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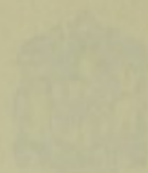
CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1959





CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1929

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MEMBERS OF THE HEALTH COMMITTEE

Municipal Year, 1959-60

Chairman ALDERMAN W. T. BOWEN, J.P.
(Chairman of Staff Sub-Committee and Staff Discipline Sub-Committee).

THE LORD MAYOR (ALDERMAN J. H. LEWIS, O.B.E., J.P.)

ALDERMAN G. CORBYN BARROW.
(Chairman of Health Education Sub-Committee)

ALDERMAN MRS. A. LONGDEN, J.P.

COUNCILLOR E. L. BENNETT.

COUNCILLOR D. G. BEVAN.

COUNCILLOR MRS. M. A. BROWN.
(Chairman of Maternity and Child Welfare Sub-Committee).

COUNCILLOR MRS. F. M. COCKS.

COUNCILLOR MRS. J. COLE.
(Chairman of Finance and General Purposes Sub-Committee).

COUNCILLOR MRS. M. A. M. COOKE.

COUNCILLOR J. A. DAVIS.

COUNCILLOR C. HUXTABLE.

COUNCILLOR F. W. JOHNSON.

COUNCILLOR W. A. N. JONES.

COUNCILLOR L. C. LOVESEY.

COUNCILLOR MRS. H. L. RADFORD.

COUNCILLOR W. F. SMITH.

COUNCILLOR W. J. H. SOWTON.

COUNCILLOR A. T. WALKER.
(Chairman of Mental Health Sub-Committee).

COUNCILLOR J. T. WEBSTER.

COUNCILLOR N. WHITEHOUSE.

COUNCILLOR MISS O. M. WILLIAMS.

COUNCILLOR MRS. A. F. WOOD, C.B.E., J.P.

SUB-COMMITTEES OF THE HEALTH COMMITTEE

Finance and General Purposes Sub-Committee

Chairman—COUNCILLOR MRS. J. COLE.

ALDERMEN G. CORBYN BARROW, W. T. BOWEN, MRS. A. LONGDEN

COUNCILLORS E. L. BENNETT, MRS. M. A. BROWN, MRS. F. M. COCKS, MRS. M. A. M. COOKE, W. A. N. JONES, MRS. H. L. RADFORD, W. F. SMITH, A. T. WALKER, J. T. WEBSTER, N. WHITEHOUSE, MISS O. M. WILLIAMS, MRS. A. F. WOOD.

RESPONSIBILITIES :

Public Health Acts ; Clean Air Act ; Prevention of Damage by Pests Act ; Milk and Dairies legislation ; Food and Drugs Acts ; Housing Act (part) ; National Health Service Act (Section 21, Health Centres ; Section 26, Vaccination and Immunisation ; Section 27, Ambulance Service ; Section 28, Prevention of Illness, Care and After-Care) ; Rag Flock and other Filling Materials Act ; Rent Act ; Heating Appliances (Fireguards) Act and other miscellaneous enactments not within the scope of personal services.

Maternity and Child Welfare Sub-Committee

Chairman—COUNCILLOR MRS. M. A. BROWN.

ALDERMEN G. CORBYN BARROW, W. T. BOWEN.

COUNCILLORS E. L. BENNETT, MRS. F. M. COCKS, MRS. J. COLE, MRS. M. A. M. COOKE, J. A. DAVIS, C. HUXTABLE, W. A. N. JONES, MRS. H. L. RADFORD, W. F. SMITH, W. J. H. SOWTON, A. T. WALKER, N. WHITEHOUSE.

RESPONSIBILITIES :

The Public Health Act in so far as it relates to the inspection of Nursing Homes ; The National Health Service Act (Section 22, Care of Mothers and Young Children ; Section 23, Midwifery ; Section 24, Health Visiting ; Section 25, Home Nursing ; Section 28, Prevention of Illness, Care and After-Care (Care of the Aged) ; Section 29, Domestic Help) and all matters relating to Maternity and Child Welfare contained in other enactments.

Mental Health Sub-Committee

Chairman—COUNCILLOR A. T. WALKER.

ALDERMEN G. CORBYN BARROW, W. T. BOWEN.

COUNCILLORS E. L. BENNETT, D. G. BEVAN, MRS. J. COLE, C. HUXTABLE, F. W. JOHNSON, W. A. N. JONES, L. C. LOVESEY, MRS. H. L. RADFORD, W. J. H. SOWTON, MRS. A. F. WOOD.

RESPONSIBILITIES :

The National Health Service Act, Section 28 (Prevention of Illness, Care and After-Care related to Mental Health) and Mental Health Act, 1959.

The above Committees meet monthly.

**Health Education Sub-Committee*

Chairman—ALDERMAN G. CORBYN BARROW.

ALDERMAN W. T. BOWEN.

COUNCILLORS E. L. BENNETT, MRS. M. A. BROWN, MRS. F. M. COCKS, MRS. J. COLE, J. A. DAVIS, L. C. LOVESEY, MRS. H. L. RADFORD, W. F. SMITH, N. WHITEHOUSE, MISS O. M. WILLIAMS, MRS. A. F. WOOD.

RESPONSIBILITIES:

The National Health Service Act, Section 28 (Prevention of Illness, Care and After-Care, as related to Health Education).

***Staff Sub-Committee**

Chairman—ALDERMAN W. T. BOWEN.

COUNCILLORS MRS. M. A. BROWN, MRS. J. COLE, W. F. SMITH, A. T. WALKER.

***Staff Discipline Sub-Committee**

Chairman—ALDERMAN W. T. BOWEN.

ALDERMAN G. CORBYN BARROW.

COUNCILLORS MRS. M. A. BROWN, MRS. J. COLE, W. F. SMITH, A. T. WALKER.

*These Committees meet at the call of the Chairmen.

OTHER COMMITTEES OF THE CITY COUNCIL CONCERNED WITH MATTERS OF PUBLIC HEALTH AND THE SOCIAL SERVICES

Baths Committee (provision of bathing establishments).

Children's Committee (care of deprived children and adoption).

Finance Committee and also the General Purposes Committee (financial provisions of the various enactments).

Fire Brigade Committee (Ambulance Service on an agency basis).

House Building Committee (erection of houses).

Housing Management Committee (slum clearance and management of municipal houses).

Markets and Fairs Committee (regulation, control and management of markets and fairs and also the supervision of food factories and food shops other than premises where food is prepared for consumption on the premises).

Public Works Committee (*inter alia* in charge of all works in connection with public drains and sewers, paving surfacing and maintenance of streets and roads, the lighting and cleansing of highways, etc.)

Salvage Committee (refuse disposal).

Water Committee (provision of the City's water supply).

Welfare Committee (provision of services under the National Assistance Acts, 1948 and 1951).

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 31st DECEMBER, 1959

Medical Officer of Health :

MATTHEW BURN, M.C., M.M., F.R.C.P. (Edin.), D.P.H., D.T.M. & H.

Deputy Medical Officer of Health :

E. L. M. MILLAR, M.Sc., M.D., Ch.B., D.P.H.

Secretary-Accountant :

C. C. BATEMAN, F.C.A., F.C.C.S.

Administrative Medical Officers of Health :

W. R. MARTINE, O.B.E., T.D., M.D., Ch.B., D.P.H.

W. NICOL, M.B., Ch.B., D.P.H.

A. J. ESSEX-CATER, M.R.C.S., L.R.C.P., D.C.H., D.P.H., D.I.H.

Deputy to Administrative Medical Officer of Health for Maternity and Child Welfare:

BESSIE HATHERLEY, M.B., Ch.B., M.M.S.A.

Medical Superintendent for Nurseries and Deprived Children :

MARGARET C. O'BRIEN, M.B., Ch.B., D.P.H., M.M.S.A.

Assistant Administrative Medical Officers of Health :

D. F. MAHON, M.B., B.Ch., B.A.O., D.P.H., B.Sc.(Public Health), L.M.

MARY M. M. BOYD, M.Sc., M.B., Ch.B., M.R.C.P. (Edin.), D.R.C.O.G., D.C.H.,
D.P.H.

H. W. S. FRANCIS, M.A., M.B., B.Chir. (Cantab.), D.P.H.

Medical Officer for B.C.G. Vaccination :

W. L. GORDON, B.M., B.Ch. (Oxon.).

Medical Officer for Staff Welfare :

J. J. LANDON, M.A., M.B., B.Chir. (Cantab.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Senior Dental Officer :

F. J. HASTILOW, L.D.S.

City Analyst :

A. H. COOMBES, B.Sc., F.R.I.C.

Chief Public Health Inspector :

E. N. WAKELIN, F.R.S.H., M.A.P.H.I.

Chief Housing Inspector :

L. V. AMBLER, M.A.P.H.I.

Chief Smoke Inspector :

G. W. FARQUHARSON, M.A.P.H.I.

SECRETARIAL AND ACCOUNTANCY

Secretary-Accountant	...	...	...	...	...	...	...	...	1
Assistant Secretary	...	...	...	...	...	...	...	...	1
Administrative Assistant	...	...	...	...	...	...	...	...	1
Deputy Accountant	...	...	...	...	...	...	...	...	1
Assistant Accountant	...	...	...	...	...	...	...	...	1
Staff Officer	...	...	...	...	...	...	...	...	1
Steward	...	...	...	...	...	...	...	...	1
Steward for Home Nursing Service	...	...	...	...	...	...	...	...	1
Administrative, Accountancy and Clerical Staff...	...	...	...	...	...	...	...	...	92

MATERNITY AND CHILD WELFARE

Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	1
Deputy Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	1
Medical Officer for Nurseries and Deprived Children	...	...	...	...	...	...	...	...	1
Assistant Administrative Medical Officers of Health (in conjunction with other duties)	...	...	...	...	...	...	...	...	2
Assistant Medical Officers for Maternity and Child Welfare (Clinical Medical Officers)	...	...	...	...	...	...	...	...	15
Senior Dental Officer	...	...	...	...	...	...	...	...	1
Assistant Dental Officers (Part-time)	...	...	...	...	...	...	...	...	13

Health Visitors

Superintendent	...	...	...	...	...	...	...	...	1
Deputy Superintendent	...	...	...	...	...	...	...	...	Vacant
Health Visitor Tutors	...	...	...	...	...	...	...	...	2
Health Visitors and other professional Staff	...	...	...	...	...	...	...	...	164

Midwives

Supervisors	...	...	...	...	...	...	...	...	3
Midwives	...	...	...	...	...	...	...	...	120

Health Education

Organisers	...	...	...	...	...	...	...	...	2
Assistant Lecturer and Artists	...	...	...	...	...	...	...	...	3

Day Nurseries

Senior Supervisor of Day Nurseries	...	...	...	...	...	...	...	...	1
Supervisor of Day Nurseries	...	...	...	...	...	...	...	...	1
Nursery Nurses and other professional Staff	...	...	...	...	...	...	...	...	261

Home Nursing Service

Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	1
Deputy Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	1
Home Nursing Tutor	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	194

Domestic Help

Organiser	...	...	...	...	...	...	...	...	1
Assistant Organiser	...	...	...	...	...	...	...	...	1
District Organisers	...	...	...	...	...	...	...	...	3
Domestic Helps (Full-time)	...	...	...	...	...	...	...	...	57
Domestic Helps (Part-time)	...	...	...	...	...	...	...	...	822
Night Watchers	...	...	...	...	...	...	...	...	88

John Foster Vince Memorial Home (Mother and Baby Home)

Matron	...	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	...	1
Domestic Staff	...	...	...	...	...	...	...	...	...	4
Clerical Staff	...	...	...	...	...	...	...	...	...	26
<i>Miscellaneous Staff</i>										
Non-manual (Full and part-time)	...	...	...	...	...	...	...	...	...	87
Manual	...	...	...	...	...	...	...	...	...	203

MENTAL HEALTH

Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	...	1
Secretary-Typist to Administrative M.O.H.	...	...	...	...	...	...	...	...	...	1
<i>Psychiatric Social and Family Care Section</i>										
Chief Assistant	...	...	...	...	...	...	...	...	...	1
Deputy Chief Assistant	...	...	...	...	...	...	...	...	...	1
Mental Welfare Officers	...	...	...	...	...	...	...	...	...	6
Assistant Mental Welfare Officers	...	...	...	...	...	...	...	...	...	5
Clerical Staff	...	...	...	...	...	...	...	...	...	2
<i>Parent Guidance Clinic</i>										
Psychiatric Social Worker	...	...	...	...	...	...	...	...	...	1
Social Worker	...	...	...	...	...	...	...	...	...	1
Clerical Staff	...	...	...	...	...	...	...	...	...	1
<i>Mental Welfare—Admissions Section</i>										
Senior Mental Welfare Officer	...	...	...	...	...	...	...	...	...	1
Deputy Senior Mental Welfare Officer	...	...	...	...	...	...	...	...	...	1
Mental Welfare Officers	...	...	...	...	...	...	...	...	...	6
Clerical Staff	...	...	...	...	...	...	...	...	...	3
<i>Mental Welfare—Community Care Section</i>										
Senior Mental Welfare Officer	...	...	...	...	...	...	...	...	...	1
Deputy Senior Mental Welfare Officer	...	...	...	...	...	...	...	...	...	1
Mental Welfare Officer	...	...	...	...	...	...	...	...	...	1
Assistant Mental Welfare Officers	...	...	...	...	...	...	...	...	...	3
Clerical Staff	...	...	...	...	...	...	...	...	...	4
<i>Hostel for Discharged Mental Hospital Patients</i>										
Warden	...	...	...	...	...	...	...	...	...	1
Manual Staff	...	...	...	...	...	...	...	...	...	2

GENERAL PURPOSES

Administrative Medical Officer of Health	...	...	...	...	...	...	...	...	...	1
Assistant Administrative Medical Officers of Health (in conjunction with other duties)	...	...	...	...	...	...	...	...	...	3
Clerical Staff	...	...	...	...	...	...	...	...	...	5

IMMUNISATION

Assistant Administrative Medical Officer of Health (in conjunction with other duties)	...	...	...	...	...	...	...	...	...	1
Medical Officer for B.C.G. Vaccination	...	...	...	...	...	...	...	...	...	1
Nurse Administrator of the Immunisation Section	...	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	...	1
Medical and Nursing Staff (Part-time)	...	...	...	...	...	...	...	...	...	16
Clerical Staff	...	...	...	...	...	...	...	...	...	24
Temporary Clerical Staff (Full and Part-time)	...	...	...	...	...	...	...	...	...	28

TUBERCULOSIS

(Prevention and After Care)

Medical Director (Part-time)	...	...	...	...	...	...	...	...	...	1
Medical Officers (Part-time)	...	...	...	...	...	...	...	...	...	6

Tuberculosis Visitors	...	...	...	...	...	...	...	...	14
Clerical Staff	...	...	...	...	...	...	...	...	7

STAFF WELFARE SURGERIES

Medical Officer for Staff Welfare	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	3

PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector	...	...	...	...	...	...	...	...	1
Deputy Chief Public Health Inspector	...	...	...	...	...	...	...	...	1
Divisional Public Health Inspectors	...	...	...	...	...	...	...	...	2
Senior Rodent Officer	...	...	...	...	...	...	...	...	1
Senior Shops Act Inspector	...	...	...	...	...	...	...	...	1
Enforcement Officer	...	...	...	...	...	...	...	...	1
Inspectorial Staff	...	...	...	...	...	...	...	...	63
Pupil Public Health Inspectors	...	...	...	...	...	...	...	...	26
Food and Drugs Sampling Officers	...	...	...	...	...	...	...	...	4
Clerical Staff	...	...	...	...	...	...	...	...	27
Miscellaneous Manual Staff	...	...	...	...	...	...	...	...	36

Inspection of cowsheds and dairies, and of meat and other foods is carried out by the Veterinary and Food Inspection Department.

HOUSING INSPECTORS

Chief Housing Inspector	...	...	...	...	...	...	...	...	1
Deputy Chief Housing Inspector	...	...	...	...	...	...	...	...	1
Divisional Housing Inspectors	...	...	...	...	...	...	...	...	2
Inspectorial Staff	...	...	...	...	...	...	...	...	11
Draughtsmen	...	...	...	...	...	...	...	...	3
Clerical Staff	...	...	...	...	...	...	...	...	17

SMOKE INSPECTORS

Chief Smoke Inspector	...	...	...	...	...	...	...	...	1
Deputy Chief Smoke Inspector	...	...	...	...	...	...	...	...	1
Inspectorial Staff	...	...	...	...	...	...	...	...	7
Smoke Control Area Advisers	...	...	...	...	...	...	...	...	4
Clerical Staff	...	...	...	...	...	...	...	...	5

MILK AND DAIRIES INSPECTORS

Senior Milk and Dairies Inspector	...	...	...	...	...	...	...	...	1
Inspectors	...	...	...	...	...	...	...	...	4
Milk Samplers	...	...	...	...	...	...	...	...	2

ANALYTICAL LABORATORY

City Analyst	...	...	...	...	...	...	...	...	1
Deputy City Analyst	...	...	...	...	...	...	...	...	1
Laboratory Staff	...	...	...	...	...	...	...	...	12
Clerical Staff	...	...	...	...	...	...	...	...	2

WORKS DEPARTMENT

Manager of Works	...	...	...	...	...	...	...	...	1
Technical Staff	...	...	...	...	...	...	...	...	3
Clerical Staff	...	...	...	...	...	...	...	...	5
Manual Staff	...	...	...	...	...	...	...	...	36

MISCELLANEOUS STAFF

Manual Workers (Laundry Workers, Drivers, Storemen, Cleaners, etc.)	115
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Telephone:
Central 7000
Ext. 52

PUBLIC HEALTH DEPARTMENT,
THE COUNCIL HOUSE,
BIRMINGHAM, 3

*To the Chairman and Members
of the Health Committee.*

August, 1960.

It is with pleasure that I present to you my Report upon the Health of the City in 1959.

In 1959 the years of careful replanning of the City were seen coming to fruition in the increasing tempo with which old and worn out property, where citizens worked and lived, was being replaced by modern, light and airy buildings designed and orientated so as to be attractive. The rapidly improving environment in and around the centre of the City is producing a markedly more cheerful atmosphere than the picture of deterioration and decay which it is replacing. Among one's fellow citizens one senses a feeling of pride that the City is proceeding so boldly.

The Health Committee has received considerable support for its decision to designate smoke control areas progressively throughout the City and intends that every part of the City shall be so controlled in fifteen years' time. Measurements are already showing a progressive fall in atmospheric pollution and the environment will steadily become cleaner and brighter. The benefit will not only be aesthetic but the City will also be healthier. It is believed, for instance, that atmospheric pollution has played some part in the 1,695 deaths from pneumonia and bronchitis and 540 from cancer of the lung that occurred during the year 1959.

The industrial prosperity which Birmingham enjoys is continuing to attract immigrants from, not only the British Isles, but from overseas. Nevertheless it is estimated that the population has fallen by 3,500 to 1,091,500 since the 1958 estimate.

The excess of building over demolition resulted in there being 1,291 more houses at the end of the year than at the beginning and, in the course of the year, it was possible to close or demolish a further 1,892 of the City's slum houses, the total of which was officially stated in 1955 as 50,250. Since the 1st January, 1956, 6,464 unfit dwellings have been closed or demolished but many additional houses are falling into the "unfit class" through disrepair; their increasing age and accumulating defects making repair increasingly difficult. It is tragic to state that, in spite of this progress, new slum conditions are developing in old, large and substantial houses, which are physically much worse than in those houses commonly

called slums. It is here where the families of newcomers are settling and, because of the law being changed in 1954, proper control is now almost impossible. The lack of even basic facilities for a comfortable and secure home life is of grave concern in the proper upbringing of very many young citizens.

The fundamentally important public health services of removal of sewage and refuse and the provision of a pure public water supply are not administered by the Health Department, but the closest co-operation exists in these matters as they are, more than all others, essential for the maintenance of health among town dwellers. The domestic and, to some extent, the industrial environment are supervised by the public health inspectors of whom there are 111 and 20 students. The Department is now reaping the benefit of the student training scheme, eight having qualified during the year. Nevertheless there are many vacancies and at least twenty-five more inspectors are required. At present houses are inspected only on complaint by tenants, or by the special section of housing inspectors who are solely engaged upon work in connection with slum clearance. If more inspectors were available it would become possible for houses to be inspected as a routine and thus to ensure the carrying out of repairs. Although neglect of such repairs is not necessarily causing a nuisance, neglect is undoubtedly leading to the progressive deterioration of many houses and will eventually make demolition in connection with slum clearance inevitable; the burden of their replacement by new dwellings falling upon the Corporation. The 3,095 houses represented during 1959 were mainly so unsatisfactory in their design and so congested that demolition would still have been the correct course even if they had been in good repair. It is, however, a great waste of a vital asset to allow houses which are inherently of better design and general standard to deteriorate to slums by neglect of maintenance.

Nevertheless very many older houses are being well kept by their owners and especially is this so when the owner is also the occupier. The encouragement which owners have received from the Health Committee to install modern facilities is now bearing fruit in the increasing numbers of owner-occupiers and landlords who are doing this.

The considerable efforts made by the Veterinary and Food Inspection Department and by the Health Department in the supervision of food preparation and distribution, and the health education which inspectors are giving every day in the course of their work are producing a steady improvement in the hygiene of food handling. Inspection has been extended to licensed premises which are visited during the busy evening hours when any unhygienic practices are noted. Ready co-operation has been forthcoming in effecting a remedy when the inspectors have called next day.

Although the routine work of the City Analyst's Laboratory in examining large numbers of specimens of water, milk and common foods plays an important part in maintaining a high standard of quality of foods

and preventing fraud, it has, of recent years, achieved spectacular success in checking upon the quality of drugs, and this with the close co-operation of the pharmacists, and the Local Pharmaceutical Committee. It is of the greatest importance to ensure that, not only do the drugs prescribed for the treatment of illness contain the correct amounts of active ingredients, but that when administered as tablets they can be readily absorbed into the body. Numerous improvements in tablet formulation have been the result of discussions with the manufacturers.

The number of live births has risen yearly since 1955 and was 19,352 in 1959, but the live birth rate was 17·73 per 1,000 of population, the highest rate since 1949.

Throughout the decade the illegitimacy rate has risen steadily and now 6·8 per cent. of births are illegitimate. That the application of our present knowledge could save many additional infant lives is again shown by the infant mortality rates falling sharply from the Central Wards (34) to the Middle Wards (27) and further still to the Outer Wards (22). Prematurity was associated with 61 per cent. of the stillbirths and 31 per cent. of the infant deaths under one year. More knowledge is still needed about prematurity and congenital malformation. The latter, also a frequent cause of infant death, is the subject of an investigation in which the Health Department is participating.

The highest general death rate for sixteen years was recorded, due largely to the many deaths from bronchitis and pneumonia, especially in the first quarter of the year.

In the field of epidemiology the triumph of immunisation resulted in no case of diphtheria occurring for the second successive year and fewer notifications of whooping cough than in any year since notification began. Furthermore none of the nine poliomyelitis cases had been immunised although seven were eligible. It is a great pity that many people do not realise until too late the importance of availing themselves of the personal health services provided for them and made so very readily available in Birmingham. The great demand for poliomyelitis vaccination during the summer required great efforts on the part of the Department to meet it, but the demand was stimulated by the death of a footballer when ordinary methods of publicity had failed to arouse great enthusiasm.

The very favourable trend in tuberculosis is shown by the total of only 793 notifications in 1959, a reduction of as much as 18 per cent. on the number for 1957 which was the previous lowest. B.C.G. vaccination is now having a noticeable effect in protecting young adults. In fact the highest notification rates now occur in the older age group of men. So effective is the modern treatment of tuberculosis that every co-operative patient admitted to one or other of the local sanatoria is being discharged within a year non infectious. The Midland area is the last part of England in which bovine tuberculosis remains. Even so, 583 samples of raw milk demonstrated infection in only 15 herds.

The field of work of health visitors has continued to expand and, during the year, they became responsible for testing every infant for the condition of phenylketonuria at between six weeks and three months of age. (See page 102). This is probably the most comprehensive survey yet undertaken anywhere in connection with that condition and it has aroused much interest. One health visitor was attached for a trial period to a large group practice and there was further development in co-operation with hospitals.

From the increased number of children taken into care by the Children's Committee, the expansion of the business of child minding and the steady increase in the proportion of births that are illegitimate, it appears that there is an increasing number of children who, for one reason or another, are deprived of a normal family home life.

The rising birth rate has again increased the burden of the domiciliary maternity service. The ambulance midwives were disbanded and the alternative arrangements were working satisfactorily by the end of the year. Part of the supervision of the health of an expectant mother is a check upon the possible development of anaemia. The arrangements for this have been greatly improved by the Laboratory at Little Bromwich General Hospital examining blood specimens. General practitioners may also avail themselves of this service on behalf of their patients.

The load per district nurse having fallen a little, it is now possible to spend much more time with some patients upon their rehabilitation, a most important aspect of nursing to which there has been insufficient opportunity until recently to devote sufficient time. The prevention of back strain, an occupational condition of the nursing profession and others employed in lifting, has received special attention and lecture demonstrations have been given to organisations in the City caring for persons whom they require to lift.

The number of patients carried by the Ambulance Service was again a record and, as most of these are being taken to and from local hospitals, the nature and volume of the work of the hospitals is reflected in the demand for ambulances. In 1959 local hospitals treated about 25 per cent. more in-patients than they did in 1951 and the out-patient attendances rose by about 12 per cent. With the more rapid turnover of patients in hospital beds and the subsequent attendance of many of them as out-patients, it is not surprising to find that, in the last five years, the ratio of sitting to stretcher cases has fallen to a very constant ratio of about 3.4 to 1. Some reorganisation and the introduction of radio have allowed the Service to cater for the increased numbers, but it is now very fully committed indeed.

Some expansion and adjustment of the organisation of the Mental Health Service has been necessary as a preliminary to meeting the Health Committee's additional responsibilities under the Mental Health Act.

Integration of our work with that of the four psychiatric hospitals has developed to the extent that this Department is responsible for all psychiatric social work at two hospitals and for the after-care only at another, but arrangements have been made to extend the full service to the remaining hospital. This will ensure continuity which will benefit the patients and enhance the attractiveness of the posts for mental health officers. It is intended to serve each hospital by a balanced team of experienced workers, including health visitors. Already in-service training is taking place with a view to widening the knowledge of workers with different academic and professional backgrounds.

Rehabilitation within the community is being successfully facilitated by a small hostel for male psychiatric patients discharged from hospital and a similar hostel for women is being provided. The social club for discharged patients is also carrying on successfully and is becoming the prototype for others.

A plan is rapidly being fulfilled for the replacement of existing occupation centres by new and purpose-built premises, and premises have been acquired for an industrial centre which will open early in 1961.

Thus the one part of the Public Health field which at the present time is undergoing expansion is Mental Health.

One cannot in such a letter as this, give a complete resumé of the work of the Health Department. The whole report is itself but a resumé compiled by sectional officers who have expressed their own opinions and with which I concur. Very many human tragedies are hidden behind figures such as "889 children on the nursery registers" or "91,566 visits by public health inspectors to private houses" or "20,873 patients attended by district nurses." All members of the staff are proud to be in a position of being approached by those in trouble and endeavour to help them to the best of their ability, and equitably in so far as the many services can meet their needs. I would express my sincere appreciation for their efforts and for the help which many statutory and voluntary organisations so readily provide, working in conjunction with our own. It is a pleasure to receive such co-operation from all sides and not least from your Committee which creates such a stimulating atmosphere in which to work.

MATTHEW BURN

Medical Officer of Health.

BIRMINGHAM

The census population for the City of Birmingham recorded in 1951 was 1,112,685. The estimated population in 1959 was 1,091,500. The area of the City remained unaltered at 51,147 acres, i.e., 80 square miles. The highest point of the City (roadway) is at Quinton on the western boundary, 736 feet, and the lowest point is on the eastern boundary at Chester Road, 267 feet. In the centre of the City the Cathedral gardens are 459 feet above sea level. The sub-soil east of a line from New Oscott to Lickey Hills is chiefly marl and sand; west of this line is a belt of sand-stones; further west still is gravel and sand. This is a relatively modern city and enjoys world-wide reputation as a centre of industry and of progressive local government, regarded as the capital of the Midlands and the second city of Britain. Situated in the heart of the Midlands it is served by the main services of the air, road, rail and canal systems, and is 108 miles from London. The continuous succession of towns on the north and west comprise the "Black Country" of Staffordshire with its coal-mining, iron mining and metal working industries. Rural stretches of Worcestershire and Warwickshire lie to the south and east.

The City is renowned for its diversity of trades, which number some 1,500, and in consequence derives its title "Workshop of the World."

Climatology

Through the kind co-operation of Mr. A. L. Kelley, Director of the Meteorological Observatory (at Edgbaston) of the Birmingham and Midland Institute, it is possible once more to place on record the following information on the weather during 1959 :—

COMPARISON OF MEAN MONTHLY TEMPERATURES AND SUNSHINE
AND RAINFALL TOTALS FOR 1959 WITH THE AVERAGES OF THE PAST
65 YEARS

<i>Month</i>	<i>Shade Temperature °F.</i>		<i>Rainfall Ins.</i>		<i>Sunshine Hrs.</i>	
	<i>Monthly Averages 1959</i>	<i>Mean 65 years</i>	<i>Monthly Totals 1959</i>	<i>Mean 65 years</i>	<i>Monthly Totals 1959</i>	<i>Mean 65 years</i>
January	36.3	38.4	3.67	2.50	65.7	42.5
February	39.7	38.9	0.195	1.955	42.0	58.3
March ...	45.0	41.9	1.75	1.96	81.1	96.8
April ...	48.9	46.4	3.875	1.99	134.4	135.3
May ...	55.1	52.2	1.065	2.38	194.0	171.3
June ...	59.5	57.5	0.925	2.04	218.9	176.1
July ...	63.7	60.8	2.005	2.515	219.1	168.6
August	63.5	60.2	2.675	2.74	193.6	158.4
September	59.7	56.1	0.175	2.06	171.0	122.9
October	54.7	49.5	2.995	2.77	130.6	85.7
November	44.8	43.2	4.330	2.815	50.5	48.9
December	42.3	39.9	5.155	2.729	30.8	37.3
Year	51.1	48.8	28.815	28.455	1531.7	1302.1

The year 1959 will be remembered for its long, warm, dry summer which extended from May until mid-October when mild and wet weather set in and persisted to the end of the year, bringing the year's total rainfall to slightly more than the 65 years' average.

TEMPERATURE

The mean temperature for the year was 51.1°F, equal to that of 1921 and sharing with that year the distinction of being the highest on record. January was the only month with a lower than average temperature and all the twelve days when the ground was covered with snow were in January. There were 31 air frosts of which 21 occurred in January, and the lowest temperature recorded in the year was 24°F on the 15th and 16th January.

RAINFALL

The last 2½ months accounted for 12.27 inches of the total for the year of 28.815 inches. Only 0.175 inch of rain fell in September, making it the driest month on record. February was nearly as dry.

SUNSHINE

Total sunshine for the year exceeded the average by 229.6 hours and only February, March, April and December had amounts below average.

WINDS

NUMBER OF HOURS DURING WHICH WINDS BLEW FROM 8 MAIN COMPASS POINTS

	N	NE	E	SE	S	SW	W	NW	Calm
1959	586	1121	717	1055	1766	1519	1004	967	16
25 years mean	638	897	632	830	1481	1738	1186	1289	70

The wind was easterly for much of March, August and September and the first parts of February and October. The mean speeds were generally below average and the highest gust was only 58 m.p.h. ; that was in December.

FOG

There was some fog on 34 days but on only eleven days was it dense enough to reduce visibility below 100 yards.

VITAL STATISTICS

Area: 51,147 acres, i.e., 80 sq. miles. This has remained unaltered since 1934.

Population: Census 1951 (Final)		1,112,685
Home population, estimated by Registrar General as at 30th June. (Civilians plus H.M. Forces stationed in the area).	1952	1,119,000
	1953	1,118,500
	1954	1,117,700
	1955	1,111,700
	1956	1,110,800
	1957	1,103,000
	1958	1,095,000
	1959	1,091,500

The table shows the progressive decline in the City's population since 1952 and this during a period when thousands from overseas have settled here.

Despite this immigration, which is coupled with a considerable influx from Ireland, and despite a natural increase of 45,123 (130,636 births minus 85,513 deaths), which has occurred during the period, the number of persons leaving the City has been even greater because, during the period 1952 to 1959, the population of Birmingham has decreased by 27,500. A great many of those leaving the City have gone to live in adjoining residential areas whose size is rapidly increasing and where prosperity depends on Birmingham.

Live Births

	1955	1956	1957	1958	1959
(a) Born in the City ...	17,360	18,022	18,472	18,911	19,063
(b) Born outside the City	413	456	434	370	290
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals ...	17,773	18,478	18,906	19,281	19,352
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Having reached a post-war peak of 23,935 live births in 1947, there was a gradual fall to 17,773 in 1955, since when the number has again risen each year.

Live Birth Rate. 17.73 per 1,000 population.

This is the highest rate since 1949 when it was 18.1 per 1,000 population.

Illegitimate Live Births : numbering 1,317, were 6·8 per cent. of total live births.

Whilst there is close similarity between the figures for legitimate births compiled locally and those published by the Registrar General, the figures for illegitimate births tend to be at least 5 per cent. below the Registrar's figures and, for 1959, were actually 8 per cent. below. This may be because a number of Birmingham women having illegitimate babies go outside the City for confinement and these births are not recorded in our figures.

The following percentages are locally recorded illegitimate live babies compared with total live births.

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
5·1%	4·7%	4·8%	5·1%	5·2%	5·3%	6·2%	6·4%	6·5%	6·8%

In 1945 there were 1,841 illegitimate births but the number declined steadily until 1951 since when the problem has increased year by year.

Evidence appertaining to England and Wales as a whole, which is now available up to the end of 1958, indicates that the rise in illegitimacy is caused by the illegitimate births to girls aged 21 years and under. Among those aged 16 to 18 years there has, in fact, been a steep rise in the numbers of illegitimate live births. On the other hand the illegitimate births to women aged 22 years and over are falling.

The following figures, which are available specifically for the West Midlands Conurbation, show a steadily increasing trend towards the marrying of girls at a progressively younger age.

Year	1950	1951	1952	1953	1954	1955	1956	1957
Number of girls marrying under 21 years	9,673	10,057	9,755	9,981	10,564	11,843	12,569	12,679
Number of marriages under 21 years as percentage of all marriages	26·2	26·9	27·3	28·6	30·2	32·0	34·4	35·5

In 1958 the system of recording was changed to "marriages of women under 20 years of age" and these comprised 23·5 per cent. of all marriages.

National statistics demonstrate a similar trend in that, whereas in 1906—1910 marriages of girls under 20 years were only 7·4 per cent. of all marriages, this percentage steadily rose to 16·0 per cent. in 1951 and to 25 per cent. in 1958. The corresponding figures for marriages of girls under 18 years rose from 0·5 per cent. to 2·4 per cent and then to 4·4 per cent. in 1958. There were 76,595 marriages of girls under 20 in 1958 in England and Wales and to 21,446 mothers under twenty in that year babies were born within eight months of marriage. Illegitimacy is therefore only one aspect of juvenile promiscuity.

Stillbirths There were 418. Of these 256 (61·2 per cent) were premature births.

Stillbirth Rate per 1,000 total (live and still) births 21·14. On one occasion the rate has been lower. That was 19·6 recorded in 1952.

<i>Year</i> ...	...	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
<i>Rate</i> ...	...	21·8	21·7	23·0	22·2	19·6	23·5	21·6	23·0	23·0	21·5	22·0	21·1

Total Births (live and still) 19,770.

Infant Deaths under 1 year of age.

Legitimate, 435; Illegitimate, 56. Total 491.

Infant Mortality Rate

Total infant deaths per 1,000 live births	...	...	...	...	25·37
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	24·11
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	42·52

The lowest rate recorded was 23·7 per 1,000 live births in 1955 since when the rate has risen.

	1954	1955	1956	1957	1958	1959
Infant Mortality Rate	24·2	23·7	24·6	24·6	25·05	25·4

There is still a clear difference in the rates in the three zones of the City:—

Central Wards	...	...	...	34
Middle Wards	...	...	...	27
Outer Wards	...	...	...	22

Neo-natal Mortality Rate measured as the deaths in the first four weeks of life per 1,000 live births, is much more an index of maternal health and the hazards of the process of birth than it is of the standard of infant care and environmental circumstances. The rate for 1959 was 17·98 per 1,000 live births, there being 307 deaths of legitimate babies and 41 of illegitimate giving a legitimate rate of 16·13 and an illegitimate rate of 31·1.

Post Neo-natal Mortality Rate was 7·39 deaths in the first year per 1,000 live births, deaths in the first four weeks being excluded. The components were a rate of 7·1 for legitimate babies and 11·4 for illegitimate babies. Environment and standard of child care are important factors in this rate.

Early Neo-natal Mortality Rate was 15·75. These deaths in the first week of life per 1,000 live births are, even more closely than deaths in the first four weeks, a reflection of maternal health and birth hazards. The total of 305 deaths was comprised of 267 legitimate and 38 illegitimate children giving rates of 14·8 and 28·9 respectively, and a total rate of 15·75

The following table gives details of the causes of infant deaths and illustrates the importance of prematurity, congenital malformations and birth injuries.

<i>Cause of Death</i>	<i>Early Neo- natal</i>	<i>7-28 days</i>	<i>Total Neo- natal</i>	<i>Post Neo- natal</i>	<i>Total Infant deaths</i>
Whooping Cough	—	—	—	2	2
Influenza	—	—	—	2	2
Meningococcal infection	—	—	—	3	3
Bronchitis	1	—	1	5	6
Pneumonia (all forms)	17	10	27	66	93
Diarrhoea and enteritis	—	1	1	9	10
Congenital malformations	52	21	73	31	104
Prematurity	147	6	153	—	153
Atrophy, debility & marasmus	2	—	2	—	2
Atelectasis	20	1	21	—	21
Injury at birth	54	2	56	3	59
Otitis media	—	—	—	1	1
Other causes	12	2	14	21	35
ALL CAUSES	305	43	348	143	491

Perinatal Mortality Rate stillbirths plus deaths during the first week per 1,000 total live and still births, was 36.56. This has shown a distinctly adverse trend since the record low level of 35.1 was attained in 1954. Deaths numbered 723 in 1959.

Comparison of Rates for Legitimate and Illegitimate Babies

The table on page 25 shows how, at various periods in the first year of life, the mortality rates for illegitimate infants are consistently higher than for legitimate, the rate for the former being shown also as a percentage of the latter.

Unfortunately a reliable comparison of stillbirth rates is not possible as the fact of a stillbirth being illegitimate often is not recorded.

These figures and the ones in the table on page 29 demonstrate how, in general, the mortality rates over a long period of years had been steadily falling until five years ago since when there has been a rise. The rise in illegitimacy with its associated higher death rates is one causal factor but deaths in the first four weeks of life, even among legitimate infants, have been so much more prevalent as to influence adversely the infant mortality rate for the whole of the first year of life. In 1959 the steady improvement of the previous three years in the post neo-natal mortality rate for legitimate infants was not maintained.

The infant mortality rate (0—12 months) remained static in regard to legitimate babies, but deterioration of the chances of survival of the illegitimate also had the effect of deteriorating the infant mortality rate as applied to all babies.

Maternal Mortality (including one death after abortion)

Number of deaths, 7.

Rate per 1,000 total live and still births, 0.35.

Maternal deaths (excluding abortion) in the past decade have been:

1959	1958	1957	1956	1955	1954	1953	1952	1951	1950
6	6	9	9	5	11	11	11	12	14

Death Rate from all causes was 11.62 per 1,000 of population, there being 12,688 deaths. The rate has not been so high since 1940 to 1943 but we can expect rather higher rates in the future as the population comes to contain an increasing proportion of old people among whom the chances of dying have not lessened significantly for many years. Bronchitis and pneumonia were the cause of an unusually large number of deaths, 1,009 of the total of 1,695 occurring in the first quarter of the year. In each year between 1901 and 1927 a larger number of deaths from these respiratory diseases was recorded but since then only 1929 and 1940 had more deaths than the 1,695 occurring in 1959. Not included in these figures, although separated rather arbitrarily were, also 284 deaths in 1959 from "influenza." Most of these were also elderly persons. Only twice in the last twenty years has this number been exceeded.

Again in 1959 a very high proportion of deaths, 86.10 per cent., were caused by diseases which mainly affect the elderly—senility, arteriosclerosis, heart and circulatory disease, cerebral haemorrhage, pneumonia, bronchitis and cancer. The occurrence of deaths from these diseases during the past decade is shown below.

	<i>Heart disease</i>	<i>Cancer</i>	<i>Cerebral haemorrhage</i>	<i>Pneumonia Bronchitis Influenza</i>	<i>Arterio- sclerosis and Circulatory disease</i>	<i>Senility</i>	<i>Violence and Suicide</i>
1950	3,599	2,106	1,429	1,409	455	246	460
1951	3,876	2,021	1,529	1,905	287	248	499
1952	3,403	2,130	1,504	1,196	412	270	468
1953	3,379	2,237	1,567	1,525	395	380	451
1954	3,384	2,295	1,710	1,234	427	441	452
1955	3,630	2,295	1,755	1,442	418	658	527
1956	3,322	2,315	1,628	1,402	463	592	544
1957	3,452	2,428	1,565	1,509	677	377	554
1958	3,584	2,309	1,763	1,422	465	145	545
1959	3,717	2,372	1,687	1,979	508	119	543
% of all deaths in 1959	29.29	18.70	13.30	15.60	4.01	0.94	4.28

Area Comparability Factors Births 0.95. Deaths 1.14.

Deaths of infants under one year of age accounted for 4 per cent. of all deaths, and deaths of those over 65 years for 66 per cent. Areas with unusually high proportions of infants and/or elderly in the population will therefore be likely to have unduly high crude death rates for comparative purposes. To eliminate any such bias the crude death rate should be multiplied by a "comparability factor" which makes allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole and the factor takes account also of residential institutions which may receive patients from other areas.

A comparability factor is also determined to allow for comparison of birth rates.

The Adjusted Birth Rate was 16.84 and the Adjusted Death Rate was 13.25 per 1,000 population.

Cancer

The total of 2,372 deaths has only been surpassed in 1957 when there were 2,428 deaths. There were 58 deaths from leukaemia, a total only surpassed in 1957 when there were 60.

The rise in deaths from lung cancer continued, the total of 540 (476 of them men) being slightly more than for any previous year. Only 25 of these occurred before age 45 years but there were 308 deaths between 45 and 65 years of age. Deaths in 1957 totalled 538 and in 1958 totalled 529.

Cancer of the digestive organs caused 873 deaths, 412 of them in men.

Accidents

There were 404 fatalities from accidents, 217 being males and 187 females. Accidents therefore produced 3.2 per cent. of all deaths. Accidents to persons of 65 years and over caused 206 deaths, being 51 per cent. of all deaths from accidents. The following figures show the high proportion of the elderly among those who died from falls or by being struck by motor vehicles whilst walking.

Type of Accident	(a) Total Deaths	(b) No. in column (a) over 65 years	(c) (b) as % of (a)
Falls on same level	106	94	88.7
Falls downstairs	29	22	75.8
Pedestrians killed by motor vehicles	73	38	52.1
Other road accidents	72	8	3.9
Coal gas poisoning	45	25	56.0
Other accidents	79	19	24.0

Column (b) shows falls on the same level to be the greatest cause of fatal accidents among old people, causing 45.6 per cent. of them. Next in importance for old people is being knocked down by motor vehicles, which caused 18.5 per cent. of the accidental deaths among them.

Very many accidents occur at home, some of them due to poor house design and facilities. 162 fatalities were from accidents at home and accounted for 40.1 per cent. of all the deaths from accidents. 128 of the 162 (i.e. 79 per cent.) concerned children under 5 years and adults over 65 years.

The tragic loss of 92 males and 17 females between the ages of 5 and 45 years occurred mainly from road accidents and in the course of employment. The relative importance of accidents as a cause of death in children under 15 years is shown by the fact that there were 37 fatal accidents but only 29 deaths from the following infectious diseases—measles (2), whooping cough (3), tuberculosis (1), diarrhoea (13), meningococcal infection (6), encephalitis (2) and influenza (2).

Age	Male	Female	Total	Percentage of total deaths
Under 5	128	34	162	40.1
5-14	37	17	54	13.0
15-44	92	17	109	26.1
45-64	10	10	20	4.8
65-74	10	10	20	4.8
75 and over	10	10	20	4.8
Total	177	81	258	100.0

MORTALITY RATES OF LEGITIMATE AND ILLEGITIMATE BABIES

		Stillbirth rate	Early neonatal mortality rate	Perinatal mortality rate	4 weeks neonatal mortality rate	Post neonatal mortality rate	Total infant mortality rate
1959	Legitimate ...		14.8		17.0	7.1	24.1
	Illegitimate ...		28.9		31.1	11.4	42.5
	Total ...	21.14	15.75	36.6	18.0	7.4	25.4
1958	Legitimate ...		15.2		17.4	6.7	24.1
	Illegitimate ...		23.3		25.6	13.6	39.3
	Total ...	21.96	16.02	37.8	17.9	7.1	25.1
1957	Legitimate ...		15.3		17.2	6.8	24.0
	Illegitimate ...		22.3		24.8	9.1	33.8
	Total ...	21.53	15.8	36.95	17.7	7.0	24.7
1956	Legitimate ...		14.1		16.5	6.8	23.8
	Illegitimate ...		26.2		28.9	8.7	37.6
	Total ...	22.94	14.8	37.5	17.6	7.0	24.6
1955	Legitimate ...		12.2		15.5	7.5	22.9
	Illegitimate ...		26.8		30.7	7.4	38.1
	Total ...	23.0	13.0	35.7	16.3	7.5	23.7
1954	Legitimate ...		13.6		16.6	7.1	23.7
	Illegitimate ...		16.8		19.9	13.6	33.5
	Total ...	21.6	13.8	35.1	16.8	7.4	24.2

Where possible rates for illegitimate babies are expressed as a percentage of those for legitimate babies.

CRUDE RATES

Year	BIRTH RATE			STILLBIRTH RATE			INFANT MORT. RATE			DEATH RATE		
	B'ham	Great Towns	Eng. and Wales	B'ham	Great Towns	Eng. and Wales	B'ham	Great Towns	Eng. and Wales	B'ham	Great Towns	Eng. and Wales
1901	31.4		27.2 <i>is mean for 1901— 1910</i>				176		151	17.5		16.8
1911	26.1		24.4				150		130	15.0		14.0
1921	24.1		22.4	35			83		83	11.3		12.0
1931	16.9		15.8	39		41	71		66	11.7		12.0
1936	15.8		14.8	35		40	62		59	11.3		12.0
1941	16.8	14.7	13.9	29		35	69	71	60	13.2	14.9	13.0
1942	19.3	17.3	15.6	28		33	56	59	51	11.8	13.3	12.0
1943	20.9	18.6	16.2	27		30	55	58	49	12.1	14.2	13.0
1944	22.8	20.3	17.7	25		28	42	52	45	11.3	13.7	12.0
1945	20.2	19.1	15.9	25		28	49	54	46	11.2	13.5	12.0
1946	22.5	22.2	19.2	25		27	40	46	43	11.3	12.7	12.0
1947	22.2	23.3	20.5	24		24	41	47	41	11.1	13.0	12.0
1948	19.5	20.0	17.9	22		23	32	39	34	9.8	11.6	11.0
1949	18.1	18.7	16.9	22		23	31	37	32	10.7	12.5	11.0
1950	16.8	17.6	15.8	23		23	30	34	30	10.9	12.3	11.0
1951	16.5	17.3	15.5	22		23	30	34	30	11.4	13.4	12.0
1952	16.4	16.9	15.3	20	25	23	27	31	28	10.2	12.1	11.0
1953	16.6	17.0	15.5	23	25	22	26	31	27	10.6	12.2	11.0
1954	16.4	15.2	15.2	22	23	24	24	25	25	10.6	11.1	11.0
1955	16.0	14.9	15.0	23	23	23	24	25	25	11.3	11.6	11.0
1956	16.6	15.6	15.6	23	23	23	25	24	24	10.9	11.6	11.0
1957	17.1	16.1	16.1	22	23	22	25	24	23	11.2	11.5	11.0
1958	17.6		16.4	22		22	25		23	11.0		1.0
1959	17.9		16.5	21		21	25		22	11.6		1.0

* No longer available.

No.	Cause of Death	Sex	0-	1-	2-	5-	15-	25-	45-	65-	75-	All Ages
1	Typhoid & Paratyphoid Fever...	M.	—	—	—	—	—	—	—	—	—	5
1A	Smallpox	F.	—	—	—	—	—	—	—	—	—	10
2	Measles	M.	—	—	—	—	—	—	—	—	—	3
3	Scarlet Fever	F.	—	—	—	—	—	—	—	—	—	23
4	Whooping Cough	M.	—	—	—	—	—	—	—	—	—	671
5	Diphtheria	F.	—	—	—	—	—	—	—	—	—	1016
6	Influenza	M.	—	—	—	—	—	—	—	—	—	1016
6A	Poliomyelitis inc.	F.	—	—	—	—	—	—	—	—	—	67
7	Polio Encephalitis	M.	—	—	—	—	—	—	—	—	—	82
8	Acute Infectious encephalitis incl. Encephalitis Lethargica	F.	—	—	—	—	—	—	—	—	—	1800
9	Meningococcal Infections inc. Cerebrospinal Fever	M.	—	—	—	—	—	—	—	—	—	56
10A	Tuberculosis of Respiratory System	F.	—	—	—	—	—	—	—	—	—	54
10B	Tuberculosis of the Abdomen	M.	—	—	—	—	—	—	—	—	—	209
10C	Tuberculosis of Spinal Column	F.	—	—	—	—	—	—	—	—	—	299
10D	Tuberculosis of Joints	M.	—	—	—	—	—	—	—	—	—	631
10E	Disseminated Tuberculosis	F.	—	—	—	—	—	—	—	—	—	303
10F	Tuberculosis of Glands and other parts	M.	—	—	—	—	—	—	—	—	—	391
11	Syphilis	F.	—	—	—	—	—	—	—	—	—	370
12	General Paralysis of Insane, Tabes Dorsalis	M.	—	—	—	—	—	—	—	—	—	59
13A	Cancer of Buccal Cavity & Pharynx	F.	—	—	—	—	—	—	—	—	—	25
13B	" Digestive Organs	M.	—	—	—	—	—	—	—	—	—	25
13C	" Peritoneum	F.	—	—	—	—	—	—	—	—	—	79
13D	" Respiratory Organs	M.	—	—	—	—	—	—	—	—	—	46
13E	" Genital Organs	F.	—	—	—	—	—	—	—	—	—	16
13F	" Breast	M.	—	—	—	—	—	—	—	—	—	4
13G	" Urinary Organs	F.	—	—	—	—	—	—	—	—	—	9
13H	" Skin	M.	—	—	—	—	—	—	—	—	—	5
13I	" Other Organs	F.	—	—	—	—	—	—	—	—	—	63
14	Diabetes	M.	—	—	—	—	—	—	—	—	—	217
		F.	—	—	—	—	—	—	—	—	—	187
			272	16	22	27	80	295	1993	1722	1948	6375
			219	19	13	23	38	209	1142	1504	3146	6313
14A	Rheumatic Fever	M.	—	—	—	—	—	—	—	—	—	—
14B	Chronic Rheumatism & Osteo-Arthritis	F.	—	—	—	—	—	—	—	—	—	—
15	Cerebral Haemorrhage, etc.	M.	—	—	—	—	—	—	—	—	—	—
15A	Other Nervous Diseases and Diseases of Sense Organs	F.	—	—	—	—	—	—	—	—	—	—
16	Heart Disease	M.	—	—	—	—	—	—	—	—	—	—
17	Aneurysm	F.	—	—	—	—	—	—	—	—	—	—
18	Arteriosclerosis and other Circulatory Dis.	M.	—	—	—	—	—	—	—	—	—	—
19	Bronchitis	F.	—	—	—	—	—	—	—	—	—	—
20	Pneumonia (all forms)	M.	—	—	—	—	—	—	—	—	—	—
21	Other Respiratory Diseases	F.	—	—	—	—	—	—	—	—	—	—
22	Peptic Ulcer	M.	—	—	—	—	—	—	—	—	—	—
23	Diarrhoea and Enteritis	F.	—	—	—	—	—	—	—	—	—	—
24	Appendicitis	M.	—	—	—	—	—	—	—	—	—	—
25	Cirrhosis of Liver	F.	—	—	—	—	—	—	—	—	—	—
26	Other Diseases of Liver, etc.	M.	—	—	—	—	—	—	—	—	—	—
27	Other Digestive Diseases	F.	—	—	—	—	—	—	—	—	—	—
28	Acute and Chronic Nephritis	M.	—	—	—	—	—	—	—	—	—	—
28A	Other Genito-Urinary Diseases	F.	—	—	—	—	—	—	—	—	—	—
29	Puerperal Sepsis	M.	—	—	—	—	—	—	—	—	—	—
30	Other Puerperal Causes	F.	—	—	—	—	—	—	—	—	—	—
31	Congenital Debility, Premature Birth, Malformations, etc.	M.	—	—	—	—	—	—	—	—	—	—
32	Senility	F.	—	—	—	—	—	—	—	—	—	—
33	Suicide	M.	—	—	—	—	—	—	—	—	—	—
34	Other Violence...	F.	—	—	—	—	—	—	—	—	—	—
35	Other Causes	M.	—	—	—	—	—	—	—	—	—	—
	All Causes	F.	—	—	—	—	—	—	—	—	—	—

BIRTH, DEATH AND INFANT MORTALITY RATES IN WARDS, 1959

	WARDS	Estimated Population	BIRTHS		TOTAL DEATHS		INFANT DEATHS	
			Number	Rate per 1,000, population	Number	Rate per 1,000 population	Number	Rate per 1,000 births
CENTRAL	St. Paul's	20,300	495	24.3	234	11.5	19	38
	Duddeston	23,600	543	23.0	286	12.1	23	42
	Deritend	18,900	391	20.7	257	13.6	13	33
	Market Hall	19,000	532	28.0	223	11.7	22	41
	Ladywood	19,500	486	24.9	207	10.6	7	14
	Totals and average rates of Central Wards	101,300	2,447	24.2	1,207	11.9	84	34
MIDDLE RING	Lozells	30,300	752	24.8	366	12.1	27	36
	Aston	26,500	554	20.9	313	11.8	14	25
	Gravelly Hill	27,000	588	21.8	331	12.3	8	14
	Washwood Heath	35,200	485	13.8	376	10.7	9	19
	Saltley	29,000	496	17.1	358	12.3	18	36
	Small Heath	28,500	603	21.2	316	11.1	21	35
	Sparkbrook	23,700	731	30.8	256	10.8	24	33
	Balsall Heath	24,200	628	26.0	288	11.9	17	27
	Edgbaston	24,300	416	17.1	332	13.6	8	19
	Rotton Park	22,600	450	19.9	625	27.7	9	20
	Ali Saints	23,600	417	17.7	390	16.5	13	31
	Soho	23,700	618	26.1	293	12.3	17	28
	Totals and average rates of Middle Ring Wards	318,600	6,738	21.1	4,244	13.3	185	27
OUTER RING	Stechford	50,800	736	14.5	416	8.2	14	19
	Sheldon	45,800	729	15.9	251	5.5	16	22
	Yardley	24,300	327	13.5	267	11.0	8	24
	Acocks Green	20,300	316	15.6	255	12.6	3	9
	Fox Hollies	21,200	301	14.2	259	12.2	4	13
	Sparkhill	24,300	528	21.7	295	12.1	10	19
	Hall Green	24,700	229	9.3	308	12.5	7	31
	Springfield	25,900	347	13.4	308	11.9	6	17
	Brandwood	36,400	471	12.9	350	9.6	11	23
	Moseley and Kings Heath	29,000	599	20.7	382	13.2	16	27
	Selly Oak	29,600	408	13.8	531	17.9	7	17
	King's Norton	30,300	468	15.4	349	11.5	12	26
	Northfield	48,900	727	14.9	507	10.4	13	18
	Weoley	39,800	577	14.5	271	6.8	11	19
	Harborne	35,300	429	12.2	432	12.2	10	23
	Sandwell	25,400	435	17.1	327	12.9	13	30
	Handsworth	24,900	638	25.6	361	14.5	18	28
	Perry Barr	36,900	487	13.2	253	6.9	10	21
	Kingstanding	36,800	556	15.1	297	8.1	17	31
	Stockland Green	29,900	424	14.2	413	13.8	6	14
	Erdington	31,100	435	14.0	387	12.4	9	21
	Totals and average rates of Outer Ring Wards	671,600	10,167	15.1	7,219	10.7	221	22
	Ward of domicile not known	—	—	—	18	—	1	—
	Totals and average rates for whole City	1,091,500	19,352	17.7	12,688	11.6	491	25

YEAR	Population Estimated to middle of each year	Birth rate	Death rate	Comparability Factors		Infant Mortality (first week)	Neonatal (first month)	Post-neonatal (1—12 months)	Congenital Debitly, Premature Birth, Malformations, etc. (under 1)	Diarrhoea and Enteritis (under 2 yrs)	Stillbirths	Perinatal	Maternal (including abortions)	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	
				Deaths	Births																				
															FIRST STARTED IN 1949										
1921	919,683	24.1	11.3	FIRST STARTED IN 1934		83	21.2	35.0	48.0	36.6	16.6	35.1	55.5	2.74	.15	.97	.16	1.12	0.98	1.64	2.02	.93	.38	.10	.26
1922	927,844	21.5	12.1			86	23.0	34.4	51.5	37.4	8.5	32.6	55.1	2.92	.48	.16	1.18	1.04	1.85	2.38	.66	.37	.12	.26	
1923	936,079	20.4	11.0			72	19.8	31.1	40.8	31.3	10.9	31.9	51.1	3.40	.28	.16	1.17	1.00	1.71	1.98	.70	.39	.14	.35	
1924	944,386	19.2	11.6			83	22.8	34.6	47.9	37.2	9.2	28.7	50.9	3.80	.39	.13	1.30	1.00	1.91	2.15	.73	.37	.10	.31	
1925	952,766	18.8	11.7			78	21.4	32.2	45.7	34.0	11.3	33.0	53.6	4.01	.39	.16	1.27	0.98	2.12	1.97	.73	.37	.11	.33	
	Average	20.8	11.5			80	21.6	33.5	46.8	35.3	11.3	32.3	53.2	4.07	.34	.15	1.21	1.00	1.85	2.10	.74	.38	.11	.30	
1926	961,222	18.7	11.3			73	20.0	31.1	41.5	32.2	11.2	31.6	51.0	3.99	.27	.16	1.26	0.95	2.28	1.88	.73	.40	.12	.32	
1927	969,752	17.6	11.8			65	21.2	31.5	37.4	31.6	9.3	33.4	53.8	3.70	.13	.86	1.35	0.94	2.41	1.56	.67	.48	.16	.40	
1928	976,500	17.6	10.9			79	23.9	32.3	46.5	35.4	13.9	33.9	57.0	3.85	.13	.94	1.34	0.98	2.76	2.26	.76	.53	.16	.42	
1929	981,000	17.1	13.5			60	20.8	28.7	31.4	30.6	7.6	38.0	58.0	3.25	.13	.90	1.43	0.88	2.57	1.32	.60	.44	.15	.40	
1930	982,000	17.7	10.8			70	21.9	31.4	39.8	33.0	10.7	33.2	54.4	3.65	.41	.91	1.35	0.96	2.43	1.78	.69	.45	.15	.38	
	Average	17.8	11.6			71	25.3	32.2	39.2	34.6	8.7	39.3	63.6	3.66	.27	.92	1.46	0.77*	2.90	1.61	.62	.45	.15	.35	
1931	1,011,300	16.9	11.7			67	24.8	32.7	34.7	33.6	7.7	35.0	59.0	3.60	.36	.83	1.45	0.87*	2.73	1.47	.59	.45	.19	.35	
1932	1,017,500	16.3	11.3			66	22.6	30.8	35.5	33.7	7.8	37.8	59.5	3.57	.44	.85	1.43	0.70*	2.94	1.32	.61	.40	.17	.39	
1933	1,023,500	14.7	11.0			68	25.8	32.6	35.1	35.0	8.7	35.7	60.6	3.68	.18	.71	1.52	0.78*	3.04	1.26	.67	.44	.16	.38	
1934	1,028,000	15.3	11.0			64	24.9	33.4	30.9	36.3	7.7	33.3	57.4	3.40	.15	.71	1.46	0.72*	3.14	1.09	.62	.46	.13	.40	
1935	1,033,000	15.4	10.9			67	24.7	32.3	35.1	34.6	8.1	36.2	60.0	3.58	.28	.80	1.46	0.76*	2.95	1.35	.62	.44	.16	.38	
	Average	15.7	11.2			62	24.1	29.8	32.5	32.8	5.4	34.8	58.0	3.53	.13	.71	1.57	0.69*	3.43	1.22	.62	.45	.12	.38	
1936	1,038,000	15.8	11.3			60	24.3	31.0	28.9	33.1	5.1	34.6	58.1	2.95	.40	.72	1.62	0.73*	3.40	1.40	.56	.45	.15	.39	
1937	1,042,000	16.3	11.7			61	21.0	26.7	34.5	28.5	12.5	34.7	41.3	2.71	.15	.70	1.59	0.61*	3.45	1.18	.61	.43	.16	.34	
1938	1,048,000	16.6	10.9			60	20.7	26.3	32.8	29.1	13.7	36.0	56.0	2.48	.16	.77	1.55	0.67*	3.65	1.16	.45	.39	.15	.36	
1939	1,055,000	16.6	11.4			70	19.6	28.8	41.2	28.2	12.1	32.8	51.7	2.21	.22	.77	1.61	1.31*	3.31	2.21	.55	.46	.14	.42	
1940	1,020,000	16.9	14.3			63	21.9	28.5	34.0	30.3	9.8	34.6	53.0	2.77	.21	.73	1.59	0.80*	3.45	1.43	.56	.44	.14	.38	
	Average	16.4	11.9	SUSPENDED		69	20.5	29.1	39.9	26.4	11.3	29.1	49.0	2.49	.15	.81	1.70	1.30*	3.10	1.94	.72	.45	.12	.44	
1941	950,000	16.8	13.2			56	20.2	30.1	25.9	29.4	9.8	28.4	48.0	2.34	.10	.77	1.77	1.28*	2.87	1.51	.64	.43	.11	.37	
1942	965,000	19.3	11.8			55	17.9	25.7	29.3	25.4	9.1	27.4	44.8	1.69	.34	.71	1.83	1.34*	3.02	1.73	.46	.45	.11	.31	
1943	965,000	20.9	12.1			42	15.4	22.2	19.8	21.7	6.0	24.5	39.6	1.34	.11	.70	1.75	1.29*	3.15	1.40	.43	.42	.08	.32	
1944	990,000	22.8	11.3			50	17.0	22.5	26.5	22.3	7.8	24.8	41.3	1.41	.06	.68	1.84	1.33*	3.14	1.44	.44	.41	.10	.27	
1945	990,000	19.9	11.2			54	18.2	25.9	28.3	25.0	8.8	26.8	44.5	1.85	.15	.73	1.78	1.31*	3.10	1.60	.54	.43	.10	.34	
	Average	19.9	11.9	SUSPENDED		41	15.9	20.9	19.8	20.6	6.1	25.6	42.2	0.85	.11	.61	1.90	1.32*	3.36	1.37	.44	.36	.12	.30	
1946	1,017,100	22.5	11.3			40	17.3	22.1	17.9	20.9	7.1	23.8	39.1	0.98	.08	.64	1.83	1.34*	3.34	1.48	.36	.34	.11	.27	
1947	1,076,230†	22.2	11.1			32	16.3	18.0	13.6	17.8	3.2	21.8	37.7	0.50	.03	.59	1.82	1.10*	3.00	1.10	.32	.33	.13	.27	
1948	1,096,100†	19.5	9.8			31	15.0	17.7	13.1	18.3	3.2	21.7	30.4	0.49	.19	.54	1.75	1.25*	3.52	1.34	.35	.29	.12	.27	
1949	1,106,800†	18.1	10.7			30	8.0	19.2	10.9	18.9	2.2	23.0	30.8	0.83	.07	.43	1.88	1.40*	3.67	1.30	.35	.28	.12	.30	
1950	1,117,900†	16.8	10.9			35	14.5	19.6	15.1	19.3	4.4	23.2	36.0	0.73	.26	.56	1.84	1.28*	3.38	1.32	.36	.32	.12	.28	
	Average	19.8	10.8	SUSPENDED		27	15.6	17.6	9.2	17.5	1.3	19.6	33.3	0.80	.03	.25	1.90	1.46*	3.46	1.54	.42	.25	.12	.33	
1951	1,110,900†	16.5	11.4			27	15.6	17.6	9.2	17.5	1.6	22.2	37.6	0.75	.26	.35	1.82	1.49*	3.79	1.54	.42	.25	.12	.33	
1952	1,119,000†	16.4	10.2			26	15.1	18.0	8.1	18.0	1.1	23.5	37.9	0.58	.15	.24	1.80	1.51*	3.40	1.29	.36	.24	.12	.28	
1953	1,118,500†	16.6	10.6			24	13.8	16.8	7.4	16.5	0.7	21.6	35.1	0.80	.03	.20	2.05	1.64*	3.44	1.15	.40	.25	.13	.27	
1954	1,117,700†	16.4	10.6			24	13.0	16.3	7.4	17.2	0.8	23.0	35.7	0.32	.08	.19	2.06	1.68*	3.67	1.28	.39	.20	.12	.36	
1955	1,111,700†	16.0	11.3			26	14.7	17.6	8.5	17.5	1.1	22.0	35.3	0.65	.11	.25	1.97	1.56*	3.55	1.28	.39	.23	.12	.31	
	Average	16.4	10.8	SUSPENDED		25	14.8	17.6	7.0	17.9	1.0	22.9	37.4	0.63	.03	.14	2.08	1.55*	3.46	1.29	.38	.21	.13	.37	
1956	1,110,800†	16.6	10.9			25	15.8	17.7	7.0	18.5	0.3	21.5	37.0	0.41	.14	.12	2.20	1.54*	3.73	1.31	.37	.23	.14	.36	
1957	1,103,000†	17.1	11.2			25	16.0	17.9	7.1	20.0	0.4	22.0	37.8	0.40	.04	.13	2.10	1.75*	3.78	1.34	.35	.19	.13	.37	
1958	1,095,000†	17.6	11.0			25	15.8	18.0	7.4	18.0	0.6	21.1	36.6	0.36	.26	.09	2.17	1.68*	4.0	1.63	.34	.21	.12	.36	
1959	1,091,500†	17.7	11.6			25	15.8	18.0	7.4	18.0	0.6	21.1	36.6	0.36	.26	.09	2.17	1.68*	4.0	1.63	.34	.21	.12	.36	

*Exclusive of General Paralysis †Registrar General's Estimate

EPIDEMIOLOGY

Certain infectious diseases continue to become less and less of a problem as they come under better and better control by means of general hygienic measures and immunisation. Control of virus disease has not been so successful as it has of bacterial disease and much has yet to be learned about the causative organisms and their mode of spread.

The possible role of viruses in diarrhoeal diseases is a large field requiring exploration.

Bronchiolitis

It seems that this disease arises amongst babies during the first ten weeks of each year. The epidemic in 1959 started approximately from the 24th December, 1958, and the peak was reached during the first two weeks of February, 1959. At Dudley Road Hospital alone seventeen cases per day were being admitted and at any one time some eighty cases were in the hospital.

There was a total of more than 150 such admissions but the severity was milder than usual and only three or possibly four children died of this disease at that hospital.

Diphtheria

For the second year in succession no cases of diphtheria occurred.
Immunisation—see page 44.

Dysentery

This disease became notifiable in 1919 and, until 1943 when there were 109 recorded cases, the yearly totals never reached 100. Since 1943 the cases recorded each year have been 120, 332, 263, 68, 44, 64, 216, 562, 110, 359, 621, 514, 1,258, 584, 562 and, in 1959, 850. Apart from the 1,258 recorded in 1956, the total of 850 in 1959 was the highest ever recorded. The figures exhibit a steadily upward trend and suggest an increasing prevalence. This impression may, however, be incorrect. The real cause may be a greater tendency for those affected to seek medical advice and for doctors to notify such cases, partly to secure bacteriological investigation which the Department automatically arranges in suitable cases, such investigation becoming of increasing value as antibiotic therapy improves. Only 187 of the cases were confirmed bacteriologically. Stools were examined from 88 patients counted as suffering from dysentery, but gave negative results. This might be due, at least in part, to antibiotic therapy having already started before the specimens were taken. Some of the 575 patients from whom no specimens were taken were associated with confirmed cases. The total of 850 might be inflated by enteritis of non-bacterial origin as is almost certainly the case in food poisoning.

It is usual for the greatest number of cases to arise in the first quarter, but in 1959 they were distributed as follows :—

<i>1st quarter</i>	<i>2nd quarter</i>	<i>3rd quarter</i>	<i>4th quarter</i>
194	284	233	139

Children, especially young ones, were most commonly affected and women of child bearing age more commonly than men of similar age. This is the usual pattern. There were family outbreaks but none in institutions.

<i>Age</i>	<i>0</i>	<i>1&2</i>	<i>3&4</i>	<i>5-9</i>	<i>10-14</i>	<i>15-19</i>	<i>20-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>	<i>65-74</i>	<i>75+</i>	<i>Total</i>
Male ...	31	87	53	105	40	14	12	33	28	21	8	4	3	439
Female	23	63	49	84	25	9	16	50	43	20	15	12	2	411
TOTAL	54	150	102	189	65	23	28	83	71	41	23	16	5	850

Nine patients were bacteriologically confirmed as being infected with Flexner infection, all Type III. Four of these—three patients and one carrier—were members of two households in a slum area where a total of eight persons in four households had diarrhoea simultaneously. About the same time in another area of the City three persons in one household were also infected.

The only previous isolation of this organism in Birmingham was in 1958 when a child contact of a family which had recently returned from Malta was infected.

A brother and sister aged 7 and 5 years died of Sonne dysentery within 36 hours of their being simultaneously taken ill. The remaining child was also ill. There were close associations with a family of nine persons, six of them were also quite ill.

Encephalitis

(a) In six patients a confirmed diagnosis of infective encephalitis, presumably of virus origin, was made and four died at the following ages :—

<i>Males</i>	8 mths.	2 years
<i>Females</i>	16 years	67 years

Those recovering were a girl aged ten weeks and a boy aged fifteen months.

(b) Post infectious encephalitis is usually a secondary attack upon the brain by the same organism as has already caused an illness such as measles and, during 1959, this occurred in seven patients. Their ages and outcome were as follows :—

<i>Age and Sex</i>		<i>Initial Infection</i>	<i>Outcome</i>
5 months	Male	Vaccinia	Recovered
1 year	Male	Chickenpox	Recovered
1½ years	Female	Measles	Died
3½ years	Male	Chickenpox	Recovered
4 years	Male	Mumps	Recovered
13 years	Male	Herpes	Recovered
54 years	Female	Influenza	Died

Food Poisoning

During 1959 there were 552 cases classified as food poisoning and notified or otherwise ascertained—an increase over the previous three years.

		<i>1st quarter</i>	<i>2nd quarter</i>	<i>3rd quarter</i>	<i>4th quarter</i>	<i>Total</i>
1955	...	79	225	124	251	679
1956	...	61	56	116	121	354
1957	...	70	64	65	38	237
1958	...	17	115	165	49	346
1959	...	44	353	60	95	552

The heaviest incidence occurred in the second quarter but 315 of the cases were associated with three outbreaks.

The following is a summary of the outbreaks and single cases which occurred, an outbreak being defined as the whole of the cases either probably or certainly derived from a single contaminating or infecting source.

Outbreaks due to Identified Agents.

Total outbreaks ... 12 Total Cases ... 358

Outbreaks due to	<i>Outbreaks</i>	<i>Cases</i>
(a) <i>Salmonella</i>		
typhimurium	4 (family) ...	10
enteritidis	1 (family) ...	3
anatum	1 (family) ...	2
(b) <i>Staphylococci</i>		
(including toxin)	3 (1 family, 2 others) ...	164
(c) <i>Cl. welchii</i>	3 (others) ...	179

Outbreaks of undiscovered cause.

Total outbreaks 19 (18 family, 1 other) Total cases ... 63

Single Cases

Agent identified	63	Unknown	68	Total cases	131
<i>Organism</i>	<i>No. of Cases</i>		<i>Months of Origin</i>		
<i>Salmonella typhimurium</i>	48		January to December		
„ <i>st. paul</i>	4		October and November		
„ <i>derby</i>	1		November		
„ <i>newport</i>	1		August		
„ <i>bredeney</i>	1		October		
„ <i>bovis morbificans</i>	2		November		
„ <i>dublin</i>	2		February and September		
„ <i>heidelberg</i>	1		February		
„ <i>give</i>	1		August		
„ <i>providence</i>	1		September		
„ <i>thompson and bradford</i>	1		July—whilst in Germany.		

OUTBREAKS

Thirty-one outbreaks accounted for a total of 421 cases, the agent being identified in twelve outbreaks which accounted for 358 cases.

Salmonella typhimurium was the cause of illness in four families affecting ten people.

Three members of a family were taken ill on the 17th and 19th July, 1959, and *Salmonella enteritidis* was isolated from the faeces of one of them. Pork chops may have been the cause and, in retrospect, the chops were thought to be "tainted" when eaten.

A father and his son became ill on the 11th October, 1959—*Salmonella anatum* being isolated from the faeces of the boy.

An explosive outbreak of food poisoning affecting 148 persons occurred during the night of the 6th/7th April in an institution for the chronic sick. The patients (both male and female) were scattered throughout the various wards of the institution. Samples of certain items of food consumed by a number of the patients on the 6th April all gave negative results. Investigation was made somewhat difficult by reason of the inability of the patients to supply a coherent account of their diet. The outbreak, which cleared very quickly, was attributed to the enterotoxin from *staphylococcus pyogenes* which had been disseminated in an unspecified item of diet. *Staphylococcus pyogenes* had been isolated from the nasal swabs of four cooks—two carrying Group III, the strain most commonly associated with food poisoning.

Staphylococcal toxin was the cause of an illness of 14 persons four to thirteen hours after partaking of a dinner at a hotel on the 6th July, 1959. The sous chef, who acted as general supervisor and was actively engaged in the preparation of most of the dishes served for the meal on the day in question, had a carbuncle on the ulnar aspect of the right forearm. The carbuncle was in the excavation stage and was discharging freely. It was covered with ointment, boracic lint and gauze bandage, but the discharge had seeped through the lint and gauze bandage.

A-la-mode beef, which was suspected as having been contaminated by the manager of a shop where the meat was bought, was possibly the cause of illness of two persons out of a family of six. *Staphylococcus pyogenes* (coagulase positive) was isolated from the nose of the manager of the shop.

Of 30 people at risk following a party, 16 people became ill six and a half to seventeen and a half hours later. *Cl. welchii* was isolated from the remains of the apple pie. The party was held in a church hall, and conditions in the kitchen and the facilities were inadequate for the type of meal and for the number of persons in question. It is possible that the plate containing the apple pie had been contaminated with gravy after the meal had been eaten. Preparation of the gravy stock by boiling marrow bones on the previous day had finally been completed on the day of the party.

After partaking of a meal on the 6th June, 1959, which consisted of beef stew, minced vegetables, boiled potatoes and sago pudding, 153 patients all over the age of 65 years were taken ill at 2.0 a.m. the next morning. On investigation it was found that the insulated containers in which food was carried to the patients did not keep the food sufficiently warm. In some cases it was reheated or hot soup or hot gravy brought to the boil was added. In some instances the inside shoulders of the soup cans had organic matter and grease adherent to them even though they had been washed. *Cl. welchii* was thought to have caused the illness.

Following a lunch in a staff canteen on the 14th July, 1959, ten persons became ill seven to ten hours later. Steak delivered on the 11th July and kept in an efficiently working refrigerator until the afternoon of the 13th July, was taken out, sliced into portions and cooking completed by late afternoon. There was not enough time for the steak to cool sufficiently for it to be placed in the refrigerator before the staff left that evening and it was therefore left on the preparation table overnight covered by cloths. The following morning gravy was drained off and boiled separately, re-added to the steak and the whole reheated in the oven and kept over the cooking stove until required in the canteen. The evening of the 13th July was hot and humid and there were a number of flies both in the canteen and the kitchen. *Cl. welchii* on clinical grounds was thought to be the cause of this outbreak.

SINGLE CASES

It was not possible in the 131 single cases notified to find the actual source of infection, although the causal agent was identified in 63 of them. *Salmonella typhimurium* accounted for 48 cases. The addresses of the patients were widely separated and there was no connection that could be detected between them.

One case of *Salmonella dublin* infection was of unusual interest in that it was the cause of a pleural effusion in a man who had suffered from a bowel upset for two years. He was found to be a faecal carrier and this persisted even after the effusion was cured. *Salmonella dublin* was also isolated from a woman aged 65 years who lived alone.

Influenza

Once again general practitioners in various parts of the City continued to act as "spotters" when suspected cases of influenza arose in their practices. During the first two months of the year there appeared to be an influenza epidemic in some schools. Between 25 and 50 per cent. of the children and staff were away with an upper respiratory infection and one large industrial firm also notified the prevalence of an influenza-like illness amongst their employees.

Between the 6th January and the 3rd March, 1959, sixty paired specimens of blood were obtained from patients at an interval of ten to fourteen days and were subjected to complement fixation tests. Throat swabs from 41 patients were also examined and the following table shows the positive results from the paired blood specimens and the throat swabs.

<i>No. of patients.</i>	<i>Serological investigation.</i>	<i>Throat Swabs</i>
11	Indicated a recent infection with Influenza "A" virus	"A" type virus of Asian strain.
5	„ „	Negative
9	5 Negative 4 No blood taken	9 "A" type virus of Asian strain

Seventy-two deaths were attributed to influenza in the week ending 21st February, 1959. There was a total of 278 such deaths in the year, 266 occurring between 17th January and 28th March, 1959.

Two cases, one in October and one in November, 1959, were reported by the general practitioner "spotters" for virological investigation but the results were negative.

The epidemic of virus "A" infection was also present throughout the country but in Birmingham no evidence of virus "B" was found although elsewhere it was said to have preceded the virus "A" epidemic.

Malaria

Six confirmed cases of malaria were recorded during 1959 and all infections were contracted abroad.

Measles

The biennial periodicity of measles epidemics was continued in 1959, there being 11,771 cases of measles notified. This was not unexpected as only 4,168 notifications were received for 1958.

1955 still remains the year of the highest incidence so far on record when notifications reached 24,714. This followed the very small number of notifications, 456 which occurred during 1954, the lowest number recorded since 1940.

In 1959 the highest number of notifications were received during the week ending the 11th April when there were 739 cases. Week ending the 12th December had the lowest number—five cases. The rise in incidence began in November, 1958, and returned to normal in August, 1959.

The case rate per 1,000 population was 10.78.

The following table shows the age and sex distribution.

Age	0	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75+	Totals
M	235	1,453	1,607	2,621	75	12	6	10	1	1	—	—	—	6,021
F	251	1,377	1,515	2,514	68	10	6	6	3	—	—	—	—	5,750
TOTALS	486	2,830	3,122	5,135	143	22	12	16	4	1	—	—	—	11,771

Two children died, their ages being 18 months (female) and 17 months (male). The 18 months old baby died from post infectious encephalitis; she had a normal home and was an only child. She was already under treatment for convulsions and was infected from an unknown source. The 17 months old boy was an overweight child who had been chesty and was infected with measles from a sibling. On post mortem this child was found to have a thrombosis of the straight sinus and choroid plexus.

Both children had been well cared for.

Meningococcal Infection

Of 204 notifications 27 were confirmed and four patients died. The ages and sexes of the confirmed cases were as follows:—

MALES

0—1 year	...	...	...	...	...	...	5 cases—1 death.
1—4 years	...	...	...	...	...	...	5 cases—2 deaths.
6 years	...	...	...	...	...	...	1 case—recovered.

FEMALES

0—1 year	...	...	...	...	...	...	10 cases—no deaths.
1—3 years	...	...	...	...	...	...	5 cases—1 death.
20 years	...	...	...	...	...	...	1 case—no death.

Association between cases was sought but not found.

Leptospirosis Canicola

The attention of the Department is sometimes drawn to the occurrence of diseases which are not statutorily notifiable. One such case was leptospirosis canicola which caused the illness of a young lady who had close association with a friend's dog.

Paratyphoid

There were five confirmed cases (all females) of paratyphoid fever during 1959, but no deaths.

The first patient was taken ill on the 7th March, 1959, and found to be infected with paratyphoid phage type I. It is likely that her infection was acquired outside the City.

A further three cases arose in one household in October. Attention to them was drawn by a boy who had Flexner dysentery and in the course of investigating members of this household three were found to have diarrhoea and *Salmonella* paratyphoid Type I var. 6 was isolated from their stools. The origin of this infection was not clearly determined but it was noted that one of the patients had suffered from bouts of diarrhoea for the past eighteen months commencing during a return journey from Burma to England.

No link could be proved between these three patients and a further patient who was infected by an organism of the same phage type. Her illness started on the 7th October, 1959.

In the course of investigating a family outbreak of food poisoning one healthy man employed as a food handler was found to be a faecal carrier of *Salmonella* paratyphoid phage type I var. 6 and a urinary carrier of *Salmonella* st. paul. This finding was made on the 29th September, 1959, and no connection with the above four cases could be ascertained.

A second paratyphoid carrier (phage type not determined) was also discovered on the 6th October under similar circumstances to the above.

A boy residing in Birmingham became infected with *Salmonella* paratyphoid "B" phage type I var. 6 when on holiday in North Wales and it was learned that some forty patients had been similarly infected in the Anglesey—Caernarvon area between August and November.

A local pet stores with a large export business had a consignment of birds returned from Sweden, it being alleged that a previous consignment had *Salmonella* paratyphoid infection. Two birds had died on the return journey and one was found to be infected with *Salmonella typhimurium*. It is not uncommon in caged birds. There was certainly no evidence of an epidemic.

Pneumonia

Pneumonia is notifiable under the Public Health (Infectious Diseases) Regulations 1953, only when the disease is primary or when it occurs as the result of an attack of influenza. There were 447 notifications of primary pneumonia and 386 of the type following influenza. The age incidence was:—

Age	0—	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75 +	Total
Notifs. of:— Primary Pneumonia	12	20	16	32	9	15	11	32	40	68	77	68	47	447
Pneumonia following Influenza	5	13	7	7	6	6	14	19	44	56	107	64	38	386

The monthly incidence is given below.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Notifs. of:—												
Primary pneumonia	76	156	56	26	17	17	19	14	15	13	15	23
Pneumonia following influenza ...	35	208	103	15	1	4	2	1	3	1	8	5

The week ending the 28th February recorded the highest number of notifications—115, and week ending the 19th September the lowest—1. The case rate per 1,000 population was 0.76.

The age and sex distribution of all notified pneumonia cases was as follows—

Age	0—	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75 +	Total
M.	11	17	12	25	9	9	14	16	40	81	111	65	34	444
F.	6	16	11	14	6	12	11	35	44	43	73	67	51	389
TOTALS	17	33	23	39	15	21	25	51	84	124	184	132	85	833

Bronchopneumonia is by far the commonest type of pneumonia and it is not notifiable unless occurring after influenza. Deaths from all types of pneumonia totalled 761 the age distribution being as follows—

0—	1—	2—	5—	15—	25—	45—	65—	75—	Total
93	8	5	3	8	23	132	186	303	761

64.3 per cent of the deaths were in persons aged 65 and over but only 26 per cent. of all notifications related to this group.

Poliomyelitis

Although the summer of 1959 was unusually hot and dry, there were only 44 notifications of poliomyelitis of which only 7 were confirmed.

In addition, however, two were found to be suffering from poliomyelitis who had originally been diagnosed as suffering from meningitis. The total of confirmed cases all amongst males, was therefore 9 (7 paralytic and 2 non-paralytic) as compared with the following numbers in previous years—

	1953	1954	1955	1956	1957	1958	1959
Paralytic ...	27	11	68	6	25	37	7
Non-paralytic	13	6	16	1	10	6	2
TOTAL ...	40	17	84	7	35	43	9

The age distribution was as follows—

<i>Paralytic</i> ...	9 months	10 months	16 months	18 months
	5½ years	27 years	29 years (died)	
<i>Non-paralytic</i>	2 years	6 years		

None of the patients had been vaccinated against poliomyelitis.

The following positive laboratory findings were obtained from poliomyelitis cases.

<i>Paralytic</i>	<i>Virus isolated from stools.</i>						
Type I	1 case
Type III	1 case

Non-paralytic

Type I	2 cases
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Vaccination—see page 46.

Scabies

During the year 852 persons were treated at the Scabies Clinic, Bacchus Road. Of these 349 were men and 503 women and children. A further 199 school children were treated by the School Health Service.

The numbers of cases in each of the last seven years were as follows—

<i>Year</i>	<i>Treated by Health Dept.</i>	<i>School Health Service</i>	<i>Total</i>
1953 ...	423	68	491
1954 ...	328	96	424
1955 ...	382	104	486
1956 ...	496	99	595
1957 ...	540	65	605
1958 ...	689	166	855
1959 ...	852	199	1,051

The year 1959 again shows the consistent tendency for the numbers of scabies cases coming forward for treatment to increase.

Scarlet Fever

927 notifications of scarlet fever were received for the year 1959. There were no deaths. The case rate per 1,000 population was 0.85.

The age and sex distribution was as follows—

Age	0	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75+	Total
M.	5	48	105	283	37	4	1	2	—	—	—	—	—	485
F.	2	23	76	305	31	2	1	1	—	—	—	1	—	442
TOTALS	7	71	181	588	68	6	2	3	—	—	—	1	—	927

Age group 5-9 years accounted for 63 per cent of the cases.

The following notifications have been received during the past seven years.

		1959	1958	1957	1956	1955	1954	1953
Cases	...	927	1,126	782	612	899	898	1,425
Deaths	...	0	1	0	1	0	0	0

Smallpox

There were no cases of smallpox in Birmingham during 1959, and no travellers required surveillance.

Vaccination—see page 51.

Typhoid Fever

There were two confirmed cases each of whom recovered.

A woman of 59 years became ill with headache and backache on the 19th July, 1959, and the intensity of the headache became much more severe on the 24th July, now being accompanied by diarrhoea and abdominal cramp. She had an otitis media of two years standing and a mastoidectomy was performed on the 29th July but failed to produce improvement. A typical rash of typhoid fever appeared on the evening of the 5th August. *Salmonella typhi* was isolated from the blood. The origin of her infection was not found, but it was discovered that her husband was a symptomless faecal carrier of the same organism—phage type "A"

A second case was a Jamaican boy aged $7\frac{1}{2}$ years who had been in this country with his family for seven years. He also became ill with headache on the evening of the 4th September and intestinal symptoms supervened on the 6th September. The source of his infection was also unknown as, during the school holidays, he had to a large extent been responsible for buying his own food. His infection was due to an organism of phage type 45.

Venereal Disease

	<i>Name of Hospital or Clinic</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
No. of cases under treatment on 1st January, 1959	General	873	640	819
	Children's	—	—	—
	Summerfield	13	—	—
	TOTALS	886	640	819
New cases coming under treatment during 1959	General	151*	1,389	2,522
	Children's	—	1	24
	Summerfield	3	—	—
	TOTALS	154	1,390	2,546
Total number of attendances during 1959	General	13,310	8,641	9,146
	Children's	—	1	80
	Summerfield	531	271	260
	TOTALS	13,841	8,913	9,486
No. discharged after completion of treatment and/or observation	General	44	709	2,623
	Children's	—	—	22
	Summerfield	—	—	—
	TOTALS	44	709	2,645
No. transferred to other centres	General	38	64	24
	Children's	—	1	—
	Summerfield	1	—	—
	TOTALS	39	65	24
No. who ceased to attend before completion of treatment and/or observation	General	147	603	122
	Children's	—	—	—
	Summerfield	1	—	—
	TOTALS	148	603	122

*2 adults had congenital syphilis.

NUMBERS OF NEW BIRMINGHAM CASES OF VENEREAL DISEASES TREATED YEAR BY YEAR SINCE 1950.

<i>Year</i>	<i>Syphilis</i>	<i>Soft Chancre</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
1950	295	—	462	2,978
1951	208	—	525	2,366
1952	188	—	676	2,364
1953	148	—	571	2,352
1954	135	—	446	2,275
1955	156	—	463	2,431
1956	188	—	875	2,492
1957	192	—	1,138	2,213
1958	133	—	1,223	2,106
1959	129	—	1,244	2,189

Whooping Cough

1959 again showed a decrease in the number of notifications of whooping cough received—i.e. 1445 as compared with 1876 for the previous year. This number is the lowest recorded since 1937 when there were 1816.

The week ending 31st January, 1959 had the highest number of notifications—63, and the weeks ending 4th July and 26th December, the lowest—5.

10.4 per cent of the cases were under 1 year and 57.4 per cent. of the cases were under 5 years of age.

The case rate per 1,000 population was 1.32.

Age and sex distribution was as follows—

Age	0	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75+	Total
M.	63	152	184	262	17	1	—	—	—	—	—	—	—	679
F.	87	154	190	310	15	2	3	1	2	—	1	—	1	766
TOTAL	150	306	374	572	32	3	3	1	2	—	1	—	1	1,445

Three children died, their ages being two months, five months and thirteen months. The two months old baby weighed 6lbs. 2½ ozs. at birth and the onset of the whooping cough took place when the child was under one month of age. Accommodation was poor and in an attic. The father was unemployed. In the case of the child aged five months all reasonable care was given. Sudden death occurred from pneumonia in a normal infant as a late complication of whooping cough. The child of thirteen months was a normal child who had been immunised against whooping cough. An incomplete recovery was followed weeks afterwards by pneumonia.

Immunisation—see page 46.

Public Health (Aircraft) Regulations, 1952.

Health control of 114 aircraft carrying 2,658 passengers arriving at Elmdon Airport during 1959 from outside the "excepted area" was carried out uneventfully.

International Certificates of Vaccination

In the year 1959, under the International Sanitary Regulations, 1952, 4,073 International Certificates of Vaccination against Smallpox, Cholera, Typhoid and Paratyphoid, were checked, stamped and countersigned.

In recent years the numbers dealt with were as follows—

1952	1953	1954	1955	1956	1957	1958	1959
1,419	2,756	3,089	3,291	4,113	7,587	4,205	4,073

INFECTIOUS DISEASES 1959

Confirmed Cases

AGES

DISEASE	Sex	0-	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75 up	Totals
Diphtheria	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	M.	31	87	53	105	40	14	12	33	28	21	8	4	3	439
	F.	23	63	49	84	25	9	16	50	43	20	15	12	2	411
Encephalitis Acute Infective	M.	1	2	—	—	—	—	—	—	—	—	—	—	—	3
	F.	1	—	—	—	—	1	—	—	—	—	—	1	—	3
Encephalitis Post Infectious	M.	1	1	2	—	1	—	—	—	—	—	—	—	—	5
	F.	—	1	—	—	—	—	—	—	—	1	—	—	—	2
Erysipelas	M.	2	1	2	2	—	—	2	3	10	12	18	11	3	66
	F.	2	—	1	—	2	—	2	3	7	20	16	12	4	69
Food Poisoning	M.	8	7	10	16	13	7	5	23	17	11	6	55	54	232
	F.	5	8	10	11	4	8	14	20	13	15	15	132	65	320
Malaria	M.	—	—	—	1	1	—	1	—	3	—	—	—	—	6
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	M.	235	1453	1607	2621	75	12	6	10	1	1	—	—	—	6,021
	F.	251	1377	1515	2514	68	10	6	6	3	—	—	—	—	5,750
Meningococcal Infection	M.	5	4	1	1	—	—	—	—	—	—	—	—	—	11
	F.	10	3	2	—	—	—	1	—	—	—	—	—	—	16
Ophthalmia Neonatorum	M.	223	—	—	—	—	—	—	—	—	—	—	—	—	223
	F.	193	—	—	—	—	—	—	—	—	—	—	—	—	193
Paratyphoid Fever	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	1	—	—	—	—	2	1	1	—	—	—	—	5
Poliomyelitis Paralytic	M.	2	2	—	1	—	—	—	2	—	—	—	—	—	7
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis Non-Paralytic	M.	—	1	—	1	—	—	—	—	—	—	—	—	—	2
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	M.	11	17	12	25	9	9	14	16	40	81	111	65	34	444
	F.	6	16	11	14	6	12	11	35	44	43	73	67	51	389
Puerperal Pyrexia	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	45	152	216	44	1	—	—	—	458
Scarlet Fever	M.	5	48	105	283	37	4	1	2	—	—	—	—	—	485
	F.	2	23	76	305	31	2	1	1	—	—	—	1	—	442
Smallpox	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever.....	M.	—	—	—	1	—	—	—	—	—	—	—	—	—	1
	F.	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Whooping Cough	M.	63	152	184	262	17	1	—	—	—	—	—	—	—	679
	F.	87	154	190	310	15	2	3	1	2	—	1	—	1	766

IMMUNISATION

(SECTIONS 26 & 28—NATIONAL HEALTH SERVICE ACT, 1946)

The year 1959 was dominated, as was 1958, by the poliomyelitis immunisation campaign. In consequence the number of persons completing primary courses of immunisation (excluding smallpox vaccination) was again high.

					1958	1959
Primary courses by general practitioners	...	...	...	...	77,028	92,088
" " " Health Department	...	...	...	...	81,380	48,555
Totals	...	...	...	...	158,408	140,643

Nevertheless the Health Department gave 207,874 injections in 1958 and 235,383 in 1959, made up as follows.

					1958	1959
Diphtheria toxoid, diphtheria/pertussis vaccine	...	...	...	...	33,163	27,712
Mantoux testing and B.C.G. vaccination	...	...	...	...	30,942	25,246
Poliomyelitis	...	...	...	...	143,584	182,221
Smallpox (special groups only)	...	...	...	...	185	204
Totals	...	...	...	...	207,874	235,383

Diphtheria Immunisation

The numbers of children receiving **Primary Immunisation** in each of the past six years, whether by toxoid, diphtheria/pertussis vaccine or triple antigen (diphtheria, pertussis and tetanus), have been—

1954	1955	1956	1957	1958	1959
16,973	16,289	16,268	17,398	19,656	17,645

When in August, 1957, the Health Department began to offer diphtheria and whooping cough vaccination combined, the youngest age of administration was reduced from eight months to three months. This therefore inflated the figures for 1957 and 1958, but the number of 17,645 for 1959 is not influenced in that way and represents 91 per cent of the number of births in that year if it can be assumed that private doctors submitted all the completed record cards. The table on page 45, however, shows a far less satisfactory state of affairs in that the primary immunisation of 2,707 children was delayed until they were of school age and then most of these had their injections in school. This neglect to secure immunisation is leaving many young children unnecessarily vulnerable to a dangerous disease. Family doctors immunised 57 per cent. of the 17,645 patients, an achievement only surpassed by their immunising 58 per cent. in 1957. What is more significant is the fact that they immunised 65 per cent of those babies immunised in 1959 and born in the same year and 69 per cent. of those immunised in 1959 but born in 1958. Among the 2,707 children not immunised until school age, general practitioners gave the injections to only 242 of them.

NUMBER OF CHILDREN WHO COMPLETED A PRIMARY COURSE IN 1959

Year of Birth	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	TOTAL	ADULTS
Public Health Department	7	44	51	81	102	778	879	426	206	34	13	11	16	18	8	2,674	20
D.P.P.	1,580	2,537	395	244	132	71	4	—	1	—	—	—	—	—	—	4,964	—
General Practitioners	35	157	82	38	20	33	15	9	3	1	1	—	1	2	1	398	—
D.P.P.	2,909	5,487	710	212	115	102	38	15	5	2	3	4	3	1	3	9,609	—
F.T.	42	201	133	119	122	811	894	435	209	35	14	11	17	20	9	3,072	20
D.P.P.	4,489	8,024	1,105	456	247	173	42	15	6	2	3	4	3	1	3	14,573	—
TOTAL ...																	
COMBINED TOTAL DIPHtheria AND DIPHtheria/PERTUSSIS	4,531	8,225	1,238	575	369	984	936	450	215	37	17	15	20	21	12	17,645	20
	4,531		10,407														

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NUMBER OF CHILDREN GIVEN REINFORCING INJECTIONS IN 1959

Year of Birth	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	TOTAL	ADULTS
Public Health Department					1,124	3,462	1,640	670	316	46	19	13	8	13	9	7,320	13
F.T.					348	1,305	210	50	20	6	6	2	1	—	1	1,949	3
D.P.P.					251	916	135	25	5	5	1	—	2	1	—	1,341	—
F.T.					1,472	4,767	1,850	720	336	52	25	15	9	13	10	9,269	16
D.P.P.					251	916	135	25	5	5	1	—	2	1	—	1,341	—
TOTAL ...																	
COMBINED TOTAL DIPHtheria AND DIPHtheria/PERTUSSIS					1,723	5,683	1,985	745	341	57	26	15	11	14	10	10,610	—

0-4 years
1,723

5-14 years
8,887

NOTE :—F.T. is the material used to protect against diphtheria only.
D.P.P. is the combined diphtheria/whooping cough vaccine.

There is a persistent decline in the numbers receiving **Reinforcing Injections**:—

	1956	1957	1958	1959
	13,166	12,961	11,984	10,610
Percentage given by general practitioners	25%	27%	30%	31%

Whooping Cough (Pertussis) Immunisation

Although the supply and use by the Health Department of the combined diphtheria and whooping cough vaccine has greatly increased the number of children being protected against whooping cough, the total fell from 15,697 immunised in 1958 to 14,573 in 1959. At the end of 1959 only 12,146 of the 19,281 children born in 1958 and 4,489 of the 19,352 born in 1959 had been protected by three injections from this nasty disease.

Poliomyelitis Immunisation

The publicity associated with the death of a Birmingham footballer from poliomyelitis resulted in a very large demand for immunisation. In the ten days ending 18th April more vaccine was issued by the Immunisation Section than had been distributed in the whole of the busiest quarter of 1958. Fortunately stocks in the Department were initially high but even so some restriction was necessary. There was no extension of eligibility during the year, the vaccine remaining available for those aged at least six months and born on or after 1st January, 1933 and for certain special groups.

The enormous volume of work carried out by general practitioners and by immunisation teams from the Health Department is shown by the following figures which, in total, far surpass those for 1958.

Persons receiving two injections					1958	1959
from general practitioners	...	...	...	...	57,116	82,081
from Public Health Department	...	...	...	...	71,799	40,917
Total	...	...	...	...	128,915	122,998
Persons receiving third injection						
from general practitioners	...	...	...	...	2,110	58,483
from Public Health Department	...	...	...	...	Nil	100,387
Total	...	...	...	...	2,110	158,870

While, in 1959, the numbers of first and second injections were maintained, two thirds being given by general practitioners, a new responsibility for giving third injections was also met by the Health Department giving two thirds of them and general practitioners only one third.

The administrative arrangements for vaccination by the Health Department were that the first step was registration and then patients were given appointments for vaccination in their turn. Considerable clerical work was therefore involved as all but a relatively few required formal appointments.

						1958	1959
Appointments given	...	...	...	...	...	194,015	251,942
Absentees	...	...	...	...	...	49,491	69,721
Injections given	...	...	...	...	...	143,584	182,221

Occasionally it was found that a person attending for injection was not just then suitable to receive it.

Health Department immunisation teams held 1,504 sessions:—

Infant Welfare Centres

292 (mornings) for infants and expectant mothers. At the same sessions infants requiring diphtheria immunisation were also treated.

97 (mornings and afternoons during school holidays) for 3rd injections of school children.

262 (early evenings) for 2nd and 3rd injections of school children.

Schools, Etc.

467 primary and secondary modern, 18 special schools, 1 college, 3 occupation centres, 3 day nurseries, 16 residential nurseries, 4 homes.

Factories. 119 sessions for 10,848 workers.

Health Department (in School Holidays)

94 (morning and afternoon) for infants and school children.

18 (Saturday mornings) for all eligible ages.

117 (evenings) for all eligible ages.

REACTIONS

A number of eczema and asthma sufferers reported exacerbations of their illnesses but, towards the end of the year, this difficulty was overcome by the use of penicillin-free vaccine.

Protection against Tuberculosis (B.C.G. Vaccine)

Two important changes were made in the arrangements. Firstly, in addition to thirteen-years-old school children, vaccination was to be offered to children of fourteen years of age and upwards still at school and also students attending universities, teacher-training colleges, technical colleges and other establishments of further education. Arrangements were made to do this but no actual injections in connection with the extended scheme were given.

The second change arose through the Adrian Committee reporting upon the undesirability of mass miniature radiography for children. The practice of offering this for Mantoux positives and children whose parents had refused Mantoux testing was therefore discontinued. In Birmingham, from the results so far achieved, X-ray of those not Mantoux tested was not considered worth while and was therefore discontinued. Immediate X-ray, using large films of strongly positive Mantoux reactors has been in operation since 1956 and, as from the start of the autumn school term, this was applied to all Mantoux positives.

POLIOMYELITIS VACCINATION

INDIVIDUALS WHO RECEIVED IN 1959 TWO INJECTIONS AND THIRD INJECTIONS (AGE GROUPS 1933 TO 1959, PLUS SPECIAL GROUPS)

6 MONTHS TO 5 YEARS 2 INJECTIONS 22,253 3RD INJECTIONS 33,022

<i>Year of birth</i>	1959 (6 months old)	1958	1957	1956	1955	1954	<i>Total</i>
Public Health Department							
2nd injections ...	378	1,610	796	443	443	701	4,371
3rd injections ...	13	322	1,743	5,324	5,260	2,158	14,820
General Practitioners							
2nd injections ...	842	7,112	3,843	1,869	1,662	2,554	17,882
3rd injections ...	—	1,660	5,076	3,435	3,158	4,873	18,202

6—15 YEARS 2ND INJECTIONS 34,638 3RD INJECTIONS 107,250

<i>Year or Birth</i>	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	<i>Total</i>
Public Health Department											
2nd injections ...	1,143	1,909	1,733	1,201	1,310	1,402	1,449	3,013	3,085	3,424	19,669
3rd injections ...	2,696	6,059	6,941	8,233	9,076	9,866	10,906	8,479	7,769	8,662	78,687
General Practitioners											
2nd injections ...	2,438	1,481	1,279	1,143	1,172	1,250	1,474	1,785	1,351	1,596	14,969
3rd injections ...	4,635	3,316	2,911	2,412	2,378	2,302	2,375	3,232	2,473	2,529	28,563

16-26 YEARS 2ND INJECTIONS 58,301 3RD INJECTIONS 14,474

<i>Year of Birth</i>	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	<i>Total</i>
Public Health Department												
2nd injections ...	2,851	1,305	1,411	1,429	1,328	1,340	1,408	1,286	1,255	1,188	989	15,790
3rd injections ...	6,266	58	25	30	28	36	36	31	27	24	24	6,585
General Practitioners												
2nd injections ...	2,015	5,549	4,678	4,139	4,298	3,794	3,913	3,789	3,855	3,670	2,811	42,511
3rd injections ...	1,956	852	698	592	607	546	552	551	515	551	469	7,889

SPECIAL GROUPS 2ND INJECTIONS 7,806 3RD INJECTIONS 4,124

<i>Special Groups</i>	<i>Expectant Mothers</i>	<i>General Practitioners' Families</i>	<i>Hospital Staff</i>	<i>Nurses</i>	<i>Ambulance Staff</i>	<i>Others incl. Colonial Service</i>	<i>TOTAL</i>
Public Health Department							
2nd injections ...	679	—	18	59	108	223	1,087
3rd injections ...	141	3	—	31	25	95	295
Medical Practitioners							
2nd injections ...	4,087	116	2,011	72	252	181	6,719
3rd injections ...	2,354	343	931	52	62	87	3,829

SCHOOL CHILDREN

The decision taken in 1958 to simplify procedure by offering B.C.G. vaccination for those attaining their thirteenth birthday before the 1st September, anticipated similar advice from the Ministry of Health and led, as expected, to a reduction, affecting 1959 only, in the number of children offered Mantoux testing and, if necessary, B.C.G. vaccination.

Number of parents approached (17,360 in 1958)	...	...	...	14,644
Number accepting	...	...	...	11,314 (77.3%)
Number of children fully Mantoux tested	...	...	...	10,670
Mantoux negative	...	...	...	9,583 (89.8%)
B.C.G. vaccinated	...	...	...	9,540
Mantoux positive	...	...	...	999 (9.4%)
Mantoux doubtful	...	...	...	88

Since the start of B.C.G. vaccination of school children the percentage of parents accepting the offer and the percentage of children found Mantoux positive have been:

	1954	1955	1956	1957	1958	1959
percentage of parents accepting	82.7	76.9	75.8	80.2	76.3	77.3
percentage of children Mantoux positive	18.3	15.1	13.5	13.0	11.9	9.4

X-ray of the Mantoux positive children has been very well worth while, especially among those strongly positive, as the following table shows.

Year	1956	1957	1958	1st. Jan.- 31st. Aug. 1959*†‡
No. tuberculin positive	1,673	1,718	1,597	522
Strongly positive Mantoux reactors given immediate chest X-rays*	325†	612	727	279
No. of cases of tuberculosis requiring close clinic supervision or immediate treatment	3	8	12	4
Rate per thousand	9.2	13.1	16.5	14.3
Remaining tuberculin positives and those not participating in vaccination scheme	4,654	3,907	3,360	2,559
No. of cases requiring close clinic supervision or immediate treatment	3	4	0	2
Rate per thousand	0.6	1	0	0.8
* Almost all had induration of 20 mm. or more to 10 TU of PPD. † From September 1956 ‡ For reasons explained in the text, only the first eight months of 1959 were comparable with previous years.				

Since 1955 an increasing number of strongly positives have had large film X-rays rather than examination by mass miniature. It has been the means of collecting all in one group, those with lesions necessitating observation or treatment, as the table shows. Everyone in this group and living in the City is told the result of the X-ray by a tuberculosis visitor calling at the house and, the significance of the Mantoux test result having been explained, the child's family contacts are given appointment to attend for mass miniature X-ray, and with significant success. From 243 family contacts thus examined in 1959 eleven were referred to the Chest Clinic for further observation, three receiving treatment or close supervision and in two others investigations are still in progress. The Medical Research Council Report of September, 1959 demonstrated the high incidence during subsequent years of clinical tuberculosis in those found strongly Mantoux positive when aged thirteen. Arrangements were therefore started to follow up the Mantoux positives, especially those strongly so, by mass miniature radiography.

In 1959 there were 38 children aged thirteen years who were Mantoux tested with their classmates although they had received B.C.G. vaccination previously as contacts of tuberculosis. Thirty-seven were still positive and one gave a doubtful reaction. A 10 per cent. sample of children who had received B.C.G. vaccination in the thirteen year old group the previous year, were re-called for tuberculin test, and, of 740 tested, 724 were positive and 16 negative.

CONTACTS

The arrangements for contacts of known infection were continued, with the following results.

Number Mantoux tested...	...	...	...	...	1577
Positive	...	...	...	...	193
Doubtful	...	...	...	...	10
Negative	...	...	...	...	1374
Number Vaccinated	...	...	...	...	1364
Babies under twelve days old vaccinated without Mantoux test	...	...	...	...	57

Three months after vaccination all contacts were given a further Mantoux test. The results were as follows:—

Number of conversion Mantoux tests given and read	1215
Positive	1185
Doubtful	7
Negative	23

Smallpox Vaccination

Hospitals and the Health Department make their own arrangements to vaccinate their staffs. Otherwise all vaccination is carried out by general practitioners, the Health Department recommending it especially strongly in 1959 to mothers for their young babies.

<i>Age at date of vaccination</i>	<i>Under 1 year</i>	<i>1 year</i>	<i>2—4 years</i>	<i>5 to 14 years</i>	<i>15 years and over</i>	<i>Total</i>
Primary vaccination ...	10,172	700	374	310	573	12,129
Revaccination ...	—	4	43	153	2,114	2,314

VACCINATED UNDER 1 YEAR, EXPRESSED AS PERCENTAGE OF LIVE BIRTHS

	1955	1956	1957	1958	1959
No. vaccinated under 1 year ...	7,634	8,034	8,506	8,495	10,172
% age of births in year ...	42.9	43.5	44.9	44.1	52.6

Supply of Antigens

The Department supplies free of charge antigens for immunisation against diphtheria, whooping cough, and poliomyelitis. Medical practitioners usually place their orders by telephone and can be certain of receiving the material in time for their clinics. The amounts distributed doubled as compared with 1958.

	1958	1959
Diphtheria (formol toxoid) ...	3,741 mls.	4,173 mls.
Combined diphtheria/pertussis vaccine	29,375 mls.	35,045 mls.
Poliomyelitis vaccine ...	119,362 mls.	266,138 mls.
Totals...	152,478 mls.	305,356 mls.

LABORATORY SERVICES

(a) ANALYTICAL LABORATORY

Samples examined during the year totalled 9,832 and were made up as follows:—

Samples taken under the Food and Drugs Act, 1955	...	5,550
Drug samples taken under the Birmingham Drug Testing Scheme		605
Miscellaneous samples	... ..	3,677
		<hr/>
		9,832
		<hr/>

This compares with a total of 9,746 specimens examined in 1958.

Food and Drugs Act, 1955. This Act makes it obligatory for all local authorities to appoint a public analyst, whose first duty is to examine samples of food and drugs which are representative of those on sale to the public in that particular area. In Birmingham, these specimens are purchased by a special team of four sampling officers whose field of operation covers 6,000 grocery and allied shops, 300 pharmacies and various dairies within the city boundary. As usual, among the foods, milk samples predominated and, out of a total of 2,919 samples of this commodity examined, 2,509 came from farmers' churns, 406 were of bottled milk and four were so called "appeal to cow" samples taken at farms for comparison purposes.

Milk is assessed on its fat and solids-not-fat (S.N.F.) contents, but considerable natural variation in composition exists. Accordingly only "presumptive" minimum limits of quality are prescribed by the Sale of Milk Regulations. Below these limits of 3.0 per cent. fat and 8.5 per cent. solids-not-fat, milk is presumed to have been skimmed or watered. Proof of the former is given by comparison with samples taken at the farm, and proof of the latter by the invaluable freezing point test. Milk with a freezing point depression (F.P.D.) of less than 0.530°C. is generally accepted as being watered. The production of milk "naturally" poor in solids-not-fat is usually due to breed of cow or seasonal variation, but it is also a feature of disease such as mastitis. Unequal intervals between milkings produce milk poor in fat. At one time the fat content of milk received more attention from a nutritional point of view, but during the past few years there has grown an increasing awareness of the importance of the solids-not-fat fraction containing protein, valuable salts, etc. The total solids content (fat plus S.N.F.) is perhaps the best single criterion of quality.

The average composition of all the samples, excluding four taken at farms, was solids-not-fat 8.73 per cent., fat 3.64 per cent., making a total solids content of 12.37 per cent. This shows a slight decrease from the near record of 12.47 per cent. in 1958, but is a reasonable average for this part of the country.

Three hundred and ninety-two samples of milk or 13·4 per cent of the whole (excluding four "appeal to cow" samples) were adulterated or naturally deficient in quality. Analysis indicated the following:—

Samples containing extraneous water	29
Samples "naturally" deficient in S.N.F. only	210
Samples "naturally" deficient in fat only	134
Samples "naturally" deficient in both S.N.F. and fat	19
	<hr/>
	392
	<hr/>

NOTES ON ADULTERATED MILK SAMPLES. Three farmers were prosecuted for the sale of watered milk. In the first case, one of a consignment of three churns sampled informally was found to contain at least 4 per cent. extraneous water. Three consecutive days' formal sampling which followed revealed spasmodic adulteration. The first day's samples were all genuine; the second day showed two out of three samples adulterated with 6·1 and 4·3 per cent. extraneous water, and, on the third day, one churn out of three contained milk with 5·4 per cent. water present. At the Court hearing when a plea of "guilty" was made to two prosecutions, fines totalling £20 were imposed.

The second case concerned milk naturally poor in quality and further lowered by watering. Only a single churn consignment was involved but, over three days' sampling, milks containing 7·0, 6·6 and 4·4 per cent. water resulted in prosecutions and fines of £4 each in respect of two of the adulterated samples.

The third case was also found to involve deficiencies in S.N.F. from natural and deliberate causes. Again, formal sampling resulted in three prosecutions in respect of samples containing 8·5, 4·4 and 7·8 per cent. water. A fine of £5 was inflicted in each case.

Cautions were issued to a city dairy and four other farmers involved in less serious cases which concerned watered milk. In the case of the dairy a one-third pint bottle of pasteurised school milk was found to contain 2 per cent. water. Subsequent enquiries showed that it had probably been taken from the first "run off" of the pasteurising plant, and contained condensate from the pipe-line cleaning operations; this first flush of milk is normally rejected.

MILKS GENUINE BUT SUB-STANDARD. It is no offence to sell milk as it comes from the cow (excluding bacteriologically unsound milk), even if the quality falls below the standard of the Sale of Milk Regulations. Some 363 samples, or 12·3 per cent. of the whole number taken during the year, fell into this category. Such milk, is however, of concern to farmers, analysts, dairies and the Milk Marketing Board alike, since it is inferior nutritionally to milk of normal average quality. Except in very marginal cases, letters are sent to all farmers concerned in the production

of sub-standard milk informing them of the results of analysis of their samples and usually advising them to seek the help of the local Agricultural Advisory Officer.

OTHER FOODS INCORRECT. It is rare for spirits on sale in the City to be found adulterated, but the need for constant vigilance was emphasised by the discovery of 8.2 per cent. excess water in a sample of whisky taken from licensed premises, and a formal sample taken later contained 16.1 per cent. excess water. A prosecution was instituted and a plea of "guilty" was made at the Court hearing, which resulted in a fine of £10 being imposed on the licensee.

The Flour (Composition) Regulations, 1956 were designed to ensure that white flour contained adequate iron and calcium for nutritional purposes. The mixing of small amounts of the requisite minerals with large amounts of flour has proved a rather difficult manufacturing operation, and about one sample in six is found to be incorrect in its iron or calcium content. Two samples examined were found to contain 141 mgms. and 78 mgms. of chalk per 100 gms of flour whereas the regulations require between 235 and 390 mgms. The former sample also had a slight deficiency of iron. The millers in both cases were cautioned, though not without a little sympathy.

Two samples of table jelly crystals were slightly deficient in sugar, 82.8 per cent. and 82.2 per cent. being present instead of the Food Standards minimum of 84 per cent. As, however, jelly crystals are essentially gelatine plus sugar and the former costs about ten times as much as the latter, the purchaser of such deficient samples can hardly be said to have been prejudiced. It was decided that a technical offence had been committed but that no further action was necessary.

A specimen of blackcurrant juice cordial, when assessed in the usual way on mineral content, showed an apparent juice content of 5 per cent. as compared with the required Food Standard of 10 per cent. Enquiries revealed that the bottlers used a blackcurrant juice made from imported concentrate of unusual analytical characteristics and that the apparent deficiency was in fact due to abnormality.

Section 6 of the Food and Drugs Act, 1955, makes it an offence to give a false or misleading label with an article of food. Where the offence is a simple fact, this section is relatively easy to enforce, e.g. a sample of orange squash labelled as containing $7\frac{1}{2}$ mgms. Vitamin C per fluid ounce actually contained only 5 mgms. and was found to be old stock. Frequently however, the offence involves matters of opinion and not simple fact, the manufacturers claiming "reasonable commercial latitude" for their labelling. In these cases informal exchanges of letters sometimes result in satisfactory modifications of the offending labels. Samples found misdescribed during the year included two of cake mix of the incomplete variety; they consisted essentially of sweetened self-raising flour only and

required egg, fat and milk to make a cake. Such information should be clearly given on the front panel of the carton of the product. In the first case mentioned, no statement at all appeared, but the manufacturers readily agreed to amend their labels. In the second case, the statement that additional ingredients were required *was* printed on the front of the carton but was "lost" in a maze of colour illustrating fancy cakes which it was claimed, could be made from the article bought. The firm concerned eventually agreed to modify their label so as to make the necessary information much clearer to the intending purchaser.

A packet of oxtail soup was also criticised because oxtail was eighth in a list of nine ingredients printed in order of percentage present; wheat flour was first. It was considered that the product was "oxtail flavoured." The whole subject of dry soup mixes is being dealt with by an Official Committee.

Offences against the Public Health (Preservatives, etc., in Food) Regulations were committed in cases of mineral water (excess benzoic acid); sausage (excess sulphur dioxide); and polony (contained sulphur dioxide illegally).

Old age or bad storage was responsible for adverse reports on black pudding (mould present); dried peas from a school kitchen (8 per cent. damaged peas); lemon crystals and table jelly crystals (crystals aggregated together and adhering to paper container). Two samples of baking powder contained only 7.5 per cent. and 6.6 per cent. of available carbon dioxide instead of the 8 per cent. minimum required.

Where appropriate, complaints were referred to the Food Inspection Department, so that stocks held could be examined and replaced when it was considered necessary.

INCORRECT DRUGS. The introduction of a new edition of the British Pharmacopoeia (B.P.), such as occurred in September, 1958, inevitably means changes in composition of certain preparations and transfer to the British Pharmaceutical Codex (B.P.C.) of others, with consequent alterations in labelling. This is doubtless somewhat of a nuisance to manufacturers and pharmacists alike, but 6 months' notice is given by the B.P. Commission and a few months' grace is usually allowed by authorities after the bringing into operation of the new B.P. After this, in the interests of correct labelling of drugs generally, it is considered that even minor offences of labelling associated with the change should at least be brought to the notice of the makers or packers concerned. This has the added advantage sometimes of sorting out old stock. Thus a sample of sal volatile, incorrectly labelled "B.P." instead of "B.P.C.," contained only 0.56 per cent. w/v of ammonia, i.e. half of the required amount, and indicated old stock. A boric ointment, also incorrectly labelled in the same way, contained only 0.75 per cent. boric acid instead of the required 1 per cent.

All but five of the remaining 19 incorrect drugs were deficient from overlong storage on pharmacists' shelves. Three samples of ammonia were 70, 31 and 69 per cent. deficient of their stated amounts of active ingredient, and a specimen of ammoniated tincture of quinine had lost some 30 per cent. of its original ammonia content. A rose hip syrup and a rose hip and orange syrup were both seriously deficient of their stated amounts of Vitamin C, despite ample excess put in by the manufacturers to allow for deterioration over a normal shelf life. A cod liver oil emulsion contained oil with a Vitamin A content of only 350 units per gramme compared with the B.P. minimum requirement of 600 units per gramme.

An interesting drug sample was one of borax which, instead of merely being labelled "Borax B.P." carried an obsolete label which stated that the article was suitable as a food preservative—a most unfortunate reference since borax is not a permitted preservative at all.

Finally, a sample of boric lint was found to contain 22 per cent. boric acid whereas the correct amount is from 3 to 7 per cent. In all the above cases offending stocks were removed from sale and, in general, pharmacists were advised not to overstock relatively unstable commodities such as vitamin products and those containing ammonia.

Local Drug Testing Scheme. Under the terms of our agreement with the local pharmacists, 505 samples were examined during the year. Half of these completed the investigation of stock mixtures begun in 1958, and the remainder consisted of proprietary drugs including the iron group, some analgesics and antipyretics. A further 100 samples were examined for the local hospitals, manufacturers and pharmacists. The co-operation between the Department and the pharmacists has been further strengthened by the Liaison Committee formed in 1958, and there is an increasing exchange of ideas.

During the year the Public Health Department came to a financial arrangement with the Birmingham and Midland Hospitals Pharmacy Committee under the terms of which we examine up to 50 samples a year at the request of the hospital pharmacists; this has provided some important and interesting drugs for us to examine.

The examination of stock mixtures obtained from a cross section of pharmacists in the City produced much valuable information. The results of the investigation were made available to the pharmacists concerned and certain recommendations were made by the Liaison Committee to all pharmacists in the City. This is the first time, so far as we are aware, that mixtures of this nature have been submitted to constructive examination.

There is no doubt that the quality of the drugs used in this City (some millions of pounds worth a year) is second to none in the country. This is due in no small measure to the special drug testing scheme—the

fact that a small specialist group of staff is engaged here upon this vital work brings benefits out of all proportion to the number of samples examined. The possibility that in Birmingham **any** drug is at **any** time liable to be subject of investigation provides a major incentive to good pharmaceutical practice.

Miscellaneous Samples. These totalled 3,677 and were made up as follows:—

PUBLIC HEALTH DEPARTMENT							
Pasteurised and sterilised milks	...	...	...	...	...	...	1,928
Ice cream and ice lollies	...	...	...	...	...	...	261
Atmospheric pollution	...	...	...	...	...	...	192
Waters	...	...	...	...	...	...	614
Miscellaneous	...	...	...	...	...	...	33
							3,028
WATER DEPARTMENT							
Waters	...	...	...	...	...	...	250
Miscellaneous	...	...	...	...	...	...	17
							267
OTHER CORPORATION DEPARTMENTS...							157
HUMAN MILKS							100
MISCELLANEOUS FROM PRIVATE INDIVIDUALS AND INSTITUTIONS							125
							3,677

MILK. Pasteurised milk tested for adequacy of heat treatment accounted for 1,706 specimens (1,290 from Birmingham Health Dept., and 416 from neighbouring authorities). Only one sample from Birmingham and three from other authorities showed evidence of underheating. Two hundred and twenty-two samples of sterilised milk, made up of 157 from Birmingham and 65 from other authorities, all successfully passed the turbidity test, which indicates correct heat treatment.

ICE CREAM. During the year, two Statutory Instruments concerned with ice cream came into operation. These were the Food Standards (Ice Cream) Regulations, 1959, and the Labelling of Food (Amendment) Regulations, 1959. The former prescribed amended standards of composition for ice cream and introduced specific standards for two "officially new" products—dairy ice cream and milk ice. The labelling regulations were designed to ensure correct labelling and advertising of the various types of ice cream and came into operation in two stages. The first stage, operative from 27th April, 1959, was designed to "protect" the dairy product containing all milk fat; the second, operative from December 1st, 1959, required ordinary pre-packed ice cream containing fat other than milk fat to be clearly labelled in a specified manner with this information.

Of a total of 214 samples of ice cream examined, one sample only, containing 3·7 per cent. fat instead of 5 per cent., failed to satisfy official requirements.

ICE LOLLIES. Further legislation, also introduced in April 1959, was the Ice Cream (Heat Treatment, etc.) Regulations, 1959. These consolidated and amended the 1947 to 1952 Regulations and their aim is to ensure bacteriologically pure frozen confections. A new provision of the regulations relevant to the work of the Department concerns water ices and ice lollies and in effect states that, where these products are sufficiently acid (having pH values of not more than 4.5), they are exempt from heat treatment requirements. At such acidity pathogenic organisms are inhibited. This acidity, however, is responsible for another "hazard" of ice lollie manufacture, namely the "pick up" of traces of harmful metals, especially lead, from the moulds used. A very strict limit of 1 p.p.m. of lead is enforced and, when it is discovered that samples contain more than this, production at the plant concerned is stopped until the moulds have been satisfactorily repaired.

Altogether 47 samples of ice lollies were examined either for acidity or trace metal content. Five specimens had a pH greater than 4.5 and therefore should have received heat treatment, and one sample contained 3.0 p.p.m. of lead.

ATMOSPHERIC POLLUTION. On each of eight sites in central and suburban areas of the City, devices are located to determine the two main types of pollution, namely solid sooty matter and gaseous sulphur dioxide. A deposit gauge rather like a large rain gauge is used for the former purpose and lead peroxide "candles" for the latter. Both gauge and candle are changed each month, thus providing a total of 192 samples for the year. It is confidently expected that the figures obtained for the next ten years or so will provide statistical proof of the efficacy of the smoke control programme now being vigorously pursued by the City Council.

WATERS. A total of 864 water samples from the Public Health and Water Departments was derived from four main sources:—

- (a) The Elan Valley supply to Birmingham, constituting the City's main source of water.
- (b) Longbridge and Short Heath deep wells, which are occasionally used to supplement Elan Valley water and constitute a useful reserve supply.
- (c) The Whitacre system, providing water for local Midland towns. Water from the rivers Bourne and Blythe is stored in reservoirs and receives further treatment at Whitacre.
(The quality of certain local effluents and streams in the Bourne and Blythe catchment area has been of considerable concern for some time and, over the past year, some 250 samples of effluent have been taken to ascertain their fitness for discharge into streams which eventually find their way into the rivers Bourne and Blythe.)
- (d) Miscellaneous waters, such as those from flooded basements, etc., analysed with a view to establishing the presence or absence of Corporation water.

OTHER CORPORATION DEPARTMENTS. Eighty-nine samples were tested for the Central Purchasing Department. Sixty-six of these consisting of soap, soap powder, etc., were submitted either with tenders for the supply of these articles to the Corporation or were for checking purposes from subsequent deliveries. Twenty-one soft drinks and two meat extracts were also examined for future contract purposes.

The Housing Management Department requested the analysis of 12 samples of paints, and the Salvage Department submitted 9 specimens of fertilisers and feeding stuffs of their own manufacture for the provision of statutory certificates of composition.

For the Food Inspection Department an assortment of 25 samples was examined, mainly with a view to the identification of foreign matter or determination of fitness for human consumption. Three of the more interesting specimens were American cranberries suspected of being contaminated with an agricultural spray residue containing amino triazole, a chemical concerning the toxicity of which certain doubts had recently been expressed. Fortunately all tests gave negative results.

Of 100 samples of human milk examined for the Milk Bureau, two were found by the freezing point test to have been contaminated with about 6 and 4 per cent. of water. No cow's milk was detected in any sample.

For the Smallholdings Committee, 19 samples of fertilisers and feeding stuffs were analysed under the official Act for compliance with their declared compositions.

PRIVATE INDIVIDUALS AND INSTITUTIONS. Samples submitted totalled 125 and, as usual, consisted of a most diverse range of foods, drugs and miscellaneous objects, chiefly submitted on account of poor quality or with requests for identification of foreign matter.

New Legislation

The Arsenic in Food Regulations, 1959, lay down statutory limits for the arsenic content of food. With certain exceptions, all food must not contain more than 1.0 p.p.m. of arsenic. Lower limits are specified for beverages, some soft fruit concentrates and ice cream, and higher limits are specified for some foods which generally are either essences or ancillary foods. The general limits specified have been informally accepted for the past 40 years, but formal recognition makes enforcement much simpler.

The Condensed Milk Regulations, 1959, provide for the sale of sweetened and unsweetened **half cream** condensed milk and require it to be labelled: "Should not be used for babies except under medical advice." Before this new legislation, only skimmed or full cream condensed milk has been allowed.

The Fluorine in Food Regulations, 1959, prescribed reduced maximum limits for the fluorine content of acidic phosphates used in the manufacture of baking powder, etc. The reduction has been made possible by the

manufacture of acidic phosphates from elemental phosphorus and the elimination of the need to use rock phosphate with a high natural fluorine content.

The Food Standards Committee issued reports on soft drinks, preservatives, bread and flour and milkbread. Considerable controversy has centred around certain recommendations embodied in the first report. For instance, a suggested prohibition of the use of saccharin in soft drinks and a strong curb on the labelling and advertising of such products containing glucose aroused strong protests from interested parties. Probably the most important report was that which concerned preservatives. The first preservatives regulations were framed in 1925, and some extension of the range of foods permitted to contain preservatives and the introduction of certain new preservatives is no doubt justified under modern conditions. More and more meals nowadays are being made by merely warming up pre-packed food whether it be from tins or packets, and safe modern methods of preparation and preservation are highly desirable. Care will have to be taken, however, that the appetising natural flavour of food is not lost altogether, otherwise eating could become less of a pleasure and more of a grim necessity.

(b) PUBLIC HEALTH LABORATORY

Dr. B. R. Sandiford, Director of the Public Health Laboratory, has kindly supplied the following information:—

SPECIMENS EXAMINED FOR THE CITY OF BIRMINGHAM

<i>Type of Specimen</i>	<i>Totals</i>
Throat swabs	292
Swabs, various	281
Sputa for tubercle bacilli	360
Faeces for pathogenic organisms	1,476
Bloods for agglutinins	39
Bloods for leptospirosis	4
Bloods for serological virus tests	100
Urines for pathogenic organisms	430
Milks for hygienic assay	1,419
Milks for tubercle bacilli	1,648
Ice creams for hygienic assay	707
Synthetic creams for hygienic assay	448
Creams for hygienic assay	296
Waters for hygienic assay	1,746
Foodstuffs for pathogenic organisms	280
Watercress for hygienic assay	74
Shellfish for hygienic assay	74
Milk churns and containers for hygienic assay	249
Specimens for virus culture	102
Miscellaneous specimens	250
	<hr/>
	10,275
	<hr/>

VENEREAL DISEASES EXAMINATIONS FOR BIRMINGHAM

<i>Specimens</i>				<i>Examinations</i>			
Blood	...	...	28,549	for Wassermann test	...	28,429	
				for gonococcal fixation test	...	5,321	
				for Kahn test	...	14,556	
				for Laughlen test	...	12,035	
Cerebrospinal fluid	...	...	871	for Wassermann test	...	871	
				for cell count	...	245	
Films of discharges	...	...	13,610	for gonorrhoea	...	13,610	
Cultures	...	...	11,244	for gonorrhoea	...	11,244	
Urine	...	...	81	for microscopical examination		81	
				for culture	...	81	
Total				Total			
	...		54,355		...	86,473	

Blood specimens from Birmingham ante-natal clinics and maternity hospitals, for Wassermann test:—

				<i>No. of Specimens</i>	<i>" Diagnostic " Reactors</i>
Ante-natal Clinics	...	...	...	2,966	8
Maternity Hospitals	...	...	...	4,721	23

TUBERCULOSIS

Notifications

During 1959 there were 793 notifications of tuberculosis, giving a rate of 0.73 per thousand population. Both figures are substantially below those of 1958 and in fact constitute new low records; the previous lowest figure was for 1957 when there were 973 notifications and a rate of 0.88 per thousand population. The decline in notifications was approximately equal in respiratory and non-respiratory forms of the disease.

RESPIRATORY TUBERCULOSIS

There were 704 notifications of this form of the disease, a reduction of 24 per cent. compared with 1958. In both sexes the fall was greatest in the age group 15-19 years and there is good reason to believe that this big decline is due to the intensive B.C.G. vaccination campaign that has been carried out amongst 13 year old school children since March 1954. There were also substantial declines in those under age 15 years in each sex, but the decline in notifications tends to become progressively less with increasing age. The highest notification rates occur now in the older age groups of men.

Five notifications were received during the year for persons who had received B.C.G. vaccination under the scheme for school children.

NON-RESPIRATORY TUBERCULOSIS

There were 89 notifications of non-respiratory tuberculosis, giving a rate of 0.08 per thousand. The decline was shown in the figures for each sex and for most age groups. The localization of the disease for the non-respiratory cases is shown in Table 6.

PLACE OF BIRTH

Table 8 lists the places of birth of the persons notified in each of the four years 1956-1959. The pattern in each year is similar, with about 8 per cent. of notifications of persons born in Asia, who form approximately 1 per cent. of the population. Only about 1.2 per cent. of notifications are from persons born in the West Indies, though West Indians probably represent more than 2 per cent. of the population. Notifications of Irish born individuals form 13 per cent. of the notifications, which is a slightly higher percentage than of Irish in the population of the City. There was in 1959 some fall in notifications in almost all groups, but this decline was proportionately less in the Asian born than in the other main groups.

DISTRIBUTION OF NEWLY NOTIFIED CASES IN THE CITY.

In 1953 and again in 1959 maps were prepared showing the home addresses of all cases of tuberculosis notified in each of those years, 1,386 in 1953 and 793 in 1959. The maps, which follow indicate graphically the marked reduction in cases and particularly is this so in the five central redevelopment areas which are shown in outline. The Corporation housing estates (shaded) are also much more free of new cases

in 1959 than was the case in 1953 when the many new cases arising in the good housing conditions were explained by infection from already known infectious patients rehoused on the new estates from an unsatisfactory environment. The development of chemotherapy since 1952 has been extremely successful in removing this source of infection.

There is, however, one unsatisfactory feature demonstrated by comparison of the two maps; the definite increase in notifications from those areas of the City lying within a mile beyond the outer edge of the central redevelopment areas. This zone contains the older large substantial houses that have degenerated into houses let in lodgings and low grade accommodation wherein resided in 1959, 131 of the 492 new male patients and 32 of the 268 new female patients. Among these 131 male patients were 14 born in England, 21 born in Ireland, 8 in Aden, 11 in the West Indies, but as many as 55 born in Pakistan and 17 in India. In fact only one Pakistani and one Indian patient did not reside in this type of accommodation.

The 32 tuberculous females occupying the lodging house type of accommodation included 15 born in England and 12 in Ireland.

Mortality

There were 104 deaths from tuberculosis in 1959, 39 less than in 1958. The steady decline in mortality since 1947 was therefore continued and even accelerated. The death rate per thousand population was reduced from 0.13 in 1958 to 0.10 in 1959. Under the age of 25 years there were only 3 deaths from tuberculosis, so that little further improvement is now possible in this youngest age group. Sixty-one deaths, or well over half of the total, occurred in men age 45 years or more.

RESPIRATORY TUBERCULOSIS

There were 96 deaths from respiratory tuberculosis compared with 137 in 1958. The mortality rate for respiratory tuberculosis is reduced from 0.13 to 0.09 per thousand. There were appreciable reductions in mortality in all adult ages, except females aged 25-44 in which the number of deaths increased from 7 in 1958 to 10 in 1959.

NON-RESPIRATORY TUBERCULOSIS

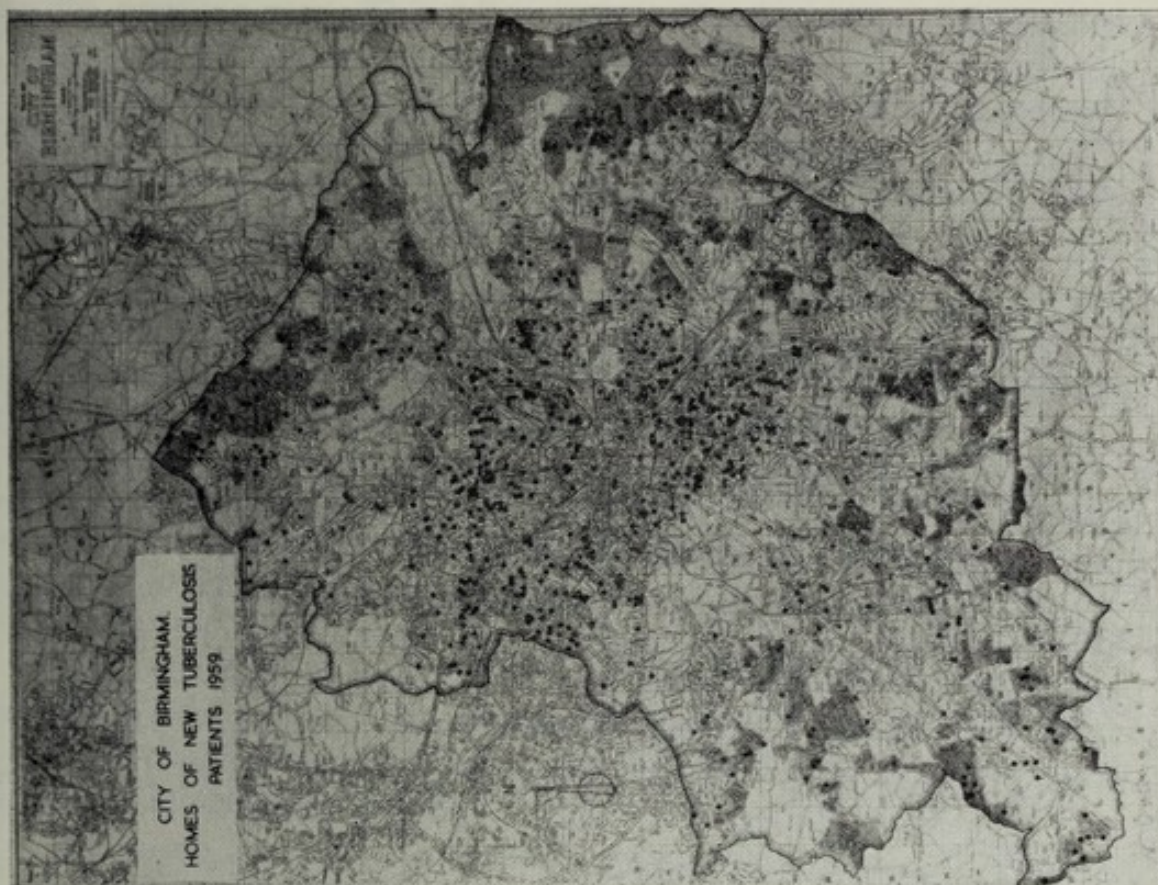
There were eight deaths from non-respiratory forms of the disease, all in persons aged 25 or over. Amongst males, there were three deaths from tuberculous meningitis, one from tuberculosis of the spinal column, and two from involvement of other parts of the body. Amongst women, the two deaths due to non-respiratory tuberculosis were classified as due to disseminated tuberculosis, both in women over the age of 65 years.

Contact Examinations

The number of persons examined as contacts of known cases of tuberculosis was substantially reduced during the year to 2,350 from 3,052



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Map reproduced by kind permission of Geographers' Map Co., Ltd.

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in the previous year. This fall is presumably due to the considerable reduction in notifications with consequently fewer contacts to be examined.

It is noteworthy that the yield of tuberculosis amongst this reduced number of contacts was also very substantially reduced.

The number of adult contacts X-rayed at the Mass Radiography Unit was almost unchanged at 2,008.

Tuberculosis Visitors

There were 14 tuberculosis visitors on the staff during the greater part of the year, and they made 39,751 visits to patients' homes during the year, 760 of these being first visits following notification.

The search for cases amongst contacts is being maintained as intensively as possible and the groups examined were increased during the year. A trial is being made of offering X-ray examination to the household contacts of school children found to give very large reactions to the tuberculin test in connection with the B.C.G. vaccination scheme.

The material help made available to tuberculous patients and their families followed closely the pattern of previous years except that the grants for clothing from the Tippet's Bequest Fund were very much more numerous in 1959 than in 1958.

Beds issued ...	...	...	...	...	...	...	...	210
Nursing materials supplied...	...	...	...	...	...	...	...	73
Food grants (free milk)	...	...	...	...	...	...	...	1,653
Grants for clothing, etc. (Tippet's Bequest)	...	...	...	...	...	...	...	34
Chalets provided	...	...	...	...	...	...	...	4
Disinfections	...	...	...	...	...	...	...	221

Re-housing

The number of families re-housed was, as in previous years, a little over 200. One hundred and eight families were re-housed under the special scheme for urgent re-housing of tuberculous families, the remainder being re-housed under the normal operation of the "points" scheme.

HOUSES ALLOCATED TO TUBERCULOUS FAMILIES: 1946—1959

1946	...	...	...	...	...	...	...	...	79
1947	...	...	...	...	...	...	...	...	215
1948	...	...	...	...	...	...	...	...	234
1949	...	...	...	...	...	...	...	...	148
1950	...	...	...	...	...	...	...	...	196
1951	...	...	...	...	...	...	...	...	349
1952	...	...	...	...	...	...	...	...	402
1953	...	...	...	...	...	...	...	...	367
1954	...	...	...	...	...	...	...	...	333
1955	...	...	...	...	...	...	...	...	243
1956	...	...	...	...	...	...	...	...	201
1957	...	...	...	...	...	...	...	...	219
1958	...	...	...	...	...	...	...	...	201
1959	...	...	...	...	...	...	...	...	214
TOTAL									3,401

Rehabilitation

The majority of tuberculous patients to-day return to their previous occupation after treatment, or, if the previous occupation is quite unsuitable, to lighter work in normal offices and factories. The number requiring to be dealt with specially by consultation between patient, disablement resettlement officer and chest physician, is therefore declining, and this decline is reflected in the figures given below, concerning the arrangements made following such consultations.

						1959	1958
Sheltered Factory (Remploy)	...	...	...	...	...	37	45
Industrial Rehabilitation Unit	...	...	...	...	...	68	109
Government Training Centre	...	...	...	...	...	26	37
Open Industry ...	...	...	...	...	...	196	240
Deferred ...	...	...	...	...	...	7	7
Papworth Village	...	...	...	...	...	1	1

Domiciliary Occupational Therapy

The work of this department has shown a considerable decline in recent years particularly since it has been possible to admit promptly for treatment all patients requiring hospital treatment. There remain a number of chronically ill patients who do require some help with occupational therapy at home but their numbers are now relatively small; during the year 1959 it was found that it no longer justified a special organisation for this purpose. The Domiciliary Occupational Therapy Centre at Whittall Street was therefore closed in the course of the year and the work transferred to other departments. Patients who are no longer infectious are dealt with through the service provided by the Welfare Department, the very small number of infectious patients at home it is hoped will be dealt with by the hospital occupational therapists when their staff complement is reasonably full.

In the period since December, 1950, when this service was first formed it has performed a most useful function in aiding the treatment of patients at home. It is, however, a considerable advance to be able to record that this service is no longer required.

Domiciliary Library Service

The British Red Cross and Order of St. John continued to supply a domiciliary library service for tuberculous patients at home. Here again the number of such patients is declining and only 27 patients required this service during the year.

Dental Clinic

A weekly Clinic for dental treatment of patients with infectious tuberculosis was continued, though the demands on its service from out-patients were declining considerably.

Statistics

TUBERCULOSIS—ALL FORMS

TABLE 1

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1959

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>Rate per 1,000 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—1940 („)	1,284	1·24	883	0·85
1941—1945 („)	1,258	1·29	793	0·82
1946—1950 („)	1,308	1·21	660	0·61
1951	1,326	1·19	418	0·38
1952	1,384	1·24	303	0·27
1953	1,386	1·24	279	0·25
1954	1,241	1·11	235	0·21
1955	1,269	1·14	224	0·20
1956	1,136	1·02	161	0·15
1957	973	0·88	145	0·13
1958	1,039	0·95	143	0·13
1959	793	0·73	104	0·10

RESPIRATORY TUBERCULOSIS

TABLE 2

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1959

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>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—1940 („)	1,082	1·05	793	0·76
1941—1945 („)	1,096	1·13	712	0·73
1946—1950 („)	1,151	1·07	608	0·56
1951	1,184	1·07	382	0·34
1952	1,242	1·11	280	0·25
1953	1,241	1·11	264	0·24
1954	1,104	0·99	222	0·20
1955	1,142	1·03	213	0·19
1956	1,029	0·93	150	0·14
1957	844	0·77	134	0·12
1958	926	0·85	137	0·13
1959	704	0·64	96	0·09

NON-RESPIRATORY TUBERCULOSIS

TABLE 3

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901-1959

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>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
1931-1940 („)	202	0.19	90	0.09
1941-1945 („)	162	0.16	81	0.09
1946-1950 („)	157	0.15	52	0.05
1951	142	0.13	36	0.03
1952	142	0.13	23	0.02
1953	145	0.13	15	0.01
1954	137	0.12	13	0.01
1955	127	0.11	11	0.01
1956	107	0.10	11	0.01
1957	129	0.12	11	0.01
1958	113	0.10	6	0.01
1959	89	0.08	8	0.01

TABLE 4

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS BY SEX
AND AGE GROUP—1953-57, 1958 AND 1959

<i>Age Group Years</i>		<i>Males</i>			<i>Females</i>		
		<i>1953/57 (Mean)</i>	<i>1958</i>	<i>1959</i>	<i>1953/57 (Mean)</i>	<i>1958</i>	<i>1959</i>
0-4	...	34	27	22	31	35	23
5-9	...	29	15	10	32	24	8
10-14	...	25	21	12	27	29	16
15-19	...	53	41	14	62	36	23
20-24	...	67	56	51	68	53	42
25-34	...	109	121	87	98	55	50
35-44	...	99	100	69	49	34	36
45-54	...	107	103	97	26	25	17
55-64	...	87	89	75	18	10	12
65+	...	36	38	30	14	14	10
ALL AGES	...	646	611	467	425	315	237

TABLE 5

NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS BY
SEX AND AGE GROUP—1953-57, 1958 AND 1959

Age Group Years		Males			Females		
		1953/57 (Mean)	1958	1959	1953/57 (Mean)	1958	1959
0-4	...	5	5	1	6	2	1
5-9	...	8	1	2	6	4	2
10-14	...	4	6	0	6	3	2
15-19	...	6	3	2	7	4	3
20-24	...	8	3	11	12	6	4
25-34	...	15	19	18	15	11	6
35-44	...	6	19	9	6	9	3
45-54	...	6	6	4	4	3	11
55-64	...	2	3	4	2	2	2
65+	...	1	3	2	2	1	2
ALL AGES	...	62	68	53	66	45	36

TABLE 6

NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS BY SITE OF
DISEASE—(ALL AGES, BOTH SEXES)

Disseminated	...	...	...	...	...	...	...	...	3
Meningitis	...	...	...	...	...	...	...	...	6
Bones, joints and spine	...	...	...	...	...	...	...	...	21
Abdomen ...	...	...	...	...	...	...	...	...	14
Other organs, including glands	...	...	...	...	...	...	...	...	45
TOTAL	...	...	...	...	...	...	...	...	89

TABLE 7

DEATHS FROM RESPIRATORY TUBERCULOSIS BY SEX AND AGE
GROUP

Age Group Years						Males	Females
0-4	...	...	...	...	...	1	0
5-14	...	...	...	...	...	0	0
15-24	...	...	...	...	...	0	2
25-44	...	...	...	...	...	10	10
45-64	...	...	...	...	...	37	5
65+	...	...	...	...	...	20	11
ALL AGES	...	...	...	...	...	68	28

TABLE 8

PLACE OF BIRTH OF INDIVIDUALS NOTIFIED AS SUFFERING FROM TUBERCULOSIS IN BIRMINGHAM 1956, 1957, 1958 AND 1959.

					1956	1957	1958	1959
<i>British Isles</i>								
England	...	...	...	...	886	660	706	546
Scotland	...	...	...	...	19	12	9	7
Wales	...	...	...	...	20	18	16	17
Ireland	...	...	...	...	132	128	153	90
<i>Rest of Europe</i>	...	...	...	...	13	12	13	7
<i>Asia</i>								
India	...	...	...	...	26	29	31	22
Pakistan	...	...	...	...	19	33	60	59
Others	...	...	...	...	6	12	16	10
								(All Aden)
<i>Africa</i>	...	...	...	...	4	4	4	1
<i>America</i>								
West Indies	...	...	...	...	9	12	12	14
Other	...	...	...	...	1	2	3	0
<i>Not known</i>	...	...	...	...	1	51	16	20
TOTALS	...	...	...	...	1136	973	1039	793

TABLE 9

RESULTS OF CONTACT EXAMINATIONS PERFORMED
AT THE CHEST CLINIC DURING 1959

<i>Age Groups in years</i>	<i>Males examined</i>	<i>Found tuberculous</i>	<i>Females examined</i>	<i>Found tuberculous</i>	<i>Total examined</i>	<i>Found tuberculous</i>
0—15	615	7	531	8	1,146	15 (1.3%)
16—	670	1	534	0	1,204	1 (0.1%)
ALL AGES	1,285	8	1,065	8	2,350	16 (0.7%)

CARE OF MOTHERS AND YOUNG CHILDREN

(SECTION 22—NATIONAL HEALTH SERVICE ACT, 1946)

DAY NURSERIES

On the 1st January, 1959 there were 1,060 places for children in 22 day nurseries and one residential nursery maintained by the Committee. Two nurseries were closed during the year. The one at 17 Bloomsbury Street closed on 31st January owing to a fall in demand for places and the fact that the building was scheduled for demolition. Somerset Road Residential Nursery closed on 27th February; the requisitioning order relating to the premises had expired on 31st December, 1958.

The number of places for children was thus reduced by 70 to a total of 990.

No changes were made in the order of priority and fees for priority cases remained unchanged. It was, however, decided to reduce the charges for children in the non-priority category to 10/- per day from 1st September.

Eleven children of homeless families temporarily accommodated in hostels attended nurseries during the year; of these five were the children of unmarried women.

Attendances at day nurseries increased during the year and the demand on nursery accommodation in certain areas, i.e. Balsall Heath, Ladywood, Handsworth, Aston and Sparkbrook, was very heavy. The waiting list for priority and non-priority cases also increased and resulted in a greater demand for child minders—not always a satisfactory solution.

The number of coloured children attending day nurseries showed a further increase. On 31st December, 1959, there were 203 coloured children on the day nursery registers.

Inspectors of the Ministries of Health and Education visited the following nurseries during the year—

94 Moseley Road	26 Kingston Road
232 Camden Street	750 Kingstanding Road
1328 Coventry Road	185 Farm Street

Approval for the continuance as training centres for the National Nursery Examination Board Certificate was given to all with the exception of Kingston Road.

The two year training course for the N.N.E.B. Certificate continues. During 1959 thirty-six students were accepted for training. Two examinations were conducted in Birmingham; 25 candidates passed and 2 failed.

A study week-end arranged by the Midland Branch of the National Association of Nursery Matrons was held at Westhill Training College from 18th—20th September and 32 members of the day nursery staff attended. It was extremely successful and should lead to future meetings of a similar nature.

Nurseries and Child Minders Regulation Act, 1948

There are 68 persons and 10 premises registered under the Nurseries and Child Minders Regulation Act, 1948. All applicants to be registered are visited and interviewed by a medical officer and in certain cases by a fire officer and public health inspector. Interested parents are put in touch with child minders chosen, as far as possible, on locality and circumstances.

The numbers of minders have increased rapidly over the past few years as more and more mothers wish to go out to work.

Many problems are arising particularly among the West Indian immigrants in the City. Their housing conditions are not conducive to the highest standards of child minding and in some cases there are also fire hazards which must be eliminated. To add to the difficulties of registration are their frequent changes of address and the consequent turnover in clientele. Frequent visiting by medical officers and health visitors is necessary.

	<i>Persons</i>		<i>Premises</i>	
	<i>Number</i>	<i>Places</i>	<i>Number</i>	<i>Places</i>
Registered on 1.1.59	53	228	15	231
Successful new applications	31	134	—	—
Application for registration of additional places	1	5	1	20
Resignations	16	64	6	65
Registered on 31.12.59	68	303	9	186

In addition two applicants changed their address in the interim period before registration could be completed.

Daily Guardian Scheme

This scheme is for the registration of women taking children by the day, who do not come within the provisions of the Nurseries and Child Minders Regulation Act, 1948. Each woman is paid £1 for each quarter in which she has looked after children.

The premises are inspected regularly by health visitors and medical officers of the Health Department.

Number on register, 1st Jan, 1959	...	...	...	...	...	45
Places available, 1st Jan., 1959	...	...	...	...	...	66
Number resigned during the year	...	...	...	...	...	9
New persons registered during the year	...	...	...	...	...	10
Number of children accommodated at year end	...	...	...	...	...	42

MATERNITY AND CHILD WELFARE CENTRES

An additional welfare centre was opened on 22nd April, 1959 at 1, Blackrock Road, Birmingham 23, making a total number of 53 welfare centres in the City. The three subsidiary clinics, namely Culmington Hall Tenants' Room, Longbridge; Moorfield Hall Tenants' Room, Shard End; and Elmwood Congregational Church School Room, Handsworth Wood, have continued to function.

The number of sessions, including antenatal clinics at which a medical officer was available for consultation, totalled 7,188½ compared with 6,971 in 1958.

The number of children's sessions for which nursing staff only were responsible was 758 as compared with 872 in 1958.

The number of children living outside the City who attended our peripheral clinics during the year totalled 553.

Accommodation at welfare centres has been made available to other departments of the Corporation during the year. Three probation officers have continued to hold report centres at Lea Hall and Wentworth Road Centres and facilities at Irving Street Centre have been given to a fourth probation officer. The facilities granted to the Education Department for holding a speech therapy clinic at Lea Hall centre increased to three sessions a week at this centre and a further five sessions a week at Kingstanding Centre. Accommodation and facilities were given to the Welfare Department to provide occupational therapy for the physically handicapped, at Acocks Green, Stirchley, Quinton Lane, Erdington, Treaford Lane, Kingstanding and Carnegie Institute Centres, a total of 16 sessions a week, and occupational therapy for the blind at Northfield Centre for 3 sessions a week. The Birmingham Council for Old People use Stirchley Centre four sessions a week for an Old People's Day Centre and the Family Planning Association have continued to hold a weekly clinic at Treaford Lane Centre.

Facilities were granted for the Executive Secretary of the Birmingham Social Responsibility Project to hold meetings at Northfield Centre and for talks at local centres to be given by a member of the Quinton and Harborne Family Club.

The number of parents' evening meetings held at various centres was 63, (64 in 1958) and 1,498 attendances were made at these meetings, making an average attendance of 24 per meeting.

WORK AT LOCAL AUTHORITY CLINICS

Amongst the clinics held were:—

(1) Antenatal Clinics:

Two thousand, one hundred and forty individual mothers attended clinics staffed by our medical officers, compared with 2,635 during 1958.

(2) Blood Tests:

General practitioners continued to send their patients to antenatal clinics for the withdrawal of blood specimens; in 1959 the number was 1,679 (1,562 in 1958). From October the examination of blood samples was kindly undertaken by Dr. Thompson and his department at Little Bromwich Hospital.

(3) Relaxation Classes:

During the year, classes were held at 43 centres. One full-time and two part-time physiotherapists were employed for a total of 13 sessions a week. In addition, classes were taken by midwives and health visitors. Mothercraft classes, taken by the health visitors, were held in association with the relaxation classes.

(4) Postnatal Examinations:

Five hundred and twelve mothers attended for postnatal examinations; 59 attended a second time.

(5) Appointment Clinic

These are special sessions at which the children attend by appointment and are examined by the medical officer. Any defects found are recorded and, if necessary, the general practitioner is informed and/or a hospital consultation arranged. Some children are found to be already under treatment.

(6) Special Consultation Clinics:

Dr. Wood, Consultant Paediatrician, Children's Hospital, held 23 special clinics at the Carnegie Centre during 1959 and examined a total of 104 infants, an increase of 46 over the 1958 figure.

The X-ray clinic at Carnegie held 27 sessions in 1959, a total of 225 persons attended for radiography.

The special adoption clinic continued at Carnegie and 173 examinations were made in 26 sessions.

(7) Sewing Classes:

Sewing classes were held each week at 47 centres and a total of 15,916 attendances were made—an increase of 254 on the 1958 figure.

(8) Health Talks:

Mothers made 13,954 attendances at health talks given during clinic sessions; in addition there were 11,467 attendances at mothercraft classes held in conjunction with relaxation classes, and 1,498 attendances at parents' evening meetings.

(9) Chiropody Treatment:

The services of two part-time chiropodists continued to provide an average of 4 sessions a week for this work. In all 155 sessions were held and 900 patients received treatment.

(10) Audiology Clinic

Of 1919 children undergoing screening tests at our welfare centres, 51 were referred to the Audiology Clinic for further investigation. 26 children were referred from other local authorities and consultants.

At each testing session a medical officer of this Department attends with two in rotation of the six health visitors specially trained for this

purpose. Each health visitor sees her own cases at weekly training sessions and in addition pays home visits where necessary.

We are indebted to Miss North and Mr. Shorrocks, the head teachers of Braidwood and Longwill Schools for the Deaf and Partially Deaf, respectively, one of whom attends each session and gives valuable advice, and to Miss Hall, Sister-in-Charge of the School Health Service's Ear, Nose and Throat Clinic, for her helpful co-operation.

Any child suspected of impaired hearing is referred to a consultant, and remediable defects are promptly corrected.

We are most grateful to Mr. Norman Crabtree, the Consultant Ear, Nose and Throat Surgeon to the School Health Service, for his willing and helpful co-operation.

VOLUNTARY ORGANISATIONS

Although, as stated in the previous report, the Voluntary Workers' Executive Committee disbanded in May, 1958, a number of helpers have continued to give invaluable service at welfare centres in a voluntary capacity and we are most grateful to them for their continued support.

Friends of the Children Benevolent Society:

This Society generously provided remedial toys to certain physically handicapped children—they have been greatly appreciated.

The Family Service Unit:

The Family Service Unit workers continued to give practical help to problem families in certain areas of the City. Their aid is of great support to health visitors concerned with such families.

The National Society for the Prevention of Cruelty to Children

In instances of neglect, the officers of this Society endeavour to provide stability and happiness in the home and to ensure the security of neglected children.

CARE OF THE UNMARRIED MOTHER

The stigma of illegitimacy is not a stigma imposed by the law but a reflection of public opinion. The Legitimacy Act, 1959, which amends the Legitimacy Act, 1926, and which came into force in October, 1959, legitimises, by the subsequent marriage of its parents, the child of any union whatever the status of the parents at the time of its birth unless the mother and her husband were living together and the husband accepted the child as his own and maintained it. The birth of the child must be re-registered on a special form obtained from Somerset House. An added clause gives each parent equivalent rights to apply under the Guardianship of Infants Act, 1925, for custody of or access to their children, thus enabling a father to claim the custody of an illegitimate child where it is in the interests of that child. No Act can cause a child born out of wedlock to become a child born in wedlock but it can relieve the illegitimate child of most of the legal disadvantages of its birth, particularly in relation to property rights. Illegitimate children are able to apply under the Inheritance (Family Provisions) Act, 1938, for money

from the estate of their deceased parents in the same way as legitimate children.

Unhappily there is an increase in the number of children born illegitimately and also an increase in the number of married women giving birth to illegitimate children—of the latter a large proportion are perhaps “marriages of convenience.” The increase of illegitimate pregnancies among teenage girls is especially regrettable.

The proportion of live births which were illegitimate was 68·0 per 1,000 as compared with 64·7 per 1,000 live births in 1958. The total number of illegitimate births registered in Birmingham in 1959 was 1,317 (1,247 in 1958).

Infant mortality among illegitimate babies exceeds that of babies born legitimately, the former rate per 1,000 births being 42·52 in 1959 compared with the rate for legitimate births of 24·11 per 1,000 births. The corresponding figures for 1958 were respectively 39·3 and 24·1 per 1,000 births.

45·8 per cent. of children attending day nurseries on 31st December, 1959 were illegitimate. Many unmarried mothers are able to work and become fully responsible for the care and maintenance of their children by placing them in the day nurseries. 29·2 per cent. of the unmarried mothers dealt with by the Department were at home with their babies at the end of the year.

During 1959, 928 women applied to this Department compared with 935 in 1958. Of these, 540 were having their first baby, 266 had one or more illegitimate children, 88 were married, 20 were legitimate pregnancies, and 16 were resident outside the City. Twenty-nine girls under the age of consent came to the notice of the Department during 1959. The number of West Indian women applying for assistance during 1959 was 183 as compared with 215 in 1958.

Three homeless married women applying to the Department for advice were given temporary accommodation in Beechcroft Mother and Baby Home.

There is an excellent liaison between the Department's social workers and those attached to the Diocesan Moral Welfare Council, the Roman Catholic Church, the Salvation Army and other voluntary associations. General practitioners in the City have been notified of the facilities which exist in the Department for the care of the unmarried mother and have been requested to notify cases so that help and advice can be given to the girls as early as possible in their pregnancy.

Lyncroft House

Arrangements are made for most of young girls having their first baby to be admitted to Lyncroft House, the Salvation Army Mother and Baby Home, where the girl must agree to remain for three months after the

birth of the baby. The confinement takes place in the home except where there are obstetric complications. There is friendly supervision of both the girl and her family and every effort is made to return the girl to her family. If it is decided that it would be to the advantage of the mother and her baby to have the baby placed for adoption, this is arranged by the Home. There is a three-year follow-up of the girls who have been accommodated in this Home.

During 1959, 64 girls were admitted, 58 being Birmingham girls. Of these, 22 were 16 years and under, and 50 were under 21 years. One baby was found to be a low grade imbecile and another had a cleft palate and hare lip. Otherwise the health of the babies and mothers was excellent.

Beechcroft Mother and Baby Home

This is a non-denominational local authority home whose capacity is 18 mothers and 14 babies.

The number of mothers admitted during 1959 was 101 and the number of babies 88. Eight of these mothers left the home before their confinement, one being admitted to Little Bromwich Hospital for antenatal care.

Of the babies, 35 were discharged home with their mothers, 11 to foster homes and 5 to residential nurseries; 37 were placed for adoption—18 through the Children's Department, 18 through other voluntary adoption societies, and one was adopted through a private arrangement.

The health of the mothers and babies has been good. One mother was admitted to Selly Oak Hospital with postpartum haemorrhage and one baby was admitted to Little Bromwich Hospital in February with acute bronchitis and did not return to the Home. One baby was admitted to the Children's Hospital with pyloric stenosis.

Confinements take place in hospital. There was one stillbirth due to anencephaly, and three neonatal deaths in hospital.

Nine babies were prematurely born, including two sets of twins.

Four babies were given B.C.G. vaccination as a precautionary measure prior to their placing for adoption.

Seven babies were vaccinated against smallpox. Four mothers were given poliomyelitis vaccination.

Consideration of the individual cases accommodated in Beechcroft confirmed the findings of recent years, i.e. the immaturity of many girls, their diverse occupational and social background, and the varied origin of the putative fathers and the slight aid which most of them gave to their consorts. Many of the case histories are sordid in the extreme and most distressing of all is the regularity with which some girls proceed to second and third illegitimate pregnancies.

The devotion of members of the staff concerned with this work must be praised, for at times the burden of other persons' troubles rests very heavily on their thoughts.

STATISTICS

Day Nurseries

(1) NUMBER OF CHILDREN ON DAY NURSERY REGISTERS

		<i>0—12 months</i>	<i>1— year</i>	<i>2—5 years</i>	<i>Total</i>	<i>Average daily attendances</i>
1st January, 1959	...	106	210	484	800	*647 (674 in 1958.)
31st December, 1959	...	147	221	521	889	

*but 70 fewer places than in 1958

(2) ANALYSIS OF CHILDREN IN THE NURSERIES.

GROUP 1. Children whose mothers are the main or sole support or children whose mothers are ill, etc.

Unmarried mothers	...	...	...	...	...	...	407
Widows	...	...	...	...	...	...	40
Women separated from husbands	...	...	...	...	...	...	227
Husbands in prison	...	...	...	...	...	...	9
Husbands sick or disabled	...	...	...	...	...	...	17
Mothers' long term illness	...	...	...	...	...	...	19
Mothers' short term illness	...	...	...	...	...	...	12
Mothers' confinement	...	...	...	...	...	...	9
Mother dead	...	...	...	...	...	...	7
Mothers' desertion	...	...	...	...	...	...	21
							768

GROUP 2. Children requiring admission for their health or proper development.

Parent on National Service, deaf or blind parents, etc.	...	...	...	...	...	...	19
Housing	...	...	...	...	...	...	2
Problem families	...	...	...	...	...	...	5
							26

GROUP 3. Non-priority cases ... 93
Out of City cases ... 2

NUMBER OF CHILDREN ON WAITING LIST

		<i>0—12 months</i>	<i>1— year</i>	<i>2—5 years</i>	<i>Total</i>
31st December, 1958					
Priority	...	39	30	37	106
31st December, 1959					
Priority	...	59	36	38	133
Non-Priority	...	10	12	11	33

Child Welfare Clinics

(1) PERCENTAGE OF CHILDREN VISITED IN THEIR OWN HOMES WHO ATTENDED CHILD WELFARE CLINICS

Year		0—12 months	1 year	2 years	3 years	4 years
1957	...	72.2	65.2	38.8	28.9	23.6
1958	...	70.3	62.0	35.7	25.6	20.8
1959	...	69.0	57.47	34.2	24.38	19.1

(2) FREQUENCY OF ATTENDANCE AS A PERCENTAGE OF ATTENDERS IN EACH AGE GROUP

Children who made :	0—12 months			1—year			2—5 years		
	1957	1958	1959	1957	1958	1959	1957	1958	1959
1—5 attendances	53.56	57.30	58.18	61.0	63.54	65.88	96.45	97.15	96.84
6 or more attendances	46.44	42.70	41.82	39.0	36.46	34.12	3.55	2.85	3.16

(3) CHILDREN'S CONSULTATION CLINICS

(BIRTH TO 5 YEARS)

Number of clinics held :

(1) With doctor attending	...	...	...	...	...	4,723
(2) Without doctor attending	...	...	...	...	...	758
New children attending	...	...	...	...	...	14,992
Total attendances	...	...	...	...	...	172,558
Average attendance per clinic	...	...	...	...	...	27
Total examined by doctor	...	...	...	...	...	61,617
Average seen by doctor per consultation session	...	...	...	...	...	13

(4) ANTENATAL AND CHILDREN'S COMBINED CLINICS — CHILDREN ATTENDING

Number of combined clinics	...	...	...	...	2,073
New children attending	...	...	...	...	2,122
Total attendances	...	...	...	...	24,474
Average attendance per clinic	...	...	...	...	11.8
Total number seen by doctor	...	...	...	...	18,137
Average seen by doctor per clinic	...	...	...	...	8.7

(In addition, the medical officer on an average examined 3.5 expectant mothers and obtained blood specimens for 1,340 G.P.'s cases, an average of 0.6 per clinic.)

(5) INFANT WELFARE CLINICS WITH GENERAL PRACTITIONERS.

(a) At Welfare Centres :

i) Individual children attending General Practitioners' Clinics only:

under 1 year	345	} 836
1 year	...	...	293
2—5 years	...	...	198

Frequency of attendance :

<i>Individual children who made</i>	<i>0—12 months</i>		<i>1 year</i>		<i>2—5 years</i>	
	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No who attended</i>	<i>% of G.P. clinic attenders</i>
1—5 attendances	170	49.3	190	64.8	178	89.9
6 or more attendances ...	175	50.7	103	35.2	20	10.1
Total attendances	345	100.0	293	100.0	198	100.9

ii) Individual children attending both General Practitioners' Clinics and Local Authority Clinics:

Under 1 year ...	478	} 1,333
1 year ...	438	
2—5 years ...	417	

Frequency of attendance:

<i>Individual children who made</i>	<i>0—12 months</i>		<i>1 year</i>		<i>2—5 years</i>	
	<i>Number who attended</i>	<i>% of G.P. & L.A. attenders</i>	<i>Number who attended</i>	<i>% of G.P. & L.A. attenders</i>	<i>Number who attended</i>	<i>% of G.P. & L.A. attenders</i>
1—5 attendances	313	65.5	312	71.3	403	96.5
6 or more attendances	165	34.5	126	28.7	14	3.5
Total attendances	478	100.0	438	100.0	417	100.0

Examined by General Practitioner	...	...	...	6,474
Seen by Health Visitor only	...	...	...	1,817
Attendances for immunisation (including 6,086 poliomyelitis vaccinations				
...	...	...	...	9,957
Attendances at health talks by Health Visitors	...	...	...	5,558

(b) *At General Practitioners' Surgeries :*

Total attendances :

under 1 year ...	1,643	} 2,175
1 year ...	261	
2— 5 years ...	210	
over 5 years ...	61	

Examined by General Practitioners	...	...	1,653
Health Visitor Consultations	...	...	459
Attendances for immunisation (including 293 poliomyelitis vaccinations			
...	...	...	1,632
Attendances at health talks by Health Visitors	...	...	7,093

**(6) MEDICAL DEFECTS RECORDED IN CHILDREN ATTENDING
APPOINTMENT CLINICS**

Individual children with defects	...	...	...	...	...	...	...	5,300
<hr/>								
Type of Defect :								
(a) Eyes :								
Squint	...	...	...	...	...	...	...	271
Inflammatory condition	...	...	...	...	...	...	...	38
Other eye conditions	...	...	...	...	...	...	...	27
(b) Skin :								
Eczema	...	...	...	...	...	...	...	244
Purulent conditions	...	...	...	...	...	...	...	17
(c) Ear, Nose and Throat :								
Otorrhoea	...	...	...	...	...	...	...	57
Deafness	...	...	...	...	...	...	...	7
Enlarged or diseased tonsils and/or adenoids	...	...	...	...	...	...	...	1,145
Nasal obstruction and/or mouth breathing	...	...	...	...	...	...	...	176
(d) Teeth :								
Cariou or defective	...	...	...	...	...	...	...	1,578
(e) Glands :								
Enlarged	...	...	...	...	...	...	...	693
(f) Heart :								
Congenital	...	...	...	...	...	...	...	84
Other abnormality	...	...	...	...	...	...	...	122
(g) Anaemia	...	...	...	...	...	...	...	20
(h) Lung conditions	...	...	...	...	...	...	...	128
(i) Rickets :								
Active	...	...	...	...	...	...	...	1
Rachitic deformities	...	...	...	...	...	...	...	21
(j) Orthopaedic conditions	...	...	...	...	...	...	...	1,242
(k) Mentality (retardation)	...	...	...	...	...	...	...	26
(l) Speech (delayed or defective)	...	...	...	...	...	...	...	107
(m) Enuresis	...	...	...	...	...	...	...	169
(n) Other conditions	...	...	...	...	...	...	...	55
								<hr/>
Total defects								6,228
								<hr/>

(More than one defect may have been found in the same child.)

(7) HANDICAPPED CHILDREN

The following table shows children notified during the year in accordance with the Education Act, 1944, to the Local Education Authority as having important defects discovered either during the course of home visiting or at clinics.

Category of Defect									No. of Cases
a.	Totally blind	...	...	...	...	...	...	...	—
b.	Partially blind	...	...	...	...	...	...	...	24
c.	Totally deaf	...	...	...	...	...	...	...	3
d.	Partially deaf	...	...	...	...	...	...	...	5
e.	Delicate	...	...	...	...	...	...	...	117
	[Chest disorders 49 (asthma 45), Tuberculosis (inc. pulmonary) 34, Heart conditions 23, Haemophilia 3, Other disorders 8.]								
f.	Diabetes	...	...	...	...	...	...	...	—
g.	Mentally subnormal...	...	...	...	...	...	...	...	47
h.	Epileptic	...	...	...	...	...	...	...	13
i.	Maladjusted	...	...	...	...	...	...	...	—
j.	Physically handicapped	...	...	...	...	...	...	...	36
	[Spastic diplegia 14]								
k.	Speech	...	...	...	...	...	...	...	20
l.	Combination of defects	...	...	...	...	...	...	...	46

(8) REMEDIAL EXERCISE CLINICS FOR CHILDREN HELD BY PHYSIOTHERAPISTS

	1958	1959
Individual children attending	116	83
Sessions held		
Remedial exercises only	139	91
Combined with relaxation for expectant mothers	142	188
Total attendances	1,328	1,140

Care of the Unmarried Mother

(1) Arrangements for new cases in 1959

				Primipara	Multipara	Married Women (Primipara and Multipara)
Mother and Baby Homes						
Beechcroft	...	...	...	38	24	9
Francis Way	...	...	...	18	2	—
Woodville	...	...	...	23	3	1
Lyncroft House	...	...	...	48	—	—
Homes out of City	...	...	...	8	1	—
Own home entirely	...	...	...	3	4	1
Own home except for confinement	...	...	...	249	156	56
Left City before confinement	...	...	...	26	2	1
Antenatal cases	...	...	...	127	74	20
Total				540	266	88

(2) Situation at the end of year

No. of cases

Percentage

Antenatal cases—

(a) In Homes awaiting delivery	...	23	2.57
(b) In own home awaiting delivery	...	198	22.14
Mother and baby still in Homes	...	25	2.79
Babies having died or stillborn	...	27	3.02
Babies having been adopted	...	61	6.82
Babies with foster mother	...	16	1.79
Mothers having married putative fathers	...	99	11.07
Mothers and babies having left the City	...	52	5.82
Babies in Homes without mothers	...	27	3.02
Mothers at home with their babies	...	261	29.20
Not pregnant	...	1	.11
Miscarriages	...	2	.22
Living with putative father	...	102	11.41
Total		894	100.00

(3) Work of Administrative Staff

Home visits paid re unmarried mothers	...	691
Mothers visited in hospital	...	8
Office interviews — applications	...	897
Office interviews — other than applications	...	896
Office interviews re V.D.	...	9

(4) Girls dealt with under the age of consent :

13 years old, 1; 14 years old, 9; 15 years old, 19; 16 years old, 37; 17 years old, 80.

(5) Multipara (excluding married women) :

1st child died	...	16
1st child in residential nursery	...	9
1st child adopted	...	27
1st child in care of relatives	...	101
1st child with mother	...	90
1st child fostered	...	23
Total		266

Of these 266 cases, 49 are living with the putative father; 27 are married to the putative father; 96 have been dealt with before by this department.

(6) Married women assisted — marital details :—

Separated from husband	...	57
Divorced	...	8
Widowed	...	6
Living with husband	...	17
Total		88

Of these :—

Living with putative father	...	...	...	...	...	...	...	...	16
Married to putative father	...	...	...	...	...	...	...	...	2
Left City	...	...	...	...	...	...	...	...	3
Baby died	...	...	...	...	...	...	...	...	5
Own home with baby	...	...	...	...	...	...	...	...	37
Had baby adopted	...	...	...	...	...	...	...	...	9
Fostered	...	...	...	...	...	...	...	...	5
Antenatal	...	...	...	...	...	...	...	...	18

20 married women with legitimate pregnancies applied to the Department for help and advice. None were admitted to Beechcroft. 16 resident out of the City cases were dealt with.

DENTAL TREATMENT

General

The year 1959 has been somewhat difficult. Shortage of staff became more acute and led, for the first time since 1949, to a decline in the number of teeth conserved compared with the previous year. Comprehensive dental treatment is now offered, in the main, only where the mother is really interested in her own or her child's teeth. If she is not, no pressure is brought to bear to persuade her.

Under these circumstances it is hoped that it will be possible to keep abreast of the demand for conservative treatment. Care is also taken to see that, if a child is to have an anaesthetic for extractions, as far as possible all teeth which are likely to cause trouble in the near future are removed at the same time.

There is no sign of any decrease in the decay of children's teeth, nor does this seem likely in the face of increasing pressure from advertisements for sweets and snacks specifically recommended in some cases for eating between meals. These are undoubtedly among the more harmful things so far as teeth are concerned.

A number of sessions for the inspection of mothers' and children's teeth at their own welfare centres have been carried out by a dental surgeon. Mothers are encouraged to come themselves or to bring their children before any signs of dental disease or pain are apparent. The aim is to make it possible to provide treatment, particularly for children, when cavities in the teeth are very small and can be easily and quickly dealt with. It is also an excellent opportunity to interest mothers in the prevention of dental disease while their children are still tiny and before irreparable damage has been done to their teeth. These sessions were started in October and, up to the end of 1959, had been held at six welfare centres and have been quite well attended.

Provision for taking dental X-rays remains centralized at Lancaster Street. Mechanical work in connection with the supply of dentures continues to be undertaken by the firm of technicians which has carried this out satisfactorily for some years.

Statistics

	<i>Mothers</i>	<i>Children</i>
Number examined	3,211	4,831
Number needing treatment	3,157	4,378
Number whose treatment was completed	2,015	3,996
Number of administrations of general anaesthetics	1,804	2,156
Number of teeth extracted with general anaesthetics	9,592	5,515
Number of local anaesthetics	988	10
Number of teeth extracted with local anaesthetics	1,141	11
Number of teeth filled	3,328	3,239
Number of mouths scaled by Dental Surgeons	669	19
Number of mouths scaled by Hygienist ...	—	—
Number of teeth treated with silver nitrate	76	2,876
Number of cases radiographed ...	146	11
Number of mothers supplied with dentures	1,027	—
Number of dentures supplied	1,761	—
Number of full upper or lower dentures ...	996	—
Total attendances	12,001	7,926

The total number of sessions was 2,297, a decrease of 253 compared with 1958. As a result, the number of teeth filled and otherwise conserved has fallen when compared with 1958. It has, of course, been necessary to maintain the facilities for the extraction of septic and painful teeth and to follow this with the provision of dentures where necessary. These items show little change.

The average attendance per session has increased from 8.3 in 1958 to 8.7 in 1959.

Professional Staff

During the year under review, four part-time dental officers have resigned and only one new one has been appointed. This has resulted in a net loss of eleven sessions per week. The number of sessions at the various clinics in a normal week at the beginning and end of the year are compared below.

<i>Dental Clinics</i>	<i>Beginning of 1959</i>	<i>End of 1959</i>
Lancaster Street	17	13
Carnegie	8	8
Treafoord Lane	16	8
Northfield	6	5
Kingstanding	5	5
Quinton Lane	2	1
Farm Road	—	3
	<hr/> 54	<hr/> 43

Accommodation

It has been possible in 1959 to proceed a step further with the plan for providing adequate dental facilities for expectant and nursing mothers and young children in the south of the City. The prefabricated class room in the grounds of Farm Road Welfare Centre has been adapted as a dental clinic which incorporates two surgeries with a recovery room, waiting room, office and necessary ancillary services. It was opened in July, 1959 and has proved attractive to the patients and efficient to work in. Transport facilities are good as it is situated at a point where bus routes from Acocks Green, Hall Green and Yardley Wood converge and it appears to be fulfilling a very real need.

Health Education

The general background activities of chairside talks to the patients at dental clinics and talks to groups of people such as Parent-Teacher Associations, Co-operative Guilds and Young Wives' Circles, etc., has continued and films on dental health have been used on a number of occasions.

During the year, selected health visitors have attended at sessions at the dental clinics. This has given them some practical insight as to what goes on at these places, the problems which confront the dental staff and how they are tackled.

Outside these activities the main effort in 1959 was the display at the Birmingham Show. Here, a sound film was again the main attraction. The stand was well situated on one of the main avenues. The weather was good and, particularly towards the evenings, there was no difficulty in attracting a crowd of more than 100 people.

It seemed that more people were prepared to watch for longer periods than in previous years and it is interesting to speculate as to whether this is a reflection of the increasing habit of obtaining information from watching the television screen.

DOMICILIARY MIDWIFERY

(SECTION 23—NATIONAL HEALTH SERVICE ACT, 1946)

The city midwives delivered 6,785 women in their own homes and 11 women had home deliveries by midwives in private practice in the City.

A total of 12,483 confinements occurred in hospital. Of these 4,424 returned home to the care of domiciliary midwives (an increase of 304 over 1958) either because they were discharged on or before the 9th day of the puerperium or because the progress of the mother or baby or both had not been altogether satisfactory. In some instances the birth had been premature. In normal cases women discharged on the 10th day or later are promptly visited by the health visitor and do not come under the care of the domiciliary midwife. The midwife normally ceases attendance on those she has cared for after the 14th day; but in 278 cases discharged from hospital to her care, the domiciliary midwife found it necessary to attend after this day for reasons such as delayed separation of the cord, pyrexia of the mother, or failure of the baby to thrive. Specially trained premature baby midwives care for infants weighing under 5½ lbs. on discharge from hospital.

Women discharged from maternity hospitals on 9th day or earlier	3,830
Women discharged from maternity hospitals on 10th day or after but nevertheless nursed by domiciliary midwives	594
Total ...	4,424

The ambulance midwives were disbanded on 30th June and this brought Birmingham into line with other local health authorities. Redundant midwives who wished it were offered employment in the domiciliary midwifery service. In the first six months of the year the ambulance midwives delivered 80 women in their homes or in ambulances:—

Booked for home confinement	2
Booked for hospital confinement	60
Unbooked	8
Cases on the emergency waiting list for hospital confinement on social grounds	10

After the cessation of the Ambulance Midwifery Service the nearest domiciliary midwife has been called by the Ambulance Control whenever a birth was occurring, or was likely to occur, before the patient could arrive at a hospital. The domiciliary midwives have also accompanied their own patients to hospital if they considered skilled attendance was advisable during the transfer. The ambulance returns the midwife to her district after the patient has been received at hospital.

From 1st July the domiciliary midwives assisted the Ambulance Service in 277 cases. 244 of these needed accompanying in the ambulance:

Booked for hospital delivery	88
Booked for home delivery who had to be transferred to hospital and accompanied by midwife	178
Unbooked cases	11

Of these 114 were night calls and 163 day calls. The total hours involved by all cases were 287.

The midwife, more than other members of the domiciliary nursing team, is expected to be available any hour of the day or night. In an effort to make certain that our midwives have an adequate off-duty rota and are not disturbed during their free periods, the midwives are grouped by areas and each area group has its own off-duty rota. The rota details are given to the Ambulance Service so that unnecessary calls are not made upon midwives off-duty. Some of the younger midwives are keen for a night rota system to be adopted but the present system, in which the midwives have a five-day-week-end free, is the greater attraction and the majority would wish to continue with it. The off-duty in the midwifery service is arranged per lunar month as follows:—

First Week

From 6 p.m.—11 p.m. the following day	29 hours
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Second Week

From 6 p.m.—11 p.m. the following day	29 hours
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Third and Fourth Week

From 6 p.m. Thursday to 11 p.m. Tuesday (inclusive)	...		124 hours
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Thus there are 7 days plus 3 evenings off-duty every 28 days.

Supplementary help is provided for busy areas by allocating an additional midwife on a part-time basis.

The acceptance by the midwives of this present relief duty system seems to be sufficient indication of its satisfactory nature.

The midwives' monthly meetings have provided opportunities for information and discussion on current opinions and advances concerned with their work. Consultants are invited to give lectures from time to time at these meetings.

One supervisor of midwives and 29 midwives, including 3 ambulance midwives, attended refresher courses during the year.

Antenatal care is given at welfare centres with clinical medical officers and usually a midwife, in addition to the health visitor, in attendance. The patients are the diminishing number who book only a midwife for a home confinement, those booked for hospital confinement where interim care is given at welfare centres by arrangement with the hospital, and some, who book both a general practitioner and midwife and who attend at the former's request. Some general practitioners hold antenatal clinics at welfare centres or at their own surgeries, and almost always have the assistance of midwives and in some cases health visitors as well. This arrangement fosters liaison between those providing maternity services.

In accordance with the recommendation of the Adrian committee on Radiological Hazards to Patients, it was decided that antenatal patients should be X-rayed by full-size film only, and this was put into

effect from 1st September, 1959. Since it was not possible to undertake all this work at the Mass Radiography Centre, the number examined from September to December consists only of mothers referred by the welfare centres and from Sorrento and Lordswood Maternity Hospitals. Arrangements were made for patients attending the antenatal clinics at Marston Green and Heathfield Maternity Hospitals to be X-rayed at Dudley Road Hospital.

In October 1959 an additional service was instituted at antenatal clinics. A number of expectant mothers are anaemic, some seriously so, and it is essential to diagnose cases of anaemia so that they can procure treatment from their general practitioners. Arrangements to estimate accurately the haemoglobin of expectant mothers were made with Dr. Thompson at Little Bromwich Hospital. The service embraces women attending local authority antenatal clinics, the increasing number whose general practitioners refer them to the clinics to have blood samples taken for grouping and rhesus factor, estimation, etc. and the similarly increasing number attending general practitioners who hold antenatal clinics in welfare centres.

Total haemoglobin tests carried out in last quarter of 1959	...	...	544
Number where haemoglobin below 80%	...	...	285

Women who book both a doctor and a midwife for home confinement are visited at home by the midwife and those who do not attend an antenatal clinic at a welfare centre or at their general practitioner's surgery have examinations by the midwife in their own homes.

The number of postnatal examinations carried out at local authority clinics continues to diminish as more women book their general practitioners for maternity care. In 1959, 512 women attended local authority clinics (652 in 1958) and a total of 571 examinations were made.

During 1959 analgesia was administered by 120 city domiciliary midwives including all the full-time midwives. The three sets of trilene apparatus purchased in October 1958 have proved very suitable and patients have valued this form of analgesia. Sets of apparatus for gas and air analgesia are available for every full-time midwife.

During the year 31 midwives, specially approved as teachers (32 in 1958), undertook the district training of 130 pupil midwives (an increase of 4 over 1958) studying for Part II of the examination of the Central Midwives Board.

4,340 applications were made in 1959 to the Maternity Bed Bureau for hospital bookings on social grounds; beds were available to book 2,892. 557 cases were investigated as to the suitability of their home for domiciliary confinement. 564 were placed on the emergency list and referred to the Regional Hospital Board, but 508 of these could not be given a booking for a hospital bed before confinement.

Investigation into infections in early pregnancy

In 1959 the Public Health Laboratory Service commenced a prospective survey on a national scale into the relationship of certain infections (mainly of virus origin occurring during the early months of pregnancy) and the incidence of foetal deformities. A history of any such infection during early pregnancy is obtained between the 12th and 16th weeks whilst the memory is still fresh. Part of a routine blood sample is retained at the laboratory for detailed testing for antibodies produced by various infections. It is not examined until after the infant's birth and, in the event of any defect in the child being observed, its nature is noted. The infant is re-examined at one year to ensure its healthy progress.

When numerous cases have been investigated reliable information on the association of any particular infection in early pregnancy with foetal deformities should be obtained.

Clinical medical officers and general practitioners holding antenatal clinics at welfare centres have been co-operating in this project. The number of Birmingham cases investigated so far is unfortunately small, due to various setbacks.

Ophthalmia Neonatorum

416 cases of ophthalmia neonatorum were notified in 1959, three more than in 1958. Most of these cases are of a minor and transient nature, but, until resolution is assured, all are treated and supervised with care.

There were four known cases of infantile gonococcal ophthalmia in Birmingham in 1959 and one probable case, a welcome decrease from the 10 recorded in 1958.

Pemphigus

Two cases were notified in Birmingham in 1959. One baby, born at home, was transferred to the care of the Home Nursing Service and made a prompt recovery.

The other, a premature infant with severe congenital malformations, was admitted to the Children's Hospital, quickly transferred to Little Bromwich Hospital where pemphigus neonatorum was diagnosed, but the infant died.

Emergency Maternity Service

The Emergency Maternity Service ("Flying Squad") was summoned for 122 cases of which 31 were outside the City. This is a slight increase over the number of 106 calls received in 1958. In addition there was one call for a haemorrhage in a non-obstetric case; this patient required transfusion at home before removal to hospital.

An analysis of the 91 city maternity calls is set out in a table on page 97; 21 of these cases were removed to hospital and a blood transfusion was given at home in 55 cases, while three had other transfusions.

In every case the woman's life was preserved.

Puerperal Fever and Puerperal Sepsis

Under the Puerperal Pyrexia Regulations, 1951, puerperal pyrexia is defined as "any febrile condition occurring in a woman in whom a temperature of 100·4° Fahrenheit (38° Centigrade) or more has occurred within 14 days after childbirth or miscarriage" and must be notified to the Medical Officer of Health by the attendant medical practitioner.

Under the Puerperal Pyrexia (Amendment) Regulations, 1954, the doctor notifying the pyrexia is required to insert the cause of the pyrexia and the date of confinement or miscarriage on the notification form. There were 492 Birmingham notifications during 1959 and, in addition, 35 non-Birmingham residents confined in the City were notified. This is an increase of 105 cases over 1958 (387) and relates mainly to hospital patients.

There were also 54 notifications of puerperal pyrexia by City midwives to the supervisors of midwives.

Maternal Mortality

There were seven deaths, including one due to abortion, ascribed to pregnancy and childbirth in Birmingham in 1959 and a further six deaths due to associated conditions. This gives a maternal mortality rate, including abortions, of 0·35 per 1,000 total live and still births and 0·36 per 1,000 live births.

A. Deaths ascribed to pregnancy and childbirth:

1. Associated with a notifiable birth:

The first death occurred in a young primiparous woman. Her antenatal care was adequate and delivery was normal. She had a severe loss of blood per vaginam three days after delivery. A transfusion was started but, in spite of treatment, the patient died some twenty-four hours later. It is believed that there was a clotting defect of the blood.

Death in the second case was due to respiratory arrest following the use of anaesthesia with relaxants administered for a Caesarean operation.

The third death occurred with an eighth pregnancy. The patient died from a coronary embolus during a Caesarean operation.

The fourth mother, in her third pregnancy, was referred to hospital because of a transversely situated foetus. Five weeks before term she was admitted in a collapsed condition with pains in her shoulders and legs. A blood transfusion was administered and four weeks later a Caesarean section was performed. This was an abdominal pregnancy with extensive adhesions and the placenta adhered to the uterus. The baby was stillborn and the patient died eight hours later from intra-abdominal haemorrhage.

The fifth case was admitted to hospital with antepartum haemorrhage and a ten day history of swelling of the face, hands and legs. Her blood pressure was raised and she suffered from eclamptic fits soon after admission, was delivered of a macerated foetus and died.

In the sixth case a Caesarean operation was performed upon a young primiparous woman because the presenting vertex was high and labour prolonged. A live baby was delivered with minimum blood loss. The mother was ambulant on the fifth day but died suddenly on the eleventh day from pulmonary embolus.

2. Not associated with a notifiable birth.

One death was due to self-induced abortion using a disinfectant which resulted in the patient's death from asphyxia.

B. Deaths due to associated conditions:

There were six deaths due to associated conditions. Acute lymphatic leukaemia was responsible for one and carcinomatosis secondary to carcinoma of the breast, for a second death. In both these cases the baby was liveborn. In another case a mother, five months pregnant, had severe pain in her chest and down the backs of both legs when out walking. She collapsed and died after a short interval. The post mortem showed spontaneous rupture of the aorta due to aortic atheroma. Death occurred in three cases from respiratory disease; one from lobar pneumonia associated with longstanding bronchitis and asthma, a second from virus pneumonia and the third from toxic myocarditis complicating chronic bronchiectasis. In each of these cases the baby, although viable, was undelivered.

Statistics

(1) ANTENATAL AND POSTNATAL CLINICS

(a) Local Authority Clinics

(1) Separate antenatal clinics held with medical officer present ...	...	392
New expectant mothers attending ...	...	726
Total attendances ...	...	4,707
(2) Expectant mothers attending combined antenatal and children's clinics:—		
New expectant mothers registered ...	...	1,120
Total attendances ...	...	7,315
Total individual mothers attending both types of clinic (1) and (2)		2,140
(3) Antenatal clinics with midwife only ...	...	346
New expectant mothers registered ...	...	808
Total attendances ...	...	2,934
(4) Primary postnatal examinations at clinics ...	...	512
Total postnatal examinations ...	...	571

(b) *General practitioner clinics at welfare centres:*

Antenatal:

Total of examinations of mothers	...	...	...	...	8,880
New mothers registered	...	...	...	...	1,402
Rhesus tests	...	...	...	...	514
Wassermann reaction tests	...	...	...	...	401

Postnatal:

Primary postnatal examinations	...	...	...	...	776
Re-examinations	...	...	...	...	109

(2) PRACTISING MIDWIVES

City domiciliary midwives	...	...	...	...	111
Independent domiciliary midwives	...	...	...	...	7
Midwives in institutions	...	...	...	...	222
Midwives in Birmingham Fire and Ambulance Service	...	...	...	...	12
Midwives in private nursing homes	...	...	...	...	3
City domiciliary part-time midwives	...	...	...	...	17
Independent maternity nurses	...	...	...	...	7

(3) NUMBER OF MIDWIVES CEASING TO PRACTISE IN THE CITY.

Domiciliary midwives and part-time midwives who ceased to practise as such in 1959	...	...	...	...	13
Independent domiciliary midwives and maternity nurses ceasing to practise	...	...	...	...	1
Hospital midwives ceasing to practise	...	...	...	...	85
Midwives in nursing homes ceasing to practise	...	...	...	...	1

(4) DOMICILIARY MIDWIVES IN PRACTICE

	No in. practice 31.12.58	Number retired during year	Number resigned during year	Deaths	New appoint- ments and transfers from Amb. Service	No in practice 31.12.59
<i>Employed by local authority :</i>						
(1) Midwives ...	97	3	11	—	15	98
(2) Part-time midwives	16	—	1	—	7	22
(3) Ambulance midwives	12—Disbanded 30.6.59 one full-time and 2 part-time transferred to domiciliary service.					

(5) WORK OF SUPERVISORS OF MIDWIVES

Routine visits to midwives	...	...	...	...	215
Special visits to midwives	...	...	...	...	527
Visits to stillbirth cases	...	...	...	...	7
Visits after neonatal deaths	...	...	...	...	3
Nursing and deliveries supervised	...	...	...	...	393
Visits to ophthalmia neonatorum cases	...	...	...	...	386
Unsuccessful visits	...	...	...	...	96
Number of interviews with midwives	...	...	...	...	891
Other interviews	...	...	...	...	126
Other visits	...	...	...	...	149
Lectures given	...	...	...	...	17

(6) CHEST RADIOGRAPHY OF ANTENATAL CASES

Number examined by miniature film (January to August) ...	3,231
Number examined by full-size film (September to December) ...	892
Total number examined ...	4,123

Analysis of results of survey

1. *Normal cases* ... 4,026

2. *Pulmonary tuberculosis*

(a) Referred to Chest Clinic (for assessment and/or treatment) ... 24

(b) Referred to family doctor only ... 4

(c) No action necessary ... 14

TOTAL ... 42

3. *Non-tuberculous conditions of heart or lungs*

(a) Referred to hospital or clinic ... 19

(b) Referred to family doctor only ... 19

(c) No action necessary ... 13

TOTAL ... 51

4 *Failed to attend for further examination* ... 4

(7) RELAXATION CLASSES

Classes taken by physiotherapists at 12 centres, by midwives at 29 centres (this includes 1 also attended by a physiotherapist), and by health visitors at 2 centres.

Individual mothers attending ... 2,111

Sessions held (relaxation only) ... 1,738

Sessions held (relaxation combined with children's remedial exercises) ... 188

Attendances ... 11,925

Attendances at associated mothercraft classes ... 11,467

(8) WORK OF CHIROPODY CLINICS FOR ANTENATAL CASES

	1959	1958
Total sessions held ...	155	171
Total attendances ...	900	1,155
Average number of patients called per session ...	10	10
Average number of attendances per session ...	6	8

(9) ANALYSIS OF DOMICILIARY CONFINEMENTS ATTENDED
BY MIDWIVES

		<i>City Midwives</i>	<i>Private Midwives</i>
1.	(a) Cases where midwife was engaged and solely responsible	574	0
	(b) Cases in 1 (a) where for some reason it was necessary to seek a doctor's assistance during labour (Doctor was present at actual delivery in 5 cases, 1 was an instrumental delivery).	40	0
2.	(a) Cases where the doctor was booked for ante-natal and postnatal care under the National Health Service but had not expressed a wish to be present at the birth	5,322	3
	(b) Cases in 2 (a) where for some reason it was necessary to seek a doctor's assistance during labour (Doctor was present at actual delivery in 142 cases of which 15 were instrumental deliveries.)	419	—
3.	Cases where the doctor, having undertaken antenatal and postnatal care, had expressed a desire to be notified of the onset of labour and wished to be present whether the labour was normal or not (Doctor was present at actual delivery in 408 cases; none were instrumental deliveries.)	687	5
4.	Cases where doctor was privately booked to deliver the patient (Doctor was present at actual delivery in 2 cases, neither were instrumental deliveries.)	9	3
5.	Unbooked cases (Doctor present at actual delivery in 9 cases, none were instrumental deliveries.)	39	—
6.	Hospital bookings	154	—
7.	Total number of confinements attended during the year	6,785	11
		<hr/>	<hr/>
		6,796	

(10) REQUESTS FOR MEDICAL AID BY DOMICILIARY MIDWIVES.
ANALYSED BY CAUSE.

						<i>Midwife booked and solely responsible</i>	<i>Doctor booked for antenatal and postnatal care</i>
(a)	Mothers						
1.	Antepartum haemorrhage	...	...	...	...	18	53
2.	Chest conditions	...	...	...	...	—	—
3.	Essential hypertension	...	...	...	...	6	20
4.	Hydramnios	...	...	...	...	2	1
5.	Malpresentation...	...	...	...	...	29	51
6.	Multiple pregnancy	...	...	...	...	—	3
7.	Other antenatal conditions	...	...	...	...	13	22
8.	Poor general condition	...	...	...	...	2	1
9.	Toxaemia	...	...	...	...	12	14
10.	Urinary conditions	...	...	...	...	—	—
11.	Varicose veins	...	...	...	...	3	3
12.	Difficult or prolonged labour	...	...	...	...	51	102
13.	Foetal distress	...	...	...	...	21	56
14.	Postpartum haemorrhage	...	...	...	...	19	30
15.	Laceration of perineum	...	...	...	...	160	326
16.	Obstetric shock	...	...	...	...	1	2
17.	Premature labour	...	...	...	...	21	42
18.	Retained placenta	...	...	...	...	10	32
19.	Inflamed breast	...	...	...	...	27	21
20.	Other postnatal complications	...	...	...	...	52	43
21.	Puerperal pyrexia	...	...	...	...	46	89
22.	Thrombosis of leg veins	...	...	...	...	23	28
23.	Abortion	...	...	...	...	2	1
24.	Social conditions	...	...	...	...	4	3
	Total	...	...	...	...	522	943
(b)	Children						
1.	Ophthalmia neonatorum	...	...	...	...	178	209
2.	Premature birth and debility	...	...	...	...	6	8
3.	Convulsions	...	...	...	...	—	2
4.	Deformity or malformation	...	...	...	...	3	1
5.	Jaundice	...	...	...	...	2	8
6.	Umbilical inflammation	...	...	...	...	2	1
7.	Inflamed breasts, or abscess of	...	...	...	...	—	1
8.	Skin eruption	...	...	...	...	17	14
9.	Unsatisfactory condition	...	...	...	...	21	41
10.	Other causes	...	...	...	...	36	33
	Total	...	...	...	...	265	318

(11) EMERGENCY MATERNITY SERVICE—AN ANALYSIS OF CITY CASES

Postpartum haemorrhage with placenta retained	...	...	...	27
Postpartum haemorrhage with placenta expelled	...	...	...	27
Retained placenta	...	...	...	20
Antepartum haemorrhage	...	...	...	6
Obstetrical shock	...	...	...	5
Eclampsia	...	...	...	4
Secondary postpartum haemorrhage	...	...	...	1
Haemorrhage and abortion	...	...	...	1
				91

(12) ANALYSIS OF CAUSES OF PUERPERAL PYREXIA AND
PUERPERAL SEPSIS.

				<i>Birming- ham Residents</i>	<i>Out of City Residents</i>
1.	Due to conditions of the genital tract	...	...	154	13
2.	Due to mastitis	...	...	58	4
3.	Due to extra-genital conditions:—				
	Chest infection	...	...	40	5
	Urinary infection	...	...	38	3
	Influenza	...	...	33	2
	Thrombophlebitis	...	...	5	—
	Upper respiratory infection	...	...	13	1
	No apparent cause	...	...	43	2
4.	Other causes				
	e.g. reaction to blood transfusion, severe anaemia, post-operative to Caesarean section, etc.	...	...	78	5

DOMICILIARY CARE OF PREMATURE INFANTS

When a baby is born prematurely it may need to be transferred to hospital if it is very small or if its condition gives cause for anxiety. In other cases the infant can remain at home and, together with its mother, is cared for by a specially trained midwife skilled in the care of premature babies. Special equipment such as cots, clothes, scales and other items is available for those premature infants nursed at home.

In some cases where progress is unsatisfactory or illness supervenes the premature baby may require admission to hospital later. These infants, together with premature infants born in hospital may need the special care of a premature baby midwife after discharge.

Statistics

During 1959 there were 967 premature infants (913 in 1958) whose early care fell into the categories below and a total of 860 (787 in 1958) were cared for by the eight specially trained midwives.

1. Born at home and after-care at home ... 226
There were 8 sets of twins and 5 babies of twin deliveries in this category.

The weight distribution was as follows:—

Under 3lbs. 5ozs.	...	...	...	...	...	1
3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	...	1
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	...	45
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	...	179
						<hr/>
TOTAL						226

There were two neonatal deaths, both within one hour of birth; one followed unattended breech delivery, the other was due to cerebral haemorrhage.

2. Born at home and needing urgent admission to hospital ... 102
(37 of these needed care by premature baby midwives).

These included 10 sets of twins and 9 babies of twin births weighing under 4½ lbs.

The weight distribution was as follows:—

Under 2lbs 4ozs.	...	...	...	...	...	2
2lb. 4ozs.—3lbs. 4ozs.	...	...	...	...	...	12
3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	...	37
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	...	31
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	...	20
						<hr/>
TOTAL						102

The time lapse before the infants' admission to hospital is of considerable importance; it varied as below:

Under 2 hours	...	...	...	...	...	82
Over 2 hours and under 6 hours	...	...	...	...	...	20

There were 19 neonatal deaths, the causes being atelectasis (8), cerebral haemorrhage (3), prematurity (3), asphyxia (2), duodenal atresia (1), haemorrhagic disease (1) and kernicterus with bronchopneumonia (1).

3. Born at home, cared for at home and later admitted to hospital 33
(8 of these were also cared for by premature baby midwives on discharge)

These included 2 sets of twins and 3 babies of twin deliveries weighing under 4½ lbs.

The weight distribution was as follows:—

3 lbs. 5 ozs.—4 lbs. 6 ozs...	...	...	...	...	9
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	12
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	12

The reasons for admission to hospital were poor condition (18), cyanotic attacks (5), convulsions (1), haematemesis (1), cold syndrome (5), vomiting (1), haemolytic disease (1) and oesophageal fistula (1).

There were 7 neonatal deaths due to bronchopneumonia and bronchitis, atelectasis, haematemesis, and prematurity.

4. Born in hospital and discharged to the care of the premature baby midwives ... 606

(6 were born in the ambulance en route to hospital and 26 were born in 1958 and discharged in 1959)

They included 39 sets of twins and 34 babies of twin deliveries, 1 set of triplets and 1 baby of triplet birth weighing under 4½ lbs.

There were 2 neonatal deaths after initial discharge from hospital; one due to peritonitis resulting from intussusception in a baby discharged on the 10th day

and re-admitted on the 11th day; the other due to gastro-enteritis in a baby 16 days old.

FOLLOW-UP OF PREMATURE INFANTS

The following table, supplied by Dr. V. M. Crosse, shows the history up to 1 year of 1530 premature babies born alive in 1958:—

<i>Birth weight group</i>	<i>Up to 2lbs 3ozs. (1,000 g.)</i>	<i>Over 2lbs. 3ozs. up to 3lbs. 4ozs. (1,500 g)</i>	<i>Over 3lbs. 4ozs. up to 4lbs. 6ozs. (2,000 g)</i>	<i>Over 4lbs. 6ozs. up to 4lbs. 15ozs. (2,250 g)</i>	<i>Over 4lbs. 15ozs. up to 5lbs. 8ozs. (2,500 g)</i>
Original number in each group	64	131	264	311	760
Neonatal deaths	60	78	49	24	22
Alive at 4 weeks	4	53	215	287	738
Died after 4 weeks and before 1 year	—	1	5	7	17
Left City or untraced	—	6	24	32	85
Followed to age of 1 year	4	46	186	248	636
Abnormalities found at 1 year	1 (25.0%)	4 (8.7%)	13 (7.0%)	10 (4.0%)	26 (4.1%)
	1 Hydrocephalus	2 Hydrocephalus 1 Squint 1 Retro-lental fibroplasia	2 Multiple defects 1 Arm defect 3 Hernia 1 Cleft palate 1 Microcephaly 4 Squint 1 Retro-lental fibroplasia	1 Microcephaly 3 Congenital heart 1 Arm defect 1 Talipes 2 Hernia 2 Squint	2 Mongol 2 Multiple defects 4 Microcephaly 1 Rectal defect 1 Double thumb 6 Hernia 1 Cleft palate 1 Hypo-spadias 2 Spina bifida 1 Ptosis of eyelid 3 Squint 1 Paralysed arm 1 Spastic

HEALTH VISITING

(SECTION 24—NATIONAL HEALTH SERVICE ACT, 1946)

On 31st December, 1959 the Department employed the equivalent of 111 full-time health visitors (106 whole-time, and 10 part-time counted as equal to 5 whole-time visitors), an increase of 8 over the number of 103 available on 31st December, 1958.

Visited children under five years reached 83,656, a case load of 754 per visitor being a decrease of 60 on 1958 and thus allowing for more specialised work, e.g., hospital and mental health follow-up and expansion of the work in connection with aged and chronic sick persons.

Health Visitors' Training Centre

1. HEALTH VISITORS' TRAINING COURSE

The thirty-seventh course of training for the Health Visitors' Certificate of the Royal Society of Health commenced on the 7th September, 1959. The examination will take place in Birmingham in June, 1960.

The response to the advertisements for Birmingham assisted students showed an increase on the previous year. One hundred and eighteen enquiries were received and of these, fifty-five application forms were not returned. Of the sixty-three completed applications received, twelve candidates failed the entrance test, eight candidates failed the Committee interview, one candidate failed to attend the Committee interview, four candidates were unsuitable for training, two candidates failed the medical examination, three were transferred to other local health authorities, six were referred to the 1960—1961 course, one candidate was too late for the present course and nine withdrew. Seventeen candidates actually commenced training.

Nine local health authorities submitted twenty-three candidates for training, but, since the commencement of the course one of these has withdrawn for domestic reasons. The Birmingham Education Department sent two candidates making a total of forty-two students.

The syllabus continues to be covered by 213 lectures and 122 tutorials. A further seven lectures on the principles of social casework has been added to the curriculum. The students continue to derive much benefit from group discussions and symposia connected with their work.

To keep pace with the widening scope of the health visitors' work, the students are spending two sessions with the health visitors attached to Birmingham hospitals to gain an insight into hospital follow-up work. Also, to further their experience in the mental health field, each student is accompanying a Mental Welfare Officer on his visits.

Apart from the additions mentioned above, the practical training of the students is undertaken in the various sections of the Public Health, Education and Anti-tuberculosis Services in the City.

The surrounding local health authorities are kindly providing the customary facilities for rural and urban experience.

Forty-five students of the 1958—1959 course entered for the Health Visitors' Examination in June, 1959. Forty-three students were successful. Two students successfully re-entered for the examination in September.

2. TRAINING OF HEALTH VISITOR AND DISTRICT NURSE TUTORS

In December ten health visitor tutor students and two district nurse tutor students from the Royal College of Nursing, London, spent three weeks of their course in Birmingham; two were Commonwealth representatives. They attended nineteen lectures and discussions given by members of the Health, Education, Welfare and Children's Departments. Members of various voluntary organisations in Birmingham discussed their work with the group. Individual programmes were planned to cover the various requests of the students.

3. TRAINING OF STUDENT NURSES IN PUBLIC HEALTH

During the year 1959 the Training Centre made arrangements for eighty lectures to be given to the student nurses in the following Birmingham hospitals:

Dudley Road Hospital	...	...	...	...	...	...	...	34
St. Chad's Hospital	...	...	...	...	...	...	...	12
Selly Oak Hospital	...	...	...	...	...	...	...	14
The United Birmingham Hospitals	...	...	...	...	...	...	...	20

4. STANDING CONFERENCE ON HEALTH VISITOR TRAINING

Miss Wood, Senior Health Visitor Tutor, and Dr. Essex-Cater, Administrative Medical Officer of Health, regularly attended meetings of Standing Conference held at the Ministry of Health as representatives of the Birmingham Training Course.

Visits of Student Nurses

Three-hundred and twenty-one student nurses from nurse training schools in Birmingham accompanied health visitors during the course of their visiting and attended clinics at welfare centres:

Health visiting was also demonstrated to :

Medical students	Nursery nurses	Student midwives
Staffs of children's homes	Social study students	etc.
Student district nurses	Theological students	

Health Education and the Health Visitor

The health visitor is primarily concerned with health education. Her aim is to teach the value of healthy living and to interpret the principles of health.

In addition to group teaching undertaken during clinic sessions at welfare centres and health education practised in schools or to youth or adult groups, the talks given to expectant and nursing mothers at general practitioners' clinics held at their own surgeries have formed a very important part of this work. The attendance of health visitors at surgeries

has brought them into contact with a section of the public who would not normally come within their purview. During the year 7,093 attendances were made at health talks given at general practitioners' surgeries. Parents' evening meetings held at welfare centres, at which there were 1,498 attendances, also afforded great opportunities for teaching expectant mothers and fathers. To enable health visitors to undertake this work, the following educational facilities were arranged:

Refresher Courses and In-Service Training

Fifteen health visitors attended approved refresher courses during the year, and one health visitor was given leave to attend the Royal College of Nursing Conference on Mental Health.

Eighty-five health visitors attended courses (5 lectures) given to small groups of health visitors by the psychiatric social worker of the Parent Guidance Clinic.

Eighteen health visitors received experience in the Health Education Section.

Lectures, films and talks of interest were given to all health visitors at staff meetings during the year.

Phenylketonuria

The discovery of a way to prevent severe mental retardation due to the inherited condition of phenylketonuria, and of a simple method to diagnose the condition before any detectable damage to the brain of an infant has occurred, made it judicious to test the urine of every infant born in 1959 in the City of Birmingham between the ages of 6 weeks and 3 months.

One infant with the condition was discovered and is making satisfactory progress under treatment by diet.

One child of three years who was retarded was also tested and found to have phenylketonuria. He is also under treatment, but unfortunately at this age treatment cannot be expected to be so effective.

Three further positive reactors were detected but were very weak positives who, on retesting, were found to be intermittently positive only. These babies are developing normally. This condition of weak intermittent excretion of phenylpyruvic acid is a new discovery; possibly such cases, if they married among themselves, might produce children with severe disease.

Children born in 1959 and tested during 1959	...	...	...	16,215
Negative results	...	...	...	16,211
Positive results	...	...	...	4
Refusals (to permit test)	...	...	...	24
Children who left the City before testing	...	...	...	364
Children dying prior to the tests	...	...	...	376
Children born in 1959 and still awaiting test	...	...	...	2,767
Total	...	...	...	19,746

Infants born in 1959 and entering the City afterwards account for the number in excess of the births in the City.

Housing Management Department Hostels

Health visitors visit the hostels for the homeless at regular intervals giving special attention to problems arising from social insecurity and to health education, particularly in relation to personal and communal hygiene.

Statistics

WORK OF HEALTH VISITORS (HOME VISITS)

(a) ROUTINE VISITS TO CHILDREN UNDER 5 YEARS

Primary visits	...	...	...	...	...	...	...	20,185
Routine visits—children 0 to 12 months	...	...	...	...	...	...	...	51,128
Routine visits—children 1 year	...	...	...	...	...	...	...	40,413
Routine visits—children 2 to 5 years	...	...	...	...	...	...	...	85,290
								<hr/> 197,016 <hr/>

(b) SPECIAL VISITS TO CHILDREN UNDER 5 YEARS (ON ACCOUNT OF ILLNESS, SPECIAL ENQUIRIES, SUSPECTED CASES OF OPHTHALMIA NEONATORUM, NEGLECT, ETC.)

Children 0 to 12 months	...	...	...	...	...	...	...	10,819
Children 1 year	...	...	...	...	...	...	...	2,752
Children 2 to 5 years	...	...	...	...	...	...	...	4,729

(c) VISITS TO EXPECTANT MOTHERS

Antenatal first visits	...	...	...	...	...	...	...	2,897
Antenatal re-visits and special visits	...	...	...	...	...	...	...	2,416

(d) POSTNATAL VISITS, ETC.

Postnatal visits	...	...	...	...	...	...	...	321
Neonatal deaths	...	...	...	...	...	...	...	86
Stillbirths	...	...	...	...	...	...	...	91

(e) MISCELLANEOUS VISITS

Scabies	...	...	...	...	...	...	...	146
Domestic helps	...	...	...	...	...	...	...	31
Children of school age	...	...	...	...	...	...	...	952
Adults (other than antenatal and postnatal visits)	...	...	...	...	...	...	...	2,197
Old people (women 60+, men 65+)	...	...	...	...	...	...	...	1,430
To general practitioners	...	...	...	...	...	...	...	149
Re insanitary conditions	...	...	...	...	...	...	...	123
Housing	269
Tuberculosis follow-up survey	2,890

GRAND TOTAL OF ALL VISITS	<hr/> 229,314 <hr/>
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Total number of useless calls	49,381
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HOME NURSING SERVICE

(SECTION 25—NATIONAL HEALTH SERVICE ACT, 1946)

The reorganisation of the Home Nursing Service which commenced in 1958 was completed in 1959, the final move being the closure of the district nurses' home at 32, Middle Park Road, Selly Oak. For several years the residential facilities of this home had not been fully used by district nurses, in fact, for the last few months before its closure only one district nurse was resident. Apart from its residential facilities the home served as the district nursing centre for the area and upon its closure this function was transferred to a new unit at the rear of the welfare centre in Harborne Lane. The layout of this unit has proved very satisfactory, its design is shown in the diagram on page 105.

This is an era in which changes are constantly taking place and in no sphere is this more marked than in the care and treatment of the sick. Once a nurse has left hospital she can easily get out of touch with new methods of diagnosis and treatment and for this reason her employing authority must give her every opportunity to bring her knowledge of nursing matters up to date. In this Department every effort is made to keep the district nurses well informed by arranging for them to attend refresher courses, staff meetings and group discussions. During 1959, twelve members of the Home Nursing Service attended refresher courses in London, Keele, Durham and Birmingham. Lectures on subjects of special interest were given at district nurses' meetings held quarterly throughout the year. On occasions films and demonstrations were used to emphasise and illustrate certain aspects of the lecturer's subject. One matter warranting especial attention was that of "posture and lifting." The results of research have shown that strained muscles, joint displacements, and simple fatigue can be prevented by good posture and correct methods of lifting. In order to disseminate this knowledge a team of district nurses, after intensive instruction at the District Nurse Training Centre, demonstrated this subject to their nursing colleagues and other groups throughout the City, using also a teaching film made under the auspices of the Ministry of Health to introduce their excellent demonstrations. Group meetings among members of the staffs of the various district nursing centres have proved very popular, they have given the staff an opportunity for making suggestions and voicing opinions in a friendly, informal atmosphere.

Three hundred and ninety-nine student nurses, in their hospital training, accompanied the district nurses on their rounds during 1959. In 1958, 326 student nurses visited with the district nurses.

During 1959 it was decided that district nurses should receive chest X-rays every 3 years unless for medical reasons it was expedient to have more frequent examinations. Fifteen members of the staff had Mantoux

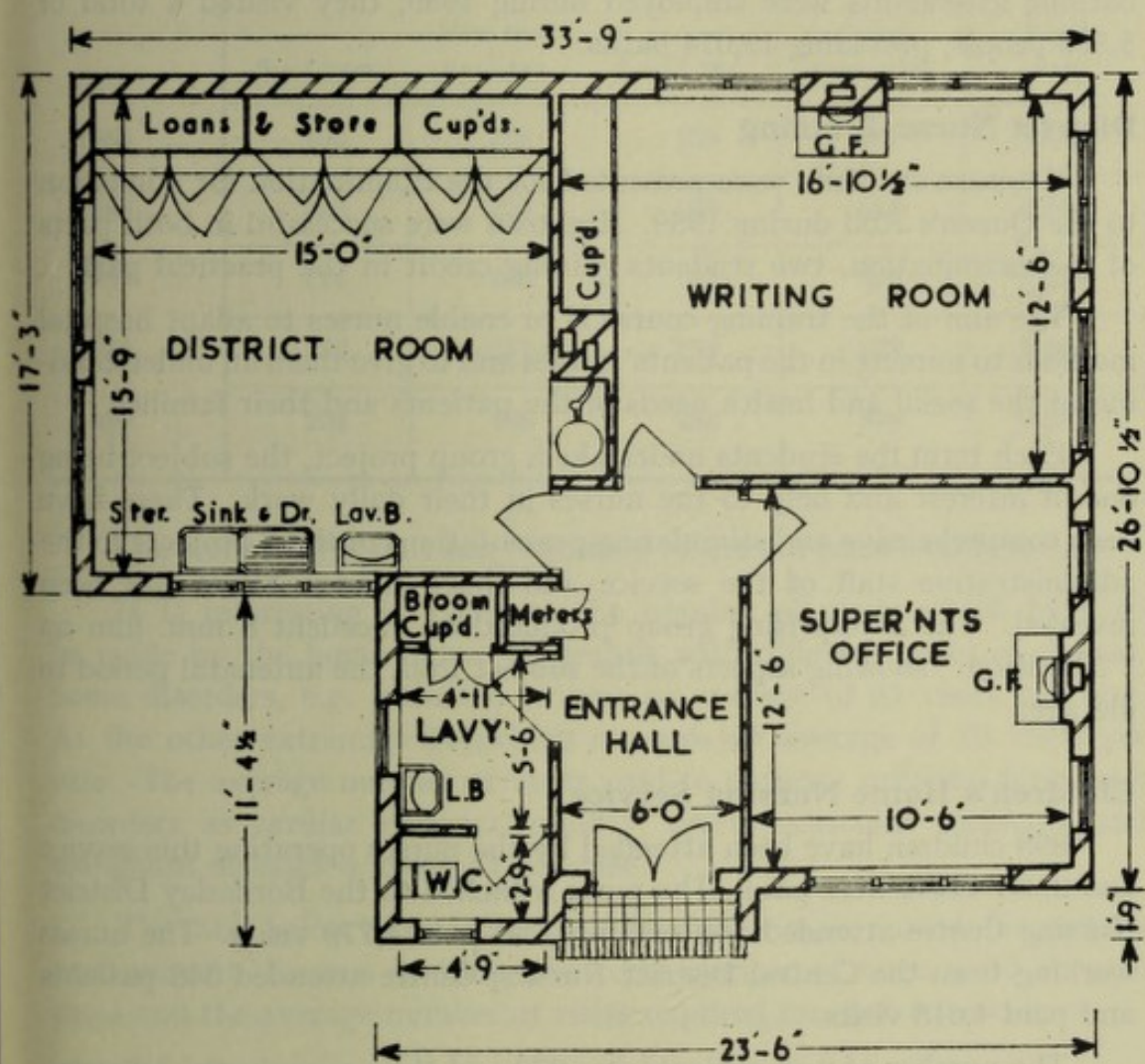
LIFTING OF PATIENTS



LOAN OF EQUIPMENT



HOME NURSING SERVICE. DISTRICT CENTRE, SELLY OAK.



PLAN

SCALE :- EIGHT FEET TO ONE INCH

tests; two nurses and one bath attendant were subsequently vaccinated with B.C.G.

The conception of a nursing team which originated in hospital has now been recognised as a necessity in domiciliary practice. The team consists of nurses who have taken a course in district nurse training, State Registered Nurses without this qualification, State Enrolled Assistant Nurses and Bathing Attendants. The untrained nurse or bathing attendant has now found a secure place in this team as, to her care under supervision is allocated the work of bathing elderly, infirm, immobile people who do not require the services of a trained nurse but are incapable through physical frailty of bathing themselves. Eighteen part-time bathing attendants were employed during 1959; they visited a total of 5,560 people, providing 19,074 baths.

District Nurse Training

Nineteen students were presented for the examination for admission to the Queen's Roll during 1959. Eighteen were successful in both parts of the examination, two students gaining credit in the practical part.

The aim of the training course is to enable nurses to adapt hospital methods to nursing in the patients' homes and to give them an understanding of the social and health needs of the patients and their families.

Each term the students undertake a group project, the subject being one of interest and help to the nurses in their daily work. There have been comprehensive and stimulating presentations of these projects to the administrative staff of the service and much hidden talent has been revealed. The enterprising group produced an excellent 8 mm. film on "Nutrition" showing aspects of the subject from the antenatal period to old age.

Children's Home Nursing Service

898 children have been attended by the nurses operating this service and 9,397 visits were paid. The nurse attached to the Bordesley District Nursing Centre attended 550 patients and paid 4,779 visits. The nurses working from the Central District Nursing Centre attended 348 patients and paid 4,618 visits.

The number of new patients was 870 and these were in the following age groups:—

0— 1 year	...	...	...	204
Over 1— 5 years	...	...	...	408
Over 5—14 years	...	...	...	258
				—
				870
				—

Of these, 799 were referred by general practitioners, 68 by hospitals and 3 by the Public Health Department.

The number of cases attended by the two nurses originally operating this unit has continued to increase and in November the district served was extended to cover part of the catchment area of the Dudley Road Hospital and a third nurse was appointed.

The following table shows the number of new cases attended, in their respective age groups, during the past five years and the total number of visits paid.

	<i>New cases</i>			<i>Total new cases</i>	<i>Total visits</i>
	<i>0—1 year</i>	<i>1—5 yrs.</i>	<i>5—14 yrs.</i>		
1955 ...	102	228	159	489	3,586
1956 ...	123	226	165	514	5,746
1957 ...	114	232	163	509	5,019
1958 ...	172	281	175	628	7,368
1959 ...	204	408	258	870	9,397

The work of this unit has continued to attract considerable interest.

It is interesting to compare the number of visits which have to be made by the home nurses in dealing with different types of disease. Some disorders, e.g. arthritis, require an average of 63 visits per case. At the other extremity bronchitis requires an average of 10 visits per case. The average number of visits paid to patients suffering from such disorders as cardiac diseases, senility, cerebro-vascular accidents and malignant diseases is about 41 per case.

The table below sets out the total number of cases nursed for certain predominant diseases in 1959, the total number of visits paid to such cases and the average number of visits required for each condition:—

<i>Disease</i>	<i>Total cases nursed</i>			<i>Total visits paid</i>	<i>Average visits per case</i>
Bronchitis	1,919	20,100	10
Arthritis	508	32,030	63
Cardiac	1,841	68,032	37
Senility	1,311	56,247	43
Strokes	1,179	48,842	41
Malignant diseases	1,108	45,187	41

LOAN OF NURSING EQUIPMENT

(SECT. 28—N.H.S. ACT)

Demands for the loan of special equipment has shown a further increase in the past year and the number of articles on loan was 2,886 compared with 2,578 in 1958 (an increase of 11·9 per cent.). The demand for sick-room equipment has fallen, with the exception of commodes, and in the past year the number of items on loan was 6,013 compared with 6,768 in 1958.

The amount contributed by patients as loan charges was £1,521, an increase of £161 over 1958.

With the exception of bedsteads and fracture boards, the items which were specifically referred to in this Report for 1958 have again shown increases in 1959:—

Special mattresses from	287 to	343	an increase of 19·5 per cent.		
Lifting poles	„	178 to 219	„	„	23
Walking aids	„	301 to 457	„	„	52
Commodes	„	1,060 to 1,262	„	„	19

While the demand for walking aids of all types has continued to increase, the largest numerical increase has been for tripod walking sticks which, in the three years since their introduction, have proved to be a valuable addition to the range of equipment available. A comprehensive range of walking aids suitable for use in the home is available and new types are being added each year as developments take place in this field.

LOAN OF FIREGUARDS

(SECT. 28—N.H.S. ACT)

The demand for fireguards showed a slight increase and the number on loan during the year was 868, an increase of 16·2 per cent. compared with the previous year.

The number of fireguards recommended for old people by district nurses and health visitors has increased and in the majority of cases the guards have been readily accepted by these persons as necessary for their protection.

Although the loan of fireguards is restricted to necessitous cases and in the majority of cases is free, a nominal charge of 5s. per annum is made where the applicant's income justifies it. The amount paid in hire charges for 1959 was £17 5s. 0d. compared with £11 13s. 6d. in 1958. This increase is largely accounted for by a better response from persons in arrears from previous years.

DOMICILIARY LAUNDRY SERVICE

(SECT. 28—N.H.S. ACT)

During 1959 the number of persons utilising this service varied between 180 and 213 and the total number for the year, 682, showed an increase of 12 over the previous year.

Although the number of persons receiving the service in 1959 showed only a slight increase compared with 1958, the number of articles laundered increased by 11,800 to 157,200 and the total weight of soiled linen increased by 8 tons to 76½ tons. This disproportionate increase in the soiled linen handled is accounted for by a higher proportion of persons receiving the service twice weekly and this is also reflected in the amount contributed by the patients which was £1,919 (£1,710 during 1958).

The service continues to run smoothly and is, almost without exception, gratefully received by patients and relatives, the majority of whom meet any charges due and return the linen on cessation of the service. In the last financial year the bad debts represented under 3s. in £100 due.

Statistics

(1) CASES NURSED BY THE HOME NURSING SERVICE

(a) Number of patients attended

Cases on books, 1st January, 1959	...	...	...	...	...	3,881
New cases attended	...	...	...	...	...	16,992
Total cases attended	...	...	...	...	...	20,873
Total visits paid	...	...	...	...	...	633,942

(b) Ages of patients

						<i>Cases on books</i> <i>1st Jan. 1959</i>	<i>New cases</i> <i>1959</i>
Under 5 years	...	...	...	...	...	43	1,629
5—14 years	...	...	...	...	...	46	1,045
15—64 years	...	...	...	...	...	1,146	7,125
65 years and over	...	...	...	...	...	2,646	7,193

(c) Cases referred by :—

General practitioners	...	...	...	...	...	15,750
Hospitals	...	...	...	...	...	992
Public Health Department	...	...	...	...	...	112
Transferred from other sources	...	...	...	...	...	119
Other sources	...	...	...	...	...	19

(2) CLASSIFICATION, BY DISEASE OR DISORDER, OF NEW CASES DEALT WITH BY THE HOME NURSING SERVICE

(a) Medical

Arthritis	...	...	...	...	...	255
Respiratory conditions: Bronchitis	...	...	...	...	...	2,176
Pneumonia	...	...	...	...	...	979
Cardiac disease	...	...	...	...	...	1,208
Cerebral catastrophies	...	...	...	...	...	870
Diabetes	...	...	...	...	...	432
Malignant disease...	...	...	...	...	...	946
Senility	...	...	...	...	...	880
Other medical conditions	...	...	...	...	...	4,345
Enemas administered	...	...	...	...	...	1,670

(b) *Infectious diseases*

Tuberculosis	...	...	...	...	...	...	187
Influenza	...	...	...	...	...	...	348
Whooping cough	...	...	...	...	...	...	20
Measles	...	...	...	...	...	...	36
Other notifiable diseases	...	...	...	...	...	...	15

(c) *Midwifery and Gynaecology*

Puerperal pyrexia	...	...	...	...	...	...	2
Antenatal complications	...	...	...	...	...	...	69
Postnatal complications	...	...	...	...	...	...	66
Miscarriages	...	...	...	...	...	...	19
Conditions requiring pessary renewals	...	...	...	...	...	...	79

(d) *Surgical*

Cases discharged from hospital	...	...	...	...	...	...	646
Operations at home	...	...	...	...	...	...	7
Treatment to ulcerated legs	...	...	...	...	...	...	313
Other dressings	...	...	...	...	...	...	1,424

(e) *New cases visited, according to disease or disorder, by Children's Unit*

Bronchitis, pneumonia, pleural effusion	...	...	...	...	...	...	408
Tonsillitis, otitis media, adenitis	...	...	...	...	...	...	176
Abscesses, boils and other skin conditions	...	...	...	...	...	...	83
Gastro-intestinal conditions, including enemas given	...	...	...	...	...	...	56
Infectious diseases	...	...	...	...	...	...	60
Diseases of the central nervous system	...	...	...	...	...	...	6
Disease of kidney	...	...	...	...	...	...	2
Diabetes mellitus	...	...	...	...	...	...	1
Pyrexia	...	...	...	...	...	...	5
Other medical conditions	...	...	...	...	...	...	31
Post-operative conditions	...	...	...	...	...	...	17
Orthopaedic conditions	...	...	...	...	...	...	8
Eye conditions	...	...	...	...	...	...	6
Burns and scalds	...	...	...	...	...	...	11

870

(3) LOAN OF HOME NURSING EQUIPMENT

(a) Amounts of special equipment on loan during 1959				(b) Amounts of normal sick-room equipment on loan.			
Wheel chairs ...	...	951		Air beds ...	...	10	
Merlin chairs ...	...	256		Air rings and sorbo cushions	...	765	
Stairway chairs ...	...	38		Back rests ...	...	700	
Spinal carriages ...	...	1		Bed pans ...	...	1,203	
Bedsteads ...	...	499		Leg cradles ...	...	262	
Special mattresses ...	...	343		Mackintosh sheets ...	...	1,114	
Fracture boards ...	...	104		Urinals ...	...	549	
Lifting poles and chains	...	219		Sick feeders ...	...	70	
Self-operating tilting beds	...	4		Commodes ...	...	1,262	
Crutches, pairs ...	...	85		Bed chairs ...	...	5	
Walking sticks ...	...	307		Miscellaneous items ...	...	73	
Walking machines ...	...	65					
Lifting apparatus ...	...	14					
		2,886				6,013	

(4) LOAN OF FIREGUARDS

Number of fireguards on loan, 1st January...	...	...	...	597
Number issued during year ...	...	...	...	271
				868
Number returned, no longer required ...	...	...	...	181
Number on loan, 31st December ...	...	...	...	687
Amounts collected from hire charges ...	...	...	...	£17 5 0

(5) WORK OF THE DOMICILIARY LAUNDRY SERVICE.

(a) Case Load of Domiciliary Laundry Service

Number of cases on books, 1st January ...	...	...	...	213
New applications during year ...	...	...	...	469
			TOTAL	682
Cases removed from books during year ...	...	...	...	471
Cases still on books at 31st December ...	...	...	...	211

(b) Analysis of Cases

1959 Quarter ending	No. of approved appli- cations	Service discontinued			Service not started			Total
		Died	Hosp.	Other reasons	Died	Hosp.	Other reasons	
31 Mar	168	104	42	20	4	1	—	171
30 Jun	100	47	37	14	1	1	2	102
30 Sep	69	39	32	7	4	1	1	84
31 Dec	132	64	33	13	1	1	2	114
	469	254	144	54	10	4	5	471

AMBULANCE SERVICE

(SECTION 27—NATIONAL HEALTH SERVICE ACT, 1946)

The grand total of patients conveyed by the Ambulance Service during 1959 was 385,941, an increase of 17,021 on the figure of 368,920 for 1958.

Of this total increase 2,218 represents the increase in cases carried by the Accident Section, the remainder being removal cases. The Removal Section could, however, contain only 8,916 additional cases and it was necessary to obtain substantial additional assistance from Hospital Car Service voluntary drivers to deal with the balance. This accounts for the very sharp increase in the number of cases carried by the Hospital Car Service referred to later.

The trend in number of cases conveyed by the Removal Section of the Service over the past four years is illustrated by the following table:—

Year	<i>Patients conveyed by</i>		<i>Comparison with previous years</i>	
	<i>Hospital</i>	<i>Removal Service</i>	<i>Increase</i>	<i>Decrease</i>
1956	...	330,416	1,855	—
1957	...	330,252	—	164
1958	...	340,762	10,510	—
1959	...	349,678	8,916	—

Detailed statistics under various classifications are shown in the following table, which also gives comparative figures for the past five years.

HOSPITAL REMOVAL AMBULANCES COMPARATIVE ANNUAL TOTALS OF CASES CARRIED ACCORDING TO CLASSIFICATION

<i>Analysis of Cases</i>		<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>
Out- posted Units	Clinic cases	... 227,744	234,939	237,129	250,470	258,680
	Admissions	... 28,528	27,362	27,968	27,873	30,412
	Discharges	... 35,438	33,766	33,982	32,960	32,560
	Transfers	... 9,940	9,621	9,228	7,935	7,734
	Emergency					
	Maternity Service	93	110	114	104	127
	Maternity	... 7,627	8,320	8,164	8,428	8,253
	Monyhull—Mental	1,109	1,337	1,239	1,155	1,194
	Little Bromwich					
	Infectious	... 1,822	1,563	1,898	1,612	964*
	Yardley Green—					
	Tuberculosis	... 14,693	11,902	8,984	8,797	8,330
	Miscellaneous	... 1,567	1,496	1,546	1,428	1,424
TOTALS		... 328,561	330,416	330,252	340,762	349,678

*Note—On 31st May ambulances outposted at Little Bromwich for infectious work were withdrawn to the main Depot. From that date cases carried by these ambulances are included in other categories, mainly "Admissions."

TOTAL NUMBER OF PATIENTS DIVIDED INTO STRETCHER AND
SITTING CASES

			1955	1956	1957	1958	1959
Stretcher cases	...	...	73,492	74,886	75,561	77,432	79,431
Sitting cases	...	...	255,069	255,530	254,691	263,330	270,247
TOTALS	...	...	328,561	330,416	330,252	340,762	349,678

The ratio of sitting cases to stretcher cases remained the same as in the previous year. Trends in this ratio over the past four years are illustrated by the following table :

RATIO OF SITTING TO STRETCHER CASES

1956	...	...	3.41	: 1	1958	...	...	3.40	: 1
1957	...	...	3.37	: 1	1959	...	...	3.40	: 1

Principal variations in the classified analysis occurred as follows :—

<i>Increases</i>	Clinic Cases (all forms of out-patient treatment)	...	8,210
	Admissions	...	2,539
<i>Decreases</i>	Discharges	...	400
	Maternity (including E.M.S.)	...	152

Accident Ambulances

Accident ambulance cover by nine ambulances operating from eight selected fire stations was maintained, with additional cover on special occasions being provided by crews of the Removal Section and the St. John Ambulance Brigade. There was a substantial increase in the number of calls received and casualties carried by the Accident Section, the comparative figures being as follows:—

							1958	1959
Calls	...	...	...	...	...	...	15,629	17,927
Casualties	...	...	...	...	...	...	15,005	17,223

Under mutual assistance arrangements with neighbouring authorities, the Service provided accident ambulances in response to 15 incidents outside the city boundary—8 more than in the previous year.

A detailed analysis of ages of patients, time and location of calls, classified injuries, hospitals to which casualties were conveyed and the number of fatalities, with comparative figures for the previous year, is shown in the following tables:—

ACCIDENT AMBULANCE CALLS, 1959

NUMBER OF PERSONS OF VARIOUS AGE GROUPS CARRIED IN ACCIDENT AMBULANCES DURING EACH HOUR OF THE DAY

Age Group	Hours of the Day																								Total
	10-00	01-00	02-00	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	Total
5 and under 5	19	16	3	6	2	6	—	14	24	51	62	111	114	114	98	109	131	124	102	79	59	55	42	21	1,362
6-10	6	3	1	5	2	1	1	5	24	41	44	65	91	98	77	89	120	123	117	79	60	22	14	15	1,103
11-15	7	1	5	3	1	2	2	18	52	58	84	124	153	137	121	131	148	116	88	85	97	76	32	36	1,577
16-20	71	29	17	13	7	5	8	60	72	48	61	80	94	99	86	98	100	129	117	107	120	104	181	147	1,853
21-25	101	45	24	17	10	8	11	54	61	60	54	79	95	73	78	72	76	90	92	72	80	83	163	201	1,699
26-30	60	31	20	18	8	13	7	42	50	57	42	52	58	45	59	75	68	64	55	46	51	55	133	107	1,216
31-35	49	22	17	16	9	6	10	20	31	30	31	49	35	36	56	49	50	55	41	34	51	35	98	101	931
36-40	59	22	18	7	5	8	13	37	33	42	41	49	38	36	52	67	50	52	53	42	46	56	103	102	1,031
41-45	38	16	10	7	7	5	14	24	39	37	43	56	40	46	59	64	51	64	46	36	35	40	84	69	930
46-50	39	20	11	11	4	9	13	34	34	47	63	46	69	55	61	61	56	55	48	38	34	42	87	63	1,000
51-55	20	13	10	3	5	6	9	28	36	40	38	49	64	53	57	53	38	44	54	34	40	36	71	49	850
56-60	19	7	8	4	5	8	10	29	40	42	52	38	44	54	51	68	49	44	34	31	39	36	67	45	824
61-65	12	8	5	1	5	3	8	24	25	41	32	45	58	39	58	42	40	44	50	33	26	32	47	31	709
66-70	11	7	1	4	8	2	8	12	9	29	37	44	52	47	37	47	42	29	31	26	20	22	48	28	601
Over 70	24	13	10	8	9	15	17	16	32	57	75	128	119	124	109	101	85	92	89	62	58	71	90	51	1,455
Unknown Age	3	—	1	—	—	1	1	2	1	1	1	4	6	3	6	5	5	5	4	3	6	9	8	7	82
TOTAL	538	253	161	123	87	98	132	419	563	681	760	1019	1130	1059	1065	1131	1109	1130	1021	807	822	774	1268	1073	17,223

ACCIDENT AMBULANCE CALLS

LOCATION OF ACCIDENTS

	1958	1959
Street accidents involving vehicles	3,809	4,572
Factory accidents	781	902
Private houses	4,692	5,524
Offices	40	58
Shops and restaurants... ..	452	500
Outdoor (other than street accidents)	3,884	4,284
Licensed premises	278	334
Schools	361	393
Cinemas and theatres	133	98
Other premises	1,167	1,201
False alarms (malicious)	32	61
TOTAL	15,629	17,927

CLASSIFICATION OF INJURIES TO PATIENTS CARRIED IN AMBULANCES

	1958	1959
Fractures	2,037	2,351
Wounds	3,317	3,955
Collapse, fits, strokes	2,963	3,298
Abrasions and bruises	753	709
Gas poisoning	127	141
Drowning	2	4
Eye injuries	64	77
Dislocations and sprains	367	344
Hanging... ..	2	—
Concussion, shock	990	1,380
Haemorrhage	352	432
Scalds and burns	528	509
Poisoning	404	398
Not classified	3,099	3,625
TOTAL	15,005	17,223

DESTINATION OF CASUALTIES

	1958	1959
Accident Hospital	4,561	5,397
General Hospital	6,313	6,898
Other Hospitals	4,039	4,816
Casualties actually carried in ambulances but not taken to hospital... ..	92	112
TOTAL	15,005	17,223

FATALITIES

	1958	1959
Number of persons found dead on arrival of ambulances	182	235

METHOD OF TRANSMISSION OF CALLS

G.P.O. " 999 " system	...	...	...	...	...	...	12,059
Police Information Room	...	...	...	...	...	...	2,642
Exchange telephone	...	...	...	...	...	...	2,603
Private wire telephones	...	...	...	...	...	...	105
Messenger	...	...	...	...	...	...	398
Radio	...	...	...	...	...	...	87
Observed by ambulance crew	...	...	...	...	...	...	33
TOTAL							17,927

Outposted Ambulances

During the year, by arrangement with the hospital concerned, a number of ambulances maintained as part of the detachment at Little Bromwich Hospital dealing with internal and external infectious work, were withdrawn to the main Depot, resulting in more economic use of vehicles and staff engaged in this type of work. Ambulances dealing with internal and external work at Yardley Green and associated hospitals remain outposted.

The number of tuberculosis cases carried continued to decline. There was, however, a small increase in the number of patients conveyed by the outposted ambulance at Monyhull Hall Hospital dealing with patients for Monyhull Hall and associated mental hospitals, the figure being 1,194 as compared with 1,155 in 1958.

Ambulance Fleet

There was no change during the year in the established strength of the fleet, viz:—

Dual purpose (stretcher) ambulances	...	...	...	...	72
Sitting case ambulances	...	...	...	...	27
Sitting case cars	...	...	...	...	3
Ambulance coach (20 seater)	...	...	...	...	1

The replacement of accident ambulances by new Dennis forward control ambulances was completed during the year. The increased manoeuvrability of these vehicles makes them very suitable for emergency work in congested areas.

Conveyance of Patients by Rail

Despite the limitations imposed by the introduction of diesel rail coaches, wherever possible long distance cases were conveyed on the ambulance/rail/ambulance basis. Some 1,005 cases were thus carried during the year, compared with 1,076 in 1958.

Service ambulances were provided at the request of other local health authorities to meet trains at the city railway stations and transport some 497 patients either to final destinations or to other railway stations to continue journeys.

Proposed New Ambulance Depot

The Service received notice during the year that it would be necessary to vacate the premises occupied in Ladywood Road as an ambulance depot

because they are due for demolition under the Redevelopment Scheme during 1960. Plans are in hand for the erection of a new depot at Bristol Road, Bournbrook, and it is anticipated that building will commence in March, 1960, with a promise of completion about November, 1960.

Over-the-border Journeys

Mutual assistance arrangements with neighbouring authorities, designed to secure economy in the use of ambulances, were continued. The following table illustrates the extent of over-the-border journeys by Hospital Removal ambulances. Over-the-border accident calls are referred to in a previous paragraph.

	1958	1959
Patients conveyed from outside to places inside the City	22,852	23,618
Patients conveyed by ambulance to places outside the City	23,209	25,314

These figures again show an increase over those for the previous year and include 217 patients conveyed on a chargeable basis for other local health authorities.

Maternity Services (including Emergency Maternity Service)

There was a small decrease in the number of maternity cases conveyed from home addresses to the various maternity hospitals during the year, the total being 8,253 as against 8,428 the previous year.

During the latter half of the year the Service has operated without employing midwives and female attendants. In order to meet the situation in dealing with maternity cases a number of measures were taken which included additional training of operational staff in first aid treatment in emergency maternity cases, the maintenance of a domiciliary midwives' duty rota in Ambulance Control, together with revision of Control Procedures to obtain maximum information on receipt of a maternity call to determine whether the attendance of a midwife was necessary. The new arrangements have worked very satisfactorily and there is evidence of a saving in time and mileage since ambulance crews are no longer required to return to Depot to pick up a midwife before proceeding to the case.

There was an increase in the number of calls for ambulances for the Emergency Maternity Service operated by Loveday Street Maternity Hospital during 1959, calls totalling 127 as against 106 the previous year. This transport is provided by the Service on a chargeable basis.

Marston Green Maternity Hospital

There was a further increase in the number of cases carried by the ambulance coach to and from the Hospital for out-patient treatment, some 38,118 cases being conveyed, an increase of 3,813 on the previous year. By revising the journey schedule it was possible for the one coach allocated to this work to continue to handle the traffic despite the considerable increase.

Mileage

The following table shows the mileage of the three sections of the Service over the past five years.

	1955	1956	1957	1958	1959
Hospital Removal					
Ambulances	1,577,312	1,581,413	1,531,445	1,525,666	1,513,621
Accident Ambulances ...	109,966	96,712	103,615	107,495	127,774
Outposted Ambulances ...	105,019	110,609	95,229	96,288	82,180
	<u>1,792,297</u>	<u>1,788,734</u>	<u>1,730,289</u>	<u>1,729,449</u>	<u>1,723,575</u>

HOSPITAL REMOVAL AND OUTPOSTED AMBULANCES MONTHLY AVERAGE OF CASES CARRIED AND MILEAGE RUN

Year	Cases Carried Monthly Average	Mileage Monthly Average
1955	27,379	140,194
1956	27,535	141,001
1957	27,521	135,556
1958	28,397	135,163
1959	29,140	132,983

Whilst the monthly average number of cases increased, a substantial decrease in monthly average mileage was again effected.

Staff

Details of the establishment and strength of the Ambulance Service at the end of 1959 are as follows:—

					Strength at 31.12.59			
<i>Operational and Depot Staff</i>					<i>Establishment</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
Ambulance Officer	...	...	...	1	1	—	1
Depot Superintendent	...	...	...	1	1	—	1
Hospital Liaison Officer	...	...	...	1	1	—	1
Deputy Depot Superintendent	...	...	...	1	1	—	1
Traffic Controllers...	...	...	...	10	9	—	9
Clerks	...	...	...	5	3	2	5
Storekeeper	...	...	...	1	1	—	1
Depot Drivers	...	...	...	3	2	—	2
Depot Assistants	...	...	...	4	4	—	4
Ambulance Cleaners	...	...	...	12	6	—	6
Cooks and Cleaners	...	...	...	6	9*	—	9
Leading Drivers	...	...	...	10	10	—	10
Drivers and Attendants	...	...	...	168	147	7	154
<i>Ambulance Control</i>								
Control Duty Officer	...	...	...	1	1	—	1
Traffic Controllers	...	...	...	6	5	—	5
Leading Control Operatives	...	...	...	4	—	4	4
Control Operatives	...	...	...	25	1	23	24

* Includes 7 part-time.

Bed Bureau

There was an increase in the number of requests placed with the Emergency Bed Bureau operated by the Ambulance Service on behalf of the Birmingham Regional Hospital Board. 14,469 requests were received from general practitioners, etc., beds being obtained in 13,794 of these cases. The figures for the previous year were 13,045 requests, beds being obtained in 12,414 cases.

Voluntary Services

HOSPITAL CAR SERVICE

In view of the increased pressure on the Service, the British Red Cross Society was asked to increase assistance by the Hospital Car Service. This is reflected in the following table. These figures are not included in the figures given in respect of the Ambulance Service.

						1958	1959
Patients	...	...	...	...	...	13,153	19,040
Mileage	...	...	...	...	...	99,795	137,868

ST. JOHN AMBULANCE BRIGADE

This Organisation continued to give valuable assistance in supplying voluntary crews to man ambulances during the evenings and week-ends and to provide additional ambulance cover on special occasions.

The Service is again indebted to those voluntary members of the St. John Ambulance Brigade, the British Red Cross and the Women's Voluntary Services who continued to assist the Service by acting as escorts for patients being conveyed by rail.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(SECTION 28—NATIONAL HEALTH SERVICE ACT, 1946)

CARE OF THE AGED

The work continues to present innumerable problems: many remain unsolved, which are mainly due to the fact that the percentage of old people living alone increases each year. In July two health visitors were appointed to give part-time assistance to the senior health visitors concerned with the care of the aged.

During 1959 the special health visitors made 9,171 visits (including 1,271 to new cases). To this number should be added 1,430 visits made by district health visitors in the course of their general duties. Of the new cases 75 per cent. were women, the same proportion as last year; 40 per cent. were living alone, an increase on last year's figure of 37 per cent., and a marked increase on the 31·7 per cent. of 1956; 26 per cent. lived with relatives, and 24 per cent. with their spouse. 57·7 per cent were widowed; 28·3 per cent were married, and 14 per cent were single. There was a decrease this year in the numbers of both incontinent and bedridden cases. As in previous years the larger proportion of the new cases were in the 75—85 years age group.

The activities of the health visitors are still concentrated on children under five years of age, but as the proportion of old people in the community continues to rise each year, it is becoming increasingly evident that more attention must be paid by health visitors to the older generation. Short infrequent visits are far from satisfactory; it is only by constant supervision and by time spent in listening to their problems and difficulties that good preventive work can be done amongst the aged population. In the majority of cases in which the elderly live alone, a good deal of patience and tact is required in order to gain their confidence and to allay feelings of suspicion which are so prevalent in old age. Once these hurdles are overcome, and it may take several visits, it becomes much easier to persuade the old person to accept essential help.

The Public Health Department continues to work in close co-operation with voluntary organisations and other statutory departments. Without their ready help and advice, many of the problems which confront the section in dealing with the care of the aged could not be solved. Particular mention should be paid to the arrangements which can now be made for an elderly person to be admitted to a hospital, welfare home, or voluntary home, in order to afford relatives a much needed holiday.

The bathing of elderly people at the Health Department's cleansing station is a growing service. The total number of baths given this year was 1,320 and 110 individual old people (63 women and 47 men) received this help, which they much appreciated. 57 old people were new cases.

The Eric Vincent Trust kindly renewed their grant of £100 for chiropody treatment of the elderly and the weekly clinic, started in 1958, was therefore able to continue. During the year 47 sessions were held and 269 attendances made. Seventy-seven individual cases received treatment.

In April the Ministry of Health issued a circular giving approval to the provision of chiropody services by local authorities as part of their arrangements for the prevention of illness under Section 28 (1) of the National Health Service Act, 1946; priority in the first place being given to the elderly, physically handicapped persons and expectant mothers. As the Birmingham Council for Old People had already a well-organised chiropody scheme in operation, the Health Committee agreed to ask this voluntary organisation to continue to operate their service until such time as the anomalous position regarding the qualifications required by chiropodists for employment by local authorities had been resolved. The Birmingham Council for Old People kindly agreed to this request, and the Health Committee undertook to accept the financial responsibility for the expenditure incurred. Since the publication of the Ministry Circular there has been a great increase in requests for chiropody treatment, particularly for domiciliary cases.

Statistics

Cases on register on 1st January, 1959	...	...	...	...	2,084
New cases added during year	...	...	...	...	1,288
Cases remaining on register at end of year	...	...	...	...	2,429
Cases supplied with nursing equipment	...	...	...	...	250
Cases supplied with bath attendant	...	...	...	...	115
Cases supplied with laundry at request of health visitor	...	...	...	...	21
Cases admitted to hospital	...	...	...	...	612
Old cases discharged from hospital	...	...	...	...	113
Deaths	...	...	...	...	404
Cases referred to Welfare Department	...	...	...	...	50
Total visits paid by special health visitors	...	...	...	...	9,171
Total visits paid by health visitors on general duties	...	...	...	...	1,430

HOSPITAL FOLLOW-UP WORK BY HEALTH VISITORS

This work has increased in importance and, in July 1959, an additional health visitor was appointed to undertake follow-up work in connection with the General Hospital Special Clinic.

In 1959, 672½ sessions at hospital and 733¾ home visiting sessions, (3,179 visits to patients' homes) were made by Hospital Follow-up Health Visitors.

The following extracts have been taken from their reports.

ACCIDENT HOSPITAL

Visits to the homes of children in the 0—17 year age group admitted to the Burns Unit represented 75 per cent. of the total visits paid. The remainder were to the homes of the aged, injured, etc.

The number of burns and scalds cases admitted to the Hospital during the year was higher than in 1958, and there was a marked increase

in their severity. The temporarily unguarded fire continues to be the chief cause of major burns, while freshly made tea is the commonest factor responsible for scalds in the under five age group. Firework burns have been more extensive this year, possibly due to the quality of material used in youth's clothing. The widespread use of oil stoves for cooking and heating purposes, and the difficulty in obtaining adequate guards for them, provides growing danger.

In most homes visited, there is an awareness of the need for safety precautions and a willingness to purchase the most effective type of fireguard.

CHILDREN'S HOSPITAL

Home visits requested during the year were mainly in relation to emotionally upset or maladjusted children; housing conditions were also investigated. Discussions with the relatives, general practitioners, members of the School Health Service, health visiting staff and district nurses helped to build up the picture of contributing factors and were of value in the compilation of reports.

DUDLEY ROAD HOSPITAL

Two health visitors each give two sessions a week to the follow-up work at this hospital. Most referrals were of children under the age of five years and approximately 50 per cent. of these were suffering from respiratory conditions, many of whom required investigations concerning housing difficulties. Visits were also requested on account of emotional disorder, feeding problems, etc.

Much information and assistance was obtained through the co-operation of the area health visitors. The Family Service Unit gave assistance in minding the children at home whilst parents visited their sick children in hospital.

GENERAL HOSPITAL

(a) DIABETIC CLINIC

During 1959 about 725 new diabetics living within the City boundary registered at the clinic. It was not possible to visit all patients and preference was given to visits requested by the consultants, to patients having insulin treatment, and to elderly patients many of them living alone. About 10 per cent. of the patients adhere strictly to the diet prescribed and home visiting is necessary to ensure that all patients, and their relatives, do understand the need for this.

(b) SPECIAL CLINIC

143 patients were visited by the health visitor mainly because of defaulting from treatment. Frequent changes of address made it hard to trace many patients, but most were willing to resume treatment.

LITTLE BROMWICH GENERAL HOSPITAL

More coloured children were admitted to this hospital during the year, both Indian and West Indian. Many West Indian children suffered from anaemia. Most of the children admitted to infectious diseases wards came from overcrowded homes. A few children were admitted several times during the first few months of life on account of feeding problems or mismanagement and these needed frequent home visiting. Some parents were reluctant to remove children when they were ready for discharge.

QUEEN ELIZABETH HOSPITAL

Visits were made to the homes of 136 individual patients and, according to their various needs, advice was given on the use of the available social and voluntary services. Many patients suffered temporary or permanent disablement and guidance was given to relatives to enable them to accept the added responsibility and to ensure the comfort of the patients.

ROYAL ORTHOPAEDIC HOSPITAL

There was a noticeable decline in children under 5 years admitted to hospital for long stay periods, the most common deformity being that of congenital deformity of hips. Visits were made to the parents of these children to give advice regarding conversion of cots and prams, habit training and general rehabilitation. In this category, visits were also paid to Children's Hospital patients at the request of the Almoner.

A sixth of the patients visited, mainly in the 20—40 age group, suffered from low back pain on account of "slipped" disc, neoplasm, or tuberculosis; they had numerous problems. Those treated in spica plasters could only lie or stand and were very subject to despondency. Much encouragement was needed and arrangements were made for the supply of fracture boards and the replacement of unsuitable beds.

Arthritis in the older age groups caused many problems. Special gadgets were provided and help given by the Home Help and Home Nursing Services and the Birmingham Fellowship of the Handicapped.

SELLY OAK HOSPITAL

(a) PAEDIATRIC DEPARTMENT

It was possible to visit the homes of most children admitted to the paediatric wards during 1959. Advice was given regarding feeding problems, home nursing and general management. Housing problems persisted and unfortunately many of these could not be alleviated.

(b) DIABETIC CLINIC

There was an increase in the follow-up work required by this clinic during the year and four weekly sessions were given to the work instead of three as in 1958. One session was spent in the wards of the hospital and one in the out-patients department in the capacity of dietician.

Early contact with the general practitioner concerned and responsible relatives ensured the continuity of after-care and a better understanding of the patient's condition.

Training in Mental Health Follow-Up

In May 1959, four health visitors were appointed to attend the Psychiatric Social Unit in City Road for part-time training in mental health follow-up. The theoretical part of the training comprised group discussions and case conferences with the psychiatric social workers; a visit of observation to Uffculme Clinic and to Highcroft Hall; attendances at the quarterly conferences of the Association of Psychiatric Social Workers which were held at Holmwood Hospital and at Shelton Hospital Shrewsbury; and one month's experience with the mental welfare officers. The practical experience covered attendances at mental hospitals and home visits in cases of social need or to encourage rehabilitation.

General Practitioner—Health Visitor Relationship

In September, a health visitor was appointed to participate in an investigation into the use of a health visitor in general practice. For this purpose she was seconded full-time to work for twelve months with a partnership of three general practitioners.

Statistics

WORK OF THE HOSPITAL FOLLOW-UP VISITORS

	<i>Sessions at hosps.</i>	<i>Visiting sessions</i>	<i>Individual patients visited.</i>	<i>Visits to patients' homes etc.</i>
Accident	99	51	265	271
Children's	83	121½	181	368
Dudley Road 1	40	35½	189	217
2	31	24	83	133
General Diabetic Clinic ...	77½	76	180	233
Special Clinic ...	18	37	143	173
Little Bromwich	40	44	230	258
Queen Elizabeth	78½	72½	136	350
Royal Orthopaedic	40	124	361	609
Selly Oak	80	78	193	270
" " Diabetic Clinic	85½	70½	215	297
Totals 1959	672½	733½	2,176	3,179
Totals 1958	740	703		3,056

WORK OF THE MENTAL HEALTH FOLLOW-UP VISITORS

		<i>Sessions at Psychiatric Social Unit</i>	<i>Sessions at hosps</i>	<i>Visiting sessions</i>	<i>Individual patients visited</i>	<i>Visits to patients' homes, etc.</i>
All Saints ...	...	32½	8	16½	9	34
Highcroft Hall (one H.V.) ...	...	23	6	16½	10	23
(the other H.V.) ...	...	19	6	7½	5	15
Hollymoor ...	...	31	10	19	13	42
Totals... ..	...	105½	30	59½	37	114

RECUPERATIVE CONVALESCENCE

In 1959 there were 828 applications for recuperative convalescence, 63 more than in the previous year. The following table gives the monthly totals, with corresponding figures for previous years:—

Recommendations for Convalescence

	1959	1958	1957	1956	1955
January	13	14	14	18	15
February	37	37	39	20	24
March	56	36	89	47	35
April	112	100	91	57	59
May	109	115	99	57	74
June	134	119	118	85	91
July	132	100	116	72	68
August	72	78	93	60	80
September	59	78	49	57	59
October	54	44	32	33	40
November	35	29	24	31	16
December	15	15	9	8	8
Total for year ...	828	765	773	545	569
Percentage of total referred by G.P's	85%	81%	75%	63%	60%
No. of patients re- ferred by hospitals	135	148	196	203	230

The proportion of patients recommended by general practitioners continues to increase and, in addition to the total number given above, there were numerous applicants who, after investigations were made, were found to be in benefit with an organisation or fund which would arrange convalescence without payment from the patient.

Of the total number of applicants, 175 did not finally take advantage of the arrangements made. Some decided that they did not after all want to go away from home, some had second thoughts about the payment they were asked to make, two patients died and two left the City.

Ages and sex of patients who took convalescence were as follows:—

<i>Age</i>	<i>0—4</i>	<i>5—15</i>	<i>16—44</i>	<i>45—64</i>	<i>65—74</i>	<i>75+</i>	<i>Total</i>
MALES	20	12	22	46	40	18	158
FEMALES	16	17	86	142	145	89	495

From these figures it will be seen that middle aged and elderly women made the greatest demand upon this service.

The following diseases were the ones mainly responsible for patients requiring convalescence:—

Debility	103	Hypertension and Arteriosclerosis	29
Bronchitis	67	Heart disease	20
Post-operation	53	Depression (usually after bereave-	
Rheumatism and Arthritis ...	37	ment	16
Influenza	37	Bronchopneumonia	13
Senility	26	Accidents	10
Pneumonia	24	Ulcers (various)	14
Tuberculosis	21	Mental illness	10
Anaemia	20		

The Hospital Saturday Fund, to which the Health Committee makes an annual grant of £550, accommodated in their homes at Weston and Llandudno the majority of patients taking convalescence under the City Council's scheme (362). Most of the other homes to which patients are sent are situated around the coast, but there are also some very good inland homes. Wherever possible attempts are made to send patients to the area of their choice.

Certain illnesses, such as diabetes and epilepsy, require special diets or care and in these cases the choice of convalescent homes is somewhat limited. Convalescents from tuberculosis are specially catered for by the S.P.E.R.O. organisation, and their homes are usually small establishments situated around the south and south-east coasts and the Isle of Wight. These patients are, in the main, recommended by the Chest Clinic.

There are special mother and baby homes which are used for rehabilitation after confinements; this arrangement has proved to be an exceptionally good after-care service. There are also one or two special nurseries for children where the convalescent period is usually three weeks or more (as against the usual two weeks for adults). Here again the patients derive wonderful benefit from their surroundings—often these children have never been away from the City.

The elderly or infirm patients are frequently unable to undertake a long journey. The Birmingham Council for Old People has an excellent home in Birmingham itself to which some of these patients are sent, and there are other homes within a radius of 30 miles of Birmingham which are also used to good effect. Not all elderly people are unable or disinclined to travel, however, and one such patient (well into his seventies) who went to a home at the seaside sent a card to the Department saying his stay at the home had been like "Fairyländ" and he signed the note "A grateful old man."

Under the City Council's Scheme the Department takes financial responsibility for the period of convalescence, and the cost is later recovered from the patient, who is assessed in accordance with his means.

HEALTH EDUCATION

Health Education is regarded as one of the necessary functions of a Health Department. Although in the present century morbidity and mortality statistics have greatly improved, there is still, however, much ill-health to be prevented and it is increasingly obvious that the absence of illness is not the same as being well. A concept of positive health is emerging. The increased attention to this aspect has made it clear that this state cannot usually be attained by the use of drugs or other accepted medical remedial methods; but knowledge and practice of what is taught in Health Education will go far towards promoting positive health. Admittedly Health Education cannot produce satisfying statistics but anyone who is aware of the improvement of child rearing and health under the guidance of the Maternity and Child Welfare Service cannot doubt its effectiveness.

Statistics

In 1959 the number of talks and discussions arranged was 4,126 as compared with 3,563 in 1958.

Instruction, discussions, etc., 1950—1959

<i>Year</i>	<i>Total</i>	<i>To schools</i>	<i>To youth organisations</i>	<i>To adult organisations</i>
1950	3,024	2,028	443	553
1951	3,500	2,278	617	605
1952	3,689	2,382	576	731
1953	3,514	2,259	499	756
1954	3,803	2,344	595	864
1955	4,223	2,342	514	1,367
1956	4,301	2,363	669	1,269
1957	4,191	2,305	907	979
1958	3,563	2,170	559	834
1959	4,126	2,748	502	876

In 1957-8 the Section lost the services of four of the full-time organising staff. The lectures undertaken by these organisers were largely apportioned to various other members of the Department. It was, however, not possible to maintain the volume of the work, or to expand the programme into new fields. There has been an increase in the volume of work undertaken in 1959 and this is due to three factors, a decision of the Health Committee "that approval be given in principle to the payment of lecture fees to Probation Officers, Child Psychologists and certain other instructors whose services may be useful in connection with Health Education lectures"; better deployment of male nurses both in secondary modern, grammar and in industrial apprentices' schools; and the unification and common approach by the School Health Service and Health Education Section to the teaching of health subjects in schools.

The first factor has given new horizons to the work of the Health Education Section. The problems and difficulties of youth have always been a matter of deep interest to social workers, parent/teacher organisations and other groups. With the help of Probation Officers and Child Psychologists, especially when using the "brains trust" method of disseminating information, this need is to some extent satisfied.

With the loss of organising staff, the number of instructional sessions given to youth organisations and to industrial apprentices had decreased materially from the first quarter of 1958. The teaching of parentcraft, of social ethics and responsibilities and of family budgeting to this age group, which is carried a stage further than that imparted in schools, is considered to be of importance in a Health Education programme. Male district nurses are now fulfilling these commitments and there has been an increase of 27 per cent. in the number of instructional sessions given to these groups during the last two quarters of 1959 as compared with the corresponding period of 1958.

Co-operation between School Health Service and Health Education Section

As a result of meetings between members of the School Health Service and the Health Education Section of the Public Health Department in the first quarter of 1959, it was decided to investigate ways of carrying out a joint programme of Health Education in schools. Previously the anomaly existed of health visitors from the Public Health Department and from the School Health Service giving instruction in schools without a common policy, syllabus or direction. As a result of frequent meetings of the principal officers from the School Health Service and the Public Health Department, an administrative procedure has been evolved and syllabuses appropriate to the 11 plus age group and the 14 plus age group, boys and girls, gleaned from the experiences of both services, have been formulated. The liaison is fruitful and of benefit to the schools. Instruction is now given in 49 per cent. of the Secondary Modern Schools and, since the inception of the scheme, pupils of 14 further schools are receiving instruction.

Elderly People and Road Accidents

The Section has co-operated during the year with the Traffic and Communications Department of the City Police, with a view to the reduction of road accidents among the elderly. Various organisations and bodies which cater for this group have been circularised and requests for information and advice on "Road Accidents and the Elderly" have been passed to the Birmingham City Police. Amongst others, superintendents of old people's homes were acquainted of the service and response from all approached was gratifying. A communication received by the Section from the City Police states "46 Clubs, with audiences of 3,277, have been

visited as a result of our liaison and of your contact with the clubs. A pleasing feature of the casualty returns for 1959 is that fatalities to old people over the age of 60 have been reduced from 64 in 1958 to 46 in 1959."

Poliomyelitis Immunisation Campaign

The Health Education Section undertook publicity for the Immunisation Section in the Anti-poliomyelitis Campaign. Slides advocating immunisation were designed and processed and shown at the leading city cinemas. The Women's Voluntary Service kindly co-operated with the distribution of leaflets and posters to shops, restaurants, youth clubs and dance halls. Selected health visitors and public health inspectors were briefed by the Medical Officer in charge of Immunisation on the content and methods of talks on the subject. The large city factories, especially those who employed young people, were circularised and informed that talks and publicity were available on application to the Section.

Instruction to Special Groups

On the invitation of the Medical Superintendent of Rubery Mental Hospital, a pilot scheme of group discussion with selected patients of the hospital participating was undertaken. The objectives were not only to interest the patients in health topics but to stimulate their interests in outside activities and to present the hospital, not as a custodial institution but as a doorway to health and a normal status in society. The scheme was a success and two discussion groups, one male and one female, were held weekly until the end of the year.

A hostel provided by the Friendship Housing Association has been opened to shelter women who have been cohabiting with coloured men and who now wish to break the liaison. Most residents have children and a short course of parentcraft teaching was arranged for their benefit.

The general course on health for men and women prisoners and the special course for women convicted of child neglect continues at Winson Green Prison. Discussion and instruction on subjects of wide interest with a health bias have been regularly included in the programme.

Films, Filmstrips, Posters, Leaflets and Television

Two new films have been purchased, "Lifting Patients in Hospital" and "Lifting Patients in the Home." These films show how patients can be lifted effectively without risk of spinal injury to the lifter. With the help and courtesy of the Central District Nurses Home, a team of nurses has been coached in the methods depicted. Demonstrations by the team and showing of the films have been carried out at the various Old People's homes and in the presence of other groups, viz; Birmingham Fellowship of the Handicapped, Ambulance Service, Home Nursing Service and the City Midwives.

Films have been reviewed fortnightly by members of the Section and other interested parties with a view to their use for special audiences. Through the courtesy of pharmaceutical firms, three films on health topics have been made available to the Section.

The filmstrips "Home Safety" and "Environmental Hygiene" have been completely revised and re-edited. Posters on various health topics, some devised by artists in the Health Education Section, were displayed in the Public Health Department, in various public places throughout the City, in industrial premises and in general practitioners' waiting rooms and surgeries. In co-operation with medical officers of other sections of the Department, leaflets on particular health topics have been designed and distributed through the welfare centres.

In the programme "Eye on Research" in May, 1959, the British Broadcasting Corporation showed a film of an investigation into a disease of infancy—Phenylpyruvic Oligophrenia. Members of the staff of the Public Health Department co-operated in the production of this film.

Exhibitions

Exhibitions were held at the Y.M.C.A. on "Care of the Aged"; at the Royal College of Nursing on "Care of the Hands," "Poliomyelitis," "Diets," "Posture" and "Care of the Eyes"; at Lucas's factory on "Posture," "Guard that Fire" and "Care of the Hands"; and at Sladefield Road School on "Mothercraft," and "Posture." The routine project and poster campaign referred to in previous annual reports continues.

Visitors

During the year many persons interested in Health Education visited the Section. In addition to visitors from all parts of this country there were many from overseas, e.g. from Japan, Finland, India, Pakistan, Sweden and the U.S.A.

Students taking the course for a Diploma in Health Education at the London University Institute of Education visited the Section for two weeks to gain experience in field work. The group included doctors, teachers, public health inspectors and health visitors from many countries. Opportunity was provided to accompany various lecturers in the prison, schools, welfare groups, industry, etc.

The Clean Food Campaign

Lectures given during the year are summarised as follows (1958 figures in brackets):—

	<i>Lectures</i>	<i>Total Attendance</i>
Food traders	14 (9)	924 (236)
Lay public	36 (40)	1117 (1185)

The increase in attendance of trade audiences resulted firstly from a large meeting sponsored by a firm manufacturing a popular detergent sterilizer and attracting an audience of 300, and secondly from a series

of three meetings at one large establishment, designed as a follow-up of a previous effort, and attracting, in all, 145 employees.

It is of special interest to report that, as a result of conversation with a large industrial firm, and with the co-operation of the College of Food and Domestic Arts, arrangements have been made whereby a 13 week part-time evening course for the Food Hygiene Certificate of the Royal Institute of Public Health and Hygiene will commence in the New Year. This course is more generally applicable to the caterer than is the Certificate course of the Royal Society of Health which deals rather with meat and food inspection generally, as distinct from catering and, if there is a satisfactory response, it is proposed to make this a regular feature of the College syllabus.

The Clean Air Campaign

Ten lectures were given during the year, with attendances ranging from 9 to 68 and with a total attendance of 316. The continuing modest demand for this lecture has not been related to any specific smoke control area project but is an indication of a wish for enlightenment in women's organisations and girls' secondary schools.

As progress in the establishment of smoke control areas continues, the policy of the Health Committee, whereby it is planned to cover the whole City within a period of 16 years or less, is becoming more generally understood and accepted. The booklet prepared by the Department and sponsored by the Health Committee is issued to every householder in the course of smoke control area survey and at a later visit any necessary explanation is given.

PRIORITY IN REHOUSING ON MEDICAL GROUNDS

The arrangements for assessing the degree of priority which should be given to an applicant family because of ill health were described in detail in the Report for 1957 and have remained unaltered. The facts of the situation are assembled with meticulous care both as to the medical condition and the housing circumstances. In connection with the latter, not only are the physical circumstances of importance, but human relationships within the home or the immediate neighbourhood may, in certain instances, be of even greater importance. When this is suspected it is often necessary to obtain the help of one of the Department's social workers in the field of mental health. Otherwise investigations are made by a public health inspector or health visitor, as appropriate, with a further personal check by a senior medical officer when an application appears to warrant unusually high priority. This is actually recommended in only one per cent. of cases as shown in the "Immediate Rehousing" column of the following table.

APPLICATIONS ON GROUNDS OTHER THAN TUBERCULOSIS

<i>Type of medical conditions to which applicant has drawn attention</i>	<i>Points Awarded</i>				<i>Immediate rehousing recommended</i>	<i>Total applications</i>	<i>Percentage of total</i>
	<i>Nil</i>	<i>10</i>	<i>20</i>	<i>30</i>			
Nervous conditions	317	245	110	30	5	707	20.0
General debility	62	24	6	2	—	94	2.6
Asthma and Bronchitis ...	382	762	228	39	—	1,411	39.9
Wounds	6	2	4	—	—	12	0.3
Blindness	24	10	6	2	—	42	1.1
Arthritis and Rheumatism ...	77	85	43	18	2	225	6.6
Orthopaedic conditions and paralysis	97	40	36	13	9	195	5.5
Heart and Circulatory diseases	93	63	133	52	7	348	9.8
Other physical disabilities including fits	222	90	42	26	12	392	11.1
Gastric and Intestinal conditions	56	36	11	8	—	111	3.1
TOTALS	1,336	1,357	619	190	35	3,537	100%

There were, in addition to the above, 207 referrals in which there was either no medical condition or the applicant could not be traced or, on investigation, the situation had already resolved itself, often by the applicant acquiring a satisfactory house.

The principal medical conditions which have given rise to applications for priority rehousing on medical grounds are set out below as a percentage of each year's total priority applications since the present scheme began.

<i>Years</i>	<i>1953</i>	<i>1954</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>
No. investigated	8625	4643	3667	3354	3737	3350	3537
Bronchitis, asthma, etc.	31%	31.1%	32.3%	29.3%	34.65%	38.27%	39.9%
Mental ill-health	16.3%	24.8%	23.4%	24.2%	21.72%	19.25%	20.0%
Heart	9.8%	8.7%	8.6%	9.9%	9.63%	9.94%	9.8%
Arthritis, etc.	8.0%	5.5%	5.2%	7.0%	6.07%	5.82%	6.6%

There has been remarkably little fluctuation in the seven year period but the tendency towards a greater proportion of applications on the grounds of bronchitis and asthma during the last three years is to be noted although the total yearly applications have varied little after the initial phases of the scheme had passed.

A large but unrecorded number of re-investigations are included in all the above figures.

APPLICATIONS ON GROUNDS OF TUBERCULOSIS

Points Awarded

Nil	10	20	30	Total Applications considered
204	44	89	255	592

Among the 592 above applicants 481 (387 plus 94 brought forward from previous years) were further considered for urgent rehousing irrespective of the Points Scheme. Originally 159 of them plus one other who had not yet been considered for the award of points, were recommended for immediate rehousing irrespective of the total number of points they might have. Subsequently 16 of these recommendations were withdrawn due to changes in medical condition or home circumstances.

DOMESTIC HELP SERVICE

(SECTION 29—NATIONAL HEALTH SERVICE ACT, 1946)

The demand for the services of home helps for aged persons continued during 1959 and the proportion of old people in the total population of the City also continues to rise. Fewer cases than in the two previous years have been dealt with, however, because many previously mobile elderly have become immobile during the year, necessitating more help even to the extent of twice daily visits.

Of a total of 4,810 cases (all classifications) helped by day or night, 2,247 had received help during 1958 or before; the residue, 2,563 cases, received help for the first time in 1959.

Whether the request for the services of a home help is received from a relative, general practitioner, hospital employee or district nurse, the home must be visited to ascertain the amount of independent help available and determine the number of hours of help required—the basis on which any charge is fixed.

Of 4,154 visits paid to new applicants, 3,748 householders were found to be in urgent need of the Home Help Service; 406 applicants, however, were found to be in a position to make other arrangements or refused the service for one reason or another. Sixty-eight per cent. of the demands made for the services of home helps were met.

Work with the potential problem family has been rewarding, 69 such families took advantage of the help offered, e.g. cases where the mother had died, was mentally disturbed, or had deserted the family. The amount of help given to potential problem families was regulated by the number and ages of dependent children. Usually the home help attends from 8 a.m. to 9.30 a.m. and then returns during the late afternoon—busy periods before and after school. Additional half-days for washing and routine cleaning are allowed where necessary, and extra help is given during the school holidays. Without exception home helps chosen to do this work have shown a great love and understanding for the children concerned. Undoubtedly the help given has frequently prevented complete family dissolution and may restore the pattern of normal family life.

Administratively the year has been a busy one, considerable sickness amongst the home helps making organisation difficult. Emergency help was given to persons who were completely dependent on the service when their regular help was absent through sickness. The compulsory retirement of older women has not resulted in less absence among the home helps in general. Although additional visiting and careful planning have helped, waiting lists persist, particularly in the central areas of the City.

Tributes to the excellent co-operation shown by home helps, and their willingness to do just that little bit extra, come from all areas of the City. An instance cannot be recalled of a home help refusing to do evening or week-end duty in an emergency. Unofficial visits paid by home helps to their patients during Bank Holidays, Saturday or Sunday afternoons

voluntarily given up to take elderly persons out in wheelchairs or to take them home to tea with their own families, visits to hospitals because there is no one else to go, odd jobs—gardening, etc., undertaken by husbands and sons, are confirmation of the genuine and deep interest taken by home helps in the patients. Their understanding of loneliness and their anxiety to do something about it is particularly valuable, for many persons with whom the home help comes into contact are unable to take advantage of the many excellent facilities offered by other departments of the local authority or voluntary organisations.

The staff have given talks on the Domestic Help Service to various groups organised by voluntary associations, and these proved often a valuable method of obtaining new recruits for the service. A district organiser attended every meeting called by the Birmingham Social Responsibility Project, took part in their discussions and derived immense value in meeting other members of both statutory and voluntary organisations. The home help organiser was elected to the Board of Management of the Birmingham Council of Social Service and will serve on this Committee for one year; a valuable contact.

Statistics

HOME HELP SERVICE

(1) <i>Number of home helps at end of year</i>							1959	1958
Full-time (50 hours weekly)							57	68
Part-time (30 hours and over)							216	211
Part-time (under 30 hours)							606	591
							879	870
(2) <i>Number of families assisted during the year</i>								<i>Number of incapacitated persons in households</i>
							<i>Families</i>	
1. Maternity							640	640
2. Illness of housewife—								
(a) Disease of circulatory system				Over 65	...	370	417	
				Under 65	...	126	157	
(b) Cancer				Over 65	...	121	133	
				Under 65	...	71	74	
(c) Vascular disease of central nervous system				Over 65	...	195	219	
				Under 65	...	94	105	
(d) Diseases of respiratory system (other than tuberculosis)				Over 65	...	182	209	
				Under 65	...	54	67	
(e) Respiratory tuberculosis					...	48	59	
(f) Other illnesses					...	361	480	
Aged persons (65+ not included above)					...	2,310	2,922	
Potential problem families					...	69	259	
								(children)
Problem families referred by Psychiatric Social Service						21	102	
								(children)
							4,662	5,843

(3) *Visits paid by organisers*

	1959	1958
Maternity cases	789	941
Ill housewives	1,973	2,032
Old persons	8,075	6,832
Potential problem families	94	—
	<hr/> 10,931 <hr/>	<hr/> 9,805 <hr/>

NIGHT WATCHER SERVICE

(4) Number of Night Watchers at end of the year ... 38

<i>Number of families assisted during the year.</i>					<i>Number of ill persons in each household</i>	
Diseases of—					<i>Families</i>	<i>household</i>
(a)	Circulatory system	...	...	...Over 65	19	20
				Under 65	2	4
(b)	Cancer	...	...	...Over 65	20	20
				Under 65	7	7
(c)	Vascular disease of central nervous system	...	...	Over 65	27	27
				Under 65	1	1
(d)	Diseases of respiratory system	...	...	...Over 65	5	6
(e)	Other illnesses	...	...	...	3	3
(f)	Aged persons	...	...	...	64	70
					<hr/> 148 <hr/>	<hr/> 158 <hr/>

MENTAL HEALTH

(SECTION 51—NATIONAL HEALTH SERVICE ACT, 1946)

The year under review was one of expansion and re-organisation made necessary by the impending effects of new legislation and the success of local schemes. The Health Committee, in the light of present and long-term requirements, considered plans for development and decided upon the formation of an establishment which could cope with the immediate needs of the service and yet within whose framework an increase in staff was easily possible to meet future expanding obligations.

As a result of those deliberations the Mental Health Service of the Department was re-organised into three sub-sections as follows:

- i. PSYCHIATRIC SOCIAL AND FAMILY CARE SECTION
 - (a) Psychiatric Social Section.
 - (b) Family Care Section.
- ii. PARENT GUIDANCE CLINIC
- iii. MENTAL WELFARE SECTION
 - (a) Admissions Section.
 - (b) Community Care Section.

Reference will be made under the appropriate sub-sectional headings of the day-to-day work done and to the staff increases. Naturally, there exist unfilled and as yet unadvertised vacancies.

The division of the work in this manner may create the impression of a rigid division of responsibilities. While this may be partly true in that the officers of each sub-section are essentially responsible for one aspect of the work, it is not completely so, as can be seen from the way Mental Welfare Officers in the Admissions Section co-operate with those of the Psychiatric Social Service and from the general liaison with the hospitals. This will be referred to later. Too much rigidity is something to be deplored, but it is to some extent unavoidable in a large city. The role the local authority can play in sustaining the patient in the community or speeding his return to it has been justified and proved beyond doubt, with the gradual acceptance of the service by the hospitals and the requests for it to carry out their psychiatric social functions. Already, this Department is responsible for all psychiatric social work at two of the four hospitals and, for the after-care only, at another. It has been recommended to the Health Committee and accepted by them that all these services should be extended to the remaining hospital in the near future.

It is hoped that the provision of hostel accommodation will strengthen the co-operation with the hospitals and make a considerable contribution to the return of the mentally sick in the community. A hostel had been provided, equipped and staffed before the year under review ended, but its opening was not planned until 1960.

Although the Health Department has for some time co-operated with the University and other departments in providing training facilities, its primary training responsibility is for those officers for whom no sort of pre-entry education has been possible. It is particularly pleasing to report, therefore, that, with the help of the Birmingham College of Commerce a part-time course was started last October extending over three academic terms. It would not have been possible without the co-operation of the Birmingham Regional Hospital Board, whose consultants give clinical instruction in mental disorders. Much has been learnt from this course and next year it is hoped to extend it. Experienced health visitors, although not taking part in the above programme, have been seconded to work in the different sections of the Mental Health Service, and have received in-service training in mental health. It is hoped, having returned to normal maternity and child welfare duties, they may be available to support this Service and that the experience has been of general use to them.

A more detailed picture of the general work of the Department can be gained from the following review of the past year's activities of the different Sections.

Psychiatric Social and Family Care Section

(a) PSYCHIATRIC SOCIAL SECTION

Sources of referral of patients (total 387).

Public Health Dept. ...	49	National Assistance Board	25
Hospitals	174	Ministry of Labour ...	3
General Practitioners ...	22	Probation Service ...	8
Housing Management Dept.	26	Education Department ...	5
Children's Department ...	2	Voluntary Agencies ...	22
Welfare Department ...	8	Self, relative or friend ...	43

To meet the expanding needs, the staff has been increased from four psychiatric social workers and four social workers, to six psychiatric social workers and seven social workers and there are four as yet unfilled and unadvertised vacancies.

Work associated with the four city mental hospitals takes the largest portion of the unit's time and energy, and, although the services at Hollymoor Hospital only started in October, this is already reflected in the figures of referral, 1959 (89), 1958 (3). At the same time the service at Highcroft Hospital has been stepped up and further expansion is expected there in the near future. At All Saints Hospital regular weekly meetings continue to be held at which any problem associated with new admissions and any recommendations for after-care are discussed.

In the service to the hospitals further progress has been made in an attempt to integrate the service with the work of the mental welfare officers who are still primarily concerned with admission to hospital. This is being achieved by dividing the City geographically into the reception areas of the hospitals and allocating workers to specific areas. In this way, in

time, each hospital will be served by a team which includes psychiatric social workers, social workers, mental welfare officers and health visitors.

Increased integration with mental hospitals does not mean that the Local Health Authority is no longer interested in community care or pre-hospital care. The present emphasis is on keeping as many patients out of hospital for as long as possible provided this is not in conflict with the needs of treatment and the importance of early treatment.

Community care referrals can generally be divided into one of two kinds:

- (a) The unco-operative, psychopathic, paranoid type of patient. Here one is often faced with a multiplicity of problems. There is the patient's psychiatric difficulties which it may be thought could be helped by treatment if only he can be persuaded to co-operate; there are the secondary social difficulties that have arisen from his illness and lastly, there are the social needs of his family who are often the clients and thus it is they rather than the patient who are seeking help.
- (b) The patient who seems to be mentally ill and where the illness seems to be largely reactive to some serious social difficulty—deserted wives, unmarried mothers, men whose neurosis or inadequate personality is further aggravated by their social failure to play the role of husband, father or wage-earner; financial, housing and marital difficulties are common problems associated with this type of referral.

As, in relation with the hospitals, the service has developed so that its function has become clearer, more concentrated and less diffuse, so in relation to the community every effort to achieve the same by focusing on certain important sources of referrals has been tried and here there are two which are of special interest : (i) the National Assistance Board, and (ii) the Health Visitors Service.

During the year an advisory service was started at two of the City's National Assistance Board area offices and these have since been expanded to cover a further three. A senior experienced worker of the Psychiatric Social Service visits the National Assistance Board's office at intervals of about three to four weeks, and at these meetings the Board's officer brings forward for discussion the cases of individuals and families that are causing them particular concern and where it is thought that the worker, with his or her specialist knowledge either in work with mentally ill or with problem families, may be able to advise as to what is likely to be the most constructive approach in such cases. As could be expected, the majority of cases discussed are chronic problems well known to many agencies including ourselves, and where it would be foolish to hope for any real improvement. There are, however, a few where between them they are able to effect a big improvement, but it is not simply for the sake of these that the experiment is considered justified, but for the improvement

in co-operation and inter-service staff relations, which has a benign effect on casework that extends far beyond the immediate cases discussed.

As regards the co-operation with the health visitors, regular contact has been maintained with 15 out of 53 of the city Maternity and Child Welfare Centres. Here there is considerable variation from one centre to another as to how the service is applied. The aim, however, is basically similar to the service with the National Assistance Board, i.e. to make the staff available as a service which in some cases can give advisory help or take over when there is need for more intensive and continuing casework than the health visitor can provide. Beyond this, the aim is to improve staff relations so that the members of the different services are known individually to each other and so find it easier to communicate and discuss problems informally as they arise.

SOCIAL CLUB

The club, which meets once a week at the Psychiatric Social Service office, is primarily for ex-mental hospital patients and has an average attendance of about twelve. It is not thought that this has anywhere near exhausted the potential need and hidden demand for clubs of this kind and further experiments are required so that it may become better known and so increase its membership. Here again the possibility of using the hostels as club centres will be explored.

PSYCHOLOGICAL REPORTS

Work done, largely on behalf of the Children's Department by the Educational Psychologists, was as follows:

Reports for Magistrates ...	...	...	...	...	...	...	567
Reports for Mental Health Section	...	...	...	...	...	...	13
Total	...	...	...	...	...	...	580

(b) FAMILY CARE SECTION

During the year under review the staffing situation has improved and by the end of the year there were four full-time caseworkers, supplemented by four special home helps (three full-time, one part-time).

A welcome trend has been a reduction in referrals from the Housing Management Department over the last few years, fewer families are now evicted except in relation to clearance schemes and greater efforts are made in most cases to keep them together and help their rehabilitation. The Family Care Section is still helping a large number of families whose chronic rent arrears indicate other difficulties and many of these are helped considerably by weekly collection services. Many referrals come from health visitors and some from general practitioners, hospitals, relations and neighbours already helped. This Section also carries an increasing number of family cases in which a parent's mental illness, not only needs treatment in its own right but constitutes a temporary strain which is causing the family to break down in certain respects and get into

difficulties. These cases where intensive work has usually been of short duration have shown particularly rewarding results in both aspects. The bulk of the Section's problem families, however, stem from parents of inadequate and immature personalities, always in multiple difficulties who can only be patiently helped on a long-term basis by encouragement and reduction of pressures.

The four special home helps, though on the establishment of the general Home Help Section, are now administered and supervised by this Section. The arrangement has enormously improved this type of service as a supplement to casework in appropriate situations. The home helps carry ten cases under the supervision of a caseworker. Although they are not taking over casework functions they do carry certain responsibilities which have the effect of relieving the caseworker of constant visiting in some situations while enabling the family to function better. The value of this contribution can be seen from the following example:

- (i) Mrs. A., a young mother of six children, was referred in a severely depressed and slightly deluded condition. Her face was immobile and glassy-eyed, she was neglected and dirty, had not changed her clothes or cleaned the house. She sat huddled by the fire with a rampageous family around her, quite out of hand and truanting from school. The husband, who had had mental treatment, blamed her for her condition and was worried and did not know how to cope. She had had treatment before but always stopped it when better and deteriorated again.

Mr. and Mrs. A. were persuaded by the caseworker to have a more appropriate attitude to the illness and the wife to go to the doctor and mental outpatients clinic. A home help was offered to help the wife recover the state of the house and to give her cheerful company during the day. This was accepted. The effect of tablets and the home help's support and assistance together began to impinge on the young woman, her husband's resistant attitude, the state of the home and children. In less than a week she was happily co-operating in her domestic duties and looked on the home help as a friend. The home is restored to quiet and satisfactory order. The home help watches the tablet and medical situation, reports changes, helps the mother to attend clinic and supports the caseworker in helping both parents to accept the necessity of continuing treatment constantly to maintain the good results they are enjoying.

TRAINING

During the year under review the Psychiatric Social Service and Family Care Section has extended very considerably its training functions. University students from Birmingham and London are attached to the Section for practical training. It is appreciated the training is at the expense of casework time, but, with the expanding needs of the service,

it is essential that someone undertakes the work and it is felt that the Section is in an exceptionally good position to do this. Further, it is felt that the training function has a stimulating effect on the work of the section.

Parent Guidance Clinic

During 1959 there has been a small increase in the number of cases referred, 137 as against 126; this despite the fact that the social worker was absent over a period of five months, the work being carried on by the remaining staff. The full time staff comprises a psychiatric social worker, a social worker, a secretary and, for four sessions per week, a visiting psychiatrist.

It is of interest to note that the number of cases referred from the Infant Welfare Centres has increased to 74 per cent. of the total.

The implementation of a teaching programme has been carried out by the psychiatric social worker who has, during the year, given 75 talks and lectures. Approximately half of these were to professional colleagues and the remainder, as part of the programme of the Health Education Section, in talks to parents.

Teaching is also carried out by the more direct method of receiving social work students. During the year three have been received on short-term placements from Birmingham University, two from the University of Swansea, and a Swiss student through Selly Oak Colleges. The psychiatrist has also held a series of weekly discussion groups for a number of probation officers.

Mental Welfare Section

(a) ADMISSIONS

The general trend has been for informality as regards admissions, and the Minister, by an Order under the Mental Health Act, 1959, brought into operation as from the 6th October that part of the Act authorising "informal admission" to hospital. In this respect, every effort is made to obtain the co-operation of the patient and official procedures are only used as a last resort. Often the general practitioner has difficulty in persuading the patient to seek treatment for mental illness and in these instances he frequently contacts a mental welfare officer, who is usually able to persuade the patient to accompany him and be interviewed by the hospital psychiatrists. This kind of co-operation with the general practitioner and the consultant has helped to reduce the number of cases removed under 3-day Orders by over one hundred in the present year, in spite of an increase in total admissions.

In anticipation of the new Mental Health Act, the title "Duly Authorised Officer" has changed to that of "Mental Welfare Officer." The Committee, anxious that all officers should be as well equipped as possible for

work in the community, arranged for them to attend a course run by the College of Commerce, which has already been mentioned. The extension of the duties of the Mental Welfare Officers and their co-operation with others has also already been referred to. Weekly meetings take place with the Consultant Psychiatrists at which potential admissions and cases for discharge are discussed from both medical and social angles. These regular meetings have helped the officers to understand the role each other plays. As a result, the number of after-care visits made by the officers of this Section has increased from 223 in 1958 to 1,015 in 1959.

PATIENTS DEALT WITH IN 1959

	1959	1958		1959	1958
Certified ...	281	343	Urgency Orders	—	1
Voluntary ...	1,939	2,414	Not Certified ...	26	49
Temporary ...	—	—	Withdrawn ...	1	1
Informal ...	99	—	Magistrates' Courts	5	3
			Act, 1952, (Sec. 30)		
Section 20 Lunacy			Visited ...	3,279	1,948
Act ...	1,345	1,458			
Section 21 Lunacy			After-care ...	1,015	223
Act ...	14	16			

Total 1959—8,004; Total, 1958—6,456.

In addition to the above duties there were investigated 166 families referred from the Housing Management Department for consideration on the grounds of mental ill health. To meet the extra work and in order to complete teams at all hospitals the Committee have agreed to the appointment of extra staff.

(b) COMMUNITY CARE

The workers in this Section are primarily concerned with the care of the subnormal and severely subnormal and during the past year one additional worker has joined it. The plans for the new occupation centre are under way, but unfortunately it is not anticipated that it will be ready for training purposes for some time. However, the Health Committee has agreed in principle to replacing the existing centres and considerable headway has been made in finding land for this purpose. During the year under review it was open for all parents to apply for special transport to take their children to the centres if the children were physically handicapped or severe hardship was caused by using public transport. Such special facilities are now supplied to 73 children.

Particulars of cases reported during 1959.

	Under 16		Over 16		Total
	M.	F.	M.	F.	
Reported by Local Education Authority under Section 57(3) and (5), Education Act, 1944 ...	26	20	1	3	50
Reported by Police or Courts ...	—	—	3	1	4
Reported by other sources ...	15	5	9	5	34
	41	25	13	9	88

Total cases on Authority's registers as at 31.12.1959.

					<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
					<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Under Statutory Supervision	...	...	...	...	241	185	617	516	1,559
(Approx 450 males and 195 females gainfully employed).									
Under Voluntary Supervision	...	...	...	...	—	—	9	8	17
In Mental Deficiency Hospitals	...	...	...	...	98	77	973	862	2,010
Under Guardianship	...	...	...	...	—	—	2	1	3
Awaiting admission to Mental Deficiency Hospitals	...	...	...	...	52	28	16	1	97

Admissions

Number of cases admitted to Mental Deficiency Hospitals during 1959

(a) Informally	...	...	...	...	10	5	23	18	56
(b) Under Order	...	...	...	...	2	—	9	5	16

SHORT-TERM CARE UNDER MINISTRY OF HEALTH CIRCULAR NO. 5/52.

During 1959, accommodation was found for 65 patients for short-term care. The patients, who were mostly children under the age of 16 years, were accommodated for periods of between one week and two months, thus giving great relief to the relatives. Details are as follows:

					<i>Males</i>		<i>Females</i>
Illness of mother	...	...	...	...	14		19
To enable parents to take a holiday	...	...	...	...	17		11
For observation, pending detention	...	...	...	...	3		1

Since the inception of the Mental Deficiency Acts, cases under statutory supervision have been visited by officers of the Education Committee on behalf of the Health Committee. Arrangements have been made, however, for cases between 18 and 21 years of age to be reviewed and for all those still requiring supervision to be visited by officers of the Mental Health Service.

The administration of the Occupation and Industrial Centres is also undertaken by the Education Committee on behalf of the Health Committee.

Facilities for the training of mental defectives under statutory supervision are provided at seven Occupation Centres, two Industrial Centres and one Senior Girls' Centre, and home teaching is provided for a number of cases unable to attend centres.

Particulars of the centres are shown in the following schedule, together with the number attending:

<i>Occupation Centres</i>					<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
					<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Erdington	...	...	...	...	19	14	—	—	33
Glebe Farm	...	...	...	...	15	16	—	1	32
Kingstanding	...	...	...	...	16	7	—	3	26
Hobmoor	...	...	...	...	13	20	—	—	33
St. Paul's	...	...	...	...	31	14	—	1	46
Weoley Castle	...	...	...	...	13	20	1	—	34
Wretham Road	...	...	...	...	18	15	1	1	35

<i>Industrial Centres</i>						<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
						M.	F.	M.	F.	
Bell Barn	...	...	...	...	...	8	—	48	—	56
Moseley Road	...	...	...	...	...	7	—	55	—	62
<i>Senior Girls' Centre</i>										
Bell Barn	...	...	...	...	...	—	5	—	63	68

The activities of the occupation centres cover elementary speech-training, word recognition, music and movement, habit training, domestic and sense training, physical training and handicrafts, whilst at the industrial centres the subjects are more advanced and include basket-making, leatherwork, rug-making, boot repairing, sewing, clay modelling and woodwork. The object of such training is to develop a sense of muscular co-ordination and capacity for manual work, and to enable the patients as far as possible to fit in with community life.

As in previous years, the children were taken on outings to places of interest and visited the pantomime. Each centre had an "Open Day" and a Christmas Party at which the children gave the entertainment.

During June and October, 1959, 79 children attending the occupation and industrial centres were provided with a week's holiday in the country free of charge. In addition, 37 children were given financial assistance towards the cost of a holiday at the sea. These holidays were arranged by the Centre Staff.

Most of the patients travelled to the Centres by public service vehicles and fares were paid by the Health Committee. Guides were provided where necessary. 73 physically handicapped/mentally defective children were conveyed to the centres by private hire cars.

61 mental defectives, unable to attend occupation centres, received training by home teachers in their own homes.

During 1959, 284 cases, who were considered socially stable and secure and in respect of whom satisfactory reports had been received for some years, were discharged from statutory supervision.

LICENCE

On 31st December there were 83 patients (46 males and 37 females) on licence from various mental deficiency hospitals, resident in this area supervised by the Local Health Authority's officers. 73 have been found suitable employment and are successfully earning their own living; the remainder are either incapable of employment or are too young. Every consideration is given to those patients suitable for licence who have no relatives available to give them a home or where it is considered that home conditions are unsatisfactory. Special efforts are made to place these patients in suitable lodgings with sympathetic people who are generally prepared to accept the responsibility of holding the licence. This happens in particular with those cases admitted to hospitals in the Birmingham area from other authorities who are considered by the Medical

Superintendents to be suitable for rehabilitation on licence, and it is therefore necessary in the first instance to obtain either residential employment or lodgings. We are fortunate in having a number of people who for years have welcomed our patients and their interest and assistance have been of great value. At the present time there are 14 patients on licence accommodated in lodgings.

Examples of employment followed by these patients are as follows:

							<i>Males</i>	<i>Females</i>
Domestic service	...	...	...	...	...	...	—	14
Hotel service...	...	...	...	...	...	...	9	—
Hospital domestic staff	...	...	...	...	...	...	—	13
Factory workers	...	...	...	...	...	...	21	4
Laundry worker	...	...	...	...	...	...	—	1
Canteen worker	...	...	...	...	...	...	—	1
Corporation Salvage Department	...	...	...	...	...	...	2	—
Corporation Public Works Department	...	...	...	...	...	...	1	—
Corporation Parks Department	...	...	...	...	...	...	4	—
Coal trade	...	...	...	...	...	...	2	—
Agricultural worker	...	...	...	...	...	...	1	—

During the year, 45 were discharged from licence.

The Department has made every effort to maintain a friendly interest in those patients discharged from Orders, and, as in other years, prompt assistance has often been the means of preventing a number from getting into serious difficulties. The same interest is shown in all those patients discharged from informal care and in each case a follow-up visit is made to offer help and guidance.

During the summer season of 1959, holidays were arranged for 41 patients. Of these, 19 were on licence and the remainder were patients who have been discharged but given a measure of friendly supervision. The expenses of the holidays were entirely borne by the patients and accommodation was obtained at Brighton and Hastings at addresses supplied by the Guardianship Society, Hove, who also undertook the supervision of the men and women during their holiday. Two male patients were found accommodation at the Y.M.C.A. Holiday Centre at Rhyl. As in previous years, the patients travelled unaccompanied.

Administration

- (a) Mental Health Sub-Committee of the Health Committee, composed of the Chairman and twelve members of the Health Committee.

Monthly meetings are held.

- (b) Number and qualifications of staff employed in the Mental Health Service:

Responsible to the Medical Officer of Health for the Service, who in turn is responsible to the Mental Health Sub-Committee—Administrative Medical Officer of Health for Mental Health

M.B., Ch.B., D.P.H.

PSYCHIATRIC SOCIAL AND FAMILY CARE SECTION

Consultant Psychiatrist (part-time), M.R.C.S., L.R.C.P., D.P.M.

1 Chief Assistant—holds degree in Psychology (London) and Philosophy and Economics (Oxford).

1 Deputy Chief Assistant—holds Certificates in Social Administration and Psychiatric Social Work (Manchester).

5 Psychiatric Social Workers.

6 Social Workers (one holds a Social Science Diploma, 3 hold a B.A. degree, one holds a Diploma in Mental Health and one holds a Graduate Diploma in Social Work).

Clerical staff—2 shorthand-typists.

PARENT GUIDANCE CLINIC

1 Consultant Psychiatrist, M.B., Ch.B., D.P.M.—4 sessions per week.

1 Psychiatric Social Worker.

1 Social Worker.

1 Shorthand-typist.

MENTAL WELFARE SECTION

(A) COMMUNITY CARE SECTION

1 Senior Mental Welfare Officer.

1 Deputy Senior Mental Welfare Officer.

1 Mental Welfare Officer.

3 Assistant Mental Welfare Officers (one is a State Registered Nurse).

1 Typist—1 Clerk—3 Shorthand-typists.

Occupation Centres, Industrial Centres and After-Care

(Under management of Education Committee on behalf Health Committee).

7 Supervisors (Occupation Centres). (4 hold Diploma of National Association for Mental Health).

2 Male Supervisors (Industrial Centres)

1 Supervisor (Senior Girls' Centre).

14 Assistant Supervisors (4 hold Diploma of National Association for Mental Health).

8 Welfare Attendants.

10 Kitchen Attendants (part-time).

1 Supervisor of Occupation Centres (Diploma of National Association for Mental Health).

1 After-Care Officer (B.Com., London).

5 After-Care Visitors (1 is a B.Com. (Social Science); 1 is an M.A., Social Science Diploma; 1 is a State Registered Nurse, Domestic Science Diploma; the others have no specific qualifications but have relevant experience).

4 Home Teachers.

(B) ADMISSIONS SECTION

9 Certifying Medical Practitioners (part-time).

M.C., F.R.C.S.E.	*M.D., L.R.C.P., D.P.M.
M.B., B.Ch., B.A.O.	*M.D., D.P.M.
L.R.C.P., L.R.C.S.,	*M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.
L.R.F.P.S.	*M.B., Ch.B., D.P.M.
L.R.C.P.I., L.M., L.R.C.S.I.	*M.A., B.M., B.Ch., D.P.M.
*M.R.C.S., L.R.C.P., D.P.M.	

*These medical practitioners are of Consultant status. They also certify in cases where, having been called out in consultation, they find that certification is necessary.

1 Senior Mental Welfare Officer—Certificate of Poor Law Examinations.

1 Deputy Senior Mental Welfare Officer—no academic qualifications but possessing long experience.

6 Mental Welfare Officers—3 hold S.R.N. Certificate,

1 Trainee Mental Welfare Officer.

2 Shorthand-typists, 1 Junior Clerk.

(C) CO-ORDINATION

The joint use of officers has been described in detail. In addition, the supervision of patients on licence from mental deficiency hospitals is carried out by members of the Community Care Section. Reports are prepared on the home conditions for the consideration of the Medical Superintendents and for the use of Visiting Justices carrying out their duties in accordance with Section 2 of the Mental Deficiency Acts, 1913.

(D) DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS—Nil.

(E) TRAINING OF MENTAL HEALTH WORKERS

A part-time programme has been set up and has already been described in detail. It continues to be the policy of the Health Committee to allow as many workers as possible to attend refresher courses and to release one worker per year to receive training for occupation centre work at the National Association for Mental Health in London.

Educational Programme

Lectures and discussions were held at H.M. Prison, Winson Green, most hospitals in the City, training colleges, women's clubs and for the general public.

Total number of lectures, etc., given: 30.

INSPECTION AND REGISTRATION OF NURSING HOMES AND NURSES AGENCIES

(1) Nursing Homes (Public Health Act, 1936)

At the end of 1959 there were 13 nursing homes on the register providing 246 beds. Of these homes, 11 take only chronic or senile cases and one caters for maternity cases. One home for chronic cases increased its accommodation from 42 to 47 beds. Another home built an extension and thereby increased its accommodation by 18 beds.

The total number of visits paid to nursing homes during the year was 39 (34 by medical officers and 5 by supervisors of midwives).

(2) Nurses Agencies (Nurses Agencies Act, 1957)

In accordance with the Nurses Agencies Act, 1957, applications were received from two agencies and renewals of licences were granted in both cases. One licence was granted in respect of a new application.

The total number of visits of inspection paid during the year was six.

Committee approval was given to an application by the three Agencies for an increase in the scale of charges made in respect of their services. The new charges are comparable with those made by Nurses Agencies in other areas.

MEDICAL CARE OF DEPRIVED CHILDREN

(CHILDREN ACTS, 1948 AND 1958)

The total number of children in the care of local authorities in England and Wales on 31st March, 1959, was 61,580 as compared with 62,070 on 31st March, 1958. Birmingham's comparable figures were 1,364 as compared with 1,276 on 31st March, 1958.

The total number of children taken into the care of this Authority during the year ending 31st March, 1959 was 977 compared with 649 the previous year; 889 children were discharged from care compared with 669 during the previous period. Of the 889 discharged, 779 returned to the care of parents, guardians, relatives or friends compared with 549 the previous year. Seventy-nine children were licensed to parents or relatives as compared with 53 during the previous year. 65 per cent. of the children were admitted because of illness of the parent or guardian compared with 61 per cent for England and Wales as a whole and 63 per cent. for Birmingham in the previous year.

It is interesting to note that the number of children admitted for short term illness, where the children were judged to be likely to return to their parent or guardian within 6 months of the date of being received into care, has almost doubled, increasing from 172 last year to 305 in the year under review, and the number of children admitted because of their mother's confinement from 113 to 190.

The number of children admitted because a parent was receiving treatment for mental illness was 70 compared with 72 in the previous year.

The percentage of children admitted because of the death of one or both parents was 3 per cent. compared with a national figure of 2 per cent.

The number of applications made to the Children's Department for the admission of children into care for the year ending 31st March, 1959 was 2,855 compared with 2,763 for the previous year. Thirty-two per cent. of these were accepted compared with 22 per cent. previously.

The number of children boarded-out in Birmingham in terms of the Boarding-out Regulations was 402 on 31st March, 1959 compared with 378 on 31st March, 1958.

The health of the children in care during the year under review has been very good.

There were three deaths:—

1. One boy, born 4th January, 1943, admitted to care in August, 1952, was known to be suffering from a serious type of kidney disease for which there was no adequate treatment. He had just left school and been found sheltered employment when his mother asked for his discharge home. He returned to his mother in January, 1959 but died suddenly at home 3 months later after returning from work.

2. One girl, born 9th November, 1953, known to have an inoperable brain tumour, died in hospital in August.

3. One girl, born 29th August, 1956, boarded-out in a foster home, died suddenly in October. A post mortem carried out revealed extensive bruising of the child's body. The cause of death was shock and haemorrhage following a ruptured liver which, in the opinion of the pathologist, was due to extreme physical violence. The foster mother was sentenced to two years' imprisonment for manslaughter.

Among the boarded-out children, 22 were admitted to hospital, five were recommended for convalescence and one for admission to an open-air school.

One boy, born 9th October, 1946 suffers from progressive degeneration of his muscles and was admitted to St. Mary's Hospital, Carshalton, in January, and is still there; he is receiving education at this special hospital.

All foster children have regular routine medical examinations carried out by medical officers of the Health Department, or in a few cases by their own family doctor.

RESIDENTIAL NURSERIES

Field House—Capacity 40.

Apart from a mild whooping cough epidemic affecting nine children and a chickenpox epidemic affecting seventeen children, the health of the children has been good.

One baby who developed bronchopneumonia following whooping cough, was admitted to Hayley Green Hospital and made an uneventful recovery. Two children were admitted to Moseley Hall Hospital with chronic ear infections. One child attending the village school contracted mumps: there were no further cases among the children though a housemaid and a cleaner developed it.

124 routine medical examinations were carried out, 20 medical examinations on discharge and two on admission.

Flint Green Nursery—Capacity 25.

Six children and two members of staff developed scabies but quickly responded to treatment. Fortunately this outbreak was confined to one family group. One member of staff contracted infective jaundice but there were no further cases. Nine children were admitted to Little Bromwich Hospital, four with whooping cough, two with Sonne dysentery and three with pneumonia. One of the latter was found to have cystic disease of the lung and was transferred to the Children's Hospital; subsequently he was discharged from care to his mother.

A small family group of six children developed Sonne dysentery in April—the epidemic was confined to this group.

In September, however, two children were admitted whose mother had gone into hospital for appendicectomy but was diagnosed in hospital as suffering from dysentery. When this diagnosis was made known the children's stools were examined and found to be harbouring Sonne dysentery organisms. They were admitted to Little Bromwich Hospital but not before nine other children in the nursery were affected. These children quickly responded to treatment in the nursery.

One child was admitted to Moseley Hall Hospital for tonsillectomy.

112 routine medical examinations have been carried out, 55 children were medically examined on admission and 76 on discharge. 35 children have attended for dental inspection and treatment. 20 children have received diphtheria and whooping cough immunisation, ten have been vaccinated against smallpox, eleven vaccinated against poliomyelitis and one received B.C.G. vaccination.

Hawthorne House—Capacity 40.

During February and March there was an epidemic of measles affecting eighteen children, all of whom made an uninterrupted recovery.

Two sisters were admitted, both of whom developed chickenpox but there was no further spread in the nursery. Four children in one family group developed Sonne dysentery in April and all responded well to treatment. Three weeks later two further cases occurred in the same room.

One child was admitted to the Childrens' Hospital with virus pneumonia but recovered quite quickly and returned to the nursery.

There has been an epidemic of infectious jaundice affecting six members of staff but not the children. Following the outbreak, arrangements were made with the Public Health Laboratory for gamma globulin injections to be given to the most likely contacts and ten nurses were given the injections but, in spite of this, four developed jaundice between nine and eleven days later.

115 routine medical examinations have been carried out, 33 children were medically examined on admission and 62 on discharge.

All children over 2½ years have attended for dental inspection and three have received B.C.G. vaccination.

Oaklands—Capacity 40.

During the year, eighteen children had chickenpox, four had mumps, two had German measles and seven had mild ear infections. Two children were admitted to hospital: one for observation and one with an abscess.

120 routine medical examinations have been carried out, eight children were medically examined on admission and 41 on discharge, 22 have attended for dental inspection or treatment.

Nineteen children have had diphtheria and whooping cough immunisation, eighteen smallpox vaccination, sixteen poliomyelitis vaccination and one B.C.G. vaccination.

Pype Hayes—Capacity 35.

The following cases of infectious diseases occurred, all mild in character, but there were no epidemics: four chickenpox at varying times, two German measles, two measles, three scarlet fever, one glandular fever and three tonsillitis. Two children were admitted to hospital for tonsillectomy. One girl was knocked down by a car and admitted to hospital with a fractured skull and collar bone. She made an uneventful recovery.

Ninety-four routine medical examinations have been carried out, ten children were medically examined on admission and 25 prior to discharge.

Eighty-four children have attended for dental inspection or treatment.

Two children have had diphtheria and whooping cough immunisation, one child has had B.C.G. vaccination and 21 have had poliomyelitis vaccination.

Wychbury—Capacity 22

In January five children developed Sonne dysentery which quickly responded to treatment and which was confined to one family group.

During March all the children developed an influenzal type of illness—three were transferred to hospital but recovered completely.

Three nurses developed infective jaundice and seven were given gamma globulin injections as a prophylactic measure—this was successful, no further cases occurred. Fifteen children have had whooping cough and diphtheria immunisation and fifteen have had poliomyelitis vaccination.

One hundred and twelve routine medical examinations have been carried out, one child was medically examined on admission and nineteen on discharge. Fourteen children have had dental inspections or treatment.

CHILDREN'S HOMES

During the year the Children's Homes have had most satisfactory health reports.

Erdington Cottage Homes—Capacity 230.

There have been nine cases of measles, four of whooping cough and one of scarlet fever which were transferred to Little Bromwich Hospital for treatment with a view to averting larger epidemics. Sixteen mild cases

of German measles and eight cases of chickenpox were nursed in the Sick Bay. There was an influenzal type of infection which affected 100 children and many staff during March and April. Four children were admitted to hospital for removal of tonsils and adenoids and seven children have had treatment in hospital for plastic repair of nose, eye investigation, synovitis of knee, fractured arm, epilepsy, laryngoscopy and pneumonia.

One little girl (b. 9.11.53) died in hospital from an inoperable brain tumour. (See early part of report).

Each child has at least one routine medical examination yearly. Children are medically examined within 24 hours of admission and discharge.

Three children have had B.C.G. vaccination, 86 have had diphtheria and whooping cough immunisation and 124 have had poliomyelitis vaccination.

199 children have attended a local dentist for inspection or treatment.

30 children attend special schools.

Shenley Fields—Capacity 150.

Apart from the seasonal epidemic of an influenzal type of infection affecting 75 children and many staff during February and March, there have been no epidemics.

Seven children have been admitted to Selly Oak Hospital for appendicectomies and four to the Eye Hospital for correction of squints. Fourteen children were admitted to hospitals for various reasons: seven for observation, one with a broken arm, one swallowed a penny, one with jaundice, one with influenza, one for circumcision, one with a virus infection and one for an orthopaedic operation.

Four children have had B.C.G. vaccination, ten have had diphtheria and whooping cough immunisation and 62 have had poliomyelitis vaccination.

Sixty children have attended for dental treatment.

Twenty children attend special schools.

Pebble Mill House

The children have been well and there have been no epidemics.

One girl was admitted to the General Hospital with a recurrence of osteomyelitis of the leg and she had a period of convalescence. One girl had a tonsillectomy at Moseley Hall Hospital.

One child had B.C.G. vaccination, twelve had diphtheria and whooping cough immunisation and eight had poliomyelitis vaccination.

Fifteen children have had routine medical inspections and 27 have attended for dental inspection and treatment.

Milton Grange

Two boys were admitted to Moseley Hall Hospital with chest infections and one to Dudley Road Hospital for urinary investigation. There were three cases of mumps. Four children and two staff had vomiting attacks and all the children and staff had an influenzal type of infection during February. One boy had a period of convalescence because of his poor general condition. One boy sustained a fractured collar bone which was treated at the Accident Hospital.

One child had B.C.G. vaccination, three had diphtheria and whooping cough immunisation and ten had poliomyelitis vaccination.

Six children have had routine medical examinations and twenty have attended for dental inspection or treatment.

12 Family Homes—8 children in each.

The children have been well and, apart from one home where there were four cases of mumps, there have been no epidemics.

Five children have been admitted to hospital: one with a virus infection, one with bronchitis, one for appendicectomy, one with sickness and one with scarlet fever.

All the children have six-monthly routine medical examinations and regular dental inspections, and all have had the necessary prophylactic injections.

Copeley Hill Boys' Hostel.

Apart from one boy being admitted to hospital with pneumonia and one with mumps, the health of the boys has been excellent.

The boys have six-monthly routine medical examinations and regular dental inspections. Fifteen boys have had vaccinations against poliomyelitis.

REMAND HOMES

Forhill—Senior Boys.

Apart from one boy being admitted to Selly Oak Hospital with pneumonia, the health of the boys has been excellent.

All boys admitted during 1959—534—were medically examined by the visiting general practitioner, involving 809 medical examinations in all.

The high rate of admissions has continued.

Moseley Road—Junior Boys

Apart from one boy being admitted to hospital with a severe infection of the foot (present on admission), the boys have been well. There was one case of German measles.

464 medical examinations were carried out by the visiting general practitioner, 247 on admission, 129 on discharge and 88 routine medical examinations.

One boy had dental treatment.

The Limes—Girls

The health of the girls has been excellent.

Three girls were transferred to a mental hospital, two owing to disturbed behaviour following admission and one with acute depression. Two girls were admitted to hospital for antenatal observation, and four for special treatment.

432 medical examinations were carried out by the visiting general practitioner, 160 on admission, 180 on discharge and 92 routine.

Three girls attended for dental treatment.

There is a striking increase in the number of girls admitted, having been brought before the Court as being beyond control and, or being in moral danger.

Shawbury Approved School.

There was an influenzal type of infection in the Spring affecting twenty-seven boys and several staff. Two boys had chickenpox. One boy was admitted to the Central Hospital, Warwick, on an informal basis.

Several boys were admitted to hospital; one with a suspected fracture of skull, one with chronic ear discharge, one for appendicectomy and one for correction of hammer toes.

A general practitioner visits the school regularly. The boys also have regular dental inspection and treatment. The dentist paid 25 visits to the school and examined 79 boys; 6 boys have attended his surgery at Coleshill.

In general, the type of boy being admitted to the remand home today appears to be a much more difficult type than his predecessor—he is unstable and less responsive and rehabilitation takes longer than it appeared to do in the past.

Two categories especially prone to be difficult are (a) those awaiting appearance before the High Court, and (b) those awaiting transfer to approved schools; both have a strong feeling of hopelessness about their immediate future and have 'nothing to lose' by getting into further mischief. In approved schools there always seems to be a small group of boys who exhibit truculence and aggression and are unwilling to accept correction. Their disruptive influence makes more difficult the normal training of the others and becomes a disturbing factor in that many, however unwilling, follow their example.

Dr. Nicol attends Shawbury Approved School regularly, giving advice and guidance to the boys and staff. The Carlton House Approved School Report makes a number of recommendations which deal, not only with the problems at that school, but with the Approved School Service generally.

In spite of attendance at a child guidance clinic for many years and a period of observation at the Child Psychiatric Unit at Tone Vale Hospital one boy (b. 13.5.48) was admitted to Rampton Hospital on 24th March, 1959.

The Inspectors of Constabulary raise in their report the increasingly grave questions of the steady growth of crime among young people particularly in the age group 14—17 years. One reason suggested is that there are more people in this group—the 'bulge' is reaching the criminal age—and there is a tendency for the peak of crime among young people to be reached in their last year at school.

The unparalleled disruption of family life which characterised the war years is now exercising its delayed effect—young persons have not had the security and stability in the formative early years of childhood, so necessary for healthy growth and development.

Through health education and the individual teaching in the welfare centres, the parents of young children must learn that they should discipline their children to show respect for their parents and to uphold law and order. Some mothers who go out to work in order to provide a higher standard of living for their family may, in so doing, reduce for their children the feeling of affection and security and fail to exercise sufficient discipline and control.

Statistics

	Year ending 31.3.59	Year ending 31.3.58
Total number of children taken into the care of Birmingham Local Authority	977	649
Number of children discharged from care:	889	669
Of these:—		
(a) No. returned to care of parents, guardians, relatives or friends:	779	549
(b) No. licensed to parents or relatives:	79	53
Number of children boarded-out:	402	378
Reasons for children coming into care:		
(a) Children Act, Section 1. No parent available:	191	117
The number deserted by mother and having no father available has doubled this year compared with 1958 (from 74 to 148)		
(b) Confinement:	190	113
(c) Short term illness where children are judged to be likely to return to parents within six months of admission to care:	305	172
(d) Long term illness:		
(i) certified mentally defective:	1	2
(ii) receiving treatment for mental illness:	70	72
(iii) tuberculosis	52	43
(iv) other causes:	13	6
(e) Other circumstances:		
(i) tuberculosis contact:	2	—
(ii) child illegitimate—mother unable to provide:	23	13
(iii) parent or guardian in prison or remanded in custody:	14	16
(iv) family homeless because of eviction:	7	—
(v) family homeless—other causes:	4	25
(vi) unsatisfactory home conditions:	32	35
(vii) other causes:	2	3
Age groups of children coming into care:		
Under the age of 2 years	308	202
2—5 years	310	180
Of compulsory school age:	346	258
Over compulsory school age:	13	9
There has been a substantial increase in the admission of children under the age of 5 years:	618	382
Fit Person Orders:		
(a) Offenders: (found guilty of an offence punishable by prison in the case of an adult) Section 57, Children and Young Persons Act, 1933	14	7
(b) Non-offenders: (i.e. in need of care or protection, beyond control or truanting) Section 40, Education Act, 1944	54	25
The number of children in the care of the Local Authority under Section I or Section 6(4) of the Children Act and the children and young persons in their care under a Fit Person Order:	1,364	1,276

ADOPTION AND CHILD PROTECTION

The Children Act, 1958, and the Adoption Act, 1958, came into force on the 1st April, 1959.

THE CHILDREN ACT, 1958

This Act repeals and re-enacts with modifications the Child Life Protection provisions of the Public Health Act, 1936, as extended by Part V of the Children Act, 1948. The term "child life protection" is no longer used—it has been replaced by the expression "child protection". The principal provisions are summarised as follows:—

Section 1: Places on local authorities the duty of ensuring the well-being of foster children in their area by arranging for child care officers to visit and give advice as to their care and maintenance.

Section 2: A foster child is a child below the upper limit of the compulsory school age whose care and maintenance are undertaken for reward for a period exceeding one month by a person who is not a relative or guardian.

Certain children are excluded from the definition of foster children: (a) children who, while in the care of any person, are living in premises in which a parent, adult relative or guardian is also resident, and (b) any child whose welfare is already the responsibility of certain competent authorities specified in the Act. The meaning of "reward" includes a guardian's allowance or family allowance payable for the maintenance of the child.

Section 3: A person proposing to maintain a foster child must give fourteen days' notice (previously seven days) to the local authority before receiving the child.

Section 4: Empowers an officer authorised by the local authority to visit foster children to inspect the premises in which they are to be or are being kept. Certain requirements, specified in the Act, may be imposed and a time may be set within which the requirements must be complied with. Persons may be prohibited from receiving foster children or keeping them in unsuitable premises.

Section 5: Any person aggrieved by any requirement or prohibition imposed by the local authority may appeal to the Juvenile Court within fourteen days from the date on which he is notified of the prohibition or requirement.

Section 6: Sets out certain categories of persons considered unsuitable to have the care of children.

Section 7: If a Juvenile Court is satisfied, on the complaint of a local authority, that a foster child is being kept in or is about to be received in unsuitable surroundings or by an unfit person, an order for the removal of the child to a place of safety can be made and such a child may be received into care by the local authority under Section 1 of the Children Act, 1948, pending the making of other suitable arrangements.

Section 13: Revokes Section 36 of the Children Act, 1948, and provides that a foster child reaching the upper limit of compulsory school age shall continue to be treated as a foster child until he reaches 18 years or, apart from his age, ceases to fall within the definition of foster child.

THE ADOPTION ACT, 1958

This Act consolidates the Adoption Act, 1950. The following are some of the changes in the law made since 1950.

Part 1

Section 2: It is no longer necessary for an applicant who is not the mother, the father or a relative of the infant to be at least 21 years older than the infant.

Section 3: No period before an infant is six weeks old shall count towards the minimum period of three months during which the infant must live with the prospective adopting parents under the supervision of the local authority prior to the hearing of the adoption application by the Court. It also includes a provision exempting from the need to notify the local authority those applicants who are adopting an infant over compulsory school age or of whom at least one is a parent of the infant.

Section 4: Consent is no longer required of any person or body who is liable by virtue of any order or agreement to contribute to the maintenance of the infant.

Section 5: The Court may dispense with any consent required to the adoption of an infant if it is satisfied that the person whose consent is to be dispensed with (a) has abandoned, neglected or persistently ill-treated the infant, or (b) cannot be found or is incapable of giving his consent or is withholding his consent unreasonably, or (c) has persistently failed, without reasonable cause, to discharge the obligations of a parent or guardian.

Section 7: In deciding whether or not an adoption order, if made, will be for the welfare of the infant, the Court must pay regard to the health of the applicants as evidenced by medical certificates.

Section 12: Modification of provisions in the case of applicants not resident in Great Britain has been made. Notice of intention to adopt must be made to the local authority within whose area the applicant is residing and, provided that one of the applicants spends the requisite three months in possession of the child in this country and that both applicants have been together with the child for one of these months, application to adopt the child may be made either to the High Court or the County Court. A provisional adoption order may then be made enabling the applicant to remove the infant (a British subject) abroad for adoption and, pending the adoption, confers on the prospective adopting parents the rights and duties of a parent. The provisional order shall be six months instead of the usual three and all provisional orders shall be registered.

Sections 16 and 17: Unless specifically stated in the will that the adopted child is excluded, he will be deemed to be the child of the adopter for the purposes of intestacies, wills and settlements made after 1.4.59. If the will is made before 1.4.59, the new arrangements do not apply unless confirmed by a will or codicil executed after that date.

Section 21: The short birth certificate of an adopted person is to contain similar information and appear the same as an ordinary short birth certificate.

Part II

Local authorities shall have power to make and participate in arrangements for the adoption of children whether in the care of the local authority or not.

Part III

An adoption society or local authority placing an infant with a view to adoption may not remove the infant except with the leave of the Court once an application for the adoption order has been made.

There is no time limit within which a person with whom an infant is placed must either apply for an order or return the infant. If the person withdraws his application or an interim order expires without an adoption order being made, the infant must be returned to the society or local authority.

Part IV (Replaces Part II of the Adoption Act, 1950).

Section 37: Children awaiting adoption or placed with strangers are called "protected children."

Sections 38 to 49: Make provision for the supervision of protected children—comparable provisions embodied in the Children Act, 1958.

ADOPTION RULES, 1959

New rules have been made under the Adoption Act, 1958, which will apply to Juvenile Courts, County Courts and High Courts of Justice and came into force on 1.4.59.

Regulation 4: Before the placing of an infant with a view to adoption the parent or guardian is furnished with an explanatory memorandum and he must sign and return a prescribed certificate stating that he has read and understood the memorandum.

Regulation 5: No infant can be placed for adoption until the society or local authority have ascertained certain particulars and obtained a report by a registered medical practitioner as to the health of the infant, and includes "the result of suitable serological test of the child's blood for syphilis taken six weeks or later after birth."

All general practitioners in the City have been notified of the facilities which exist at the Adoption Clinic.

During the year the Children's Department dealt with 317 notifications of intention to adopt and 290 adoption orders were granted. Of

these, 65 were placings by the Children's Department, 62 were by adoption societies and other local authorities, 19 by third parties, 34 were direct placings and 137 related to children being adopted by parents or relatives.

Physical and mental perfection—even if it could be guaranteed—are not essential to qualify a child for adoption. Such defects as are found at the above medical examinations are discussed in full with the prospective adopting parents and they must then decide if they will accept the normal risks which come the way of natural parents. Adoption is regarded as the most complete means whereby family relationships and family life are restored to a child in need of a family, its main purpose being to ensure the well-being of the child.

Throughout the year the number of preliminary medical examinations has been slightly lower and the number of final examinations has remained practically the same as in 1958. The clinics have been held fortnightly, with an additional clinic as required.

Statistics

(A) Preliminary Examinations:—	...	...	...	47
Fit for placing (6 with minor defects)	...	...	46	} 47
Unfit for placing (Cerebral damage. Mother returned to Scotland)	...	...	1	
(B) Final Examinations:—	...	...	...	119
Children's Department placings	...	...	48	} 119
Other adoption societies	...	...	57	
Private and third party placings	...	...	11	
In residential care	...	...	3	
Healthy	...	...	96	} 119
Minor defects	...	...	185	
Major defects	...	...	...
Cranio-dysostosis	...	...	...	} Unfit for adoption
Backward physically and mentally	...	...	...
Backward	...	...	...
Asthma (2 cases)	...	...	...
(C) Reviews from 1954 to 1958	...	...	...	Both adopted.
Two children finally adopted where a longer probationary period had been advised.				8
Two children finally adopted though still sub-normal.				
One child—subnormal. Natural mother adopting in any case.				
One child—originally considered subnormal, now passed fit—still in care.				
One child—scoliosis. Improved. Passed fit for adoption.				
One child—poliomyelitis. Adopted. Awaiting tenotomy for pes cavus.				
An interesting feature is that one of these children, though of subnormal intelligence, is about to be adopted by a single woman who had acted as foster mother. This is rather unusual.				
Total Examinations	...	...	...	174

NATIONAL ASSISTANCE ACTS, 1948 AND 1951

COMPULSORY REMOVAL

During 1959 there was a decrease in the number of referrals for removal under the National Assistance Acts. Thirty-two cases were investigated (27 women and 5 men). In the majority of cases it was possible to provide adequate domiciliary facilities and so keep the old person at home. In some cases, however, hospital admission was necessary and, of those who could not be persuaded to enter hospital voluntarily, three were removed compulsorily.

Case 1. An elderly spinster, aged 85, lived alone. She had kept a small general store for many years, but, owing to failing health, the business deteriorated and she became unable to cope with either the shop or her home. When notified to this Department she was found to be very ill, bedridden and incontinent, and living in utmost squalor. It was impossible for her to be looked after at home and, as she persistently refused the offer of a hospital bed, it was necessary to remove her under the emergency powers. She died a few days after admission.

Cases 2 and 3. Two sisters, one a widow aged 76 and the other a spinster aged 78, were found living together in one ground floor room, the door leading to the back of the house having been sealed off by them several years before. They refused any help from the sub-tenants and jugs of water were brought to them by a child a few houses away. The widow had been in hospital at one time with pulmonary tuberculosis and, when visited by this Department, was found in an emaciated condition in a broken-down easy chair which she occupied day and night. Her sister could just shuffle about and they were both incredibly dirty and neglected. The room was filthy and this was aggravated by the presence of four or five cats. They had no relatives and refused all offers of help. As it was impossible to allow them to remain in such deplorable conditions, they were removed to hospital compulsorily. The younger sister died three months later and the older sister was quite happy to remain in hospital.

Statistics INCIDENCE OF BLINDNESS

The total number of registered blind persons remains virtually static.

<i>Year end</i>	<i>Total Registered Blind</i>	<i>Blind Children</i>	<i>Blind Men</i>	<i>Blind Women</i>	<i>Blind over 65 years</i>
1956	1,730	61	720	949	953
1957	1,721	61	706	954	965
1958	1,703	62	698	943	970
1959	1,705	62	698	945	961

In each of the past three years the number of blind women has exceeded the number of blind men by 35 per cent.

The numbers of those newly certified blind were higher than in the two previous years, but the deaths among blind people were unusually numerous. At the start of the year 56 per cent. of the blind were already over 65 years of age.

The Blind Register

Additions to the Register	1955	1956	1957	1958	1959
Certified Blind ...	257	232	169	144	189
Immigrants to B'ham	13	20	18	24	21

Deletions from the Register

Through death ...	163	150	162	158	180
Left Birmingham ...	28	27	30	21	25
Sight improved ...	1	3	4	7	3

Forms B.D.8 received in the Health Department and relating to newly certified blind persons and to those blind already who moved into Birmingham, fell into the following categories:

Primary senile cataract ...	44	Local infection ...	...	3
Cataract congenital ...	6	Trauma ...	...	7
Glaucoma ...	29	Retinitis pigmentosa ...	...	1
Other congenital and hereditary defects ...	16	Diabetes ...	...	14
Myopia ...	5	*Other causes ...	...	63

*These include senility, cause unknown, oxycephaly and mental defect, cerebral tumour, arteritis, arteriosclerosis, retro-bulbar neuritis.

The following statement prepared by Mr. H. T. Salter, Chief Welfare Officer, shows the arrangements for care, education and employment of the blind.

1st Jan.

31st December, 1959

	Men	Women	Children	Total
1959				
4 Babies at home ...	—	—	3	3
1 Baby in Regional Board hospital	—	—	1	1
2 Babies in Sunshine Home ...	—	—	1	1
32 Children at school—resident ...	—	—	31	31
2 Children at school—day ...	—	—	3	3
12 Children of school age at home ...	—	—	14	14
9 Children of school age in Regional Board hospitals ...	—	—	9	9
4 Adults in training—resident ...	1	5	—	6
6 Adults in training—day ...	7	—	—	7
1 Undergoing rehabilitation ...	1	—	—	1
1 Trained for open employment but unemployed ...	—	—	—	—
108 Workers in open employment ...	96	15	—	111
178 Workshop workers ...	122	50	—	172
2 Adults employed in occupation centre ...	3	1	—	4
21 Other blind employees ...	12	8	—	20
33 Home workers ...	18	16	—	34
Included under { St. Dunstan's ...	33	—	—	33
other headings { Working on own account	19	3	—	22
1,112 Unemployables at home ...	335	724	—	1,059
98 Unemployables in Regional Board hospitals ...	32	69	—	101
54 Unemployables in Welfare Department's homes ...	19	34	—	53
23 Unemployables in Cowley Home	—	20	—	20
1,703	698	945	62	1,705

Register of Partially Sighted

There is no statutory definition in the National Assistance Act, 1948, but the Ministry of Health has advised that a person who is not blind within the meaning of the Act but is nevertheless substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character be regarded as partially sighted.

At the beginning of 1959, the register contained the names of

207 persons—64 men; 123 women; 20 children.

and at the end of the year the number had risen to:

240 persons—73 men; 136 women; 31 children.

There were two cases of retrolental fibroplasia in 1959—a girl aged 4 years who weighed 2lbs. 1oz. at birth and who was in the oxygen tent for 3 weeks, and a girl aged 12 who weighed 2lbs. 13ozs. at birth; she also was in the oxygen tent.

Forms B.D.8 received in the Health Department and relating to newly certified partially sighted persons or those registered already and who were coming to reside in Birmingham fell into the following categories of causes:

Primary senile cataract	...	17	Retrolental fibroplasia	...	2
Cataract congenital	...	2	Local infection	...	1
Glaucoma	...	12	Syphilis congenital	...	1
Other congenital and hereditary defects	...	5	Diabetes	...	5
Myopia	...	8	Other causes	...	18
			(These included senility, cause unknown, cerebral haemorrhage, arteriosclerosis, optic atrophy)		

Blind and Partially Sighted

Forms B.D.8 have been received for patients in the following age groups:

Year of receipt of B.D.8	under 5	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-69	70-74	75-84	85-94	95+	Total
1955	7	3	—	1	10	8	22	38	33	44	111	47	1	325
1956	2	—	—	9	7	9	14	35	16	51	120	47	1	311
1957	3	10	—	1	4	5	22	26	21	24	86	32	1	235
1958	4	4	2	7	3	11	8	16	23	17	64	14	—	173
1959	5	10	2	6	9	6	17	24	20	30	87	42	1	259

Persons over 65 years of age accounted for 70 per cent. of the new cases in 1959 and 68 per cent., 70 per cent., 76 per cent., 73 per cent., 68 per cent. and 59 per cent. in previous years.

The causes of loss of vision and the treatment recommended were:

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which Section "F" of the form B.D.8 recommends:				
(a) No treatment ...	19	16	—	72
(b) Treatment (Medical, Surgical or Optical)	50	25	2	75
(ii) Number of cases at (i) (b) above which on follow-up action at the year end had received treatment ...	17	20	2	50

The 41 glaucoma patients prior to registration as blind or partially sighted had received treatment as follows:

None	13
Treatment incomplete or probably so	4
Treatment failed	8
Condition not amenable to treatment	6
No treatment left eye, failed right eye	2
Partially successful each eye	1
Successful	2
No information re treatment	5

At the examination for registration it was recommended that 25 glaucoma patients should receive treatment and, before the year end, 20 of them had in fact received it.

Ophthalmia Neonatorum

There were 416 notifications (see page 90).

In no case was vision lost or impaired. At the year end 20 cases were known still to be under treatment but, of ten others, two died, four left the City and trace was lost of the remaining four.

The Deaf-Blind

There are now two specialist home teachers for the deaf-blind who give the special welfare service which these people need, i.e. instruction in Manual Alphabet, Braille and Moon reading and pastime handicrafts, supply of hearing aids (replacements and repairs where necessary) escort to hospital, visits in cases of sickness, etc. This service is also available to those at work and those in homes and institutions.

Visits are also made by the home teacher for the particular district in which the unemployable deaf-blind live.

The Welfare Department provides transport to a social centre which is held in the daytime, where some play dominoes, draughts and cards and others like to chat to one another.

The Birmingham Royal Institution for the Blind assists in holidays at homes for the deaf-blind at Hoylake and Burnham-on-Sea. It also arranges a summer outing to the country and a party at Christmas. A fortnight's holiday for deaf-blind under the care of the two specialist home teachers was arranged at Hunstanton.

In 1959 there were 129 deaf-blind persons residing as follows:

	<i>Men</i>	<i>Women</i>	<i>Total</i>
In own home	36	54	90
In homes and institutions	4	35	39
	40	89	129

The 90 living in their own homes were:

	<i>Men</i>	<i>Women</i>	<i>Total</i>
Unemployable	32	86	118
Employed in the Work-shops for the Blind	7	3	10
In open employment	1	—	1

CEREBRAL PALSY

The following statement is from the Midland Spastic Association which works closely with the City Welfare Department and the School Health Service and is a great asset to this City.

PROVISION MADE FOR 696 SPASTICS IN 1959

CHILDREN UNDER 5 YEARS

Attending normal nursery schools	7
Attending the Cerebral Palsy Nursery Unit at Carlson House	2
In hospital	1
At home— out-patient treatment	21
no treatment	20
Total known cerebral palsy patients under 5 years	51
Estimated population under 5 years	88,900

CHILDREN AGED 5 TO 15 YEARS.

Attending day school

Cerebral Palsy School, Carlson House	...	...	...	31
Schools for physically handicapped	...	...	...	66
Other special schools (deaf school 11, open air 1, E.S.N. 9)	...	...	...	21
Schools primarily for normal children	...	...	...	88
Home tuition and training	...	...	...	15
Occupation centre	...	...	...	22

Attending residential schools

Cerebral Palsy School, Carlson House	...	...	...	3
Schools for the physically handicapped	...	...	...	2
Other special schools (hospital school 2, open air 3)	...	...	...	5
In institutions for mentally defective	...	...	...	21
Remaining at home—ineducable	...	...	...	28
Remaining at home—educable—awaiting placement	...	...	...	3

Total known cerebral palsy patients 5 to under 15 years	305
---	-----	-----	-----	-----

Estimated population 5 to under 15 years	175,800
--	-----	-----	-----	---------

PERSONS 15 YEARS AND OVER.

Still at school or receiving home tuition	...	...	...	...	19
Attending occupation centre	...	...	...	...	15
Home training	...	...	...	...	3
Outwork, part-time work, housewives	...	...	...	...	18
Training courses	...	...	...	...	3
Sheltered work	...	...	...	...	7
Normal work	...	...	...	...	108
Midland Spastic Association craft-classes	...	...	...	...	19
Other craftwork tuition	...	...	...	...	6
Institution for mentally defective	...	...	...	...	36
In cripples' or spastics' homes	...	...	...	...	8
In hospital	...	...	...	...	3
At home—capable of work under supervision	...	...	...	...	7
capable of crafts only	...	...	...	...	26
totally incapable	...	...	...	...	54

Total known cerebral palsy patients aged 15 years and over	332
--	-----	-----	-----	-----

Not yet investigated	8
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Total cerebral palsy patients of all ages in Birmingham	696
---	-----	-----	-----	-----

The Welfare Committee of the City Council maintained four spastics in special homes, assisted twelve spastics with holidays and temporary accommodation and five spastics had the loan of television sets. Thirteen spastics participated in the handicraft scheme and two spastics were doing outwork which the Welfare Committee arranged. In addition eighty-six spastics took part in the activities of the Birmingham Fellowship of

the Handicapped. Two spastics were assisted by the Welfare Committee with adaptations—i.e. adaptations to walls and path to provide access for a wheel chair and the supply of an electric plug in a shed for charging the batteries of an electrically propelled wheel chair.

EPILEPSY

The Welfare Committee gave direct assistance to epileptics during 1959 as follows:

Epileptics maintained in colonies	...	...	...	...	...	19
Participating in the handicraft scheme	...	...	...	...	...	13
Outwork arranged by the Welfare Dept.	...	...	...	...	...	2
Assisted by Welfare Committee with holidays	...	...	...	...	...	2

Nineteen epileptics participated in the activities of the Birmingham Fellowship of the Handicapped.

The Handicraft Centre was used throughout the year by the Birmingham Branch of the British Epilepsy Association for their weekly club.

In addition, at the end of the year, 103 children of school age were known to the Education Department. Of this number 24 were being maintained at residential establishments on account of epilepsy.

FIRST AID AND STAFF WELFARE SERVICE, MEDICAL EXAMINATIONS, CREMATATIONS.

First Aid and Staff Welfare Service

This service is of considerable importance to a local authority the size of Birmingham, with some 30,000 employees in its thirty Departments.

A great variety of trades and professions are represented and illness and not accident is the main cause of absence. This is, in fact, the case irrespective of the nature of employment. Medical Treatment Centres properly equipped and staffed at the place of work are always of mutual benefit to employer and employee. In the absence of such facilities general practitioners and hospital doctors may need to certify patients as unfit for work.

No collated figures are available of the number of attendances at those centres which are run by the respective Corporation departments for their own employees, the Medical Officer for Staff Welfare merely giving advice to the departments concerned as to the facilities which should be made available. There are, however, two central surgeries staffed and maintained by the Health Department and available for all Corporation employees, where the average number of patients seen per week in 1959 was 66 (64 in 1958) and the actual number of attendances 5,691 (5,179 in 1958).

Medical Examinations

Several thousand medical examinations of **manual** staff are carried out annually by a panel of general practitioners in connection with the Corporation's Sickness and Accident Allowance Scheme and for other reasons 1,230 were examined by the Education Department's School Health Service doctors who also examined 185 **non-manual** employees for that Department. The **non-manual** employees of all the other Corporation Departments are examined by the Medical Officer for Staff Welfare, who in 1959 examined 971 as compared with 938 in 1958.

The number of **manual** employees he examined was 967 in 1959, 950 being examined in the previous year.

The number of medical examinations conducted on behalf of other local authorities was 22 in 1959 and 34 in 1958 and do not include the medical examinations carried out by the School Health Service medical officers on behalf of other local authorities. These are reciprocal arrangements whereby a successful applicant for a post with another authority can be examined more conveniently in his present area.

Cremations

During the twelve months, 5,097 cremations were authorised by the Medical Referee, who is also the Medical Officer for Staff Welfare, 301

less than in the previous year. 3,305 took place at Lodge Hill (3,341 in 1958) and 1,792 at Yardley (2,057 in 1958).

In addition to the two Municipal Crematoria there is one privately owned at Perry Barr and nearby authorities are also providing facilities.

As a means of hygienic disposal of the dead, cremation has no equal and the service was used to its maximum capacity during the early months of the year, when the death rate was high.

To meet the anticipated demands, improvements and alterations are now being made at Lodge Hill.

FOOD AND DRUGS

With a lightening of the pressure resulting from the introduction of the Rent Act, 1957, the public health inspectors have been able to devote more time to the supervision of food premises, and the number of visits of inspection have increased by about 2,000 as compared with the previous year.

The policy whereby the inspectors play the part of educators rather than that of inquisitors has once again proved of value. Managements have shown a readiness to co-operate in the remedy of structural defects or faulty techniques, and the year's work has demonstrated that, where outbreaks of illness have been associated with food premises, the fault has arisen from the act, or failure to act, of an individual food handler, thus emphasising the need for a continuous watchfulness on the part of management or of some senior member of the staff charged with the duty of supervision of food handlers.

If any specific criticism is to be made, it would relate to the failure to notify infections to the Medical Officer of Health, as is required by Regulation 11 of the Food Hygiene Regulations, 1955.

Sampling of foods and drugs has continued on similar lines, details of the investigations made by the City Analyst being reported elsewhere. The number and variety of samples taken was comparable to last year, and it was not necessary to fill the staff vacancy previously recorded.

The existing allocation of duties to safeguard the purity of food, between food inspectors of the Food Inspection Department and public health inspectors and specialised milk and dairies inspectors of the Public Health Department, has been continued and there has been the closest co-operation between the two departments.

During the year inspectors engaged on district duties made a total of 12,245 visits to premises as follows:—

Visits to cafes, hotels, restaurants, eating houses, clubs, school meals canteens, etc.	...	...	...	...	...	...	6,518
Visits to factories	...	...	...	...	...	...	1,090
Visits to bakehouses	...	...	...	...	...	...	237
Visits to licensed premises where food is sold	...	...	...	...	...	...	547
Special visits to licensed premises	...	...	...	...	...	...	1,030
							<hr/> 9,422
Visits to milk shops	...	...	...	...	...	...	2,823
							<hr/> 12,245

The figure for visits made by these inspectors shows an increase compared with the total of 10,428 visits made in 1958. It will be recalled that during 1958 there had been rather fewer visits of inspection made to food premises because of pressure of other work, especially in connection with the Rent Act, 1957.

Routine visits of inspection were continued to all eating houses and catering premises and it is usual for at least four visits a year to be made to this class of premises. In the case of those premises where the standard of food hygiene is not found to be satisfactory, more frequent visits are made. It is pleasing to record that in general the level of food hygiene was found to be well maintained.

At the time inspections are carried out inspectors are encouraged to use persuasion and continue the policy of education of the food handler, and during the year no legal proceedings were instituted to enforce the requirements of the Food Hygiene Regulations.

Other food premises inspected included:—

Breweries	...	...	...	...	...	...	...	6
Sweet manufacturers	...	...	...	...	...	...	...	18
Biscuit manufacturers	...	...	...	...	...	...	...	1
Mineral water factories	...	...	...	...	...	...	...	8
School canteens (with kitchens)	...	...	...	...	...	...	...	211
School canteens (with serveries)	...	...	...	...	...	...	...	247

Licensed Premises

Licensed premises where main meals are served have, for a number of years, been subject to periodic inspection as catering establishments. The Food Hygiene Regulations, 1955, apply not only to the preparation, storage and sale of food in connection with meals but also to the sale of liquid refreshment. In 1956 the Health Committee authorised a programme of inspection of all licensed premises, the survey to be carried out in the evenings, especially at peak times. Special regard was to be had to the method of handling and serving drinks and to arrangements made for the collection and disposal of waste beer.

These inspections have been carried out as a matter of routine and, since August, 1956, all public houses with "On-licences" have been visited at least once during peak trading hours and a follow-up visit has been made during the day-time soon afterwards. After each double inspection has been carried out a letter has been sent to the management or brewery concerned if any undesirable practices or conditions have been observed.

Conditions were found to be generally satisfactory and the co-operation of both managements and breweries has been readily maintained and improvements carried out where necessary. The main deficiencies which called for action by the Department related to the lack of, or inadequate facilities for, the washing of glasses and for the washing of hands of persons employed about the premises.

At the close of the year there were 1,518 licensed premises as follows:—

On-licence	...	...	...	...	...	...	879
Off-licence	...	...	...	...	...	...	639
							<hr/> 1,518 <hr/>

During the year 248 premises were visited and it was necessary to send 21 letters concerning undesirable practices observed. A further 112 letters were sent relating to deficiencies of equipment or other unsatisfactory conditions.

Eating Houses and Catering Premises

Section 54 of the Birmingham Corporation Act, 1935, requires the registration with the Corporation of all premises substantially or mainly used for the sale of food to members of the public for consumption on the premises. At the end of the year there were 1,172 registered eating houses compared with 1,167 at the end of 1958. During the year the registration of 14 eating houses had been cancelled at the request of the proprietors and 19 new registrations had been effected. The Food Hygiene Regulations, 1955, are applicable to all these premises and visits have been made to ensure the observance of the Food Handling Byelaws and that a good standard of food hygiene is maintained.

Mobile Canteens

A hawker of food, which term includes the operator of a mobile canteen, must be registered under the provisions of Section 42 of the Birmingham Corporation Act, 1948, before he can operate in the City. There were five new applications for registration and one cancellation of an existing registration during the year so that there were 45 operators of mobile canteens registered in the City at the year end. Under this section no one, other than a person keeping open shop for the sale of food, shall either by himself or by any person employed by him, sell, offer or expose for sale any food from any cart, barrow or other vehicle or from any basket, pail, tray or other receptacle unless he is registered with the Corporation. In addition, if it is necessary to use premises for the storage of food intended for such sale from any cart, barrow, etc., then the premises must also be suitable and registered by the Corporation.

The provisions of the Food Hygiene Regulations, 1955, apply in these cases and the general standard of food hygiene observed by the operators of mobile canteens was found to be uniformly satisfactory and they readily co-operated with inspectors in remedying any deficiencies.

Factory Canteens

Regular visits of inspection are made to the many factory canteens. Some of these canteens cater for thousands of main meals per day. Standards within this class of premises compare favourably with many eating houses and each year shows works of improvement at a number of premises. There were 815 canteens known to be operating in the City in 1959 compared with 806 at the end of 1958.

Bakehouses

The number of bakehouses in the City continued to decline during the year. At the end of 1959 there were 90 operating in the City compared with 98 at the end of 1958.

It has been noticed that, over a period of years, there has been a tendency for the small baker to close down or to be taken over by the larger firms who concentrate their production in a reduced number of premises.

Visits of inspection have been made approximately every four months and conditions in bakehouses were found to be generally good. 35 of the bakehouses were solely engaged in the manufacture of cake confectionery, eight restricted their baking to bread and the remaining 47 produced in varying proportions both articles. The 13 larger bread and confectionery bakehouses continued to be inspected by inspectors from the Milk and Dairies Section.

At the close of the year the production of cake confectionery at the Civic Bakery had almost ceased and plans were being made to move certain of the processes carried out at this bakery to new premises.

MILK AND DIARIES

There has been no alteration in the staff operating under the direction of the Administrative Medical Officer of Health (General Purposes).

The following details summarise the visits for supervision of plant and premises carried out during the year to:—

Pasteurising plants	774	Ice cream dealers	6,409
Sterilising plants	780	Iced lollipop manufacturers	656
Wholesale purveyors	400	Iced lollipop dealers	6,466
Retail purveyors	727	Milk bars	193
Ice cream manufacturers	928	Principal bakehouses	654
		(bread and confectionery)	
Other visits	674	Unsuccessful visits	622
		Interviews	486

Milk Licences

The following licences were in operation at the end of the year:—

Pasteurising plant—H.T.S.T.	7
Holder	1
Sterilising plant	9
Wholesale and retail milk distributors and depots	55*
Dealers' Licences (Shop retail trade)	2,469
Tuberculin Tested Licences issued to producers of pasteurised milk for the production of Tuberculin Tested (Pasteurised) Milk...	8

- * Two retail purveyors went out of business and one new distributing depot came into operation during the year.

Improvements and alterations carried out at dairy premises include the following:—

- (a) New milk reception and 3,000 gallons per hour pasteurising section was opened during the year.
- (b) New depot located on a new housing estate is nearing completion.

Complaints

The following complaints were received during the year :—

	General	From schools
Dirt and foreign matter in bottles...	20	9
Caps in bottles	3	4
Glass in bottles	4	5
" Watery " sterilised milk	1	
Premature souring	2	2
" Bad taste "	2	
<i>Drosophila busckii</i> infestation	1	
Poor quality		1
Contamination		1

The complaint of poor quality in school milk was traced to the omission by the operator at the dairy concerned, properly to connect the agitator shaft to the milk storage tank, thus allowing some separation of the cream to take place. Six samples taken from the schools affected gave a fat reading as low as 0.8%

The misuse of milk bottles still causes concern to the industry and efforts are in hand to bring this problem more prominently to the notice of the consumer public. A detector device on view at the Dairy Show proved itself capable only of detecting foreign bodies, etc., situated at the base of the bottle. Until some machine capable of adequate scrutiny of the whole of the bottle is developed at a reasonable cost, human frailty will, from time to time, prevail and an unsatisfactory bottle will pass from washer to filler. The scrutiny of moving bottles is so monotonous that it cannot be carried out efficiently unless frequent changes of viewers are arranged, and the speed at which modern bottle washers and fillers operate adds to the difficulty.

The operators not adequately clearing the machines when breakages occur is responsible for the majority of the complaints in respect of glass in bottles.

Milk Sampling

Arrangements for the sampling of milk during delivery and in store have been continued as formerly:—

(a) RAW MILK

	Total No. of samples taken for Methylene Blue Test	No. of failures
Tuberculin Tested...	157	5 (3.18%)

In addition to the above, eight samples of raw (non-designated) milk were taken in connection with run-through sampling of a new pasteurising plant. Of these eight samples, four failed the methylene blue test.

(b) PASTEURISED MILK

	<i>Methylene Blue Test</i>		<i>Phosphatase Test</i>	
	<i>Number submitted</i>	<i>Number failed</i>	<i>Number submitted</i>	<i>Number failed</i>
<i>From Dairies inside City</i>				
From rounds, etc.	669	12 (1.79%)	694	Nil
From schools	245	15 (6.12%)	239	Nil
From vending machines	59	14 (23.73%)	61	Nil
<i>From Dairies outside City</i>				
From rounds, etc.	207	Nil	203	Nil
From schools	37	1 (2.70%)	38	Nil
From vending machines	26	Nil	29	1 (3.44%)
TOTALS	1,243	42 (3.37%)	1,264	1 (0.079%)

In addition to the above, 25 samples of milk submitted for the methylene blue test were declared " void " by the laboratory on account of the high atmospheric shade temperature.

The high percentage of failures in samples taken from vending machines was due, in the main, to the failure by the firms concerned to clear the machines properly of milk remaining from the previous day.

This provision of cartoned milk from vending machines has become increasingly more popular, allowing for an emergency source of supply to the housewife and the availability of a milk drink out of hours. Its main popularity is, however, at the factory.

(c) STERILISED MILK

	<i>No. of samples taken for Turbidity Test</i>	<i>No. of failures</i>
<i>From Dairies inside City during delivery</i>	109	Nil
<i>From Dairies outside City ...</i>	48	Nil

The above figures include 14 samples taken during testing of a new straight-through sterilising plant, installed at one of the city dairies.

Bottle and Churn Washings

Examination of the bottle and churn washing machines at the city dairies has given the following results:—

(i) BOTTLES

A total of 152 bottle samples were taken and of these 89 gave counts of less than 200 organisms per bottle. Where higher counts were found the dairies concerned were notified, the washers were checked and repeat samples usually gave satisfactory results. *B. coli* estimations which were carried out on all bottle samples gave a positive result in one instance only, the corresponding plate count being 33,460. This bottle came from an old washer which has now been replaced. Two samples of the oil used on a bottle-capping machine were examined in an endeavour to trace the source of contamination, with negative results.

(ii) CHURNS

A total of 59 churn samples were taken and classified according to the recommended standards of the Ministry of Agriculture, Fisheries and Food:—

<i>Colony Count per Churn</i>	<i>Classification</i>	<i>No. of samples</i>
Not more than 50,000 ...	Satisfactory	51
More than 50,000 and less than 250,000	Fairly satisfactory	4
250,000 and over ...	Unsatisfactory	4

B. coli estimations carried out on all these samples proved negative. Repeat samples taken from those washers giving fairly satisfactory or unsatisfactory results proved satisfactory.

Cream

A total of 292 samples of fresh cream were examined during the year using the provisional test introduced during 1958. An analysis of the results gives the following details.

	<i>Unsatisfactory</i>	<i>Only fairly satisfactory</i>								<i>Satisfactory</i>
Hours taken to decolourise methylene blue	0	$\frac{1}{2}$	1	$1\frac{1}{2}$	2	$2\frac{1}{2}$	3	$3\frac{1}{2}$	4	More than 4
No. of samples	28	15	11	14	8	7	14	3	21	171

It was suggested by the Working Party of the Public Health Laboratory Service that further consideration should be given to the "only fairly satisfactory" class, and it is difficult, without further guidance on this point, to know where to draw the line between fit and unfit.

Atmospheric temperature undoubtedly plays a part, even where cream has been pasteurised, as will be seen from the following results of seasonal sampling from cold store or during delivery.

<i>Hours taken to decolourise methylene blue</i>	0	$\frac{1}{2}$	1	$1\frac{1}{2}$	2	$2\frac{1}{2}$	3	$3\frac{1}{2}$	4	over 4	<i>Total samples</i>
Samples taken in Jan., Feb., Mar., Oct., Nov., Dec. ...	11	6	1	5	Nil	5	7	Nil	3	110	148
Samples taken in April—Sept. ...	17	9	10	9	8	2	7	3	18	61	144

Of the total of 292 samples taken, 98 were obtained from a dairy which received pasteurised cream in churns from an associated creamery. As an experiment both the associated creamery and the local dairy bottled the cream although normally only the local dairy does so, and the organisation was such that it was possible to demonstrate progressive deterioration in the bacterial quality of the cream during the handling processes. Of twelve bottles of cream, filled at the associated creamery, two were unsatisfactory in that they decolourised methylene blue in one and a half and two and a half hours respectively.

Of samples from the twelve corresponding churns after arrival in Birmingham, five were unsatisfactory by decolourising in one and a half hours (1) and two and a half hours (4).

Of four bottles of cream, one from each of four of the above churns, three decolourised in three hours or less and therefore were unsatisfactory.

A further examination was made by comparing the bacteriological quality of the cream in the churns as delivered to the dairy in Birmingham with the cream bottled from the churns.

<i>Time taken to decolourise methylene blue</i>		<i>Double Cream</i>		<i>Single Cream</i>	
		<i>Churns</i>	<i>Bottles</i>	<i>Churns</i>	<i>Bottles</i>
0 hours ...	... 1	...	9	4	7
$\frac{1}{2}$ hour ...	... 2	...	3	1	1
1 hour ...	... 2	...		1	1
$1\frac{1}{2}$ hours ...	... 2	...	1		2
2 hours ...	...	...		2	1
$2\frac{1}{2}$ hours ...	...	...			1
3 hours ...	... 2	...		2	1
$3\frac{1}{2}$ hours ...	... 1	...			
4 hours ...	... 1	...		3	1
Over 4 hours ...	... 5	...	4	5	4
	—	—	—	—	—
Totals ...	...16	...	17*	18	19*
	==	==	==	==	==

* 1 bottle of double and 1 bottle of single cream were taken without the corresponding churn samples.

There were distinctly more bad samples and fewer good ones among the bottles than among the churns indicating a further deterioration on bottling.

FROZEN CONFECTIONS

Ice Cream

During the year nine ice cream manufacturers' licences were cancelled, four businesses changing hands and the new occupiers transferring to sale only, two changing hands and the new occupiers changing the type of business carried on, and three ice cream manufacturing premises being demolished. Two manufacturers' licences were granted, leaving a total of 81 manufacturers on the register at the end of 1959.

The number of premises registered for sale only at the end of 1959 was 3,347 compared with 3,135 at the end of 1958. There were 279 new registrations and 67 cancellations because the occupiers discontinued the sale of ice cream or owing to the demolition of the premises as a result of redevelopment.

Four temporary registrations were granted for the sale of ice cream during exhibitions at Bingley Hall.

Sampling has been carried out using the modified methylene blue test, with results as follows:—

<i>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 1959</i>	<i>1958 Results</i>
1	279 (84.03%)	272 (92.20%)	551 (87.88%)	561 (98.59%)
2	33 (9.94%)	18 (6.10%)	51 (8.13%)	7 (1.23%)
3	16 (4.82%)	2 (0.68%)	18 (2.87%)	Nil
4	4 (1.21%)	3 (1.02%)	7 (1.12%)	1 (0.18%)
	<hr/> 332 <hr/>	<hr/> 295 <hr/>	<hr/> 627 <hr/>	<hr/> 569 <hr/>

The outstanding results obtained during the previous year were unfortunately, not repeated, a feature for which an exceptionally long summer may have been in part responsible.

Of the samples adversely reported upon, 10 (9 Grade 3 and 1 Grade 4) were taken from soft ice-cream machines at various stores; the reason for these adverse reports being either incorrect functioning of the refrigerators used for the storage of the liquid mix prior to freezing (allowing the temperature of the mix to reach a level above that laid down in the Regulations) or over-stocking of the mix (allowing the mix to be kept for too long a period prior to freezing).

During the year the manufacture and sale of soft ice cream from machines installed on mobile vehicles was introduced. Difficulty was

experienced in transferring the liquid mix from the 2-gallon containers used to the freezing machines and a fool-proof solution to this problem is still being sought. Two of the Grade 3 samples and 2 of the Grade 4 samples came from these vehicles. Seven of these vehicles operated during the year and it is known that several other manufacturers and retailers are interested in this method of manufacture and sale. It may be anticipated, therefore, that there will be an extension of this method in the future.

The Food Standards (Ice Cream) Regulations, 1959, prescribe the following minimal standards of composition.

	<i>Fat</i>	<i>Milk solids-not-fat</i>
Ice Cream	5%	7½%
Dairy Ice Cream	5% (milk fat only)	7½%
Milk Ice	2½% (milk fat only)	7%
Parev Ice	10% (no milk fat)	Nil

Informal sampling of ice cream carried out under the Food Standards (Ice Cream) Order, 1953, and the Food Standards (Ice Cream) Regulations 1959, (The latter coming into operation on 27th April, 1959) gave the following results:—

	<i>No. of samples</i>	<i>No. falling below standard</i>
Ice cream manufactured inside City	147	1
Ice cream manufactured outside City	67	Nil

The sample reported as falling below standard showed a deficiency of 1·3 per cent. of fat. Subsequent samples from this source proved satisfactory.

The table below gives the average composition of the samples taken. It should be noted that under the 1959 Regulations, the standard of 10 per cent. sucrose has been dropped subject to the proviso that no "artificial sweetener" shall be used. No such "artificial sweetener" was found in any of the samples.

Total number of samples taken—214 (including 3 "Parev")

	<i>Average Composition</i>	
	<i>Fat</i>	<i>Milk solids not fat</i>
All samples (excluding "Parev")	9·81%	11·53%
Ice cream manufactured in City (147 samples)	8·95%	11·34%
Ice cream manufactured outside City (64 samples)	11·77%	11·97%
"Parev" ice cream (3 samples)	16·33%	—

The Labelling of Food (Amendment) Regulations, 1959, require pre-packed ice cream containing other than milk fat to be labelled with the words "contains non-milk fat" or "contains vegetable fat." This particular regulation came into operation on 1st December, 1959, and some little difficulty arose because certain pre-packed lines which were packed before the regulations became operative were still in the

hands of retailers and did not bear the correct wording. In some instances manufacturers held large stocks of the old wrappings which could not be over-printed; here a possible solution would have been to use these stocks for a "dairy" ice cream (i.e. an ice cream containing no fat other than milk fat).

Iced Lollipops

There were 39 premises registered under the Birmingham Corporation Act, 1954, for the manufacture of iced lollipops, at the end of 1958. Two further registrations were effected during 1959 and one manufacturer was removed from the register as he discontinued business leaving 40 on the register at the end of the year.

The number of premises registered, for sale only, at the end of the year was 3,137, compared with 2,923 at the end of 1958. There were 273 new registrations and 59 cancellations during the year.

One hundred and thirty-nine samples of iced lollipops were submitted for bacteriological examination and gave results as follows:—

One hundred and thirty-eight samples were submitted to the B.coli test and of these six gave positive results. Four of these unsatisfactory samples came from manufacturers outside the City. The manufacturers and the medical officers of health concerned were notified. As regards the unsatisfactory lollipops made in the City, the line concerned was discontinued in one instance, while, in the other, subsequent samples proved satisfactory. It should be noted that, of the six samples in which B.coli were found, no less than three gave a Grade I result on the methylene blue test, the other three giving a Grade 3 result.

Iced lollipops are also submitted either to the methylene blue test or to the plate count test according to the nature of the lollipop (i.e. whether it contains or is suspected of containing a proportion of ice cream, or is a straightforward fruit juice lollipop).

The results of these examinations were as follows:—

Methylene blue test on 81 samples of lollipops containing ice cream.

Grade 1, 73; Grade 2, 4; Grade 3, 4; Grade 4, Nil.

Plate count test on 58 samples of fruit juice lollipops

Colony count per

1 ml. of lollipop

after 48 hours at 37°C.

Nil	...	...	...	4	201—500	...	...	...	3
Under 50	...	...	...	41	501—1,000	...	...	...	2
51—100	...	...	...	4	1,001—5,000	...	...	...	1
101—200	...	...	...	1	Uncountable	...	...	...	2

The "uncountable" lollipop samples were both manufactured outside the City and the manufacturers and the medical officers of health were notified.

Forty samples were submitted for investigation to determine the amount of metallic contamination. Two of these samples, both from the

same manufacturer, showed an excess of lead (above 1 part per million). The offending moulds were withdrawn and replaced. Subsequent samples proved satisfactory.

Under the Ice Cream (Heat Treatment, etc.) Regulations, 1959, water ices or other similar confections with a pH value of 4.5 or less are not required to be submitted to heat-treatment. Test indicator papers carried by the inspectors to perform spot checks on the mixes used by the small manufacturers who have no heat-treatment facilities give a fairly reliable guide to the pH value, but where an element of doubt exists samples are submitted for examination. Eight such samples were thus submitted during the year and two of these showed a pH value in excess of 4.5. The manufacturer concerned increased the acidity of the mix and subsequent samples proved satisfactory.

Complaints received during the year with regard to a "bad taste" in lollipops made by a large nationally-operating company were traced to the presence of calcium chloride. It is presumed that this contamination was caused by splashing with brine during passage of the lollipop moulds through the brine tank during freezing.

BAKERIES AND CONFECTIONERY BAKERIES

The general hygienic standard of these premises has been well maintained throughout the year.

Extensive work of reconstruction and renewal of equipment was put in hand at a number of premises, including the following major projects.

- (a) removal of existing ovens and installation of a fully automatic oven nearing completion at the end of the year.
- (b) progress in the erection of a new confectionery bakery on outskirts to replace existing premises subject to redevelopment plans.

Imitation Cream

Routine sampling, (a) at the larger confectionery bakeries (supervised by the Milk and Dairies Section) and (b) at the smaller bakeries (under the supervision of the Chief Public Health Inspector) has given the following results:—

<i>Source of samples</i>	<i>Colony Count per 1 ml.</i>	<i>Number of Samples</i>	
		<i>(a) Larger bakeries</i>	<i>(b) Smaller bakeries</i>
Unopened Container	Nil	24	6
	1— 1,000	102	42
	1,001— 10,000	9	6
	10,001—100,000	10	6
	100,001—500,000	1	2
	Over 500,000	7	10
		153	72

Mixing Bowl	Nil	19	3
	1— 1,000	90	44
	1,001— 10,000	16	14
	10,001—100,000	7	3
	100,001—500,000	1	3
	Over 500,000	6	6
		<hr/> 139	<hr/> 73

In addition to the above, the cream from one cream cake gave a count of 9,300 organisms per 1ml.

B.coli tests, carried out on all samples, were negative throughout.

Where unduly high counts were found in samples taken from the unopened container, the manufacturers of the product were informed and their co-operation sought so as to produce more satisfactory results.

In those cases where the mixing bowl samples showed any increase in contamination over that taken from the unopened container, the baker concerned was interviewed and his methods reviewed. Subsequent samples usually gave satisfactory results.

Egg

The sampling of dried and frozen whole egg and albumen has been continued during the year from confectionery bakeries, etc.

The results were as follows:—

WHOLE EGG			
	<i>Country of Origin</i>	<i>No. of samples taken</i>	<i>No. showing pathogenic salmonella infection</i>
Frozen Whole Egg ...	England	124	Nil
	China	100	4
	Australia	6	Nil
	Holland	3	Nil
	Canada	1	Nil
Dried Whole Egg ...	Australia	3	Nil
	U.S.A.	1	Nil
English Fresh Unfrozen ...		4	Nil
	Totals	<hr/> 242	<hr/> 4
ALBUMEN, Etc.			
Frozen Liquid Albumen ...	China	91	Nil
	Holland	4	Nil
	France	1	Nil
Crystals and Powder ...	Unknown	13	Nil
	Totals	<hr/> 109	<hr/> Nil
	Gross Totals	<hr/> 351	<hr/> 4

These findings indicate continued improvement, but the discovery of extensive contamination of a batch of British frozen whole egg with *Salmonella typhimurium* during the period of preparation of this report leaves no room for complacency. Large quantities of this material are used in the City and much must pass from suppliers and cold stores to the bakeries and be used before a check can be made. Pending the introduction of a universal system of pasteurisation or of some other means whereby this potentially dangerous material may be rendered safe, it is suggested that each batch should be examined before release from packing stations for general distribution.

WATERCRESS

Seventy-two samples of watercress, representing 43 different suppliers spread over 10 counties, were taken by the Food Inspection Department.

Bacteriological examination gave the following results:—

<i>B. coli</i> Type I per 100 grams of watercress	No. of samples
Nil	20
Under 100 ...	28
Over 100 up to 240	2
Over 240 up to 480	12
Over 480	10

Fortunate indeed it has been that no infection was traced to consumption of contaminated watercress, and a continued watchfulness is necessary.

Reports from the areas of supply indicate that there has been some improvement during the past year and examinations of consignments from 28 sources proved satisfactory, although in 22 of these the examination related to one consignment only.

Those suppliers, however, whose record was unsatisfactory last year have continued to supply watercress giving a figure of 240-480 or more, in spite of ready co-operation from the medical officers of health concerned in persuading them to adopt effective measures of chlorination.

SHELLFISH

No infection has resulted from the consumption of shellfish during the year.

Two samples of oysters and 73 samples of mussels were taken by the Food Inspection Department and submitted to bacteriological examination during the year.

Both samples of oysters showed no *B. coli* Type I per 1 ml. of fish.

The results of mussel examination, given as the average count of 2 pools of 5 mussels each, were as follows:—

<i>B. coli</i> Type 1 per 1 ml. of fish	<i>Sources of Supply</i>			<i>Total</i>
	<i>A</i>	<i>B</i>	<i>C</i>	
Nil	15	18	10	43
0.25—0.5	10	7	3	20
0.75—1.0	4	1	0	5
1.25—2.0	0	2	1	3
2.25—5.0	0	0	0	0
TOTAL	29	28	14	71

All mussels from these sources are believed to have been purified, and all reports upon bacteriological examination were satisfactory.

The remaining two samples were taken from trial consignments from new sources, one showing no *B. coli* Type 1 per 1 ml. of fish and the other 0.5.

INSPECTION OF MEAT AND OTHER FOODS

(Report by C. G. Allen, M.R.C.V.S., D.V.S.M., F.R.S.H., Chief Veterinary Officer and Chief Inspector of Meat and other Foods).

The Food and Drugs Act, 1955, the Food Hygiene Regulations, 1955, and the Byelaws made by the City Council, enable the Food Inspection Staff to exercise their powers of inspection and to maintain supervision of the City's supplies of meat and other foods.

Slaughterhouses. Slaughtering in the City is mostly centralised and continues to depend mainly upon public slaughtering facilities at the city abattoir. In addition, the licences of 21 slaughterhouses (12 of which were connected with bacon factories) were renewed on 1st February. The licence in respect of one knacker's yard was also renewed.

Following the making of The Slaughter of Pigs (Anaesthesia) Regulations, 1958, a carbon dioxide plant for anaesthetising pigs was installed at one of the bacon factories in the City, and this was granted a Certificate of Approval in March.

Slaughtermen's Licences. The slaughtering or stunning of animals in a slaughterhouse or knacker's yard is prohibited except under licence granted by the local authority. At 31st December, 1959, there were 181 slaughtermen's licences in force, of which 9 were conditional upon the holder working under the supervision of a man holding a full licence.

Inspection of Meat, etc. At the City abattoir there is a full-time staff of qualified veterinary and food inspectors, who examine animals

before and after slaughter to ascertain their fitness for human consumption. A laboratory is maintained there to assist in the diagnosis of various diseases. Inspectors are also engaged examining the carcasses of animals slaughtered at the bacon factories and private slaughterhouses. For this purpose 3,189 visits were made.

The supervision of meat supplies is then continued from the slaughterhouses through the various channels of supply to the consumer. The vehicles used for transport of animals and of meat are subject to inspection.

Animals Slaughtered

		<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Public Abattoir	...	40,659	41,131	250,983	74,075	406,848
Bacon Factories	...				215,707	215,707
Private Slaughterhouses		1,282	185	17,223	3,449	22,139
1959	...	41,941	41,316	268,206	293,231	644,694
1958	...	48,592	46,639	210,640	327,095	632,966

Note:—492 cases of *cysticercus bovis* (measly beef) were found at the abattoir during the year and 2 at a private slaughterhouse.

The percentage of cattle slaughtered at the public abattoir, affected with tuberculosis, continues to fall as the percentage of attested cattle in Britain increases, and the following table shows the improvement which has taken place since the area eradication plan was introduced in 1950:—

<i>Year</i>			<i>Percentage of cattle killed at Public Abattoir, affected with tuberculosis</i>	<i>Percentage of cattle certified as free from tuberculosis to total cattle for Great Britain</i>
1950	...	...	27.1	22.1
1951	...	...	24.1	31.3
1952	...	...	21.1	39.8
1953	...	...	19.2	43.7
1954	...	...	15.0	49.8
1955	...	...	10.2	60.0
1956	...	...	8.1	67.0
1957	...	...	7.4	76.0
1958	...	...	7.2	85.0
1959	...	...	6.3	95.0

Fish, Poultry, Fruit and Vegetables. Supplies of these commodities in the wholesale markets are subjected to regular daily inspection. Shellfish and watercress are sampled for bacteriological examination and supplies of shellfish which do not conform with the required standards of cleanliness are prohibited from being sold in Birmingham.

Hawkers. Bull Ring hawkers of foodstuffs, who purchase their goods in the wholesale markets, are regularly visited by a food inspector. Section 42 of the Birmingham Corporation Act, 1948, provides for the registration of hawkers of food and of their storage premises and, at 31st December, 1959, registration had been effected in 335 cases. During the year 27,581 visits were paid to street hawkers.

Retail Food Shops and other Premises. After foodstuffs have been distributed from the wholesale markets to retail shops, they are under the supervision of the district food inspectors, for which purpose the City is divided into nine districts. These inspectors ensure compliance with the Food Hygiene Regulations, 1955, and draw attention to the Marking Orders relating to foodstuffs, made under the Merchandise Marks Act, 1926. At the request of the Town Planning and the Estates Departments, special inspections are carried out to see that premises which are proposed to be used for the sale or storage of food conform to the requirements of the Food Hygiene Regulations: 110 visits were made for this purpose during the year.

Shops. The following retail shops were visited:—

							<i>Number</i>	<i>Visits during 1959</i>
Butchers	...	...	...	...	...	...	1,015	20,987
Grocers and hucksters...	...	...	...	...	...	...	5,382	7,762
Greengrocers	...	...	...	...	...	...	1,204	8,389
Fish friers	...	...	...	...	...	...	450	636
Fishmongers	...	...	...	...	...	...	624	6,388
Horseflesh	...	...	...	...	...	...	1	10
							<hr/> 8,676 <hr/>	<hr/> 44,172 <hr/>

Food Preparation Premises. The following food preparation premises, registered under Section 16 (1) of the Food and Drugs Act, 1955, were visited:—

	<i>Number</i>	<i>Visits during 1959</i>
Sausage, cooked meat and pork pie manufacturers	267	7,273

In 3 cases registered food preparation premises changed hands and the register was amended accordingly.

School Meals Centres, etc. The premises visited included:—

	<i>Number</i>	<i>Visits during 1959</i>
Institutions and Residential Homes	49	500
School Meals Centres	234	2,756
	<hr/> 283 <hr/>	<hr/> 3,256 <hr/>

In cases where food supplies or storage conditions are found to be unsatisfactory, reports are sent to the appropriate departments. Special checks are made with regard to meat to see that quality and prices are according to the conditions of contract.

Complaints and Request Inspections. During the year complaints and request inspections numbered 3,634.

Foods judged as unfit. Condemned meat and offal are not used for human consumption in any form but are utilised by the Corporation Salvage Department and manufactured into fertilisers, meat and bone meal etc., Other condemned foodstuffs are disposed of by burning. The following table gives details of the foodstuffs judged as unfit during the year:—

<i>Number of Surrenders</i>	<i>Class of Foodstuffs</i>	<i>T.</i>	<i>c.</i>	<i>q.</i>
10,254	Meat and Offal	508	10	3
436	Fish	24	5	1
191	Poultry, etc.	4	4	3
595	Fruit and Vegetables	312	6	2
2,130	Miscellaneous	83	13	3
<hr/>		<hr/>		
13,606	1959	933	1	0
<hr/>		<hr/>		
13,715	1958	1,091	18	2
<hr/>		<hr/>		

Animal Feeding Meat. Byelaws made under Section 43 of the Birmingham Corporation Act, 1948, requiring the sterilisation of animal feeding meat, have been in operation since 1st December, 1950. The Meat (Staining and Sterilization) Regulations, 1959, which were due to come into operation on 1st April, 1959, were revoked and never took effect, so that we continue to rely on our byelaws for the control of this commodity.

Prosecutions

FOOD AND DRUGS ACT, 1955. Convictions were obtained in 18 cases of offences against this Act and fines were imposed ranging from £10 to £50. The offences all concerned the sale or exposure for sale of mouldy or infested foodstuffs, or foodstuffs containing foreign material.

SLAUGHTERHOUSE (HYGIENE) REGULATIONS, 1958. Two convictions were obtained for contraventions of these Regulations. The offence in each case was smoking in a slaughterhouse and a fine of £10 was imposed for each offence.

SLAUGHTER OF ANIMALS ACT, 1958. A slaughterman working at one of the private slaughterhouses was convicted of slaughtering without a licence and of slaughtering in a manner other than that laid down in the Act. Fines were imposed of £1 and £5 respectively.

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE
OR IN PART

	CITY MEAT MARKET (C.M.M.). PRIVATE SLAUGHTERHOUSES (P.S.)					BACON FACTORIES
		<i>Cattle</i>	<i>Calves</i>	<i>Sheep & Lambs</i>	<i>Pigs</i>	<i>Pigs</i>
Number killed ...	C.M.M. P.S.	40,659 1,282	41,131 185	250,983 17,223	74,075 3,449	215,707
Number inspected ...	C.M.M. P.S.	40,659 1,282	41,131 185	250,983 17,223	74,075 3,449	30%
<i>All Diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses condemned ...	C.M.M. P.S.	39 —	289 —	1,172 4	160 3	241
Carcasses of which some part or organ was condemned ...	C.M.M. P.S.	819 42	174 —	14,065 202	1,477 231	2,651
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	C.M.M. P.S.	2·11 3·28	1·13 —	6·07 1·20	2·21 6·78	1·34
<i>Tuberculosis only</i>						
Whole carcasses condemned ...	C.M.M. P.S.	71 —	19 —	— —	13 —	33
Carcasses of which some part or organ was condemned ...	C.M.M. P.S.	2,508 14	14 —	— —	2,699 79	9,412
Percentage of the number inspected affected with tuberculosis ...	C.M.M. P.S.	6·34 1·09	0·08 —	— —	3·66 2·29	4·38
<i>Cysticercosis.</i>						
Carcasses of which some part or organ was condemned ...	C.M.M. P.S.	431 1	— —	— —	— —	— —
Carcasses submitted to treatment by refrigeration ...	C.M.M. P.S.	492 1	— —	— —	— —	— —
Generalised and totally condemned	C.M.M. P.S.	— 1	— —	— —	— —	— —

No horses were slaughtered in Birmingham for human consumption.

THE MILK SUPPLY

(Report by C. G. Allen, M.R.C.V.S., D.V.S.M., F.R.S.H., Chief Veterinary Officer)

City Dairy Herds

Regular monthly veterinary inspections are made of all city dairy herds, of which there were 12 at the end of 1959. All the herds are now Attested and the total number of cows kept was 351.

On each visit the cows were examined for any evidence of disease or uncleanness; both the health and cleanliness of these cows were generally good.

Cowsheds are also inspected monthly and during the year 344 inspections were made. Any unsatisfactory conditions relating to the buildings and water supplies are reported to the Ministry of Agriculture, Fisheries and Food, but a good standard continues to be maintained, and no such reports were made during 1959.

In connection with the Ministry's voluntary scheme for vaccination of heifer calves against contagious abortion, 24 calves were vaccinated.

Tuberculosis and the Milk Supply

In order to detect the source of tuberculous milk and to eliminate the infected cattle, up to four dozen samples of milk were collected weekly and submitted for biological test. The actual number taken depended mainly on the availability of guinea pigs.

The system is to sample as far as possible each source of supply, excepting supplies of tuberculin tested milk, and a sample is taken from each churn in a consignment before the milk is subjected to heat treatment.

During 1959, 1816 samples were taken and the following table shows the number of herds sampled and infected:—

<i>Origin of milk</i>	<i>No. of herds</i>		<i>No. of tuberculous cows traced</i>
	<i>Sampled</i>	<i>Infected</i>	
Derbyshire	1	—	—
Gloucestershire	18	—	—
Herefordshire	12	—	—
Leicestershire	30	—	—
Shropshire	48	—	—
Staffordshire	206	10	6
Warwickshire	164	5	2
Worcestershire	104	—	—
	<hr/> 583	<hr/> 15	<hr/> 8

The percentage of herds infected was 2.57 compared with 2.39 in 1958. This small increase is probably due to the rapid progress of the Attested Herds Scheme. Many herds previously giving negative results

have become Attested and the tendency will be for herds having wide-spread infection to be the last to become attested.

With regard to the infected samples, in addition to notifying the County Medical Officers concerned, and in order to avoid delay, copies of notifications are sent to the County Divisional Veterinary Officers of the Ministry of Agriculture, Fisheries and Food (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 these notifications, eight tuberculous cows were known to have been eliminated during 1959 from dairy herds supplying milk to Birmingham. At four farms investigations were still incomplete at the end of the year.

Tuberculosis (Attested Herds) Scheme

The Area Plan for the Eradication of Bovine Tuberculosis was introduced by the Ministry of Agriculture and Fisheries on 1st October, 1950, and good progress has been made as is shown by the following table which gives the position at 31st December, 1959, for Gt. Britain, and comparison with earlier years:—

<i>Year</i>	<i>Total cattle population</i>	<i>Number of attested herds</i>	<i>Number of cattle in attested herds</i>	<i>Percentage of attested cattle</i>
1939	8,118,788	13,874	477,481	5.9
1949	9,263,945	44,889	1,762,200	19.0
1954	9,785,558	126,616	4,875,628	49.8
1955	9,766,781	152,077	5,862,051	60.0
1956	9,993,000	167,757	6,795,000	68.0
1957	9,911,000	185,543	7,570,000	76.0
1958	10,014,000	209,938	8,557,000	85.0
1959	10,360,000	236,043	9,860,000	95.0

In addition to the 236,043 attested herds, there were also 2,556 supervised herds. These herds need only one clear tuberculin test to qualify as attested herds.

Of the counties with which we are chiefly concerned, Gloucester, Hereford, Salop and Worcester became part of an Attested Area on 1st October, 1959, and for practical purposes it is assumed that all cattle in those counties are attested. The position at 31st December, 1959 in the other counties is shown below.

<i>County</i>	<i>Total cattle</i>	<i>Number of attested herds</i>	<i>Number of cattle in attested herds</i>	<i>Percentage of attested cattle to total cattle</i>
Derby ...	180,000	3,955	155,000	86
Leicester ...	175,000	2,514	129,000	74
Stafford ...	231,000	5,094	204,000	88
Warwick ...	150,000	2,912	137,000	91

(Note:—The southern part of Warwickshire also became part of an attested area on 1st October, 1959)

TUBERCULOSIS (SLAUGHTER OF REACTORS) ORDER, 1950. During the year, 870 cattle which had been kept on premises in eradication areas or attested areas and which had reacted to tuberculin tests, were slaughtered at the public abattoir. A report of the post-mortem examination in each case was sent to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food.

TUBERCULIN TESTING OF CITY HERDS.

The following animals were tuberculin tested by veterinary officers of this department during 1959:—

Rubery Hospital Farm	...	...	111 animals tested and passed.
Monyhull Hospital Farms	...	...	144 animals tested and passed.

ENVIRONMENTAL HEALTH SERVICES

HOUSING

During 1959 the number of new houses and flats and additional dwellings resulting from conversions was 3,183, of which two-thirds were provided by the Corporation and one-third by private enterprise.

In the same period 1,492 houses vacated in the Central Redevelopment Areas were either demolished or awaiting demolition at the end of the year, and a further 100 houses acquired under various Housing Compulsory Purchase Orders were in the same position. To this must be added 57 dwellings permanently closed to human habitation by Closing Orders or otherwise, and 243 miscellaneous demolitions which were required in connection with various schemes of redevelopment or road improvement.

Against the gain of 3,183 dwellings, therefore, must be set this loss of 1,892 giving a net increase of only 1,291 dwellings during 1959. (Comparable figures for recent years are: 1956, 2,071; 1957, 2,001; 1958, 1,948).

Although the Registrar General's mid-year estimate of the City's population shows a further decrease of 3,500 to 1,091,500, the number of new dwellings provided must be compared with the estimated net figure of 64,878 applicants on the Housing Management Department register and the growing scarcity of land for house building, the latter being a factor of the utmost importance so far as the clearance of high density slums is concerned.

The need to press on with Corporation acquisition and repair of unfit houses whose early demolition is out of the question is, therefore, as great as ever, having regard to the poor and worsening conditions under which their occupants are living. The preparation of the detailed evidence, plans and schedules, which constitutes the first step in that process—the declaration of the unfit houses to be a Clearance Area—has accordingly continued to be the principal duty of the Housing Section of the Department during the year.

In the return which the Council made to the Minister of Housing and Local Government under Section 1 of the Housing Repairs and Rents Act, 1954, it was estimated that the actual clearance of the slums would take at least 25 years. It was hoped, however, that by the 31st December, 1960—the end of the 5-year slum clearance programme—18,000 of the City's unfit houses would have entered into Corporation management or would have been included in Clearance or Compulsory Purchase Orders submitted to the Minister.

As various factors, mentioned below, have operated in the past year to reduce the rate of representation, it is unlikely that that aim will, in fact, be achieved. Nevertheless, it is clear that at least 18,000 houses will have been officially represented by then and that their inclusion in one or other type of Order will be well under way.

Staff

Judging by the response to recent advertisements, the present shortage of staff is unlikely to be remedied in the near future. It may be said in passing, however, that, although the prospect of spending all day and every day in the slums of Birmingham offers little attraction on paper, engagement in slum clearance work, even when the actual clearance is delayed, brings its own satisfaction and is certainly not lacking in problems.

Type of House

The slum clearance programme proceeds, as far as possible, on a basis of taking "the worst first" and now that, broadly speaking, the solid masses of back-to-back houses are all at some stage of the process leading from official representation to ownership by the Corporation, attention is being given to houses which, although unfit, are less obviously so than the former type. Many of these were built round about the time when building byelaws were coming into operation and often have through ventilation and separate yards.

Selection of the most appropriate course of action under the Housing Act, whether by inclusion in a Clearance Area or otherwise, can only be made after proper inspection. This is, of course, a more lengthy process with this type of house than in the case of the back-to-back type and one, moreover, which may result in a decision to omit the house in question as being more suited to repair by its owner. From a statistical point of view, therefore, that inspection is time lost so far as the rate of representation is concerned.

Attitude of Owners

Another factor affecting the rate of representation, although only slightly at present, is also connected with the changed type of house now coming under review. Owners of such houses are realising that it is possible, by carrying out a scheme of works, not only to avoid the inclusion of a property in a Clearance Area but to secure its exclusion therefrom if that stage has already been reached. In either case, discussion of the draft proposals with the District Housing Inspector is obviously wise, his time being regarded as well-spent if it results in an unfit property being made fit.

In some cases, this procedure has resulted in the improvement and modernisation of a house with the aid of an Improvement Grant, although it had been originally scheduled for Clearance Area action.

Incidentally, it may be said that the opportunity of acting in an advisory and constructive capacity is a welcome tonic to an officer whose abilities and experience must, unfortunately, in the present stage of the slum clearance programme, be confined almost entirely to condemnatory and destructive activities.

Additional Duties

For many years a house unfit for human habitation and acquired as such by the local authority has, by law, been regarded as worth nothing in itself, the compensation paid to the owner being based only on the value which the site would have if cleared of all buildings. The Slum Clearance (Compensation) Act, 1956, directed that full compensation should be paid to an owner-occupier who had purchased a house between the 1st September, 1939, and the 13th December, 1955, if, following action by the local authority under Part II or III of the Housing Act, it was either compulsorily vacated or acquired before the 13th December, 1965.

As the benefits of that legislation, now incorporated in the Housing Act, 1957, do not apply to purchases completed after the 13th December, 1955, local authorities have been urged by Ministry circular to take steps to ensure, as far as possible, that intending house purchasers do not, in ignorance of the Council's intentions, buy houses likely to be included in a Clearance Area or to become the subject of a Demolition Order. The Minister had specially in mind prospective purchasers—including sitting tenants—buying for their own occupation.

Prompt advertisement by the Housing Management Committee of Clearance Area Declarations showing the unfit houses affected, reinforced by periodic press notices calling attention to the need for making full enquiry before entering on the purchase of property in any way sub-standard or of older type, is now common practice.

The most important effect of this, so far as the Housing Section is concerned, has been the need to organise something approaching a new service to the public in order to carry out the Minister's suggestion that "the Council's object should be to give the enquirer as much information as they reasonably can to help him in making his decision."

Unfortunately, as time passes and the worst properties enter into Corporation ownership, fewer of the queries from prospective house purchasers can be answered from existing records. There is, consequently, a corresponding increase in the number of properties whose slum clearance future can be forecast only as the result of a visit by an officer well acquainted with standards and also able to judge the time when the locality will be affected by the Council's slum clearance programme. This work, already taking up an undue proportion of the time of senior and clerical staff, shows no sign of decreasing. Moreover, whatever the general intention of the Minister, it is not possible in practice to differentiate between enquiries from prospective owner-occupiers on the one hand and vendors and investors on the other. Enquiries made during the year were as follows:—

	<i>Enquiries</i>						<i>Houses</i>
By 'phone	1,545
By call at 67, Broad Street	1,359
By letter	6,727
							9,631
							18,317

Slum Clearance Programme

Despite the retarding effect of staff shortage, more detailed inspections and increasing time spent in dealing with owners' proposed schemes of repair and enquiries from prospective purchasers, good progress was made with the implementation of the slum clearance programme.

2,997 houses were represented as unfit and included in one or other of the 97 Clearance Areas officially declared as such, while 15 Public Inquiries into Compulsory Purchase Orders, involving 3,558, houses were held.

The owners of 877 of these latter houses, having made objection on the grounds that the houses were not unfit for human habitation, were furnished with a schedule of the defects at each house which led the Council to hold a contrary view; many of these houses were the subject of examination and cross-examination at the subsequent Public Inquiries.

Official notifications were received during the year of the confirmation by the Minister of 79 Orders, the last stage in the passage of 2,082 unfit houses into Corporation management.

Repair and Reconditioning by the Corporation

Although some confusion, not to say disappointment, is apt to be caused among tenants by designating as a "Clearance Area" houses which on acquisition by the Corporation are repaired and kept in occupation, retention of the term is at least a constant reminder that "repair to a standard which is adequate for the time being" is an expedient only and can never be a substitute for the demolition and wholesale clearance which is the only effective way of dealing with slums.

But until the supply of new houses permits the application of that remedy, the repair of the houses taken into management is of first importance.

As the period between the original Clearance Area survey by the Housing Section and Corporation entry following confirmation of the Order may be from 18—24 months, thorough repair of the houses taken over can be put in hand only after the preparation of up-to-date repair schedules by the Housing Management Department technical staff.

Urgent matters are, of course, dealt with immediately as is the occasional Public Health Notice outstanding on the date when the property comes into Corporation management.

The Housing Manager has kindly supplied the following information showing progress made during 1959 and the stage reached in the general reconditioning programme.

1. (a) Number of houses renovated during 1959 :—

(i) In Redevelopment Areas	...	...	...	717
(ii) In Clearance Areas	...	...	...	1,175
- (b) Total number of houses renovated up to 31st December, 1959 18,108

(c)	Number of houses at which renovation was in progress at 31st December, 1959	...	...	...	...	1,400
(d)	Number of houses in respect of which repair schedules or contracts were prepared or were in course of preparation at 31st December, 1959	...	...	...	...	975
2.	Average cost of renovation per house during 1959	...	...	...	...	£250
3.	Average number of initial complaints per week during 1959 from tenants in Redevelopment and Clearance Areas	...	...	...	...	1,705

The Individual Unfit House

Part II, Housing Act, 1957—Sections 16 and 18

While groups of unfit houses are included in Clearance Areas by action under Part III of the Housing Act, 1957, action with regard to individual unfit dwellings is taken under Part II of the Act.

Such a course may be the best means of dealing with a single unfit house essentially part of a large block of unfit houses included in a Clearance Area, although physically separated from it by, for example, industrial premises. In such cases steps will normally be taken to acquire the house, so that it may be repaired and retained in occupation along with the houses in the Clearance Area.

Furthermore, while individual representation under Section 16 is often the most expeditious method of dealing with two or three houses suffering from serious structural defects, it is also used to prevent the occupation of sheds, vans, etc. Representations in respect of part only of a house, such as an attic, boxroom or cellar, are also made under Section 18 of the Act.

Individual action may result, according to circumstances, in the dwelling being acquired by the Corporation or it may be demolished, closed to human occupation, or the owner may carry out approved works to make it fit for habitation.

Action under Sections 16 and 18 was taken in 98 cases during 1959, and is summarised as follows:—

(1)	Houses represented as unfit for human habitation	...	...	...	90
(2)	Owner's undertaking accepted:				
	(a) Not to relet for human habitation	...	...	...	2
	(b) To make fit for human habitation	...	...	...	4
(3)	Demolition Orders made	...	...	...	41
(4)	Closing Orders made as demolition would affect adjacent buildings	...	...	...	5
(5)	Houses to be acquired by Local Authority	...	...	...	2
(6)	Demolitions following representation only (no Orders made)	...	...	...	2
(7)	Demolitions following making of an Order or undertaking	...	...	...	101
(8)	Undertaking to make fit complied with	...	...	...	2
(9)	Parts only of buildings represented as unfit for human habitation	...	...	...	8
(10)	Closing Orders made on parts of buildings	...	...	...	7
	Total number of individual dwellings dealt with between September, 1939 and 31st December, 1959	...	...	...	1,695

Examples from among the foregoing are:—

- (a) A colony of sheds, one of which with a floor area of 58 square feet and a mean height of 6ft. 6ins. was let for 30s. per week.
- (b) The space under the floor of a lock-up shop fitted out and used as living accommodation by the occupier in an effort to reduce costs.
- (c) A semi-derelict converted bus in the grounds of a former Edgbaston mansion.
- (d) A well-built house in a quiet residential neighbourhood reduced, by prolonged neglect and use as a lodging house, to a state of gross disrepair.
- (e) Single houses excluded by the Minister from a Part III Compulsory Purchase Order to permit the owners to submit schemes to make the houses fit under Part II. After amendment the schemes were approved and the houses, in some cases with the aid of an Improvement Grant, were made fit for human habitation.
- (f) A house included in the slum clearance programme but so much worse than its neighbours that steps with a view to its advance acquisition by the Corporation were put in hand, the leaseholder being unable to carry out essential repairs. The freeholder, anxious to retain the site of the house for future industrial extension, filed an appeal with the County Court but later, having acquired the leasehold interest, carried out works sufficient to justify the house being left to take its turn in the programme.

The Individual Unfit House

Part II, Housing Act, 1957—Section 9.

Action such as that set out above is taken under Section 16 of the Housing Act, 1957, because the unfit premises cannot be made fit for human habitation at a reasonable cost. In the case of premises where the cost of making fit is reasonable, however, a Notice under Section 9 can be served on the owner requiring him to carry out the necessary works. Small groups of houses in this category are being met with increasingly during Clearance Area inspections and, although staff shortage has not permitted the service during the year of more than 21 such Notices, in every case the owner has put the work in hand without delay.

Overcrowding

An estimated reduction of 3,500 in the population and a net increase of 1,291 in the number of dwellings, whatever its effect on the families personally affected, indicates no more than a very slight trend in the right direction so far as the general overcrowding in the City is concerned. Indeed, the significance of such a trend depends on the relation between the total accommodation permanently lost by demolition or otherwise and the total accommodation in the 3,183 new dwellings provided during

the year. In that period approximately 250 hitherto unrecorded cases of statutory overcrowding were investigated, some of which were associated with most unsatisfactory living conditions.

The two, overcrowding and poor living conditions, are invariably found in the type of subletting which flourishes when the industrial prosperity of a City such as Birmingham continues to attract workers from other and less prosperous regions, despite the acute housing shortage.

Such conditions will persist so long as—to quote but one example—a man, wife and four children are better off paying 50s. a week for one room in Balsall Heath than paying 25s. a week for a four-roomed flat in Dublin.

During the year 187 letters, warning against further overcrowding of the rooms vacated, were sent to the landlords of those tenants or sub-tenants who, immediately prior to their rehousing by the Corporation, had been living under overcrowded conditions in those rooms.

There is no doubt that the issue of these warning letters, which are followed by one or two visits in the ensuing 12 months, achieves a very useful purpose.

PUBLIC HEALTH INSPECTION

Staff

The pupil training scheme is now producing a steady flow of qualified inspectors and during the year eleven pupils passed the Examination of The Public Health Inspectors' Education Board; all were appointed to the inspectorial staff.

One inspector left the service of the Corporation to take up an appointment with another local authority and four were transferred from district duties, three to the Veterinary and Food Inspection Department and one to specialise in housing under the Chief Housing Inspector. Two newly qualified inspectors, having secured the Certificate of Meat and Other Foods, were called up to do National Service and at the end of the year one inspector who had completed his National Service returned to duty with the Department. The net gain of inspectors on district duties at the end of the year compared with 1958 was five. The services of two superannuitants were retained throughout the year.

The actual strength of inspectors on district duties at the end of the year was:—

	<i>Actual</i>	<i>Establishment</i>
District Inspectors	10	10
Assistant District Inspectors	18	20
Public Health Inspectors	28	40
Pupil Public Health Inspectors	20	40

Not included in the above figures are the two qualified inspectors who are at present completing their National Service.

The establishment for public health inspectors was increased by ten in November, the Health Committee having taken into consideration the increased duties undertaken by public health inspectors since last the establishment was reviewed. It is hoped that, as the number of qualified inspectors is increased, full scale house to house inspection under Section 9 of the Housing Act, 1957 will be possible.

The figures shown above for pupils does not include the six who were appointed in September and who carry out their first year of training within the office.

The strength of pupils at 31st December, 1959 was as follows:—

<i>Year</i>					<i>Final Year</i>	<i>Number of Pupils</i>
First year	...	...	...	...	1963	6
Second Year	...	...	...	...	1962	4
Third Year	...	...	...	...	1961	6
Fourth Year	...	...	...	...	1960	10

One of the pupils in his final year was doing his National Service and two also in the final year will not be eligible to sit the Examination until 1961 as they are debarred from doing so until reaching the age of 21 years.

The duties under the Prevention of Damage by Pests Act, 1949, are carried out by inspectors who specialise in this branch of the work and there is a vacancy for one inspector on establishment. Duties under the Shops Act, 1950, are also carried out by inspectors who specialise in the work.

Inspections

The total visits made by the inspectorial staff on the districts was 188,056. This includes 26,618 visits made by pupils under instruction who visited premises whilst accompanying a qualified inspector.

Comparative figures for recent years are as follows:—

<i>Year</i>									<i>Visits</i>
1955	...	...	...	...	...	...	...	...	180,825
1956	...	...	...	...	...	...	...	...	186,796
1957	...	...	...	...	...	...	...	...	171,598
1958	...	...	...	...	...	...	...	...	192,419
1959	...	...	...	...	...	...	...	...	188,056

In February, the City Council delegated to the Health Committee the duties under the Housing (Financial Provisions) Act, 1958, in respect of improvement grants. Formerly the Health Committee had only been responsible for these duties in respect of landlord owned properties. The visits and inspections involved much detailed work.

The number of house inspections shows a slight decrease compared with 93,086 in 1958. This is accounted for by a reduction in the number of complaints received, probably brought about by the exceptionally prolonged and dry summer. There was a marked fall in the number of visits made in connection with the Rent Act, 1957. The number of visits made by inspectors accompanied by a pupil under instruction has fallen from 34,263 in 1958 to 26,618. This is by reason of the fact that, as the pupils gain experience, so many of their visits, especially of a more routine character, are carried out on their own. In the majority of classes of premises more visits were made than in the previous year.

The total of visits by staff engaged on general district duties during 1959 was made up as follows:—

		<i>% of total</i>
House inspections	91,566	48.69
Inspections of food premises	8,392	4.42
Visits re infectious disease	3,183	1.69
Inspections of milk shops	2,823	1.50
Visits to school premises	30	0.02
Visits to second-hand dealers... ..	25	0.02
Inspections of outworkers' premises	1,507	0.80
Inspections of tents, vans and sheds	208	0.11
Inspections of stables and pigsties	438	0.24
Inspections of tips	279	0.15
Visits to burials, exhumations, etc.	27	0.02
Inspections of pleasure fairs and circuses	142	0.08
Visits re sampling of water	424	0.23
Visits re taking of rag flock samples... ..	80	0.04
Inspections of offensive trade premises	60	0.03
Inspections of factory premises	6,289	3.35
Inspections of surface air-raid shelters	404	0.22
Inspections of common lodging houses	236	0.13
Inspections of premises re Town and Country Planning applications	1,303	0.69
Inspections of public houses	1,030	0.55
Visits by pupils under instruction by qualified inspectors	26,618	14.16
Joint visits made by qualified inspectors	3,145	1.67
Other successful visits	15,834	8.42
Unsuccessful visits	20,007	10.64
Visits to general practitioners to deliver supplies of poliomyelitis vaccine	3,924	2.09
Visits re lectures and demonstrations to visitors	82	0.04
	<u>188,056</u>	<u>100.00</u>

Total visits made by inspectors, including those engaged on certain special duties:—

Visits by public health inspectors on district ...	188,056
Visits by Shops Act inspectors :	
Conditions in shops	16,505
Hours of trading and special visits	13,017
	<u>29,522</u>
Visits by rodent control inspectors	17,968
	<u>235,546</u>

These separate totals as percentages of the whole are as follows:—

	<i>%</i>
District visits	79.9
Shops Act inspectors	12.5
Rodent control inspectors	7.6
	<u>100.0</u>

Infectious Disease

A total of 3,183 visits was made by inspectors in connection with enquiries into cases of food poisoning and certain infectious diseases. These visits included those made to obtain specimens for bacteriological examination to assist the Medical Officer of Health in his investigations.

Once again the assistance of the district inspectorial staff was enlisted in delivering to general practitioners some supplies of vaccine for use against poliomyelitis. The number of visits for this purpose was 3,924 compared with 5,794 in 1958.

House to House Inspections

Towards the end of the year a limited number of inspections were carried out of houses under Section 9 of The Housing Act, 1957, but no notices had been prepared for service at the close of the year.

Certificates of Disrepair

The Rent Act, 1957, came into force on the 6th July, 1957. A tenant who considers repairs are necessary can serve a notice on his landlord and, if the work is not done or a satisfactory undertaking to do the work is not received by the tenant within six weeks of the service of the notice on the landlord, then the tenant can apply to the local authority for a certificate of disrepair. The majority of applications for certificates of disrepair were received in 1958 and by the early part of 1959 the number of applications received from tenants had been reduced to a trickle. Nevertheless, much work was undertaken in the early part of the year in respect of applications already received, and during the year 585 applications were received and the following figures indicate the action taken in 1959:—

Part I—Applications for Certificates of Disrepair

1. Number of applications for certificates	...	...	...	585
2. Number of decisions not to issue certificates	...	...	...	1
3. Number of decisions to issue certificates	...	...	...	586
(a) in respect of some but not all defects	...	...	...	436
(b) in respect of all defects	...	...	...	150
4. Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	468
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	...	...	...	1
6. Number of certificates issued	...	...	...	117

Part II—Applications for Cancellation of Certificates

7. Applications by landlords to Local Authority for cancellation of certificates	...	...	...	58
8. Objections by tenants to cancellation of certificates...	...	...	...	13
9. Decisions by Local Authority to cancel in spite of tenant's objections	...	...	...	4
10. Certificates cancelled by Local Authority	...	...	...	62
Number of visits made under the Act	...	...	...	1,680
Number of re-visits made under the Act	...	...	...	1,195
Total number of visits	...	...	...	2,875

The number of visits necessitated by the Rent Act, 1957, during the year 1959 was 8,058.

In addition to the action taken above, notices were served in appropriate cases under the Public Health Act, 1936, for the abatement of statutory nuisances. The Rent Act, 1957, resulted in many works of repair being carried out which could not have been enforced under the Public Health Act, 1936, or the Housing Act, 1957.

Rent Restriction Acts

Amendments to the Landlord and Tenant (Rent Control) Act, 1949, by the Rent Act, 1957, make it no longer necessary for a local authority to keep a register under the 1949 Act, but the Chief Public Health Inspector still acts as Registrar for the purpose of the Furnished Houses (Rent Control) Act, 1946.

During the year 139 notifications were received from the Rent Tribunal resulting in 80 entries being made in the 1946 Register. On no occasion was a request made for the Register to be produced for inspection by the public. Seven Certified Copies from the Register were issued on payment of one shilling each.

Improvement Grants

HOUSING (FINANCIAL PROVISIONS) ACT, 1958

HOUSE PURCHASE AND HOUSING ACT, 1959

Following representations by the Health Committee and the House Building Committee, the City Council at their meeting on the 3rd February delegated legislation relating to improvement grants under the Housing (Financial Provisions) Act, 1958, to the Health Committee. Prior to that date applications received from owner-occupiers had been dealt with by the Public Works Committee and applications from landlords had been the responsibility of the Health Committee. In order to avoid so far as possible duplication of effort and to ensure that the necessary works are carried out to bring the house to a standard which will provide a reasonable unit of accommodation for not less than 15 years, applications are dealt with by public health inspectors.

On 14th June, the House Purchase and Housing Act, 1959, came into force and those provisions relating to improvement grants made in respect of houses not in Corporation ownership were again delegated to the Health Committee. The Act introduced a number of amendments to existing legislation with the object of making the grant scheme more attractive to owners and also introduced an entirely new form of system known as the Standard Grant Scheme. The new scheme was intended to help the improvement of older houses by providing what are known as the Five Standard Amenities, i.e. a bath, hot water system, water closet, wash-hand basin and food store. The standard grants are specially intended to help the modernisation of houses which can be equipped with these amenities without the necessity for structural additions involving much

new building work. They can be claimed as a right and the owner can, before works commence, form some idea of the amount of grant which he can expect to receive.

Applications can only be made by the owner who must be a freeholder or have a leasehold interest of at least 15 years. In accepting the grant the owner must abide by certain conditions for 10 years, one of which, in the case of a house which is already subject to rent control, is that the rent control continues and the owner may make an increase of 8 per cent. on his portion of the cost of the improvements. In the case of a house which is not subject to rent control then a new maximum is imposed by Section 20 of the Rent Act, 1957, or the owner may request the local authority to fix a maximum rental.

After a few months of the working of the House Purchase and Housing Act, 1959, it was apparent that the majority of owners, when providing a bathroom, were anxious also to provide a water closet within the house, despite the fact that they had already a separate water closet within the yard. Unfortunately, the wording of Section 4, sub-section (1) of the Act precludes a local authority from making a grant if the house already possesses a water closet contiguous to the dwelling. A high percentage of applications to convert back bedrooms into bathrooms are affected by this and accordingly strong representations were made to the Minister of Housing and Local Government by the Health Committee.

Although the number of applications received from owner-occupiers and landlords has increased substantially in the last year, the number of applications from landlords remains only a small percentage of the whole. The graph on page 207 shows the number of applications approved in recent years.

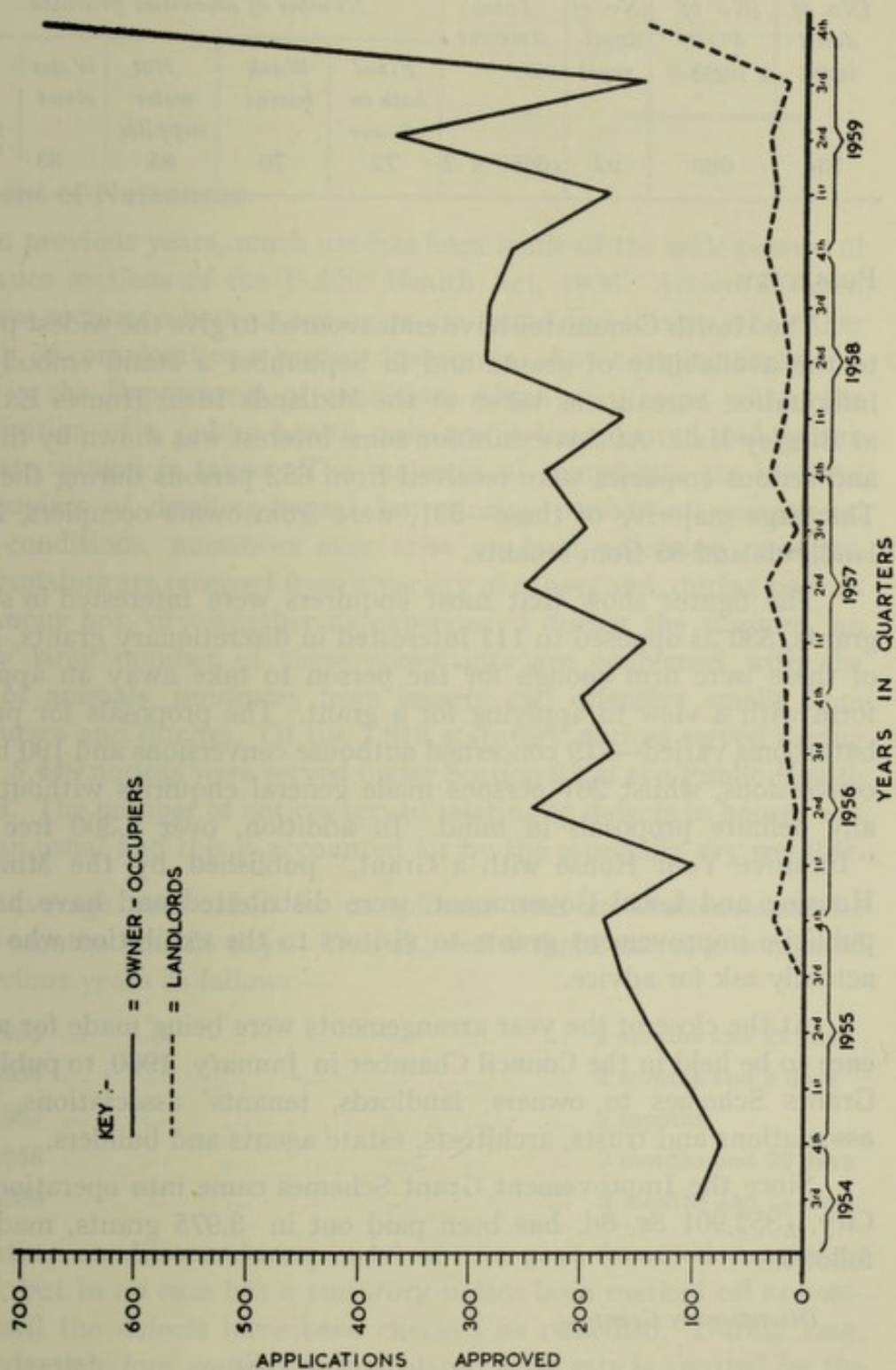
DISCRETIONARY GRANTS—

	<i>Formal applications received during the year</i>	<i>Applications approved during the year</i>			
	<i>Number of dwellings</i>	<i>Number of dwellings</i>	<i>Amount of grant which the Council have decided to pay</i>		
(a) Conversions	38	27	£ 8,062	s. 10	d. 0
(b)* Improvements					
Landlords	142	121	12,446	2	7
Owner-occupiers	902	807	74,270	15	0

*These figures include grants approved to the value of £3,485 10s. 0d. in respect of 39 dwellings which were owned by their occupiers and dealt with by the House Building Committee prior to the change of delegation to the Health Committee which took place on 3rd February, 1959.

HOUSING IMPROVEMENT GRANTS

APPLICATIONS APPROVED



STANDARD GRANTS—

<i>Applications</i>		<i>Grants Paid</i>						
<i>Received</i>	<i>Approved</i>	<i>(No. of dwell-ings)</i>	<i>Total Amount</i>	<i>Number of amenities provided</i>				
<i>(No. of dwell-ings)</i>	<i>(No. of dwell-ings)</i>			<i>Fixed bath or shower</i>	<i>Wash basins</i>	<i>Hot water supplies</i>	<i>Water closet</i>	<i>Food storage facilities</i>
734	660	92	£6659 4 2	72	70	85	83	29

PUBLICITY

The Health Committee have endeavoured to give the widest publicity to the availability of grants and in September a stand embodying an information bureau was taken at the Midlands Ideal Homes Exhibition at Bingley Hall. At this exhibition some interest was shown by the public and serious enquiries were received from 652 persons during the period. The large majority of these—531, were from owner-occupiers, 36 from landlords and 85 from tenants.

The figures show that most enquirers were interested in standard grants, 530 as opposed to 111 interested in discretionary grants, and 237 of these were firm enough for the person to take away an application form with a view to applying for a grant. The proposals for providing bathrooms varied—219 concerned outhouse conversions and 190 bedroom conversions, whilst 261 persons made general enquiries without having any definite proposals in mind. In addition, over 8,300 free leaflets "Improve Your House with a Grant," published by the Ministry of Housing and Local Government, were distributed and have helped to publicise improvement grants to visitors to the exhibition who did not actually ask for advice.

At the close of the year arrangements were being made for a conference to be held in the Council Chamber in January, 1960, to publicise the Grants Schemes to owners, landlords, tenants' associations, housing associations and trusts, architects, estate agents and builders.

Since the Improvement Grant Schemes came into operation in the City, £352,901 3s. 6d. has been paid out in 3,975 grants, made up as follows:—

Discretionary Grants—

	<i>No.</i>	<i>Amount</i>
		<i>£ s. d.</i>
Landlords	365	58,349 17 2
Owner-occupiers	3,518	287,892 2 2
	<u>3,883</u>	<u>346,241 19 4</u>

					No.	Amount		
						£	s.	d.
Landlords	...	...	...	...	11	692	10	0
Owner-occupiers	...	...	...	...	81	5,966	14	2
					92	6,659	4	2

Abatement of Nuisances

As in previous years, much use has been made of the wide powers of the nuisance sections of the Public Health Act, 1936. Action is taken under these sections wherever nuisances are found and this may be either as a result of complaint or a routine inspection. Any complaint which is received in the Department of conditions which may come within the loose definition of a public health nuisance is investigated and, where appropriate, action is taken. The majority of complaints are received from occupiers of dwelling-houses but, during periods of exceptional weather conditions, nuisances may arise on land adjoining premises. Many complaints are received from a variety of causes and, during periods of continuous hot, dry weather as experienced during the summer, an unusually large number of these complaints are concerned with the keeping of animals, nuisances from insects and offensive smells from brook courses and ditches. Of the 7,819 statutory notices served during the year, 5,448 notices were served under Section 93 of the Public Health Act, 1936. The number of notices served relating to defects in houses was lower than usual and this is accounted for by the especially dry weather.

The average time taken for compliance with an abatement notice was two months and 24 days. This showed a slight increase compared with previous years as follows:—

1955	...	...	...	...	...	...	2 months and 23 days
1956	...	...	...	...	...	...	2 months and 3 days
1957	...	...	...	...	...	...	2 months
1958	...	...	...	...	...	...	2 months and 22 days
1959	...	...	...	...	...	...	2 months and 24 days

Weather conditions during most of the year favoured repairs to property, but in no case has a statutory notice been marked off as completed until the defects have been checked as remedied. During long, dry periods, therefore, some time may elapse when rain is awaited for the final check. As in 1958, it was noticeable that building labour was fully engaged on repairs to property, not necessarily as a result of notices served by the Department, but quite possibly following action by tenants under the Rent Act, 1957.

The total of 7,819 statutory notices was made up as follows:—

Nuisances under Section 93 of the Public Health Act, 1936— dealing mainly with roofs, spoutings, fallen plaster, defective floorboards, broken sashcords and window frames	5,448
Stopped up drains, soil pipes, water closets and private sewers, dealt with under the Birmingham Corporation Act, 1946, as amended by the 1954 Act	1,056
Urgent nuisances, badly leaking roofs, broken water closet pedestals, etc., dealt with under the Birmingham Corporation Act, 1948	368
Provision or improvement of piped water supply—Section 138, Public Health Act, 1936, as amended by Section 30, Water Act, 1945	317
Yard paving and drainage—Section 56, Public Health Act, 1936	195
Unsatisfactory drainage—Section 39, Public Health Act, 1936 ...	379
Filthy or verminous premises—Section 83, Public Health Act, 1936	11
Additional water closets—Section 44, Public Health Act, 1936 ...	1
Conversion of closets—Section 47, Public Health Act, 1936 ...	1
Byelaw infringements—nuisances	1
Provision of sanitary accommodation—Section 39, Birmingham Corporation Act, 1935	9
Removal of noxious matter, Section 79, Public Health Act, 1936	3
Houses let in lodgings—fitness for occupation by families, Section 36, Housing Act, 1957	19
Houses let in lodgings—prevention of overcrowding—Section 90, Housing Act, 1957	11
	<hr/> 7,819 <hr/>

To enforce the requirements of the abatement notices it was necessary to serve 265 summonses during the year. Figures for recent years were:—

	<i>Summonses served</i>
1955	1,442
1956	672
1957	316
1958	769
1959	265

In many cases the necessary work was in hand or completed before the date of hearing and in the circumstances Nuisance Orders were made by the Magistrates in 56 cases.

					<i>Total fines imposed</i>		
					£	s.	d.
General nuisances	...	...	...	265	—	—	—
Dogs fouling footway	...	...	...	1	2	0	0
Contraventions of Shops Act, 1950	...	...	...	15	21	0	0
Contraventions of Section 36, Housing Act, 1957 (Works required, or numbers to be reduced in houses let in lodgings	...	...	...	14	141	10	0
Contraventions of Section 90, Housing Act, 1957 (Overcrowding in houses let in lodgings)	...	...	...	1	5	0	0
Furnished Houses (Rent Control) Act, 1946	...	...	...	3	10	0	0
Section 154, Public Health Act, 1936. (Rag collectors)	...	...	...	1	6	0	0
Disobeying Magistrates' Order	...	...	...	1	Withdrawn		
					301	£185	10 0

Enforcement Section

This section undertakes the responsibility for arranging execution of all works required to comply with Statutory Notices served by the Department under the Public Health Act, 1936, and associated Acts at the request and default of owners, owner-occupiers and occupiers, and to carry out the requirements of Nuisance Orders made by the City Justices at the Victoria Law Courts when these orders have not been complied with by the persons concerned.

Another important function carried out is the institution of all legal proceedings undertaken by this section of the Department in full collaboration with the Town Clerk's Department, and involves the careful preparation of evidence and collation of information of every description necessary for prosecutions to be successfully conducted in the Magistrates' Courts.

The efficient and prompt manner in which this section was able to arrange execution of works required by Statutory Notices and Nuisance Orders at a reasonable cost, and the fact that there was efficient daily supervision by an inspector while the work was in progress, ensuring that the repairs were satisfactorily carried out, resulted in owners having confidence in the service provided by the Department and many requests being received for assistance. This particularly applied where works were of a difficult nature or where the works involved more than one owner and the cost had to be apportioned between the owners concerned; the apportionment of such costs usually being accepted without question.

In view of these services a 5 per cent. Establishment Charge is now made on all works undertaken by the Department to help defray administrative expenses.

Repairs to property during the year covered all spheres of building work and varied from minor items of general repair to extensive re-roofing

of property, major drainage works to prevent flooding, and regrading and paving of access passages and approaches to houses in tarmacadam or with concrete paving slabs, and included improvements to existing water supplies serving domestic premises in many instances.

During the year the total cost of all works carried out was £7,199/7/4. They required the preparation of 186 specifications respecting 626 houses. Of these, 71 specifications were for execution of building repairs to abate nuisances at 134 houses at a cost of £2,130/2/9.

Repairs and improvements were carried out at a total of 301 houses at the request of owners at a cost of £3,523/10/1, which necessitated the preparation of 100 specifications, and at 325 houses at the default of the owners at a cost of £3,675/17/3 involving 86 specifications. In 25 cases essential works were carried out to comply with Nuisance Orders made by the City Justices at the Victoria Courts. The cost of this work totalled £402/1/3 and the number of houses affected was 27.

The following analysis indicates the work undertaken by the Section during 1959:—

	<i>Jobs</i>	<i>Houses</i>	<i>Cost</i>		
			£	s.	d.
<i>Section 93 Public Health Act, 1936.</i>					
<i>General Nuisances—repairs to defective houses.</i>					
At default of owners—for non-compliance with Nuisance Orders ...	25	27	402	1	3
By agreement ...	46	107	1,728	1	6
<i>Section 56 Public Health Act, 1936.</i>					
<i>Paving of courts, yards and passages.</i>					
At default of owners ...	7	85	618	1	3
By agreement ...	7	49	524	7	4
<i>Section 39 Public Health Act, 1936.</i>					
<i>Provision of satisfactory drainage.</i>					
At default of owners ...	28	88	265	7	11
By agreement ...	33	85	213	6	9
<i>Section 79 Public Health Act, 1936.</i>					
<i>Removal of noxious matter from premises.</i>					
At default of owners ...	1	1	3	10	0
<i>Section 138 Public Health Act, 1936</i> <i>(as amended by Section 30, Water Act, 1945). Houses already having internal water supply but where supply was insufficient—improvement effected.</i>					
At default of owners ...	24	123	2,374	9	1
By agreement ...	13	55	1,026	19	10
<i>Section 32 Birmingham Corporation Act, 1948. Urgent defects to premises.</i>					
At default of owners ...	1	1	12	7	9
By agreement ...	1	5	30	14	8

Many owners experience financial hardship in meeting the costs of repairs to their property following the service of Statutory Notices and, in requesting the Department to carry out the works required on their behalf, also request financial help to meet the costs incurred.

In these cases it is the policy of the Health Committee to permit repayment of the costs to be spread over a period, normally of three years, but in cases of exceptional hardship the time for repayment has been extended beyond this period. The special circumstances of each case are considered on their respective merits before any such action is taken.

During the year 44 owners, in requesting the Department to carry out works on their behalf, indicated that they desired to repay the costs incurred by instalments.

Power to execute works to comply with Statutory Notices is given by Section 275 of the Public Health Act, 1936, where work is carried out by agreement with owners or occupiers of premises and Section 291 of the same Act allows the recovery of the costs of works carried out by instalments spread over a period of years.

During the year 14 sealed instalment orders for recovery of expenses were made by the Town Clerk. Agreements for recovery of expenses incurred were made by the Secretary-Accountant in 19 cases and collection of rents in recovery of expenses undertaken in two instances, and in four cases the recovery of expenses is being made by weekly collections from rents. Recovery of costs through County Court Orders is being made in eleven cases.

During the year all works, with one exception, were carried out on a daywork basis of labour and materials plus costs to include overheads as set out in the National Schedules of Daywork Charges for General Building Work.

This method of execution of repairs and improvements of every type has been found, from experience, to be the most practical and economical and results in work being put in hand without delay.

In one case of major works tenders were invited by advertisements in the local newspapers, which resulted in a very competitive price being received.

The building industry now appears to be back to normal and no difficulties have been experienced in arranging for execution of works or in obtaining the building materials required, with the exception of the hiring of tubular steel scaffolding, which has again proved difficult and has caused some delay to contractors engaged by the Department in certain instances as the demand for the hire of this type of scaffolding is greater than the amount held in stock by the suppliers.

Legal proceedings were instituted by the Department during the year in 301 instances and the summonses issued and the fines imposed are set out on page 211.

Legal action was taken in 14 cases under Section 36 of the Housing Act, 1957, to secure the fitness for occupation for the number of families accommodated in houses let in lodgings in respect of the provision of essential amenities which include separate cooking facilities, ventilated storage of food, accessible water supply and sanitary conveniences. The fines imposed by the City Justices amounted to £141/10/0.

Urgent Nuisances

As in previous years, great benefit was derived by both landlords and tenants from the use of the special powers for dealing with urgent nuisances contained in Section 59 of the Birmingham Corporation Act, 1946, as amended by the Act of 1954, and Section 32 of the Birmingham Corporation Act, 1948.

After service of notice the Corporation is empowered to enter and do work if urgent work remains undone after a short specified period of time. Provision is made for the recovery of costs incurred.

Birmingham Corporation Act, 1946—Section 59.

Total number of notices served during 1959	...	...	...	1,056
(involving 829 jobs)				
Work carried out by owners in specified time	...	...	...	517
Orders given by this Department in default of owners' compliance	...	...	...	295
Orders given by this Department at request of owners	...	...	...	17
Total cost of work given to the Department's contractors	...	£946	8 11	
Average cost per job	...	...	...	£3 0 8
The maximum charge in respect of any one job was	...	...	£46	6 11
and the minimum was	...	...	...	7 6

During the year notices were served in respect of obstructions in 13 private sewers affecting 150 houses.

Birmingham Corporation Act, 1948—Section 32.

Total number of notices served during 1959 (involving 359 jobs)	368
Work carried out by owners in specified time	248
Orders given by this Department in default of owners' compliance	97
Orders given by this Department at request of owners	14
The cost of the work given to the Department's contractors	
totalled	£934 0 8
Average cost per job	£8 8 3
The maximum charge in respect of any one job was	£75 1 9
and the minimum was	14 1

Redevelopment Areas and Clearance Areas

The Corporation acquired some 30,000 unfit houses in the Central Redevelopment Areas declared under the provisions of the Town and Country Planning Act, 1944; 8,991 of these have been demolished in the process of redevelopment and many of the remainder have had extensive repairs carried out to bring them up to a standard to make them adequate for the time being. As a result of action under the Housing Act and the inclusion of houses in Clearance Areas a further 8,411 unfit houses had entered into Corporation management at the end of the year. The Housing Management Department is faced with the considerable task of carrying out essential works to bring the majority of these houses also up to a standard adequate for the time being. The rate at which houses can be demolished and the sites redeveloped is closely linked with the rate at which new dwellings can be found for the occupiers. Despite the fact that the Corporation is spending large sums of money on these houses, defects of repair are constantly recurring, some of which create nuisances and cause for complaints by the tenants. The occupiers are free to complain to either the Housing Management Department or to the Public Health Department where unsatisfactory housing conditions are experienced, and it is noticeable that those anxious to secure improved accommodation endeavour to press their claims with the assistance of the Health Department.

During the year 1,972 complaints were received in respect of properties in the management of the Housing Management Department and 11 in respect of properties known to be in the management of the City Estates Department. Of these complaints 1,186 (60 per cent.) were investigated by the health inspectors before being referred to the appropriate department. The remainder were referred direct to the Housing Management Department. A total of 1,555 Preliminary Notices was sent to the Housing Manager during the year, and appropriate follow up action was taken in the interests of public health and of the tenants.

Burial of the Dead and Exhumations

The Home Office notify the Medical Officer of Health whenever a licence is given for the removal of human remains from a grave within the City. A public health inspector attends so as to be in a position to take any action which may appear necessary in the interests of public health. Remains covered by five licences were removed and reinterred during the year.

Visits are also made in respect of the depth of graves in certain burial grounds not in the Corporation control. 27 such visits were made during the year.

Domestic Surface Air Raid Shelters

Arising out of the survey carried out in 1954, further consideration was given during 1959 to numbers of shelters which had been the subject

of complaints. In 119 cases it was considered that the amenities of nearby dwelling houses were so disturbed as to constitute a danger to health and therefore to warrant representation being made for the demolition of the shelters. The total number of shelters represented for demolition since the survey began was brought up to 600 at the 31st December 1959, as follows:—

				<i>Total shelter structures surveyed</i>	<i>Shelters represented for demolition</i>
Central Wards	...	...	...	822	231
Middle Ring Wards	...	...	...	1,212	305
Outer Ring Wards	...	...	...	2,002	64
				<hr/> 4,036 <hr/>	<hr/> 600 <hr/>

Common Lodging Houses

A register of all established common lodging houses in the City is maintained in the Department as required by the provisions of Section 237 of the Public Health Act, 1936. Detailed information as to the full names and addresses of all persons registered as "keepers" and "deputy keepers," together with addresses of all such lodging houses, are provided in this record. The register also shows the permitted number of persons which each lodging house may accommodate.

Ten such premises were registered for the year, providing a total accommodation for 727 men only. During the year one change of ownership occurred and details of the new registered keeper were duly recorded in the register. Towards the end of the year the registered keeper of one of the smaller establishments intimated to the Department that no application for the re-registration of this establishment would be made for 1960. At the end of the year this house was closed down reducing the total accommodation provided in the City by 25 beds.

Byelaws made under the Public Health Act, 1936, are framed to secure the proper management and control of such lodging houses. Public Health inspectors carry out routine visits, both by day and night, to ensure the observance of these byelaws. During the course of the year the inspectorate made a total of 236 visits, details of which are as follows:

Day visits	111;
Night visits	111;
Special visits	14;
Unsuccessful visits	nil.
Total	236

Only minor contraventions of the Byelaws were noted, the details of which were immediately reported to the deputy keepers at the time of visit. The Department also sent letters of confirmation in all such cases to the relevant registered keepers and in no instance was it necessary to resort to statutory action.

Tents, Vans and Sheds

The number of caravan sites within the City does not vary considerably from year to year. There were only four sites within the City with over six caravans during the year and one of these was occupied by persons engaged on a building site in connection with the construction of Corporation houses. The greatest difficulty with caravans is experienced from siting of small numbers of caravans on unauthorised sites. When unauthorised caravans are found they are reported to the City Engineer and Surveyor for action under private Act powers contained in Section 43 of The Birmingham Corporation Act, 1953. This section makes it, with a few exceptions, an offence for any person to place a tent, van, shed or similar structure used or intended to be used for human habitation on any land situated within the City without the previous approval of the Corporation.

208 visits were paid to land occupied by caravans during the year.

As a result of prosecutions taken by the City Engineer and Surveyor under Section 43 of The Birmingham Corporation Act, 1935, 33 caravans were removed from sites and a further 286 were removed without recourse to prosecution.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956.

The number of premises in the City known to the Department to which the above Act applies is 65, and ten routine visits were paid to this class of premises, which are mainly smallholdings, small farms and land on which produce is grown for sale, such as market gardens and nursery gardens.

Generally speaking, as would be expected, there are no farms employing large numbers of workers. No statutory action was taken under the Act during the year.

Offensive Trades

The number of established offensive trades within the City remains remarkably static. In 1959 there were 16 premises registered. These are subject to visits by public health inspectors, especially during the summer months when most nuisance is likely to be created. 60 visits were made during the year and it was necessary to keep special observation in one area of the City where offensive trades are concentrated. Complaints had been received of pungent odours being detected in the area from time to time and these were eventually traced to one of the firms engaged in bone boiling. Approaches having been made to the management, special attention was given to the plant and additional plant was ordered and was to be installed at the end of the year.

During prolonged periods of heat wave conditions such as were experienced during the summer, it is not unnatural that complaints

should be received when it is remembered that many factories, offices and houses had all windows open throughout the entire period when they were occupied.

Many complaints were received within the Department of offensive odours from sources other than offensive trades. These included odours from street gullies, the water seals of which had evaporated, and streams water courses and canals, which became malodorous owing to the shortage of fresh and surface water to dilute any matter which was polluting them.

Pig Keeping

Despite the hot weather there were few complaints concerning the keeping of pigs within the City. The small pig keeper, who used to keep his pig in the back garden, especially in times of meat rationing, is now greatly reduced in number, but 13 larger pig keepers were still in operation in the City at the close of the year.

It was necessary to serve one statutory notice under the Byelaws for nuisance arising from the keeping of pigs and this was complied with and, therefore, no legal proceedings were necessary.

438 visits were made during the year.

Tips and Tipping

No further change occurred in the number of established tips within the City which remained at 13 at the end of the year. During 1959, public health inspectors made a total of 279 visits which were mostly of a routine character.

The Department received very few complaints but those were promptly investigated. In such cases the tip operators afforded willing co-operation and any nuisances were quickly abated.

Complaints of indiscriminate tipping on vacant sites and unused land were also received. The materials so tipped were mainly rubbish and discarded articles. It is regrettable that certain irresponsible members of the public persist in this practice but, as the development of such sites gradually proceeds, it is anticipated that complaints of this nature will diminish.

Pleasure Fairs

The Byelaws to control pleasure fairs within the City, made in 1953, have had a marked effect on the operation of such fairs. It is a requirement of these Byelaws that three days' notice of intention to hold a fair must be given to the Town Clerk and Chief Constable by the manager of the pleasure fair. This enables various officers of the Corporation, to whom responsibilities are delegated, to ensure that the requirements of the Byelaws are complied with from the outset of the fair. This notice is in addition to that required to be given to the Surveyor to the Licensing

Justices in connection with application for a music licence. It is pleasing to recall that very close liaison is maintained between the Health Department and the Surveyor to the Licensing Justices on this matter.

Notice of intention to hold fairs was given in 37 cases during the year and 142 visits were made. It was not necessary to serve any notice for contravention of the Byelaws.

The Corporation sponsored the holding of a number of gala weeks in the parks and these seem to have met with considerable success.

The definition of pleasure fair includes any circus, exhibition of human beings or performing animals, shooting gallery and, therefore, normally includes flower shows, garden fetes and similar functions.

The Problems we meet

In the everyday life of the public health inspector a great part of his time is taken up in the investigation and abatement of nuisances for which, in most cases, correct procedure is to be found on the statute book. On certain occasions, however, the inspector is confronted with a problem for which he has no ready solution and which demands much of his time in thorough investigation before he may arrive at a satisfactory remedy.

For example, at the end of January a message was received in the Department from a general practitioner that he had been called to a family who were said to suffer from vomiting and headache during foggy weather.

Blood samples were taken from members of the affected household but no evidence of carbon monoxide poisoning was found. However, there were certain symptoms of the illness which suggested carbon monoxide poisoning and so possible causes of this had to be investigated. The co-operation of the West Midlands Gas Board was sought but no escape of gas which could account for the illness was detected. Other causes now had to be looked for.

In the kitchen of the house there was a free standing boiler and in the hall a paraffin convector heater. It was determined by enquiry that, immediately before the illness the occupiers had turned the paraffin heater down to a very low flame. They had also "banked up" the boiler and then retired to bed leaving all windows closed because of the foggy weather. Resulting from this information tests were carried out with a carbon monoxide detector. It was observed that, when the paraffin heater was turned down, the flame burned yellow instead of blue and gave a reading of 0.01 per cent by volume of carbon monoxide. Similar tests were carried out to the kitchen boiler when it was fully charged and all dampers closed and similar readings were obtained. This concentration could be dangerous during adverse weather conditions.

The brick built flue to the boiler was also examined and it was found that the chimney pot was small. In addition, it was noticed that the flue

pipe from the boiler entered the brick flue approximately twelve inches above the base and this caused a cold spot in the flue. A smoke test, under pressure, was applied to the flue and it was noted that small amounts of fumes leaked into one of the bedrooms.

Under normal weather conditions, with windows open and a good circulation of air, these heaters were quite safe in use. If the weather was foggy, however, and all windows were closed, it was possible for the carbon monoxide concentration to build up into dangerous proportions if the paraffin heater was turned too low and all the boiler dampers were closed.

As a result of the above investigation, suitable advice was given to the occupiers regarding the operation of these heaters and the matter thereby brought to a satisfactory conclusion.

Canal Boats

During the year 1959, the number of boats inspected on the canals within the City area was 428 and the number of inspections each quarter was as follows:—

First quarter 47; Second quarter 80; Third quarter 152; Fourth quarter 149.

There was a continued fall in the number of boats inspected from the last quarter of 1958 up to the middle of 1959. Again this was due, almost entirely, to the falling off in the amount of goods being brought to and carried from the City in canal boats.

The 428 boats inspected were registered for the accommodation of 1,270 persons and when inspected were found to be carrying 262 men, 239 women and 203 children, a total of 704 persons—represented in terms of adults as 602½.

Of the 428 boats inspected during the year, it was found that 402 or 93·9 per cent. were in good condition and conforming with the Act and Regulations, while in 26, or 6·1 per cent. of the total, various contraventions were found:—

Boats with one contravention each,	7, making total contraventions	7
Boats with two contraventions each,	17, making total contraventions	34
Boats with three contraventions each,	2, making total contraventions	6
	—	—
	26	47
	—	—

Complaint notes were duly served on the owners in all cases, except for 4 verminous boats which were disinfested by the Authority. 22 complaint notes were issued during 1959 and 17 brought forward from 1958. 22 complaint notes relating to 36 contraventions were complied with during the year, leaving an outstanding balance of 17. It has not been necessary during the year to take any court proceedings under the Public Health Act, 1936, or the Canal Boat Amendment Regulations, 1925.

No cases of infectious disease were reported during the year, 1959.

The number of boats registered in Birmingham is 97, classified as follows:—

Motor boats	57	Ordinary boats	40
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Prevention of Damage by Pests Act, 1949

The Prevention of Damage by Pests Act, 1949, placed upon a local authority the duty of securing, so far as is practicable, that their district is kept free from rats and mice. The Act also requires owners and occupiers of premises to notify the local authority where rats or mice are found to be infesting premises or land in substantial numbers. Powers are given to the local authority to require the owner or occupier of land or premises to take appropriate steps to rid the premises of such rodents.

COMPLAINTS

There was a further slight increase in the number of complaints of infestation received in the Section compared with the previous year. Comparative figures are shown and include those for 1950, the first full year after the Act came into force.

<i>1950</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>
4,843	8,889	8,090	7,235	7,351	7,971

Every complaint received by the Section is investigated and a detailed inspection is made, not only at the premises of the original complainant but frequently at the adjoining premises. This ensures that a wide coverage of the City actually takes place. It is a strange circumstance that in large numbers of instances the complainant goes to great trouble to state that they themselves have no rats—they always come from next door. So often investigations reveal that one householder is providing the shelter for the rats beneath his shed whilst his neighbour is providing the food, either by feeding the birds with excessive quantities of food or by a badly maintained compost heap.

INSPECTIONS

The number of inspections carried out by the Section during 1959 is again higher than the previous year. Figures for original visits and revisits are:—

				<i>Domestic</i>	<i>Industrial</i>	<i>Total</i>
<i>1958</i>						
Original visits	...	...	...	9,792	2,809	} 16,568
Re-visits	...	...	...	2,286	1,681	
<i>1959</i>						
Original visits	...	...	...	10,136	2,472	} 17,968
Re-visits	...	...	...	3,074	2,286	

Despite the fact that figures for the number of complaints received and inspections carried out show an increase over the previous year, there is no doubt that the Section is slowly overcoming the rat problem in the City. Only a few years ago it was common to encounter quite heavy infestations in various types of property. Today it is very seldom indeed that a population of over 20 rats is encountered in single premises.

Treatments carried out to disinfest premises of rats and/or mice have been conducted in a variety of situations, as follows:—

				<i>Inspections</i>	<i>Re-inspections</i>	<i>Treatments for</i> <i>Rats</i>	<i>Mice</i>
Domestic and bombed sites				10,136	3,074	4,814	1,417
Corporation Properties:							
Schools	...	...	...	156	127	101	117
Civic restaurants and bake-							
houses	...	...	...	5	9	4	7
Corporation tips	...	...		7	23	5	—
Allotments, parks, etc.	...			34	95	38	1
Welfare centres and nurseries				22	16	19	15
Destructors	...	...		—	202	—	—
Offices, stores, depots, etc.				41	67	37	13
Industrial:							
Private schools	...	...		27	48	31	11
Private tips	...	...		3	—	—	—
Hospitals, nursing homes, etc.				26	90	45	33
Cafes, restaurants and hotels				70	67	60	33
Other food premises	...			581	709	333	208
Cinemas and theatres	...			8	42	4	13
Canal and railway banks				26	40	1	—
Non-food shops	...	...		238	208	103	59
Non-food factories, offices,							
etc.	...	...	...	577	525	492	213
Farms, piggeries, etc.	...			4	18	6	—
Other visits	...	...	...	647			
Night visits	...	...	...	91			
Smoke tests	...	...	...	264			

These visits resulted in formal action in the following cases:—

Notices served for proofing	34	Reminder letters sent	... Nil
Notices served for treatment	Nil	Letters sent re proofing	... 2
Notices completed	... 37		

The cost of treatments carried out by the Department at premises other than domestic are recovered from the occupier, but treatments are carried out free of charge at domestic houses. The scheme devised for the regular inspection and treatment, where necessary, of business premises continues to work very satisfactorily. In many instances the intervals between treatments have been increased, so successful have the treatments and rat proofing measures proved to be.

RAT PROOFING OF PREMISES

Rat proofing of premises continues to be carried out wherever possible and, although this is time absorbing, there is no doubt from the results achieved that it is well worth the effort.

Much of the work is carried out on the advice of the rodent officers without recourse to formal action. In some cases, however, notices are served under Section 4 of the Prevention of Damage by Pests Act, 1949

During the year 34 notices were served and a further 303 properties were the subject of extensive rat proofing measures without the service of notice. The number of houses affected is considerably greater as in one block of flats or houses a single rat proofing measure may bring untold relief to many householders situated in the block and its immediate surroundings.

DEMOLITION OF PROPERTIES

The wholesale demolition of large numbers of buildings, not only in connection with the Ring Road but in the redevelopment of the City, has made it more necessary than ever that a watch should be kept on the rodent population in the affected areas. The co-operation of the Public Works Department has been secured in ensuring that, when properties are demolished, no open drains are left in sites from which rats may emerge. As properties are demolished so the drainage systems are removed from the sites and openings to the sewers are sealed. It is the disused drainage system which is left in connection with a sewer which frequently is the source of rat infestation in any new building on the redeveloped site.

SALVAGE DEPARTMENT DESTRUCTORS

The five depots belonging to the Salvage Department continue to have the heaviest rat populations in the City. Even so, the present populations are substantially lower than those known to exist some years ago when literally thousands of rats were to be seen at any time after normal working hours. In some parts of the destructors rats may still be counted in dozens but from other parts they have been virtually excluded.

Structural alterations to the hoppers and firing decks have reduced the harbourage and, thanks to the strenuous efforts and co-operation of the staff of the Salvage Department, the nesting facilities for rats have been greatly reduced. It is common practice for firing decks at the depots to be taken down for repair annually and also after breakdowns of one description or another. At each of these times immediate poison treatments are carried out on the decks so that a "kill" can be achieved before the rats have a possibility of "migrating" to the adjoining portions of the depots. Close watch is, therefore, kept on all the depots to assess the rodent population; this work can only be done satisfactorily at night.

Treatments of the Salvage Department's tips are also carried out by the Rodent Control Section.

SEWER TREATMENTS

The sewer systems of the City extend for over 1,600 miles and some harbour a heavy rat population. It is a major function of the Rodent Control Section to carry out work of baiting and poisoning the sewers and in no small measure is the reduction of the rat population due to this work, especially in the older parts of the City. The only possible points where rats can be poisoned in the sewer systems are at the manholes. Unfortunately, in some areas of the City, manholes are spaced

at over 400 yard intervals and in these circumstances it is extremely difficult or even impossible to eliminate completely the rat population.

During the year the 24th and 25th maintenance treatments of the sewer areas were completed and the 26th maintenance treatment was commenced and was continuing.

	<i>Complete</i>	<i>Quantity of Bait taken</i>			<i>No "takes"</i>
		<i>Good</i>	<i>Small</i>	<i>Totals</i>	
Initial treatment, 1944	246	2,227	2,368	4,841	4,734
25th maintenance treatment, 1959	nil	223	540	763	6,978

The Rodent Control Section, in common with other sections of the Department, relies greatly on the co-operation of a number of departments of the Corporation for the efficient discharge of its duties. It is pleasing to record a very high degree of such co-operation from the staffs of the Public Works, Estates, Housing Management, City Architect's and Salvage Departments, and from the Infestation Control Division of the Ministry of Agriculture, Fisheries and Food.

STAFF

The staff numbers, over the years, have remained fairly constant and at December 31st, 1959, there was a total of 36 comprised as follows:

Rodent Officers	...	...	3	Foremen	...	...	...	2
Clerks	...	...	...	3	Operatives—			
Storeman	...	...	...	1	Surface	...	...	14
Inspectors	...	...	...	7	Sewer	...	...	6

The Rag Flock and other Filling Materials Act, 1951

At the end of 1959 five premises were licensed under the above Act, all for storage of rag flock. One licence was cancelled in 1959 leaving a total of five licences as compared with six licences in 1958. 56 premises were registered for the manufacture of new furniture, bedding or stuffed toys. Three new premises were registered and three registrations were cancelled leaving the same total as 1958.

Regular routine sampling is carried out of materials to which the Act applies, which are stored or used on registered or licensed premises.

Samples of the following materials, 75 in all, were taken and from all but one (rag flock) satisfactory reports were received.

Rag flock ...	...	23	Woollen flock ...	3	Kapok ...	...	—
Washed flock	...	1	Jute ...	2	Coir fibre ...	...	12
Cotton felt...	...	24	Synthetic fibres	—	Algerian fibre	...	1
Cotton millpuff	...	—	Hair... ..	3	Fibre (not classified	—	—
Woollen felt	...	5	Feathers or down	—	Sisal pads ...	...	1

In the one informal sample of rag flock (hessian backed border felt) which proved unsatisfactory, soluble extracted matter showed 2.2 per

cent. on the analyst's report whereas the maximum of 2 per cent. is allowed by the Regulations. The formal sample however proved satisfactory.

Of 84 samples taken in 1958, none was unsatisfactory.

Unsatisfactory samples taken expressed as a percentage of all samples for the year, were as follows:—

1952	16.3%	1956	2.0%
1953	6.5%	1957	7.0%
1954	6.2%	1958	Nil
1955	12.6%	1959	1.3%

Supervision of Shops

A staff of four whole-time Shops Act inspectors was available to carry out the general routine inspections and the various other duties relating to the retail distributive trade as prescribed by the provisions of the Shops Act, 1950.

The duties include:—

General Inspections—Periodical inspection and the recording of all the necessary particulars of all retail shops, certain wholesale establishments and warehouses.

Conditions of Employment, Assistants—The regular examination of the prescribed records relating to statutory weekly half-holidays, hours of employment on Sundays and compensatory time off in lieu of Sunday employment. The checking of the regulated hours of employment of young persons employed in retail shops, cinemas and other places of entertainment and in the catering trade. Visits to ensure that the correct intervals for meals are allowed to all shop assistants.

Staff Accommodation—Inspections to ascertain that a suitable standard is provided and maintained regarding sanitary accommodation and washing facilities made available for use by the staff; that a reasonable standard of heating, lighting and ventilation is maintained at all times where staff are employed; to ensure that seating is made available for female staff and that there are suitable facilities for the taking of meals on the premises.

Early Closing Day and Night Closing Regulations—Regular routine patrols are made to ascertain that the regulations regarding compulsory half-day closing and general night closing hours are complied with by shopkeepers.

Sunday Trading—Regular routine patrols are made enforcing the limitations of Sunday trading exemptions; the special provisions for Jewish traders and the City of Birmingham (Rednal) Sunday Trading Order, 1939.

The work of the Shops Act inspectors for the year ending 31st December, 1959 is summarised as follows:—

GENERAL INSPECTIONS

Visits	14,058
Re-visits	2,447
	<hr/>
	16,505

SPECIAL VISITS

Half-day closing	9,097
Night closing	664
Sunday trading (day)	2,228
Sunday trading (night)	10
Appointments	752
Complaints and enquiries	234
Jewish traders	32
	<hr/>
	13,017

STREETS PATROLLED

Half-day closing	7,928
Night closing	615
Sunday trading	2,291
	<hr/>
	10,834

SHOPS ACT FORMS PROVIDED

Early closing day	422
Assistants' half-holiday	313
Young persons' hours of employment	301
Exemption (week-days)	173
Exemption (Sundays)	289
	<hr/>
	1,498

STAFF ACCOMMODATION DEFECTS REMEDIED

W.C. and washing facilities	118
Heating, lighting and ventilation	9
Facilities for meals	15
	<hr/>
	142

OFFENCES REPORTED FOR ACTION

Half-day closing :	
Sales after closing time	1
Night closing :	
Sales after closing time	33
Sunday trading :	
Illegal sales and failing to provide notices	131
Summonses issued in respect of above mentioned offences	15
Warning letters issued in respect of above-mentioned offences	150

The 9 summonses in respect of illegal Sunday trading and the 6 summonses in respect of sales after the general closing hour resulted from shopkeepers continuing to contravene the trading provisions of the Shops Act, 1950. All the summonses were issued following the service of official warning letters for previous similar offences and in each case the charge was proved and a fine was imposed by the Magistrates.

Disinfestation and Disinfection

The Disinfecting and Cleansing Station is situated in Bacchus Road, and thereby occupies a reasonably central position in Birmingham. The staff carry out their duties under the supervision of a Depot Superintendent who reports daily to the Chief Public Health Inspector. This arrangement does much towards ensuring a prompt and efficient control of all measures relating to disinfestation and disinfection.

A steady flow of complaints from occupiers of domestic and business premises concerning infestations of bugs, fleas, flies, cockroaches, black-beetles, ants, etc., is received by the Department throughout the year. Such complaints are promptly investigated by a public health inspector and the necessary arrangements for treatment are made with the Depot Superintendent.

During the year, 2,466 houses received such treatment as compared with 1,308 in 1958; representing an increase of no less than 1,158 treatments or 88.5 per cent. over the previous year. This large increase is undoubtedly due to an exceptional summer which included long and continuous spells of dry and hot weather. This is borne out by the fact that, during the period from May to September inclusive, 1,907 houses were treated as compared with 1,006 during the identical months in 1958.

In addition to this work, many treatments have been carried out in business premises, including hospitals, restaurants, licensed houses, public baths and factories, where mainly infestation of steam flies and cockroaches have occurred. The number of separate treatments involved amounted to 151 for the year, showing a slight increase on the figure of 142 for 1958.

No charges are made for treatments relating to dwelling houses but, in all other cases, appropriate accounts are rendered which are based solely on the cost of labour and materials used.

SERVICES TO THE TUBERCULOUS

By arrangements made with the Chest Clinic and the Housing Management Department, 240 houses were disinfected following the removal of tuberculous patients to sanatoria or into new housing accommodation. In addition, a delivery and collection service of complete bedding units is maintained to and from the homes of such patients. During the year 146 units were delivered and 134 were collected and disinfected prior to re-issue.

DISINFECTION

The Department continued to assist certain aged persons who were incapable of maintaining a reasonable standard of cleanliness in their homes. This service is given free of charge and comprises the essential cleansing of their accommodation including the removal of refuse. During the year, 20 such houses were cleansed and 94 beds and sets of bedding were removed for destruction.

The steam disinfection plant was again kept in constant use mainly for the disinfection of large quantities of hospital bedding and blankets. Similar work was also carried out for the Workshops for the Blind and the Blood Transfusion Service. Accounts, where applicable, were rendered to the appropriate authorities, the charges being based on the rate of 15/- per "stove," which represents one complete operation of a steam disinfector. The above work amounted to 1,297 complete stoves for the year.

CLINIC TREATMENTS

Separate bathing facilities for the cleansing of scabies patients and verminous persons are provided in the clinic at the Cleansing Station. A day and evening service is operated, the clinic remaining open until 8 p.m. during the week, except Saturday, when it closes at 5 p.m. No treatments are provided on Sunday.

Details of treatments carried out in 1959 are as follows:—

<i>Bacchus Road Clinic (men)</i>					<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>
Men	...	...	...	...	285	125	46
Boys	...	...	...	...	27	—	—
Second treatments	...	...	...	...	17	—	—
Total	...	...	...	...	329	125	46

<i>Bacchus Road Clinic (women)</i>					<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Women	...	...	...	...	199	2	11	22
Girls	...	...	...	...	173	—	—	25
Boys	...	...	...	...	136	—	—	—
Second treatments	...	...	...	...	63	—	—	—
Total	...	...	...	...	571	2	11	47

The children were treated at the same time as their parents.

The service provided for the bathing of the aged and infirm was put to even greater use throughout the year. The Department continued to collect these aged folk and return them to their homes in Corporation transport under the care of a health visitor. 709 baths were provided for women and 611 for men. These figures show a marked increase over those for 1958, which were 597 and 359 respectively, and reveal the invaluable assistance which this service is rendering to the aged.

DRAINAGE AND SEWERAGE

The information which follows on the sewerage works carried out by the Public Works Department during 1959 has been kindly provided by the City Engineer and Surveyor, Sir Herbert Manzoni.

Inner Areas

Once again the emphasis is on Redevelopment and the Highgate Area (Units 401-408) has now been largely completed. Work is also in progress at the Nechells Green Redevelopment Area where Unit 17 is completed and Units 28 and 4 (part 2) are in progress.

The Inner Ring Road has necessitated the reconstruction in tunnel of the existing main sewer in the Bull Ring and the construction of short lengths of additional sewers to new subways and carriageways.

Outer Areas

Major foul and surface water sewer reconstructions have been completed in the Stratford Road/Formans Road area and at the University Building Site.

New surface water sewers have also been provided in Handsworth New Road, Boulton Road, Stonehouse Lane, Ridgacre Road, Elan Road, Hazelwell Street and Frankley Beeches Road.

The internal sewers of the Garretts Green Industrial Area are now under construction.

General

During the year sewers have been constructed for the following Corporation Housing Estates—Dawberry Road; Lyndhurst, Part 2; Birchfield Road and Woodnorton; Kitsland Road, Shard End; Firs Estate and Parkhill Estate.

In addition, large surface water culverts have been constructed at Park Road, Erdington and at Castle Bromwich to relieve local flooding and a length of 275 yards of the River Rea at the rear of Fourth Avenue and Sir John's Road has been straightened out and concrete side walls constructed.

The above works have involved the construction of 7.04 miles of foul and surface water sewers, and in addition approximately 2.78 miles of sewers have been laid by private enterprise for private projects.

Up to the end of December last, the total length of sewers in the City amounted to 1638.90 miles of which 1073.59 miles were foul water sewers and 565.31 miles were surface water sewers, a net increase of 7.30 miles after allowing for old sewers which have been demolished or abandoned.

REFUSE COLLECTION AND DISPOSAL

Through the kind co-operation of Mr. A. E. Barton, General Manager of the Salvage Department, the following information sets out the work of that department in 1959.

The responsibility for the collection, utilisation and disposal of house refuse and certain trade refuse is delegated to the Salvage Department.

In addition, the Department also undertakes the emptying of privy pans and cesspools and the collection and treatment of condemned meat, offal, vegetable and other wastes from the City Markets and Abattoir.

Dustbins

In accordance with the policy adopted by the City Council in 1950, receptacles for the temporary storage of refuse at domestic premises are supplied by the Department as a charge on the General Rate Fund. Since the inception of this scheme the total number of dustbins installed is 325,328.

Introduction of the new system of refuse collection, to which reference is made later, has entailed the exchange of the existing standard bins for those of the special type where the system is operating. The number of these bins so far provided is 12,814 which, together with 16,040 standard bins, brought the total of new bins supplied during 1959 to 28,854.

To ensure uniformity in the areas covered by the new collection system it was necessary for business premises, from which the Department collects trade refuse at a charge, to be provided with the new type bins. The trade refuse charges throughout the City now cover, in addition to the cost of removing and disposing of the refuse, the loan of dustbins to those firms having contracts for this service.

Refuse Collection

During the year ended 31st December, 1959, the total quantity of refuse of all kinds dealt with by the Department amounted to approximately 351,000 tons, which represents an average of nearly 1,400 tons for each working day.

Dealing with this quantity of refuse involved the Department in making some 17 million calls at premises throughout the City and necessitated the employment of a fleet of 265 vehicles of all types on collection and disposal work.

Increasing use has been made of large containers at multi-storey flats and other suitable establishments with the result that, at the end of the year, there were 494 containers in use serving 5,441 premises.

The installation of these containers of $1\frac{1}{4}$ cubic yards capacity results in a considerable saving of space at properties by replacing

large numbers of the standard type of dustbins, and also furthers the Department's policy of eventually achieving a dustless collection system throughout the City, as the containers are mechanically emptied through a rubber seal at the rear of the vehicle.

Operation of the "Pilot" scheme for the new system of refuse collection proved very successful, and approval has been given by the City Council for the system to be progressively extended throughout the City. Substitution of the new system will be a gradual process, having regard to the cost and the work entailed in re-organising the collection rounds, and it is anticipated that it may take a period of up to 10 years before the whole of the City is covered.

This system is based on a method used on the Continent and involves the provision of a new type of dustbin having a hinged lid and special external fittings. The vehicles, which have totally enclosed bodies, are provided with mechanical means for lifting and emptying the bin through an aperture at the rear of the vehicle. The lid of the bin is only opened when the bin is in the tipping position, and this ensures that at no time are the contents exposed to the atmosphere.

Considerable manual effort is saved as the bins are wheeled to and from the vehicle on special trolleys and the only lifting involved is when the bin is attached to the mechanical device on the vehicle.

The separate collection of kitchen waste from communal bins sited on public thoroughfares has been progressively reduced and was finally discontinued on 31st March, 1959, the remaining bins being withdrawn.

Refuse Disposal

Most of the refuse is disposed of by the method known as separation and incineration, which is carried out at the Department's five refuse disposal and salvage works. The works, however, are all operating to full capacity and, being unable to handle all the refuse collected, the surplus has to be dealt with by controlled tipping.

Adequate tipping sites are in extremely short supply, but the difficulties in the southern area of the City should be alleviated when the new works at Lifford Lane, King's Norton are in operation. Work commenced on the preparation of the site and erection of the buildings towards the end of 1959 and, when completed, this will replace the existing works. The estimated cost of the new works is £560,000.

Salvage and By-products

Part of the separation process of the refuse involves the recovery of materials which are of value for re-use in industry. In this respect considerable tonnages of paper, textiles, glass, tins, ferrous and non-ferrous metals, etc., are sorted and sold.

The demand for most of the items was maintained during the year and, with the increased activity in the steel industry, certain classes of ferrous scrap which had been difficult to dispose of, were again eagerly sought after and increased prices were obtained for all ferrous metals.

Condemned meat, offal and other wastes from the City Markets and Abattoir continued to be treated in the Department's Organic Plant for conversion into animal feeding stuffs, fertilisers and fats.

Income

The income of the Department from all sources amounted to £173,830 during 1959.

Cesspools and Pans

The number of cesspools being regularly emptied at the end of 1959 was 119; these were serving 148 premises. During the year 10 cesspools were abolished and 10 new ones added to the collection lists.

In addition, there were 106 sanitary pans being regularly emptied by the Department, these being in outlying parts of the City.

THE CITY'S WATER SUPPLY

Mr. A. E. Fordham, General Manager and Secretary of the Water Department has kindly made available the following information prepared by the Chief Engineer.

Headworks

Work has continued with the long term project for increasing the output capacity of the filtration plant in the Elan Valley by converting each of a number of the existing slow sand filter beds into two rapid gravity type filters. Two further units were completed, making a total of ten beds so dealt with, whilst the conversion of three further beds is in hand. Construction of a second sedimentation tank for treatment of the washwater was also completed.

Aqueduct

Further progress has been made with the laying of the Fourth Main of 60 inch diameter concrete-lined steel pipes on the siphon sections of the Aqueduct. About $3\frac{1}{4}$ miles of main were laid and altogether approximately $34\frac{1}{4}$ miles, 94% of the total length of $36\frac{1}{2}$ miles of siphon sections, have been completed.

Frankley

Construction work on the third instalment of twelve filters with a capacity of 24 million gallons per day was nearly completed. Filtering media have been placed in two of the filter beds.

Excavation work was commenced for a fourth instalment of rapid gravity filters, again of twelve units, with a total capacity of 24 million gallons per day.

Area of Supply

Normal extensions of small diameter mains were laid to cater for development within the City, to improve supplies in small isolated areas and to replace old corroded service mains.

Approximately 15 miles of 43 inch and 42 inch diameter gravitation mains were reconditioned by internal scraping and lining with cement mortar. Considerable benefit has been derived from this work.

Local Works-Whitacre

Water to Coventry and Nuneaton was supplied from the reconstructed Whitacre Works.

A very prolific growth of algae in Shustoke Reservoir during the Summer reduced the output from the works to such an extent that Welsh water had to be used to augment the supply. During this period trials were

carried out using aluminium sulphate to coagulate the suspended algae before admitting the water to the filters. This led to the satisfactory clarification of the water. At the same time break-point chlorination was adopted to eliminate chlorinous tastes resulting from the high ammonia content of the water caused in turn by the decay of algae.

General

All water distributed was chlorinated, generally at a rate of 0.3 parts per million.

Seagulls, generally in relatively small numbers, made their usual visitations to Bartley Reservoir during the winter period of 1958/59. The small degree of contamination of the raw water associated with their visits was, as on previous occasions, effectively dealt with by filtration and chlorination.

The water distributed in the area of supply was almost entirely the soft moorland water of the Elan Supply. It was however necessary for several weeks in April, June and September to draw on the local Short Heath Well in order to assist in maintaining supplies in parts of the gravitational system during periods when various sections of the large diameter trunk mains were taken out of commission for reconditioning. Longbridge Well was also in commission for a short period in June for the same reason.

At all times water supplies were satisfactory in quality and generally adequate in quantity despite the fact that on many occasions the consumption reached unprecedented high rates during the prolonged spells of hot and intensely dry weather throughout the summer months.

ROUTINE SAMPLING OF CORPORATION WATER

Bacteriological Examination

ELAN VALLEY SUPPLY

The practice has continued of treating the raw water from the Elan Reservoirs by rapid filtration and chlorination before it enters the Aqueduct. Sampling took place at Steventon, half way along the Aqueduct, and, although the latter part of the year was very wet, only one of the fourteen samples contained coliform organisms and that only two per 100 mls, it being taken after very heavy rain; total organisms per 1 ml were never more than twenty.

The weekly samples taken from the Aqueduct outlet at the Frankley Works agreed closely in bacterial content with those taken at Steventon although it is known that at certain points water gains access to the Aqueduct.

The greater portion of the water normally passes from the Aqueduct into Bartley Reservoir where, especially in the winter, a small amount of faecal pollution may occur from water birds. Eleven of the twenty-five samples contained *B. coli* Type I, one of them as many as 240 per 100 mls. Such a high count is exceedingly unusual, 38 *B. coli* per 100 mls being recorded only twice in the year. In view of this 0.5 parts per million of chlorine was added to the water before filtration. Weekly samples immediately prior to filtration showed chlorination to be invariably effective in destroying faecal pollution. In the summer, when chlorination was discontinued, a very few coliform organisms were from time to time found.

The water from the Frankley and Bartley Reservoirs is filtered by slow sand filters and rapid gravity filters working in parallel. As might be expected, whilst the slow sand filters produced water of a high bacteriological quality, rapid filtration did not remove a significant proportion of the few bacteria present.

Weekly samples of water after filtration and final chlorination were of excellent quality. The two samples with highest bacterial content contained 53 and 13 organisms per ml. respectively. The sample taken on 5th August contained 2 *B. coli* Type I per 100 mls. Very recently the main close to the sampling point had been cleaned and relined.

As the safety of the water supply depends upon preventing access of contamination after the water leaves the Works, 129 samples were taken from the covered reservoirs. Only two were unsatisfactory in that one contained 89 organisms per ml. and the other 5 *B. coli* Type I per 100 ml. Otherwise results were virtually the same as from water as it left Frankley Works, more than six organisms per ml. being quite unusual.

A further 67 samples were taken from domestic taps throughout the City, including those few about which complaints had been received, usually after relining of mains or because of the water containing rather more iron than usual. Results were admirable.

WHITACRE SUPPLY

The 52 weekly samples from the River Blythe contained on seven occasions 24,000 or more B coli Type I per 100 mls., though there were five samples in which the number was less than 100. The condition of the River Bourne was, as usual, worse. Of 50 samples 17 contained 24,000 or more B coli per 100 mls. and four contained less than 100. Discharges of sewage effluent into these rivers were systematically sampled and on the whole were very unsatisfactory and sometimes grossly so. The matter is receiving attention.

Water from the River Bourne flows through the small Upper Shustoke Reservoir of 20·3 million gallons capacity and into the Lower Shustoke Reservoir which holds 422·6 million gallons. Whitacre Reservoir is a small one of 32 million gallons capacity and receives water from the River Blythe which, after a short period of retention, is pumped into the Lower Shustoke Reservoir for further storage. This arrangement very markedly improves the quality of the water, but less so in the Winter than at other times. Weekly samples from near the draw-off point of Shustoke Reservoir contained 240 B coli on only eight occasions, but in 27 samples there were less than ten coliform organisms per 100 mls. Similar results were obtained from the weekly Whitacre Reservoir samples.

After microstraining and pre-chlorination with one part per million of chlorine, there are seven rapid filters arranged in parallel. Sampling of the filtered water gave results which were not improved upon by final chlorination with a further 0·6 parts per million of chlorine.

In the first three and a half months of the year the 28 samples of fully treated water as it left the Works and after two hours' contact with chlorine consistently contained more organisms than one would desire, forty to sixty per 1 ml. being usual. None of the eight samples taken during the next three weeks contained more than 13 organisms per ml., and the two highest readings between then and October were three and seven. Thereafter the numbers rose and 21 and 36 were the most recorded. No coliform organisms were present in any of the 98 samples taken. The high counts were found to be due to harmless spore-forming organisms which survived chlorination. All this water is used by Coventry and Nuneaton.

WELLS

Twenty-two samples were taken direct from Short Heath Well, mostly when pumping was not taking place. All but two gave admirable results. Following a period of heavy rain the samples taken on 17th and 24th August contained more than 240 B coli and 38 B coli Type I per 100 mls. Pumping into supply took place for several weeks in April, June and September.

Eight chlorinated samples were taken from the rising main at these times and all gave excellent results.

The usual sampling procedure at Longbridge Well was to take a sample direct from the well and a chlorinated sample from the rising main.

This water was used for supply to the City for a short period in June and for the bulk supply to East Worcestershire Water Works Company when required.

All the eighteen chlorinated samples and twenty of the direct samples were virtually sterile. In addition three direct samples showed a trace of faecal contamination and a fourth, taken on 18th August, contained 38 B coli Type I per 100 mls, although the sample taken after chlorination was sterile.

Chemical Examination

The number of samples taken throughout the year, the amounts of their most important constituents and the range of their variations, are set out on page 238.

The feature of the Welsh water is its great purity as shown by the low concentrations of its principal constituents on arrival at the Frankley Works. Its reaction is alkaline, lime being added as it leaves the Elan Valley. On standing in Bartley Reservoir with a large surface exposed to the air, it absorbs carbon dioxide and becomes neutral.

Soft water, such as this is, tends to dissolve lead from service pipes and a monthly check upon this is made by determining the lead content of water which has stood overnight in lead piping installed at the Frankley Works in 1955. The amounts found in 1959 differed little from those in 1958. A further monthly test is carried out in the laboratory by immersing a one inch bright lead strip in 10 mls. of water overnight and measuring the lead content of the water. All readings in the last five years have ranged between 70 and 150 arbitrary units with yearly averages of 85, 99, 105, 123, 125 and, in 1959, 115. From time to time a series of samples is taken from consumers' taps under carefully controlled conditions. A series of six such samples which had stood in the lead service pipes overnight contained the following parts per million of lead:— 0.1, 0.1, 0.2, 0.2, 0.5, 0.8. These were within the usual limits.

Before the reconstruction of the Whitacre Works it was usual to find that the fully purified water leaving the works was much softer than the water derived from the Shustoke Reservoir. This was because the output from the Works was supplemented by admixture with Welsh water. Such supplementation is now no longer necessary and therefore the water leaving the Works is correspondingly harder.

Concentrations of detergent in samples from the Whitacre system were similar to those in 1957, the long dry summer diminishing their dilution. Concentrations in 1958 were much lower, the summer being wet. Laboratory experiments demonstrated the high chemical stability of modern household detergents. Algal growths in Shustoke Reservoir produced purification problems in removing them during the late Summer and with this was associated a rise in the albuminoid ammonia.

Radioactive material remained at an insignificant level in the Welsh water.

AVERAGE RESULTS OF CHEMICAL EXAMINATION

No. of samples taken	Description	Ph.	PARTS PER 1,000,000 (p.p.m.) OR MILLIGRAMS PER LITRE (mg/l)										ARBITRARY UNITS	
			Total Solid Matter	Free Ammonia	Albuminoid or Organic Ammonia	Nitrogen in Nitrates	Oxygen consumed in 4 hours at 27°C. (80°F)	Chlorine in Chlorides	Hardness (as CaCO ₃)	Total Alkalinity (as CaCO ₃)	Erosion (over-night in lead pipe coil)	Erosion (over-night in lead strip)		
12	WELSH WATER: Aqueduct Outlet ...	8.8 (8.6-9.1)	42 (39-48)	.000 (.000-)	.027 (.004-)	.00 (.00-)	1.38 (0.92-)	8.6 (8.0-10.0)	17 (14-20)	7.9 (7.0-9.0)				
12	After storage in Bartley or Frankley Reservoirs ...	7.1 (6.8-7.7)	43 (39-51)	.000 (.000-)	.032 (.008-)	.00 (.00-)	1.32 (0.88-)	8.6 (8.0-10.0)	18 (16-20)	8.0 (7.0-9.0)				
12	After filtration and chlorination	6.9 (6.7-7.3)	41 (37-49)	.000 (.000-)	.029 (.008-)	.00 (.00-)	1.17 (0.84-)	8.7 (8.0-10.0)	18 (16-20)	7.8 (7.0-9.0)	1.1 (0.3-1.4)	115 (100-150)		
12	WHITACRE: River Blythe ...	7.8 (7.4-8.7)	473 (390-595)	.307 (.000-)	.341 (.180-)	2.99 (1.81-)	3.04 (1.70-)	34 (26-45)	284 (248-320)	145 (112-164)	Detergent 0.32 (0-)	Nitrogen in Nitrates .07 (0.03-)		
12	River Bourne ...	7.5 (7.4-7.8)	536 (485-678)	.204 (.000-)	.130 (.060-)	3.52 (2.43-)	0.96 (0.10-)	48 (32-88)	353 (336-370)		0.16 (0-)			
12	After storage in Shustoke Reservoir ...	8.1 (7.4-8.8)	444 (331-537)	.139 (.000-)	.277 (.128-)	1.07 (0.03-)	1.14 (0.20-)	44 (41-54)	282 (180-332)		0.05 (0.00-)			
12	After filtration and chlorination	7.9 (7.0-8.3)	433 (254-520)	.000 (.000-)	.224 (.144-)	1.05 (0.00-)	0.65 (0.00-)	45 (34-53)	276 (124-332)		0.05 (0.00-)	Perm. Hardness 135 (112-164)		
4	WELLS: Longbridge ...	6.6 (6.5-6.8)	272 (243-302)	.000 (.000-)	.028 (.008-)	2.10 (0.66-)	0.01 (0.00-)	17 (16-18)	175 (152-192)	89.5 (87-100)	Temp Hardness 65 (40-96)	111 (84-130)		
4	Short Heath ...	7.3 (7.1-7.4)	465 (427-520)	.000 (.000-)	.014 (.000-)	9.2 (5.9-12.4)	0.00 (0.00-)	32 (32-32)	273 (252-292)	97 (92-106)	86 (76-100)	187 (164-200)		

Private Wells

INDUSTRIAL

There are now 104 premises within the City which are known to use water from boreholes. Their total is made up as follows:—

Breweries and mineral water manufacturers using well water for all purposes	7
Hotels and blocks of flats using well water for all purposes ...	3
Hospital using well water	1
Industrial premises using well water for all purposes	16
Industrial premises using well water for industrial purposes only	77
	<hr/>
	104

During 1959, 122 bacteriological samples, and 62 chemical samples were taken for examination from various premises. The reports obtained from these samples indicated that the water from the boreholes although hard, was in a state of high bacteriological purity.

DOMESTIC

There has been another reduction in the number of dwellings in the City which have to rely on water from shallow wells for their drinking supply, since one of the dwellings has been connected to a piped water supply.

At the end of the years 1955 to 1959, the number of dwellings depending on wells or springs for their water supply were as follows:—

Year	Number of dwellings	Source of Supply	
		Wells	Springs
1955	14	9	1
1956	14	9	1
1957	10	7	nil
1958	9	7	nil
1959	8	6	nil

During 1959 there were 13 bacteriological, and 5 chemical samples taken for examination. Again the reports obtained indicated that the the water from these shallow wells was hard but was not of such bacteriological purity as borehole water. Where there is evidence of contamination the occupants are advised to boil the water before drinking it.

Dwellinghouses without Internal Piped Water Supplies

At the close of the year 840 houses in the City were known to be without a piped supply of water within the house. This figure compares with 899 at the end of 1958.

Six supplies were installed within houses following service of notice, 16 were known to have been installed without the service of a notice and a further two more have been installed by tenants making a total of 24

water supplies installed within houses during the year. There were 35 houses demolished or void pending demolition at the end of the year which lacked a water supply within the house.

809 houses continue to be occupied by persons who are not desirous of having a water supply within the house and, as each has available a piped supply of wholesome water within a reasonable distance of the house, often in a wash-house contiguous to the house, no action is taken to require the provision of a piped supply within the house until either the tenant changes his mind about the desirability of such a supply or there is a change of tenancy.

1. Houses included in declared Clearance Areas	...	...	5
2. Houses where life did not justify expense	...	...	15
3. Houses supplied by wells—usually distant from nearest main supply (excluding one temporary dwelling)	...	...	8
4. Houses in which space limitation, or other reasons, made provision impracticable	...	...	1
5. Houses where occupants did not desire an internal water supply			674
6. Houses where lack of drainage made provision impracticable			2
			<hr/>
			705
			<hr/>

These figures do not include houses situated in the Redevelopment Areas which are accounted for thus :—

Houses whose tenants have refused the provision of a supply	135
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SAMPLING OF SWIMMING BATH WATER

The practice was continued of sampling once a month without prior warning the water of every swimming bath in use. Estimation of free and total chlorine was made immediately and samples in which the chlorine had been neutralised with sodium thiosulphate were submitted for bacteriological examination within two hours of their being taken.

Free chlorine is the principal sterilising agent and, at each of various concentration levels, the following table shows the total number of samples there were and the numbers (shown in brackets) found bacteriologically unsatisfactory.

Month	Parts Per Million free Chlorine				
	2 or more	1.5—1.9	1.0—1.4	0.5—0.9	Nil—0.4
January	13	2	4	1	3 (1)
February	13	3	3	1	2 (1)
March	10	4	4	2	1
April and May ...	19	3	16 (1)	6	7 (1) (1)
June	10	1	8	4	1
July, August, Sept....	7	2	9 (1)	3 (1)	0
	13	1	0	7	0
	13	2	4	4	0
	6	1	3	3	3 (1) (1)
October	15	1	7	2	0
November	14	1	5	3	0
December	17	2	2	1	0
Total samples in each category	150	23	65 (2)	37 (1)	17 (6)

An arbitrary standard of not more than eleven organisms per 100 mls and absence of coliform organisms is taken as the yardstick. Only nine of the 292 samples failed to attain this very high standard and this is particularly praiseworthy in view of the heavy bathing loads throughout the long and sunny summer. Six of the unsatisfactory samples were among the seventeen containing nil to 0.4 parts per million of free chlorine, one was in the range 0.5 to 0.9 parts per million and two were in the range 1.0 to 1.4 parts per million. The policy of maintaining an adequate dosage of free chlorine is thus clearly supported.

Mr. J. Moth, General Manager of the Baths Department, states that these results of the bacteriological examinations of the swimming bath water are regarded as eminently satisfactory.

The City has seventeen swimming bath establishments containing twenty-five pools. The water is obtained from the town main supply, and is chemically treated and chlorinated, and each pool is continually filtered, the turn-overs ranging from three to four hours. The first consideration is

to achieve the highest possible standards, and particular attention is given to the maintenance and replacement of both the filtration and chlorination plant installed.

In the past ten years attendances have grown from some one-and-a-half to two-and-a-half millions per annum, and it is gratifying to observe that with the ever increasing demands conditions continue to meet the needs of public health.

A further aspect of the Department's activities is the steps which are being taken to eliminate smoke nuisance. The hand-fired solid fuel burning boilers at twelve establishments are being converted to oil-firing, and it is hoped to complete this programme within the next six months when the plant at all establishments will conform to the requirements of the Clean Air Act of 1958.

Month		No. of samples		No. of coliform organisms per 100 ml.	
January		12	1	1	1
February		12	1	1	1
March		12	1	1	1
April and May		12	1	1	1
June		12	1	1	1
July, August, Sept.		7	1	1	1
October		12	1	1	1
November		12	1	1	1
December		12	1	1	1
Total samples in each category		120	12	12	12

An arbitrary standard of not more than eleven organisms per 100 ml. and absence of coliform organisms is taken as the yardstick. Only nine of the 292 samples failed to attain this very high standard and this is particularly praiseworthy in view of the heavy bathing loads throughout the long and sunny summer. Six of the unsatisfactory samples were among the seventeen containing up to 0.4 parts per million of free chlorine, and was in the range 0.2 to 0.6 parts per million and two were in the range 1.0 to 1.4 parts per million. The policy of maintaining an adequate dosage of free chlorine is thus clearly supported.

Mr. J. North, General Manager of the Baths Department, states that these results of the bacteriological examinations of the swimming bath water are regarded as eminently satisfactory.

The City has seventeen swimming bath establishments containing twenty-five pools. The water is obtained from the town main supply and is chemically treated and chlorinated, and each pool is continuously filtered. The turn-overs ranging from three to four hours. The first consideration

INDUSTRIAL PREMISES

Sanitary Accommodation in Factories

Part 1 of the Factories Act, 1937, contains those provisions dealing with sanitary matters in factories. When these are not observed the factory occupier or other person responsible becomes liable to a fine on summary conviction. For administrative purposes, however, a distinction is drawn between factories where mechanical power is used and factories where mechanical power is not used.

The number of visits paid to industrial premises, defined as "factories" under the Act, totalled 6,289 for the year. Details of this work, including the number of premises registered, are as follows, viz:—

<i>Factories</i>	<i>Number on Register</i>	<i>Inspections</i>	<i>Informal Notices</i>
With power	5,002	5,660	295
Without power	310	142	5
Other premises	656	487	4
TOTALS	5,968	6,289	304

The above figures show an increase of 52 on the total number of premises registered when compared with the figure for 1958, which was 5,916. This is largely due to the increased number of factory building sites and engineering works of construction established in the City as re-development works proceed.

Similarly, the total number of inspections made has increased by 1,005 when compared with the total of 5,284 for 1958.

Once again, factory managements continued their past co-operation with the Department in complying with the requirements of the informal notices referred to above. It was not necessary, therefore, to resort to statutory procedure with regard to such notices.

As in previous years, inspectors, when making their visits under the Factories Act, also dealt with other statutory duties in connection with factory canteens, outworkers, etc., thus exercising the most economical use of available manpower.

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>	
		<i>Inspections</i>	<i>Written notices</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority ...	310	142	5
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	5,002	5,660	295
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	656	487	4
TOTALS ...	5,968	6,289	304

2.—CASES IN WHICH DEFECTS WERE FOUND

<i>Particulars</i>	<i>Number of cases in which defects were found</i>			
	<i>Found</i>	<i>Remedied</i>	<i>Referred</i>	
			<i>To H.M Inspector</i>	<i>By H.M Inspector</i>
Want of cleanliness ...	2	5	1	2
Overcrowding	1	—	1	—
Unreasonable temperature	4	3	—	—
Inadequate ventilation ...	—	—	—	—
Ineffective drainage of floors	—	—	—	1
Sanitary Conveniences —				
(a) Insufficient	—	3	—	16
(b) Unsuitable or defective	866	873	—	176
(c) Not separate for sexes ...	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	4	1
TOTAL ...	873	884	6	196

There were no prosecutions.

Outworkers

The homes of persons who carry out light tasks in connection with the making, ornamenting or finishing of certain classes of goods are referred to as outworkers' premises. The employers of such persons are required

under Section 110 of the Factories Act, 1937, to supply the local authority with lists of their names and addresses during the months of February and August in each year.

The following particulars relate to the August return for 1959, which was submitted to the Ministry of Labour by the Local Authority.

LIST OF OUTWORKERS, 1959

<i>Nature of Work</i>	<i>Number of Outworkers in August</i>					
Wearing apparel	98
Linen and household linen	10
Electro-plating	32
Brass and brass articles	155
Paper bags	4
Box making	23
Making of brushes	3
Buttons, hair pins, etc.	326
Feather sorting	1
TOTAL	652

The above return reveals a marked decrease of 351 in the total number of outworkers employed, when compared with the figure of 1,003 for 1958. Those trades which show a significant drop are wearing apparel, brass and brass articles and box making. In addition, fewer returns from employers were received in the Department in August, 1959 than in August of the previous year, indicating that some firms no longer employ outworkers in these particular trades. There were no cases of default in submitting lists of outworkers.

The total visits made by public health inspectors to outworkers' premises during the year amounted to 1,507 and these revealed no work being done in unwholesome premises.

Town and Country Planning Acts, 1947 and 1954

In order to ensure that maximum use is made of the above Acts in making certain that good planning incorporates the legislated requirements of Public Health and recommendations made in codes of practice, a close liaison is maintained throughout the year between this Department and that of the City Engineer and Surveyor.

Plans and applications which in any way have a bearing on the work of the Department are forwarded to the Chief Public Health Inspector for examination and comment. Such plans include those dealing with food premises, factories and offensive trades, etc.

After preliminary examination, they are then passed on to specialist officers within the Department where appropriate. 1,448 applications were dealt with during the year, which represents an increase of 131, or approximately 10 per cent. when compared with 1,317 for 1958. These

applications, together with appropriate plans, were scrutinised by the under-mentioned officers as follows:—

	<i>Number of applications referred</i>					
Public Health Inspectors	1,308
Smoke Inspectors...	511
Housing Inspectors	157
Milk Inspectors	8
Shops Inspectors	128

Opinions of the various officers were collated and suitable replies prepared by the Chief Public Health Inspector. It was necessary to make comment in 694 cases, or approximately 48 per cent, which was, as far as possible, offered in constructive form.

Classification of proposed development under the Town and Country Planning (Use Classes) Order, 1950, is a matter which concerns the smoke inspectors in the siting of machinery to prevent, as far as practicable, complaints arising in the future from noise, fume and dust emissions. Fifteen industrial premises were visited at the request of the City Engineer and Surveyor to ascertain that the conditions of approval, as granted by the Public Works Committee in regard to previous applications, had been complied with.

Industrial and Commercial Survey—Redevelopment Areas

The classification under the Town and Country Planning (Use Classes) Order, 1950, of 22 industrial premises within the Redevelopment Areas has been completed to provide information in connection with the Industrial and Commercial Survey for allocation of alternative sites for industrial use. This shows a marked increase when compared with seven industrial premises so classified in 1958.

Noise Abatement

Noise is part of the modern way of life. True it has been with us for generations, but in modern times there is apparently no escape as was possible a few years ago. Since the war the public appear to be noise conscious more than ever before.

The noise of aircraft, of modern road traffic, mechanisation for the farmer, the building trades with pneumatic drills, pile drivers, riveters, and concrete mixers and noise from machinery in factories, all contribute to noise which in some cases may be intolerable. In our homes we add our share by way of noisy radios, vacuum cleaners, food mixers, electric drills and electric razors.

Towards the end of the year it was announced in the House of Commons that the Government was to appoint a Committee to examine the nature, source and effects of noise. The Committee would be asked to advise on measures for mitigation of noise.

It is possible that the Public Health Act 1936 will be amended to provide for "any excessive, unreasonable or unnecessary noise," to be a statutory nuisance.

These proposals are similar to the legislation provided for in the Birmingham Corporation Act, 1958, Section 6, which states:—

- (1) any excessive, or unreasonable, or unnecessary noise which is prejudicial to health or a nuisance shall be a statutory nuisance for the purposes of Part III of the Act of 1936.

Provided that—

- (a) in any proceedings brought by virtue of this Section under the said Part III in respect of noise occasioned in the course of any trade or business it shall be a defence for the defendant to prove that he has used the best practicable means for preventing or mitigating the noise having regard to the cost and other circumstances.
 - (b) a justice shall not entertain a complaint under Section 99 of the said Act with respect to noise unless the complaint is made by not less than three occupiers of premises within hearing of the noise.
- (2) Nothing in this Section shall apply to a noise occasioned by the exercise by railway undertakers of statutory powers conferred in relation to their undertaking.

During the year, forty-six complaints of noise were investigated by the technical officers of the Department. These complaints referred to noise emanating from ventilating fans, air compressors, polishing lathes, dust arrestation plant, power presses, refrigerating machinery and concrete vibrators.

Complaints of this nature require careful investigation so that, not only the source of the complaint may be traced, but remedial measures may be suggested to the managements concerned. The approach has been mainly advisory, whereby, with the co-operation of the managements, such remedial measures as the resiting of machinery, the fitting of silencers, suitable mountings and sound insulation have had the desired effect.

In one case it was found necessary for the Health Committee to authorise the service of a statutory notice under Section 6 of the Birmingham Corporation Act, 1958 to secure the abatement of the noise.

HEATING APPLIANCES

The Testing of Guards on Oil, Gas and Electric Heating Appliances

The Heating Appliances (Fireguards) Act, 1952, prohibits the sale or letting on hire of unguarded electric fires, gas fires or oil heaters. This legislation was followed by the Heating Appliances (Fireguards) Regulations, 1953, which applied to heating appliances of a type suitable

for use in a dwellinghouse or other residential premises and the schedule to the Regulations prescribed the tests to be applied in ascertaining whether the guards, when fitted, complied with the Regulations.

The tests are designed to ensure, as far as practicable, that the guards are of robust construction, securely fixed, and that when the appliances are in use the possibility of ignition of clothing and other fabric by reason of direct contact with the heating element of flame is considerably reduced.

Inspectional work involved visiting 193 premises and examining 984 appliances, 17 appliances being found unsatisfactory.

The unsatisfactory appliances offered for sale were second hand and comprised 14 electric and 3 gas fires which were without satisfactory guards. All the appliances were withdrawn from sale for requisite guards to be fitted and no legal action was considered necessary.

ATMOSPHERIC POLLUTION CONTROL

The reduction of atmospheric pollution in the interests of health and improvement and preservation of amenities is now being very ardently pursued.

The Clean Air Act, 1956 has, within the short time of its existence, made considerable headway in the drive towards a cleaner atmosphere.

Industrial and commercial undertakings appreciate the need to ensure that heating and process plants are efficient and capable of being operated without smoke. Much thought and money is being spent in an effort to comply with all the requirements of the Clean Air Act.

The householder too is playing his part and is readily willing to make the necessary alterations or adaptations to his fireplaces, when in a smoke control area, in order to avoid making smoke.

There is no doubt that the citizens are very much aware of the need for clean air, and will respond in every way to the City Council's resolve to make Birmingham a clean, smoke free city within fifteen years.

Clean Air Act, 1956

The Smoke Control Areas (Authorised Fuels) Regulations, 1956, declared the following fuels to be authorised fuels for the purposes of the Clean Air Act, and suitable for use in Smoke Control Areas:—

Anthracite

Briquetted fuels carbonised in the process of manufacture

Coke

Electricity

Gas

Low temperature carbonisation fuels

Low volatile steam coals.

Oil fuel is not an inherently smokeless fuel, but with suitable equipment it can be burned smokelessly. Therefore, the Minister of Housing and Local Government in exercise of his powers under Subsection (4) of Section II of the Clean Air Act, made an Order entitled "The Smoke Control Areas (Exempted Fireplaces) Order, 1957," which provides that fireplaces specially designed or adapted for combustion of liquid fuel shall, provided that they are so installed, maintained and operated as to minimise the emission of smoke, be exempted from the provision of Section 11 of the Clean Air Act, 1956, (which relates to Smoke Control Areas).

This Order virtually placed oil fuel in the "authorised fuels" class and there is no doubt that it had some impact upon coal suppliers and the manufacturers of mechanical stokers. Whilst the Birmingham City Council were prepared to provide exemption for suitable mechanical stokers installed in buildings within smoke control areas, a number of other local authorities were not.

The Minister of Housing and Local Government has now decided that additional fireplaces may also be exempted and, in exercise of his powers under Subsection (4) of Section 11 of the Clean Air Act, 1956, made a further Order, "The Smoke Control Areas (Exempted Fireplaces) Order, 1959." This Order states that the classes of fireplaces described in the first column of the Schedule shall, subject to the conditions set out in the second column opposite the descriptions of the fireplaces, be exempted from the provisions of Section 11 of the Clean Air, 1956.

SCHEDULE

(1) <i>Class of Fireplace</i>	(2) <i>Conditions</i>
Fireplaces other than fireplaces fired by pulverised fuel, constructed on or after the 31st day of December, 1956, and equipped with mechanical stokers, or adapted on or after that date for use with such stokers.	The fireplace shall be so installed, maintained and operated as to minimise the emission of smoke. No fuel shall be used other than that for which the mechanical stoker was designed.
The fireplace known as the Solid Fuel Ductair Unit, manufactured by Radiation Limited.	The fireplace shall be so installed, maintained and operated as to minimise the emission of smoke, and in any case in accordance with the manufacturer's instructions.
The fireplace known as Fulgora Slow Combustion Stove, manufactured by Fulgora Stoves Limited.	The fireplace shall be so installed, maintained and operated as to minimise the emission of smoke, and in any case in accordance with the manufacturer's instructions. No fuel shall be used other than wood waste in clean condition.

This Order gives a general exemption to fireplaces fitted with mechanical stokers installed on or after the 31st December, 1956. The conditions applicable to the exemption of the mechanical stokers are important. The owners or occupiers of premises in which mechanical stokers are installed should not consider they have complete exemption from Section 11 of the Act simply because a mechanical stoker is installed. The conditions of exemption indicate that, in order to minimise smoke, the correct type and size of stoker should be installed, it should be carefully operated using the correct type of fuel, and the stoker should be properly maintained.

This will influence the use of mechanically fired furnaces burning bituminous coal, but whilst smoke may be kept to a minimum, unless careful control of the plant is exercised the emission of grit may occur. The Act places an obligation upon the occupier of a building in which solid

fuel is used to take any practical means there may be to minimise the emission of grit, or dust, from any chimney which serves the furnace and if he fails to do so he shall be guilty of an offence. This section of the Act is not applicable to furnaces burning solid fuel and designed solely or mainly for domestic purposes, being appliances having a maximum heating capacity of less than 55,000 British Thermal Units per hour.

With regard to mechanical stokers installed before the 31st December 1956, the City Council will, no doubt, continue to exempt such stokers subject to them being efficient and suitable for the plant they serve and being so installed, operated and maintained as to minimise smoke.

The Smoke Control Areas (Exempted Fireplaces) Order, 1959 also provides exemption for the Ductair Unit, an appliance burning solid fuel including coal, where combustion is provided by the downdraught system, which ensures the volatiles from the fuel passing through the glowing firebed and being consumed. The heat exchanger in the system absorbs the heat from the combustion of fuel, and air is circulated by means of a fan around the heat exchanger, the warm air being ducted to the rooms to be heated. In addition to the heated air for room warming, the primary and secondary air required for combustion are also heated, and the downdraught principle, embodying a system of control of preheated primary and secondary air required for combustion are also heated, and the down-emission of smoke.

A further exemption is provided for the Fulgora Stove which is a slow combustion heating stove using sawdust as a fuel. In this appliance sawdust is carefully packed to fill the stove to the required level, at the same time ensuring a vertical hole is provided through the fuel, which acts as a flue. The fuel is ignited at the bottom and the rate of burning is controlled by a damper. The fuel burns slowly and with the minimum emission of smoke.

The Minister of Housing and Local Government is satisfied that both these types of appliances are capable of operation with the minimum emission of smoke, but they are subject to the conditions that the fireplaces shall be so installed, maintained and operated as to minimise smoke and, in any case, in accordance with the manufacturers' instructions.

In regard to the Fulgora Stove, only wood waste in clean condition is to be used.

Smoke Control Areas

It is pleasing to note that the organised and careful arrangements made with householders and occupiers of other premises to create understanding and interest in smoke abatement has borne fruit. In the areas surveyed the officers of the Local Authority have been well received by domestic, commercial and industrial occupiers who have responded to the advice given to them to enable the necessary adaptations and conversions

to be carried out so as to comply with the provisions of appropriate Smoke Control Orders. From the experience gained so far it is evident that the public anticipate the creation of a smokeless City with approval and interest.

In addition to the No. 1 Smoke Control Area which forms a westerly extension to the Central Smokeless Area, and the No. 2 Smoke Control Area which includes the Lyndhurst Housing Estate, the City of Birmingham Smoke Control (No. 3) Order, 1959, came into operation on the 2nd November, 1959.

This area of approximately 55.8 acres of mixed development containing 45 dwellings, 44 industrial buildings, 103 commercial buildings and 19 other buildings, is bounded by Great Charles Street, Livery Street, Cox Street, St. Paul's Square, Brook Street, George Street, Summer Row (to Great Charles Street) and forms an extension to the north east of the existing Central Smokeless Area.

It is apparent from observations made that the occupiers of the premises in this area are endeavouring to comply with the provisions of the Smoke Control Order.

During the year three contraventions of the City of Birmingham Smoke Control (No. 1) Order, 1958, were observed, which resulted in legal proceedings being taken against offenders. At the hearings in the Victoria Law Courts each of the offenders pleaded guilty and expressed regret. The Magistrates imposed a fine of £10 in each case.

The work on the establishment of smoke control areas is proceeding and during the year two additional Smoke Control Area Advisers were appointed for the purpose of carrying out the survey of private dwellings. Three Smoke Control Areas are now existing, two areas have received provisional clearance from the Ministry of Housing and Local Government, and four other areas have been proposed by the Health Committee.

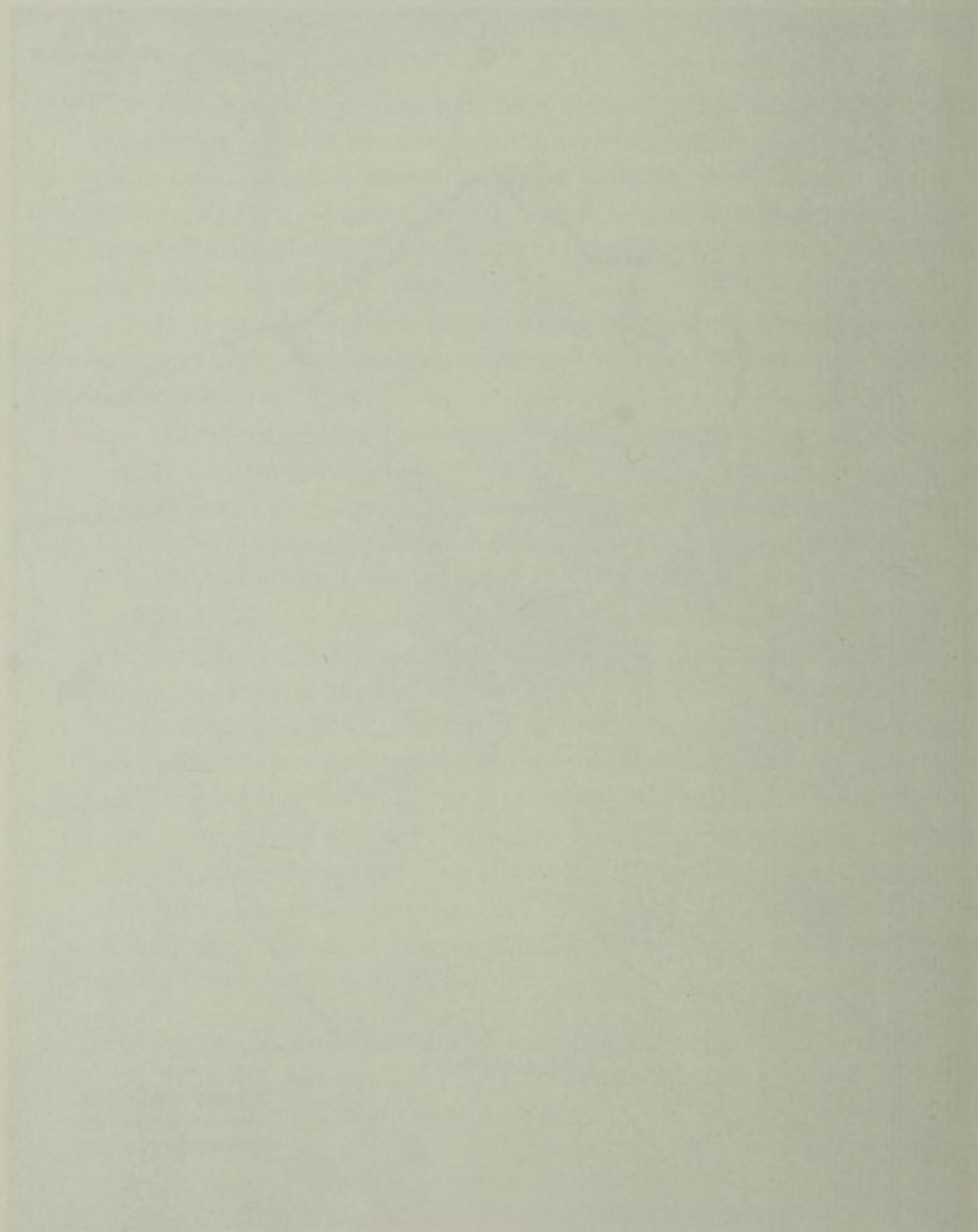
The map of the City opposite indicates the progress made up to the 31st December, 1959, and shows the two smokeless areas made under the Birmingham Corporation Act, 1954, also the three Smoke Control Areas in operation, and the proposed areas to be made under the provisions of the Clean Air Act, 1956.

Atmospheric Pollution by Smoke from Industrial Furnaces

Routine observation by the smoke inspectors were maintained throughout the year in every part of the City. It is of interest to record that industrialists are very much aware of the provisions of the Clean Air Act 1956, and the Dark Smoke (Permitted Periods) Regulations, 1958. There is useful co-operation from time to time between manufacturers and the smoke inspectorate; advice on certain combustion problems is sought and given and every effort is made by the smoke inspectors to ensure that chimneys serving boiler plants and other furnaces are as smoke free as possible.



Map reproduced by kind permission of Geographers Map Co. Ltd., London, W.C.1.



Advisory work is a most useful aid towards achieving the desired results and the advice tendered is usually appreciated and the suggestions put into operation.

Observations throughout the year on chimneys were as follows:—

<i>No. of chimneys observed</i>	<i>Total minutes of smoke emitted</i>	<i>Average smoke emitted per observation</i>
5,422	1,617½	0.298 minutes

During the above observations the number of chimneys noted emitting excessive smoke was as follows

<i>Number of chimneys emitting excessive smoke</i>	<i>Total minutes of excessive smoke</i>	<i>Average excessive smoke emissions per observation</i>
15	157.5	10.5 minutes

The premises were visited and the responsible persons interviewed. Of these chimneys 67 per cent. were serving hand-fired boilers, 20 per cent. were serving coal burning mechanically stoked furnaces, and 13 per cent. served oil-fired furnaces.

These emissions from individual chimneys were reported to the Health Committee or the appropriate Health Proceedings Sub-committee, and authorisation to serve notices, to lay information and take all necessary proceedings was given under the appropriate legislation.

After the service of notice, further observations on the chimneys resulted as follows:—

<i>Number of chimneys observed</i>	<i>No. of observations</i>	<i>Total smoke noted</i>	<i>Average smoke per observation</i>
15	48	30 minutes	0.62 minutes

thus showing that considerable improvement was effected by statutory action, the average duration of the smoke emissions being reduced from 10.5 to 0.62 minutes per observation.

Summary of Statutory Action—Clean Air Act, 1956—Section 1

Number of Prosecutions	...	...	...	...	...	10
Total amount of fines imposed	...	...	...	...	...	£125

Smoke Control Areas

Number of prosecutions	...	...	...	...	...	3
Total amount of fines imposed	...	...	...	...	...	£30

Temporary Exemption Certificates

Section 2 (2) of the Clean Air Act, 1956, recognises that it may not always be possible to prevent the emission of dark smoke from chimneys until alterations to the existing furnaces or equipment have been

carried out. In such cases, and on receipt of an application for temporary exemption, the provisions of the Section enable a local authority, if they think fit in suitable cases, to issue a Certificate of Temporary Exemption from the provisions of Section I of the Act which relates to dark smoke emissions. This certificate may be valid for the period of a year from the date of issue or for such shorter periods as may be specified. Certificates which expire after one year can be renewed, but no certificate will remain in force after the 4th July, 1963.

This system of certification has been welcomed by the Department where, in a number of cases, before applications are submitted for exemption there has been the opportunity for the smoke inspector to discuss with the applicant the problems arising regarding alterations to existing plant or the installation of new furnaces in order to ensure that the proposals will be satisfactory and will conform with all the requirements of the Clean Air Act.

The Health Committee, during the year, has authorised the issue of ten Temporary Exemption Certificates to cover periods required by the applicants in order to make modifications to existing furnaces or replace obsolete equipment.

Whilst the number of certificates is less than the previous year, it is estimated that the financial outlay in undertaking such works will involve an expenditure of over £50,000. In one particular instance existing coal fired muffles which have, from time to time, been a source of annoyance to the occupants of surrounding premises and to the firm by reason of their inefficiency, are now being replaced by modern electrically heated furnaces.

Installation of New Furnaces

The scrutiny of planning applications and plans submitted under building byelaws frequently provides information of proposals to instal new furnaces, and whilst the submission of plans and specifications for the prior approval of such plant is optional, it is obligatory under the provisions of Section 3 of the Clean Air Act, 1956, for a person proposing to instal new furnaces to give notice of this intention to the local authority. It has frequently been found necessary to draw the attention of the prospective owners or their agents to this requirement, although heating engineers, who will be actively engaged in effecting alterations or additions to existing plant, usually comply with the spirit of the Act.

Notifications of the intention to instal 121 new furnaces were received during the year, the fuel usage being:—

	<i>Coal</i>	<i>Solid Smokeless Fuel</i>	<i>Oil</i>	<i>Gas</i>	<i>Electricity</i>	<i>Waste Material</i>
Number of Furnaces ...	7	19	75	6	8	6

Height of New Chimneys

The requirements of Section 10 of the Act in relation to the plans deposited in accordance with building byelaws, which show that it is proposed to construct a chimney for carrying smoke, grit, dust or gases from a building, are carried out through the liaison between the Health Department and the City Engineer and Surveyor's Department whereby any appropriate plans are circulated for comment in regard to the height of the proposed chimneys.

Consideration is given to:—

- (a) the purpose of the chimney
- (b) the position and description of adjacent dwellings
- (c) the levels of the neighbouring ground.

This procedure entails the making of enquiries from the architects or owners concerned, visits to the site, and the subsequent collation of the information by the Chief Smoke Inspector. The comments, adverse or otherwise, are then submitted for the consideration of the Public Works Committee.

Twenty-two plans were circulated from the City Engineer and Surveyor's Department to the Health Department during the year for comment concerning the heights of proposed chimneys which would serve the boiler plants of industrial premises. Following enquiries from the architects and visits to the site, all were considered to be satisfactory with the exception of eight which it was considered should be increased in height.

Atmospheric Pollution from Railway Smoke

It is interesting to learn that the last of the steam driven locomotives for use on the British Railways is under construction and to realise that within a few years the pall of smoke arising from numbers of locomotives, particularly during the steam raising period, will have been eliminated. Observations have continued throughout the year on coal fired locomotives when operating in sidings, engine sheds and main line stations. No single engine was noted to contravene the Dark Smoke (Permitted Periods) Regulations, 1958, and it is evident that the British Transport Commission are endeavouring to prevent any serious pollution of the atmosphere. Whilst no single contravention has been noted, the combined emission of smoke from a number of locomotives when raising steam or cleaning fires at the motive power depots may cause considerable pollution.

The introduction of the diesel rail-cars has resulted in fewer steam locomotives coming to the main line stations, with a consequential reduction in the smoke that was so evident. The increasing use of heavy diesel locomotives and the reduction in the use of the coal burning locomotives will further improve conditions and bring a little nearer the

day when the emission of smoke from a locomotive may be the unusual instead of the common-place.

Fumes and Effluvia

During the year twenty-two complaints of nuisance from fumes were investigated. These arose from non-ferrous metal casting, paint spraying, stoving of enamelware, electric battery manufacture, anodising, and from the burning of oil fuel. After investigation, and upon the source of the complaint being established, the owners or managers of the works concerned were interviewed and remedial measures discussed. There is no one method for dealing with complaints which apparently may be similar in all respects. Each complaint must be carefully investigated and occasionally, due to the infrequency of the occurrence which creates a nuisance, considerable time is, of necessity, expended in tracing the actual source of the complaint.

It gives satisfaction to record that the owners or managements fully co-operated in carrying out the remedial measures suggested and in no case was it necessary to resort to the service of a statutory notice.

Dust Emissions

A number of complaints of dust from metal polishing processes, brick crushing, paint spraying, and the burning of waste paper, have been received and investigated during the year. Frequently the sources of the emissions have been immediately obvious, but sometimes, in congested industrial areas, a process of elimination by the employment of detector slides was necessary. Fortunately, excellent understanding and co-operation by the managements concerned have enabled satisfactory conclusions to be obtained without resort to statutory measures.

Pollution Recording Apparatus

Eight pollution recording stations are sited within the city boundary. Each station consists of a solid deposit gauge and a lead peroxide instrument. Monthly records have been maintained throughout the year.

Extensive building operations have taken place during the year on the site adjoining the Great Charles Street Station and, due to the gross contamination of this gauge, the records were considered unreliable and are omitted from the table.

There was a general increase in solid deposit, probably due to vehicles raising dust during the long, dry summer. The yield of lead sulphate is indicative of the activity of sulphur in the atmosphere. The lead peroxide is more reactive when moist and, when considering the concentration of sulphur dioxide in the atmosphere, the relative yield of lead sulphate is likely to be greater during the winter. This may account for the general decrease in the figures for the year 1959, having regard to the very dry and warm summer.

TABLE I
MONTHLY RECORD OF SOLID MATTER DEPOSITED—
EXPRESSED IN TONS PER SQUARE MILE (1959)

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street ...		No returns due					of gauge	by building operations.				
West Heath ...	7.43	4.03	6.80	9.27	7.77	9.90	9.94	6.97	8.97	7.74	9.14	9.10
Edgbaston Reservoir ...	14.19	6.99	11.47	13.58	13.52	9.38	10.74	9.28	10.87	9.81	11.20	7.72
Carnegie Institute, Hockley ...	22.25	15.17	26.51	24.08	16.41	20.68	19.25	13.41	17.51	22.31	22.58	19.95
Public Works Department Kingsbury Road ...	18.46	11.18	13.75	15.14	13.38	13.57	11.65	9.89	10.24	15.10	19.86	17.66
Treafoord Lane—Alum Rock ...	17.00	8.91	11.65	13.92	12.08	11.98	10.23	9.70	10.87	12.12	11.98	9.76
Aston Cross ...	26.85	21.49	33.05	23.73	13.90	20.47	17.30	17.88	18.42	23.46	30.46	22.54
St. John's Restaurant Deritend	33.12	24.83	43.44	40.40	26.92	29.66	29.02	20.27	20.84	23.00	21.04	21.14

TABLE II
MONTHLY RECORD OF SULPHUR DETERMINATION BY THE
LEAD PEROXIDE METHOD—EXPRESSED AS MILLIGRAMS
OF SO₃ PER 100 SQUARE CENTIMETRES PER DAY (1959)

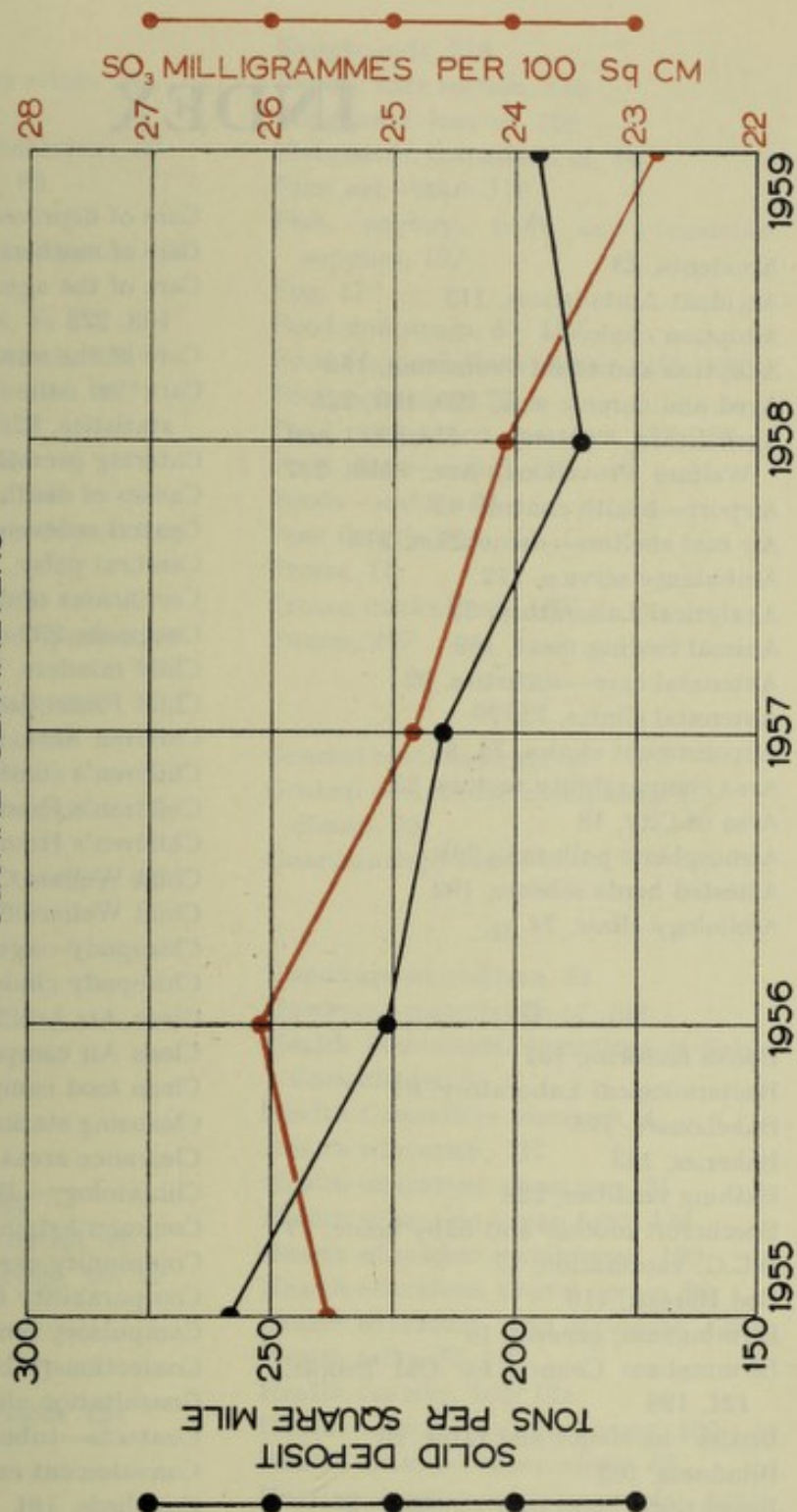
Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street ...	6.74	4.76	3.84	2.60	2.37	1.24	1.13	1.18	2.27	3.29	4.78	4.84
West Heath ...	2.40	1.42	1.21	0.99	1.01	0.48	0.58	0.46	0.66	0.85	1.14	1.04
Edgbaston Reservoir ...	4.95	3.34	3.03	1.89	2.11	0.93	0.92	0.95	1.99	1.77	3.17	2.68
Carnegie Institute Hockley ...	4.04	2.39	2.42	1.66	1.19	0.82	0.73	0.67	0.74	1.75	2.52	2.97
Public Works Department Kingsbury Road ...	3.74	3.39	2.18	1.81	0.77	0.80	0.71	0.57	0.88	1.70	2.98	3.47
Treafoord Lane—Alum Rock ...	2.94	3.49	1.61	1.40	0.88	0.72	0.57	0.55	1.79	1.35	1.87	2.22
Aston Cross ...	5.43	4.52	3.46	2.42	2.09	1.19	1.12	1.20	1.40	2.74	4.07	4.07
St. John's Restaurant Deritend	6.86	5.53	4.36	3.57	2.33	1.87	1.73	1.61	2.11	2.84	5.44	3.47

TABLE III

Station and type of area.	Yearly total of solid deposit in tons per square mile			Sulphur dioxide as mgms of SO ₃ per 100 sq. cms. of lead peroxide per day	
	1958	1959	Incr. or Decr.	1958	1959 Incr. or Decr.
GREAT CHARLES STREET Commercial	216.29	Records unreliable		3.47	3.25 —0.22
WEST HEATH Residential	81.50	97.06	+15.56	1.17	1.02 —0.15
EDGBASTON RESERVOIR Residential	111.49	128.75	+17.26	2.34	2.31 —0.03
"CARNEGIE" HOCKLEY Industrial and residential	215.90	240.11	+24.21	1.96	1.82 —0.14
PUBLIC WORKS DEPOT—KINGSBURY ROAD Industrial and residential	147.36	169.88	+22.52	1.95	1.91 —0.04
TREAFORD LANE, ALUM ROCK Residential	133.69	140.23	+6.54	1.52	1.61 +0.09
ASTON CROSS Industrial	250.15	269.55	+19.40	3.02	2.80 —0.22
"ST. JOHN'S" DERITEND Industrial	345.19	333.68	—11.51	3.89	3.47 —0.42

-ATMOSPHERIC POLLUTION-

GRAPH SHOWING THE AVERAGE WEIGHT OF SOLID MATTER COLLECTED BY DEPOSIT GAUGES EXPRESSED IN TONS PER SQUARE MILE PER GAUGE; AND THE MEAN DAILY AVERAGE OF THE SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD EXPRESSED IN MILLIGRAMS OF SO_3 PER 100 SQUARE CENTIMETERS



The graph indicates the average of the total solid matter collected by the deposit gauges per annum for the years 1955 to 1959, expressed in tons per square mile per gauge, and the mean daily average over each year of the sulphur determination by the lead peroxide method, expressed in milligrams of SO_3 per 100 square centimetres.

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