	12	6	—	1	3	1	—	—	—	—	33	
	F.	2	11	5	11	—	—	2	2	2	—	—	—	—	35	
Polio-encephalitis	M.	—	1	—	—	—	1	—	—	—	—	—	—	—	2	
	F.	2	—	—	—	—	—	—	—	—	—	—	—	—	2	
Malaria	M.	—	—	—	—	—	—	1	5	2	—	—	—	—	8	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery	M.	3	14	7	2	—	1	—	2	2	—	2	1	1	35	
	F.	4	9	5	3	—	—	—	4	3	1	—	—	—	29	
Smallpox	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pneumonia	M.	30	70	53	56	19	13	13	64	91	99	110	77	47	742	
	F.	23	62	45	49	16	16	14	49	63	55	70	88	40	590	
Ophthalmia Neonatorum	M.	383	—	—	—	—	—	—	—	—	—	—	—	—	383	
	F.	280	—	—	—	—	—	—	—	—	—	—	—	—	280	
Puerperal Pyrexia	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	6	40	53	21	—	—	—	—	120	
Measles	M.	271	1868	1843	1949	45	12	13	5	2	1	—	—	—	6009	
	F.	259	1789	1716	1957	55	16	12	13	11	3	1	1	—	5833	
Whooping Cough	M.	238	802	675	726	20	3	2	6	—	—	—	—	—	2472	
	F.	259	846	724	839	30	5	2	8	9	4	3	1	—	2730	

TABLE IV

BIRTH, DEATH AND INFANT MORTALITY RATES IN WARDS, 1949

WARDS	Estimated Population	BIRTHS		DEATHS		INFANT DEATHS	
		Number	Rate per 1,000 population	Number	Rate per 1,000 population	Number	Rate per 1,000 live births
St. Paul's	19,700	485	24.6	270	13.7	28	58
St. Mary's	15,800	415	26.3	215	13.6	19	46
Duddeston and Nechells....	24,800	619	25.0	344	13.9	17	27
St. Bartholomew's	17,200	433	25.2	233	13.5	16	37
St. Martin's and Deritend	19,100	509	26.6	294	15.4	28	55
Market Hall	12,800	295	23.0	177	13.8	5	17
Ladywood	22,600	526	23.3	288	12.7	15	29
Average Rate of Central Wards	132,000	3,282	24.8	1,821	13.8	128	39
Lozells	26,200	510	19.5	328	12.5	9	18
Aston	27,900	586	21.0	358	12.8	22	38
Washwood Heath	33,500	553	16.5	307	9.2	12	22
Saltley	25,000	463	18.5	280	11.2	14	30
Small Heath	28,000	558	19.9	304	10.9	19	34
Sparkbrook	29,000	621	21.4	335	11.6	21	34
Balsall Heath	29,500	602	20.4	372	12.6	23	38
Edgbaston	30,500	520	17.0	398	13.0	14	27
Rotton Park	27,500	456	16.6	368	13.4	15	33
All Saints'	24,600	425	17.3	328	13.3	13	31
Average Rate of Inner Ring Wards	281,700	5,294	18.8	3,378	12.0	162	31
Soho	24,500	374	15.3	285	11.6	9	24
Sandwell	22,200	303	13.6	242	10.9	12	40
Handsworth	30,200	525	17.4	349	11.6	16	30
Perry Barr	80,000	1,296	16.2	520	6.5	32	25
Edrington	36,000	536	14.9	313	8.7	14	26
Gravelly Hill	32,400	574	17.7	349	10.8	17	30
Bromford	30,000	530	17.7	277	9.2	18	34
Stechford	70,000	1,492	21.3	525	7.5	44	29
Wardley	38,000	612	16.1	362	9.5	11	18
Acoccks Green	38,500	587	15.2	385	10.0	18	31
Hall Green	49,000	716	14.6	407	8.3	21	29
Sparkhill	34,000	561	16.5	375	11.0	14	25
Moseley and King's Heath	49,000	817	16.7	558	11.4	30	37
Welly Oak	32,500	493	15.2	353	10.9	14	28
King's Norton	40,000	673	16.8	460	11.5	24	36
Northfield	49,900	882	17.7	407	8.2	18	20
Harborne	36,900	494	13.4	385	10.4	12	24
Average Rate of Outer Ring Wards	693,100	11,465	16.5	6,552	9.4	324	28
Ward of domicile not known		10	—	118	—	3	—
City	1,106,800	20,051	18.1	11,869	10.7	617	31

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