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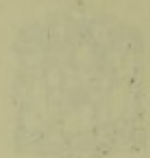
CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1960





CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1900

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MEMBERS OF THE HEALTH COMMITTEE

Municipal Year, 1960-61

Chairman ALDERMAN W. T. BOWEN, J.P.

(Chairman of Staff Sub-Committee and Staff Discipline Sub-Committee).

THE LORD MAYOR (ALDERMAN GARNET BENJAMIN BOUGHTON, J.P.).

ALDERMAN G. CORBYN BARROW.

(Chairman of Health Education Sub-Committee).

ALDERMAN MRS. A. LONGDEN, J.P.

ALDERMAN O. L. RICHARDS.

COUNCILLOR MRS. H. M. BARRADELL.

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, J.P.

COUNCILLOR J. A. DAVIS.

COUNCILLOR C. HUXTABLE.

COUNCILLOR W. A. N. JONES.

COUNCILLOR L. C. LOVESEY.

COUNCILLOR MRS. H. L. RADFORD.

COUNCILLOR H. L. SECCOMBE.

COUNCILLOR W. J. H. SOWTON.

COUNCILLOR A. T. WALKER.

(Chairman of Mental Health Sub-Committee).

COUNCILLOR J. T. WEBSTER.

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, D. G. BEVAN, MRS. M. A. BROWN, MRS. F. M. COCKS, MRS. M. A. M. COOKE, C. HUXTABLE, W. A. N. JONES, MRS. H. L. RADFORD, A. T. WALKER, J. T. WEBSTER, 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.

ALDERMAN W. T. BOWEN.

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

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, O. L. RICHARDS.

COUNCILLORS MRS. H. M. BARRADELL, E. L. BENNETT, D. G. BEVAN, MRS. J. COLE, 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 MRS. H. M. BARRADELL, E. L. BENNETT, MRS. M. A. BROWN, MRS. F. M. COCKS, MRS. J. COLE, J. A. DAVIS, L. C. LOVESEY, MRS. H. L. RADFORD, H. L. SECCOMBE, 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, MRS. M. A. M. COOKE, A. T. WALKER.

**Staff Discipline Sub-Committee*

Chairman—ALDERMAN W. T. BOWEN.

ALDERMAN G. CORBYN BARROW.

COUNCILLORS MRS. M. A. BROWN, MRS. J. COLE, MRS. M. A. M. COOKE, 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 other than bakeries 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, 1960

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:

Immunisation

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

Health Education

F. R. HOWELL, M.B., Ch.B., D.P.H.

Maternity and Child Welfare

N. I. CONDON, M.B., B.Ch., B.A.O., D.P.H., L.M.

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 :

S. C. BEAUMONT, M.I.Mar.E., M.R.S.H., 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
Administrative, Accountancy and Clerical Staff...	...	...	...	...	...	...	...	...	103

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 Officer of Health (in conjunction with other duties)	...	...	...	...	...	...	...	...	1
Assistant Medical Officers for Maternity and Child Welfare (Clinical Medical Officers)	...	...	...	...	...	...	...	...	16
Senior Dental Officer	...	...	...	...	...	...	...	...	1
Assistant Dental Officers (Part-time)	...	...	...	...	...	...	...	...	14

Health Visitors

Superintendent	...	...	...	...	...	...	...	...	1
Deputy Superintendent	...	...	...	...	...	...	...	...	1
Health Visitor Tutors	...	...	...	...	...	...	...	...	2
Health Visitors and other professional Staff	...	...	...	...	...	...	...	...	163

Midwives

Supervisors	...	...	...	...	...	...	...	...	3
Midwives	...	...	...	...	...	...	...	...	119

Health Education

Assistant Administrative Medical Officer of Health (in conjunction with other duties)	...	...	...	...	...	...	...	...	1
Organisers	...	...	...	...	...	...	...	...	2
Assistant Lecturer and Artists	...	...	...	...	...	...	...	...	3

Day Nurseries

Senior Supervisor of Day Nurseries	...	...	...	...	...	...	...	...	1
Supervisors of Day Nurseries	...	...	...	...	...	...	...	...	2
Nursery Nurses and other professional Staff	...	...	...	...	...	...	...	...	280

Home Nursing Service

Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	1
Deputy Superintendent of Home Nursing Service	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	193

Domestic Help

Organiser	...	...	...	...	...	...	...	...	1
Assistant Organiser	...	...	...	...	...	...	...	...	1
District Organisers	...	...	...	...	...	...	...	...	8
Domestic Helps (Full-time)	...	...	...	...	...	...	...	...	54
Domestic Helps (Part-time)	...	...	...	...	...	...	...	...	792
Night Watchers	...	...	...	...	...	...	...	...	42

John Foster Vince Memorial Home (Mother and Baby Home)

Matron	...	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	...	1
Domestic Staff	...	...	...	...	...	...	...	...	...	4
Clerical Staff	...	...	...	...	...	...	...	...	...	29
<i>Miscellaneous Staff</i>										
Non-manual (Full and part-time)	...	...	...	...	...	...	...	...	...	83
Manual	...	...	...	...	...	...	...	...	...	190

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
Mental Welfare Officers	...	...	...	...	...	...	...	...	...	6
Assistant Mental Welfare Officers	...	...	...	...	...	...	...	...	...	5
Clerical Staff	...	...	...	...	...	...	...	...	...	3
<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	...	...	...	...	...	...	...	...	...	8
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>Hostels for Discharged Psychiatric Hospital Patients</i>										
Wardens	...	...	...	...	...	...	...	...	...	2
Manual Staff	...	...	...	...	...	...	...	...	...	6

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	...	...	...	...	...	...	...	...	...	2
Medical and Nursing Staff (Part-time)	...	...	...	...	...	...	...	...	...	17
Clerical Staff	...	...	...	...	...	...	...	...	...	19
Temporary Clerical Staff (Full and Part-time)	...	...	...	...	...	...	...	...	...	13

TUBERCULOSIS

(Prevention and After-Care)

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

Tuberculosis Visitors	...	...	...	...	...	...	...	...	13
Clerical Staff	...	...	...	...	...	...	...	...	7

STAFF WELFARE SURGERIES

Medical Officer for Staff Welfare	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	2
Clerical Staff	...	...	...	...	...	...	...	...	1

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	...	...	...	...	...	...	...	...	60
Pupil Public Health Inspectors	...	...	...	...	...	...	...	...	24
Food and Drugs Sampling Officers	...	...	...	...	...	...	...	...	4
Clerical Staff	...	...	...	...	...	...	...	...	26
Miscellaneous Manual Staff	...	...	...	...	...	...	...	...	35

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	...	...	...	...	...	...	...	...	12
Draughtsmen	...	...	...	...	...	...	...	...	3
Clerical Staff	...	...	...	...	...	...	...	...	17

SMOKE INSPECTORS

Chief Smoke Inspector	...	...	...	...	...	...	...	...	1
Deputy Chief Smoke Inspector	...	...	...	...	...	...	...	...	1
Inspectorial Staff	...	...	...	...	...	...	...	...	7
Smoke Control Area Advisers	...	...	...	...	...	...	...	...	9
Clerical Staff	...	...	...	...	...	...	...	...	8

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	11
Clerical Staff	2

WORKS DEPARTMENT

Building Superintendent	1
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MISCELLANEOUS STAFF

Manual Workers (Laundry Workers, Drivers, Storemen, Cleaners, etc.)	133
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PUBLIC HEALTH DEPARTMENT,
THE COUNCIL HOUSE,
BIRMINGHAM, 3.

September, 1961.

*To the Chairman and Members,
Health Committee.*

This report, comprising statistics of illness and death and of misfortunes which have caused individuals and families to call upon medical and socio-medical services set up for such contingencies, makes little or no mention of the huge volume of demands which are also made upon the hospitals, general medical and dental practitioners and pharmacists, on various statutory organisations such as the National Assistance Board and upon the many voluntary organisations with which Birmingham is so richly blessed. Such material could make depressing reading for someone not already familiar with Birmingham and unaware of the vast improvements that are rapidly taking place.

Slum buildings of all types are being cleared, and the demolition of 2,253 houses last year, for example, involved the sweeping away of several worn-out old workshops, former stables and similar buildings. The houses were, in general, among the worst in Corporation ownership and had been repaired on a short life basis.

Nevertheless, unfortunate as the necessity to retain slum houses is, living conditions therein are greatly improved under Corporation ownership and the renewal of chimneys, roofs, window frames and doors, together with the bright painting, new outbuildings and well-paved yards, have changed the appearance and character of many areas almost beyond recognition. In fact, the whole environment is improving rapidly with the demolition of obsolete industrial buildings and offices and the building of new, bright and well-lighted premises, as a glance at the City today will reveal.

To say there is full employment is understating the situation. The City seems to have an insatiable demand for labour which continues to attract many workers from overseas and the living accommodation they are able to secure is far from what we consider as of a reasonably satisfactory standard. Furthermore the way of life of some newcomers gives rise to complaint from their neighbours. Nevertheless prosperity is in the air and is plain to be seen from the many cars parked in the streets overnight and the good quality of domestic furnishings and equipment, even though many of these goods are on "hire purchase" which itself brings serious problems to some families unable to exercise sufficient restraint.

Statistically 1960 was outstanding in several ways. There was a big rise in the number of births. Certain of the "twilight areas" in particular have experienced a very marked increase in births during the last five years, many babies being born into households with desperately poor accommodation for them. The illegitimacy rate also rose a further 0.9% and now 7.7% of all babies being born to Birmingham residents are illegitimate. Nevertheless, in spite of all this, the stillbirth rate was the next lowest recorded and the infant mortality rate of 22.6 deaths in the first year of life per 1,000 births constituted a new low record, the infant death rate in the central and middle ring wards being low records as also was the rate among illegitimate babies.

The general death rate of 11.03 was not unduly high, the mortality from respiratory disease among elderly people having been less than of late. Deaths from cancer of the lung numbered 581, being again higher than ever.

One death in twenty was from violence or suicide, road accidents featuring prominently, especially among elderly pedestrians.

In the field of infectious disease the disturbing feature is the continuing rapid increase of gonorrhoea. The incidence was very high in men from the West Indies and probably also in men from India and Pakistan. White women, mainly in the late teens and early twenties, are substantially concerned.

The twenty-two cases of poliomyelitis were all of such an age that they could have been immunised, yet in fact only five had received such treatment. It is hard to understand why, with a safe and highly effective safeguard available, some parents neglect to secure protection for their children. Nevertheless it must be said that, in general, through the activities of the general practitioners, the Health Department and other agencies, the Birmingham citizens are both well informed and diligent in connection with immunisation procedures. Immunisation is one of the Department's most successful services and the high dividends paid are shown in the virtual disappearance of diphtheria and big and progressive reductions in whooping cough and tuberculosis, together with very substantial control of poliomyelitis. Thanks are due especially to the heads of schools and their teachers without whose help the situation might have been far less favourable. Apart from vaccination against tuberculosis at the age of thirteen years, the aim is to ensure that every child has already received its full courses of injections before starting school. Even now the situation is such that failure to achieve this is largely due to parental neglect.

The year 1960 will be a milestone in the history of tuberculosis, not that record low numbers of new cases were reported but because for practical purposes all cattle in the country could be considered free from tuberculosis after 1st October. This is a safeguard in addition to pasteurisation to protect consumers of milk from tubercle infection which was

once such a scourge. Whereas as recently as in 1955, on slaughter, 10·23% of cattle at the Abattoir were found to be infected and 6·14% at private slaughterhouses, these figures for 1960 were 2·60% and nil.

Most of the personal services of the Health Department, being designed to assist those who are ill or incapacitated in their own homes, have the secondary effect of lightening the load upon the hospital services by avoiding or delaying admission to hospital and by allowing discharge home from hospital at an earlier date than would otherwise be the case. A review undertaken early in 1960 showed that the local hospitals were dealing with 25% more inpatients and 12% more outpatients per year than they did in 1951. There had been repercussions upon the Ambulance Service, which receives 92% of its calls from hospitals, to the extent that the calls to convey 264,070 non-urgent cases in 1951 had risen to a figure of 368,718 in 1959 and to 370,226 in 1960. The ability of a hospital to establish a day centre depends largely upon the daily availability of ambulance transport which already had involved 58,367 ambulance miles at a cost of £4,907. Similarly this local authority service often bears an increased load when patients are discharged from hospital beds to continue treatment twice a week or so as outpatients. The demand for ambulance transport continued to grow in spite of a fall in the Birmingham population of 20,000 in the past nine years. The question arises whether it is administratively sensible that the authority on whose behalf orders for ambulances are given should have no responsibility whatsoever for meeting the cost of this very expensive service.

In reviewing the Home Nursing Service the month of November 1960 was chosen for a survey. During that month the district nurses attended 4,973 patients and paid 52,965 visits. It was estimated that, but for the Home Nursing Service and its ancillary facilities, 1,377 patients would have required hospital admission and to these patients 24,422 visits were paid at a cost (including loan of equipment and laundry) of £8,037.

The Domiciliary Midwifery Service is facilitating early discharge from maternity hospitals to an ever increasing extent by daily liaison between the hospitals and midwives supervisors who arrange for investigation of domestic circumstances if necessary and provision of home helps. There were in 1960 a total of 13,120 hospital confinements and 6,691 of these mothers were discharged home to the care of the domiciliary midwives usually on the ninth day or earlier. This was 2,267 more than in the previous year. The trend towards earlier discharge from hospital is shown in the following table.

HOSPITAL DISCHARGES

	1955	1956	1957	1958	1959	1960
Up to 4th day ...	411	596	795	958	1,902	1,316
5th—9th day ...	2,081	3,817	3,692	3,517	3,830	6,084
10th day ...	715	611	634	603	594	607
11th—14th day ...	2,521	4,202	4,058	3,899	4,146	6,395
Over 14th day ...	275	226	268	221	278	296

In considering this as an increased load of work upon the domiciliary midwives, it should be remembered also that there were 1,428 more births (live and still) in 1960 than in 1959 but only 637 more births took place in hospital, the rest of the increase being catered for by the domiciliary midwives in conjunction with general practitioners. This increasing load upon the midwives, coupled with continuity of the work with so many patients being interrupted by hospital confinement and early discharge, and coupled with attempting to give a better service to all patients but with less time available than ever before, is certainly not conducive to attracting midwives to the service.

A maternity bed bureau, for those needing confinement in hospital on social grounds, is operated at the Health Department. The hospitals notify the numbers of available beds each week and these are allocated to patients referred by general practitioners, clinic doctors and midwives, after appropriate investigations have been made which in 1960 involved 697 home visits. Most hospitals and practitioners co-operate in working this scheme.

When considering applications for convalescence or for priority in rehousing on grounds of ill health, the interests of children who have been several times in hospital are given special importance. No doubt this too eases the burden upon hospitals.

A service deliberately designed to provide treatment at home rather than in hospital is the Children's Home Nursing Unit which has operated in the centre of the City since 1954. It covers an area from which the child patients are admitted either to the Children's or to Dudley Road Hospital. Three full time and one part time district nurses are employed in the domiciliary care of children in this area.

Paediatricians and general practitioners in the area were informed before the service started. The responsible nurses spend a week at the Children's Hospital before commencing their duties, meeting the hospital staff as well as having a refresher course ; thus establishing a good liaison between the district nurses and hospital staff.

In other areas the ordinary facilities of home nursing are available and all hospitals and general practitioners are aware of the details. It is, of course, at the discretion of the general practitioner to decide if a child should be nursed at home with the help of the district nurse, or admitted to hospital. The discharge of children from hospital is notified to the general practitioners who can use the Home Nursing Service if they so wish. In other cases hospitals approach the district nurses direct and ask them to visit the children after discharge, so that this may be effected earlier. Notifications of hospital discharges are also sent to the health visitors.

Facilities are offered at the welfare centres for general practitioners to hold clinics and some 46 practitioners avail themselves of this opportunity to practise preventive medicine. Health visitors are present at these sessions and may also attend clinics at doctors' own surgeries, at their

request, to give health education talks to mothers. They encourage mothers to nurse their sick children at home, if circumstances permit, and advise them about home helps, etc. The Health Centre opened at Nechells Green during the year is a further experiment in general practitioner/local health authority co-operation.

There are twelve visitors specially appointed for hospital follow-up work and they are attached to hospitals throughout the City forming a close liaison between hospitals, Health Department and general practitioners. They spend an average of two days each week on these duties. All district health visitors also undertake special visits of investigation and supervision in response to requests from the consultants, ward sisters and almoners of the hospitals in their areas. These are especially valuable in facilitating early discharge. There are also health visitors trained in mental health follow-up work, who are in close association with the psychiatric social workers as well as with the hospitals. All health visitors provide assistance for the aged but a few work exclusively in that field. All practitioners have been advised of their existence and they can be called upon at the discretion of general practitioners as well as by the hospitals. Many aged persons are maintained at home by suitable arrangements with home helps, district nurses and night watchers, and the availability of the laundry service and sick room appliances.

The Home Help Service is available on a priority basis to all who may require it. Its existence is constantly brought to the attention of all hospitals which receive regular circulars giving particulars of the district organisers. These are also sent to the National Assistance Board, welfare centres, home nursing centres, etc. General practitioners are not specifically informed nor would a general reminder at the present time serve any useful purpose as the service is fully employed, with a long waiting list for less urgent cases. A review of the persons receiving home helps during the five-week period 31st October to 3rd December, 1960, was carried out. The service as a whole gave help to a total of 2,831 households. In these there were 1,792 patients who were awaiting admission to hospital or had been discharged from hospital in view of assistance being available from the domiciliary services. The great majority of these patients received help throughout the five-week period, during which time a total of 92,456 hours of help were provided.

Whilst the importance of infant consultations at welfare centres continues to decline slowly as general practitioners progressively take up more of this work and mothers with a progressively better educational background profit from numerous relatively new sources of information not generally available before the war, some aspects of the Department's work are gaining considerably in importance. Unmarried mothers applied in increasing numbers for assistance. West Indian women numbered more than half the British women, while there were more alleged West Indian putative fathers than British. Children requiring taking into care by the

Local Authority (a Children's Committee responsibility) again increased very much in number and, by the end of the year, the percentage of coloured children in care had risen to 14.8.

The Mental Health Service is undergoing active improvement and development, admirable co-operation with hospitals, general practitioners, other sections of the Health Department and with various statutory and voluntary bodies being the keynote of success. Intimate collaboration with hospitals is already found to be extremely important in facilitating early discharge and another factor is that discharge from hospital is much more readily accepted by all concerned, especially the relatives, when it is realised that return to hospital can be arranged expeditiously if a further mental breakdown occurs. The hospitals are endeavouring to keep patients as much in touch with the outside world as they possibly can in order that the return home shall be all the easier for patients. For some few patients the two hostels set up by the Health Committee as a stepping-stone in this direction are proving very successful.

The rate of representation of houses as unfit is slowing down due to the fact that most of the big masses of obviously unfit houses have now been dealt with and work is proceeding upon houses which in the main are inherently of rather better type but are unfit because of disrepair and lack of facilities. It was estimated at the time of the Housing Repairs and Rents Act, 1954, that there lay outside the Central Redevelopment Areas not less than 25,000 unfit houses, 18,000 of which would be scheduled for inclusion in Clearance Areas by 31st December, 1960. In actual fact 18,545 houses were so dealt with but, during the course of the work, it was realised that, because of steady deterioration of houses not originally included in the 25,000, the 6,500 houses which on the original estimate still await representation, will in practice turn out to be not less than 12,000. The prevention of this deterioration is not easy. On the one hand the owner is reluctant to undertake thorough renovation because of the high cost, while, on the other, the local authority can take action only if the disrepair causes a statutory nuisance or is such as to make the house unfit for habitation.

Unfortunately the Department is so short of inspectors, partly on account of numerous recent additional commitments, that pressure on the owner to correct defects while they are still remediable at reasonable cost is possible only on a very limited basis, and the property continues to deteriorate until slum clearance becomes the only remedy.

The report upon Atmospheric Pollution will indicate that the smoke control programme is getting into its stride and every opportunity is being taken to impose smokeless conditions upon groups of properties already equipped with modern appliances capable of smokeless operation. The Housing Management Committee is deeply involved and a most satisfactory arrangement has been made whereby smoke control is being

applied to the newer properties already equipped and to properties that are being provided with modern amenities in accordance with an extensive programme, and even to slum properties that are being reconditioned because they cannot be demolished for at least some years. On the other hand money and effort are not being expended upon converting fireplaces in slum houses that are to be cleared in the next few years.

The atmospheric pollution, as recorded by our apparatus, increased during the year. The very unfavourable weather over a long period caused much more fuel to be burned. Nevertheless, for economic reasons coupled with the likelihood of legal action and the fact that at long last the public conscience has been aroused against smoke, the dense pall from a factory chimney has become quite uncommon.

The details which form the bulk of this report demonstrate some of the problems which prosperity has brought in its train. Nevertheless, that same prosperity, through many different channels which depend fundamentally upon it, has contributed to improving conditions in Birmingham substantially.

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 1960 was 1,093,160. 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 sandstones; 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

Mr. A. L. Kelley, Director of the Meteorological Observatory (at Edgbaston) of the Birmingham and Midland Institute, has again provided records of the weather and in addition makes the following interesting observations. From 1891 to 1925 the annual average rainfall was 27.49 inches. By 1960 the seventy years average had crept up to 28.7 inches. By way of compensation the mean annual sunshine has also crept up by about fifteen hours but this, Mr. Kelley suggests, may-be due to progressively less smoke in the atmosphere in the last twenty years.

The year 1960 was outstanding for its very excessive rainfall. Only March, April and May were dry. January, September, October and November were excessively wet. On the whole the year was warm and dull.

Temperature

The mean temperature for the year was 49.5°F; nearly one degree above the average. June was the warmest month and February the coolest. There were 27 air frosts and 60 ground frosts. The lowest temperature was 23° on the 14th January and the highest shade temperature was 82° F recorded on the 18th June.

Rainfall

The total of nearly 36 inches of rain in 1912 was then a record. This was surpassed in 1951 with 39 inches and a new record was created in 1960 with 40.915 inches. January's total of 6.02 inches was the highest ever recorded for this month and the 24th was the wettest recorded January day. There was severe flooding along the major river valleys in

and around the City. March, April and May were the only months with rainfall below average. September and October were each the second wettest on record. The total of 15.4 inches for the Autumn (September to November) was easily the highest ever recorded at Edgbaston.

COMPARISON OF MEAN MONTHLY TEMPERATURES AND SUNSHINE
AND RAINFALL TOTALS FOR 1960 WITH THE AVERAGES FOR THE PAST
70 YEARS

Month	Shade Temperature °F.		Rainfall Ins.		Sunshine Hrs.	
	Monthly Averages 1960	Mean 70 years	Monthly Totals 1960	Mean 70 years	Monthly Totals 1960	Mean 70 years
January	39.3	38.4	6.02	2.564	19.0	42.9
February	38.9	38.9	2.435	1.973	60.6	58.1
March ...	42.7	42.0	1.61	1.94	41.4	95.7
April ...	48.5	46.5	1.50	1.963	137.6	134.9
May ...	55.5	52.3	1.17	2.296	149.8	172.1
June ...	61.7	57.6	2.665	2.061	259.9	178.1
July ...	59.3	60.8	3.47	2.572	133.1	167.7
August	58.9	60.2	2.94	2.796	135.5	156.9
September	55.4	56.2	5.80	2.167	116.4	121.9
October	49.9	49.6	5.89	2.782	40.2	85.5
November	44.9	43.3	3.71	2.80	61.7	49.1
December	39.3	40.0	3.705	2.792	45.7	37.2
Year	49.5	48.8	40.915	28.706	1200.9	1300.1

Sunshine

The year's total of 1,200.9 hours was 99.2 hours below average and 331 hours below the total of 1959. January, March and October each had less than half the usual amount of sunshine. June was the sunniest month with over eighty hours more than average.

Winds

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

	N	NE	E	SE	S	SW	W	NW	Mean hourly M.P.H.	Max. Gusts M.P.H.
1960	806	1,012	724	1,130	1,852	1,326	889	1,045	9.8	61
35 yr. av.	617	911	647	812	1,484	1,785	1,214	1,220	9.7	

The average hours of calm are 70 per year but in 1960 there were none

Fog

Visibility was reduced to below 100 yards on only eight days.

Thunder

This was noted on 23 days compared with an average of 12.

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
	1960	1,093,160

The table shows the progressive decline in population since 1952, a trend which was only reversed by the slight increase of 1,660 during the year 1959-60. It is interesting to note, however, after 1954 when acquisition of new houses in areas surrounding Birmingham became progressively easier, the rate of decline of population became greater. That occurred in spite of the concurrent and considerable immigration from Ireland and overseas which, in 1960, is said to have been even greater than in the years previous.

The extent of the movement to live outside Birmingham can also be gauged by the fact that, during the period covered by the figures, there has been an excess of births (total 151,413) over deaths (total 97,572) amounting to 53,841 in the Birmingham population.

Live Births

	1956	1957	1958	1959	1960
Number					
(a) Born in the City	18,022	18,472	18,911	19,062	20,478
(b) Born outside the City	456	434	370	290	299
Totals	18,478	18,906	19,281	19,352	20,777

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. 19.00 per 1,000 population.

This is the highest rate since 1948. The table on page 28 demonstrates how the rate fell almost continuously from 22.5 in 1946 to 16.0 in 1955, since when it has again risen steadily year by year.

It is to be noted that in some of the older wards during the last five years the numbers of births have increased considerably. Such has been the case in Lozells, Gravelly Hill, Edgbaston, Sparkbrook, Balsall Heath, Rotton Park, Soho, Handsworth, Moseley and Sparkhill. This could be expected in wards undergoing rejuvenation by redevelopment but, in the wards named, the increase is due in great measure to the occupation by young families of the many houses let-in-lodgings which have been set up therein.

HOUSES LET-IN-LODGINGS AND INCREASED BIRTHS IN CERTAIN WARDS

				% age of houses as H.L.L.s.		1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Market Hall	..	..	..	6.93		508	546	547	522	515	555	561	595	532	549
Lozells	..	..	..	2.99		581	643	661	605	543	669	718	732	752	818
Aston	..	..	..	2.44		567	552	520	498	476	531	516	559	554	576
Gravelly Hill	..	..	..	1.88		489	476	516	486	428	455	519	533	588	625
Washwood Heath	..	..	..	0.42		496	502	470	459	473	514	524	527	485	555
Edgbaston	..	..	..	2.08		285	275	333	324	328	359	375	364	416	402
All Saints	..	..	..	0.61		445	447	438	391	459	438	387	405	417	465
Saltley	..	..	..	1.24		563	545	500	489	469	544	499	519	496	569
Small Heath	..	..	..	1.61		574	591	543	575	510	500	595	594	603	667
Sparkbrook	..	..	..	5.63		546	483	519	525	527	561	612	648	731	810
Balsall Heath	..	..	..	3.80		493	487	445	443	460	501	526	567	628	735
Rotton Park	..	..	..	2.20		385	366	386	374	372	390	425	459	450	527
Soho	..	..	..	5.68		384	356	403	372	412	454	508	564	618	733
Handsworth	..	..	..	4.79		407	418	475	433	476	520	594	605	638	741
Moseley, Kings Heath	..	..	..	2.76		454	475	475	532	468	540	514	573	599	646
Sparkhill	..	..	..	1.06		416	425	423	397	416	392	458	499	528	528

Illegitimate Live Births : numbering 1,594, were 7.67 per cent of total live births. The following percentages are locally recorded illegitimate live babies compared with total live births.

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
5.1%	4.7%	4.8%	5.1%	5.2%	5.3%	6.2%	6.4%	6.5%	6.8%	7.7%

Whilst each year there is close agreement between the numbers of legitimate live births recorded locally and by the Registrar General, the locally recorded numbers of illegitimate births to Birmingham women have in the past been five or more per cent below the numbers known to the Registrar General. In 1960 the discrepancy fell to 4%. The difference has been explained by some Birmingham women going outside the City to give birth to their illegitimate babies. In 1960, the proportion doing this must have fallen and so the discrepancy has diminished.

Illegitimacy is a growing problem in Birmingham as it is in the rest of England and Wales, where there are now more illegitimate births than there were before the war. In England and Wales one child in eight is conceived outside marriage and one child in twenty is born outside marriage. One mother in four conceives her first born child before she is married.

In England and Wales there are said to be half a million illegitimate children below school leaving age.

In many other countries the proportion of illegitimate births is rising. In the West Indies more than 60% of births are illegitimate.

Stillbirths. There were 421. Of these 236 (56.05 per cent) were premature births.

STILLBIRTH RATE per 1,000 total (live and still) births 19.86. 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	1960
<i>Rate</i> ...	...	21.8	21.7	23.0	22.2	19.6	23.5	21.6	23.0	22.9	21.5	22.0	21.1	19.9

Total Births (live and still) 21,198.

Infant Deaths under 1 year of age.

Legitimate, 421 ; Illegitimate, 48 Total 469.

INFANT MORTALITY RATE

Total infant deaths per 1,000 live births ... 22.57

The lowest rate previously recorded was 23.7 per 1,000 live births in 1955 since when the rate has risen, but the rate for 1960 is a new low record.

	1954	1955	1956	1957	1958	1959	1960
Infant Mortality Rate	24.2	23.7	24.6	24.6	25.05	25.4	22.6

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

	1954	1955	1956	1957	1958	1959	1960
Central Wards	34	33	28	27	28	34	27
Middle Wards	26	26	28	27	27	27	22
Outer Wards	20	20	22	22	23	22	21

The favourable total figure for 1960 is thus shown to be due to significant improvement in the Central and Middle wards occurring simultaneously. So low a figure as 27 for the Central Wards has only been achieved once before (1957) and 22 for the Middle Wards is a remarkable drop from the previous best of 26.

Legitimate infant deaths per 1,000 legitimate live births	...	...	21.94
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	30.11

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 1960 was

15.97 per 1,000 live births, there being 295 deaths of legitimate babies and 37 of illegitimate giving a legitimate rate of 15.37 and an illegitimate rate of 23.21. All these figures are the best recorded.

Post Neo-natal Mortality Rate was 6.59 deaths in the first year per 1,000 live births, deaths in the first four weeks being excluded. The components were a rate of 6.56 for legitimate babies and 6.90 for illegitimate babies. Environment and standard of child care are important factors in this rate. These figures also are the best recorded.

Early Neo-natal Mortality Rate was 14.43, not so favourable a figure as for 1954 and 1955. 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 300 deaths was comprised of 269 legitimate and 31 illegitimate children giving rates of 14.02 and 19.44 respectively, and a total rate of 14.43.

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

INFANT MORTALITY IN 1960

<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
Meningococcal infection ...	—	—	—	3	3
Meningitis (non-tuberculous)	1	—	1	2	3
Bronchitis	—	—	—	2	2
Pneumonia (all forms) ...	6	6	12	47	59
Gastritis	—	—	—	1	1
Diarrhoea and enteritis ...	—	—	—	10	10
Congenital malformations ...	51	17	68	40	108
Premature birth	162	6	168	—	168
Atrophy, debility & marasmus	3	—	3	—	3
Atelectasis	14	—	14	—	14
Injury at birth	48	2	50	—	50
Other causes	15	1	16	30	46
	300	32	332	137	469

Perinatal Mortality Rate, stillbirths plus deaths during the first week per 1,000 total live and still births, was 34.01. This had shown a distinctly adverse trend since the record low level of 35.1 was attained in 1954. Deaths numbered 721 in 1960, the rate of 34.01 constituting a new low record.

Comparison of Rates for Legitimate and Illegitimate Babies

The table on page 27 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.

The unfavourable infant death rates of 1959 were considered to have been adversely affected by the increasing illegitimacy which was 6·8% of all locally recorded births in 1959 as compared with 6·5% in 1958. In 1960, however, the percentage of live births that were illegitimate had risen markedly to 7·67. Nevertheless the death rates of illegitimate babies at various periods in the first year were unusually low and showed a much bigger improvement over the 1959 figures than did the rates for legitimate babies.

Maternal Mortality (including one death after abortion).

NUMBER of deaths, 11.

RATE per 1,000 total live and still births, 0·52.

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

1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950
10	6	6	9	9	5	11	11	11	12	14

Death Rate from all causes was 11·03 per 1,000 population, there being 12,059 deaths. In general the death rate had been falling until the record low rate of 9·8 per thousand population was obtained in 1948. Since then the rate has tended to rise and this can be expected because of the increasing proportion of elderly people in the population to whom high death rates apply. In 1959 the rate of 11·6 was reached. It had not been so high since 1940 to 1943 and was largely caused in 1959 by the unusually large number of 1,979 deaths from pneumonia, bronchitis and influenza, 284 of them being attributed to influenza. Corresponding figures for 1960 were much lower, only 1,411 and 31 respectively. The year nearly attained the record of 1954 when there were only 30 influenza deaths. From the point of view of death from respiratory infection, 1960 was therefore a favourable year in which only 11·70% of the deaths were thus caused as compared with 15·60% in 1959, a very unfavourable year.

Again in 1960 a very high proportion of deaths, 85·64 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	3,030	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
1960	3,708	2,260	1,694	1,411	488	155	611
% of all deaths in 1960	30.75	18.74	14.05	11.70	4.05	1.29	5.07

The marked rise in deaths from violence and suicide is also to be specially noted. One death in twenty was thus caused.

Area Comparability Factors Births 0.95. Deaths 1.15.

Deaths of infants under one year of age accounted for 4 per cent of all deaths, and deaths of those over 65 years for 65 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 18.05 and the Adjusted Death Rate was 12.68 per 1,000 population

Cancer

The deaths from cancer remained high at 2,260 for the year. Even more deaths were attributed to this cause in the years 1959 (2,372), 1958 (2,309), 1957 (2,428), 1956 (2,315) and 1955 (2,295). The greatest number recorded was 2,428 in 1957. Leukaemia accounted for 53 deaths in 1960, the record number of 60 also having been reached in 1957.

The rise in deaths from lung cancer continues relentlessly, the total of 581 being 41 more than for 1959 which itself set up a record. Only 22 of these deaths occurred before age 45 years but there were 313 between 45 and 65 years of age. Of the total victims 515 were men and 66 women.

Cancer of the digestive organs caused 813 deaths, 431 of them in men. Lung and digestive organs were by far the commonest sites for fatal cancer, the genital organs and breast being the sites in only 236 and 208 cases respectively.

Accidents

There were 427 fatalities from accidents, 227 being males and 200 females. Accidents therefore produced 3.5 per cent of all deaths. Accidents to persons of 65 years and over caused 214 deaths, being 50 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, or by coal gas.

<i>Type of Accident</i>	(a) <i>Total Deaths</i>	(b) <i>No. in column (a) over 65 years</i>	(c) <i>(b) as % of (a)</i>
Falls on same level	98	93	94.9
Falls downstairs	30	22	73.3
Pedestrians killed by motor vehicles	87	52	59.8
Other road accidents	77	4	5.2
Coal gas poisoning	38	24	63.2
Other accidents	74	12	16.2
Burns & electricity	23	7	30.4

Column (b) shows falls on the same level to be the greatest cause of fatal accidents among old people, causing 43.5 per cent of them. Next in importance for old people is being knocked down by motor vehicles, which caused 24.3 per cent of the accidental deaths among them.

Very many accidents occur at home, some of them due to poor house design and facilities. 177 fatalities were from accidents at home and accounted for 41.5 per cent of all the deaths from accidents. 141 of the 177 (i.e. 80 per cent) concerned children under 5 years and adults over 65 years.

The tragic loss of 91 males and 26 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 39 fatal accidents but only 32 deaths from the following infectious diseases—measles (0), whooping cough (2), tuberculosis (0), diarrhoea (18), meningococcal infection (5), encephalitis (3) and influenza (4).

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
1960 Legitimate ...		14.0		15.4	4.8	21.9
Illegitimate ...		19.4		23.2	6.9	30.1
Total ...	19.86	14.4	34.0	16.0	6.6	22.6
1959 Legitimate ...		14.8		17.0	7.1	24.1
Illegitimate ...		28.9		31.1	11.4	42.5
Total ...	21.14	15.7	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	16.0	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 ...	23.03	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 ...	21.62	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 per 1,000 total births			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		16.9
1911	26.1		24.4				150		130	15.0		14.6
1921	24.1		22.4	35			83		83	11.3		12.1
1931	16.9		15.8	39		41	71		66	11.7		12.3
1936	15.8		14.8	35		40	62		59	11.3		12.1
1941	16.8	14.7	13.9	29		35	69	71	60	13.2	14.9	13.5
1942	19.3	17.3	15.6	28		33	56	59	51	11.8	13.3	12.3
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	12.7
1945	20.2	19.1	15.9	25		28	49	54	46	11.2	13.5	12.6
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	12.3
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	11.8
1950	16.8	17.6	15.8	23		23	30	34	30	10.9	12.3	11.6
1951	16.5	17.3	15.5	22		23	30	34	30	11.4	13.4	12.5
1952	16.4	16.9	15.3	20	25	23	27	31	28	10.2	12.1	11.3
1953	16.6	17.0	15.5	23	25	22	26	31	27	10.6	12.2	11.4
1954	16.4	15.2	15.2	22	23	24	24	25	25	10.6	11.1	11.3
1955	16.0	14.9	15.0	23	23	23	24	25	25	11.3	11.6	11.7
1956	16.6	15.6	15.6	23	23	23	25	24	24	10.9	11.6	11.7
1957	17.1	16.1	16.1	22	23	22	25	24	23	11.2	11.5	11.5
1958	17.6		16.4	22		22	25		23	11.0		11.7
1959	17.7		16.5	21		21	25		22	11.6		11.6
1960	19.0		17.1	20		20	23		22	11.0		11.5

* No longer available.

No.	Cause of Death	Sex	0-	1-	2-	5-	15-	25-	45-	65-	75-	All Ages
1	Typhoid & Paratyphoid Fever...	M.	—	—	—	—	—	—	—	—	—	6
1A	Smallpox	F.	—	—	—	—	—	—	—	—	—	12
2	Measles	M.	—	—	—	—	—	—	—	—	—	1
3	Scarlet Fever	M.	—	—	—	—	—	—	—	—	—	11
4	Whooping Cough	M.	—	—	—	—	—	—	—	—	—	312
5	Diphtheria	M.	—	—	—	—	—	—	—	—	—	28
6	Influenza	M.	—	—	—	—	—	—	—	—	—	248
6A	Poliomyelitis inc. Polio Encephalitis	M.	—	—	—	—	—	—	—	—	—	593
7	Acute Infectious encephalitis incl. Encephalitis Lethargica	F.	—	—	—	—	—	—	—	—	—	244
8	Meningococcal Infections	M.	—	—	—	—	—	—	—	—	—	1187
9	inc. Cerebrospinal Fever	M.	—	—	—	—	—	—	—	—	—	31
10A	Tuberculosis of Respiratory System	M.	—	—	—	—	—	—	—	—	—	9
10B	Tuberculosis of the Abdomen	F.	—	—	—	—	—	—	—	—	—	13
10C	Tuberculosis of Spinal Column	M.	—	—	—	—	—	—	—	—	—	5
10D	Tuberculosis of Joints	M.	—	—	—	—	—	—	—	—	—	29
10E	Disseminated Tuberculosis	M.	—	—	—	—	—	—	—	—	—	33
10F	Tuberculosis of Glands and other parts	F.	—	—	—	—	—	—	—	—	—	22
11	Syphilis	M.	—	—	—	—	—	—	—	—	—	3
12	General Paralysis of Insane, Tabes Dorsalis	M.	—	—	—	—	—	—	—	—	—	16
13A	Cancer of Buccal Cavity & Pharynx	M.	—	—	—	—	—	—	—	—	—	1
13B	" Digestive Organs	M.	—	—	—	—	—	—	—	—	—	10
13C	" Peritoneum	M.	—	—	—	—	—	—	—	—	—	3
13D	" Respiratory Organs	M.	—	—	—	—	—	—	—	—	—	17
13E	" Genital Organs	M.	—	—	—	—	—	—	—	—	—	5
13F	" Breast	M.	—	—	—	—	—	—	—	—	—	12
13G	" Urinary Organs	M.	—	—	—	—	—	—	—	—	—	4
13H	" Skin	M.	—	—	—	—	—	—	—	—	—	8
13I	" Other Organs	M.	—	—	—	—	—	—	—	—	—	18
14	Diabetes	M.	—	—	—	—	—	—	—	—	—	15
14A	Rheumatic Fever	M.	—	—	—	—	—	—	—	—	—	4
14B	Chronic Rheumatism & Osteo-Arthritis	M.	—	—	—	—	—	—	—	—	—	8
15	Cerebral Haemorrhage, etc.	M.	—	—	—	—	—	—	—	—	—	2
15A	Other Nervous Diseases and Diseases of Sense Organs	M.	—	—	—	—	—	—	—	—	—	3
16	Heart Disease	M.	—	—	—	—	—	—	—	—	—	1
17	Aneurysm	M.	—	—	—	—	—	—	—	—	—	1
18	Arteriosclerosis and other Circulatory Dis.	M.	—	—	—	—	—	—	—	—	—	4
19	Bronchitis	M.	—	—	—	—	—	—	—	—	—	3
20	Pneumonia (all forms)	M.	—	—	—	—	—	—	—	—	—	1
21	Other Respiratory Diseases	M.	—	—	—	—	—	—	—	—	—	2
22	Peptic Ulcer	M.	—	—	—	—	—	—	—	—	—	35
23	Diarrhoea and Enteritis	M.	—	—	—	—	—	—	—	—	—	24
24	Appendicitis	M.	—	—	—	—	—	—	—	—	—	2
25	Cirrhosis of Liver	M.	—	—	—	—	—	—	—	—	—	63
26	Other Diseases of Liver, etc.	M.	—	—	—	—	—	—	—	—	—	16
27	Other Digestive Diseases	M.	—	—	—	—	—	—	—	—	—	2
28	Acute and Chronic Nephritis	M.	—	—	—	—	—	—	—	—	—	13
28A	Other Genito-Urinary Diseases	M.	—	—	—	—	—	—	—	—	—	4
29	Puerperal Sepsis	M.	—	—	—	—	—	—	—	—	—	3
30	Other Puerperal Causes	M.	—	—	—	—	—	—	—	—	—	22
31	Consenital Debility, Premature Birth, Malformations, etc.	M.	—	—	—	—	—	—	—	—	—	8
32	Senility	M.	—	—	—	—	—	—	—	—	—	431
33	Suicide	M.	—	—	—	—	—	—	—	—	—	159
34	Other Violence...	M.	—	—	—	—	—	—	—	—	—	57
35	Other Causes	M.	—	—	—	—	—	—	—	—	—	76
	All Causes	M.	—	—	—	—	—	—	—	—	—	146
		M.	—	—	—	—	—	—	—	—	—	51
		F.	—	—	—	—	—	—	—	—	—	207
		M.	—	—	—	—	—	—	—	—	—	62
		F.	—	—	—	—	—	—	—	—	—	32
		M.	—	—	—	—	—	—	—	—	—	5
		F.	—	—	—	—	—	—	—	—	—	1
		M.	—	—	—	—	—	—	—	—	—	13
		F.	—	—	—	—	—	—	—	—	—	28
		M.	—	—	—	—	—	—	—	—	—	7
		F.	—	—	—	—	—	—	—	—	—	25
		M.	—	—	—	—	—	—	—	—	—	50

BIRTH, DEATH AND INFANT MORTALITY RATES IN WARDS, 1960

	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	19,600	519	26.5	229	11.7	19	37
	Duddeston	22,400	522	23.3	236	10.5	8	15
	Deritend	18,300	468	25.6	205	11.2	14	29
	Market Hall	18,100	549	30.3	166	9.2	10	18
	Ladywood	19,000	468	24.6	191	10.1	18	38
	Totals and average rates of Central Wards	97,400	2,526	25.9	1,027	10.54	69	27
MIDDLE RING	Lozells	29,700	818	27.5	323	10.9	25	31
	Aston	26,400	576	21.8	299	11.3	20	35
	Gravelly Hill	27,100	625	23.1	336	12.4	7	11
	Washwood Heath	35,500	555	15.6	351	9.9	7	12
	Saltley	28,900	569	19.7	314	10.9	8	14
	Small Heath	28,600	667	23.3	327	11.4	14	20
	Sparkbrook	23,900	810	33.9	295	12.3	18	22
	Balsall Heath	24,500	735	30.0	261	10.6	16	21
	Edgbaston	24,200	402	16.6	306	12.6	13	32
	Rotton Park	22,600	527	23.3	634	28.1	13	24
	All Saints	23,700	465	19.6	340	14.3	13	28
	Soho	24,300	733	30.2	294	12.1	14	19
	Totals and average rates of Middle Ring Wards	319,400	7,482	23.4	4,080	12.8	168	22
OUTER RING	Stechford	51,100	744	14.6	408	8.0	22	30
	Sheldon	45,600	715	15.7	240	5.3	8	11
	Yardley	24,500	345	14.1	266	10.9	6	17
	Acocks Green	20,500	333	16.2	262	12.8	9	27
	Fox Hollies	21,100	301	14.3	228	10.8	6	20
	Sparkhill	24,600	528	21.5	292	11.9	13	25
	Hall Green	24,900	293	11.8	262	10.5	8	27
	Springfield	26,100	339	13.0	286	11.0	5	15
	Brandwood	36,400	478	13.1	332	9.1	10	21
	Moseley and Kings Heath	29,100	646	22.2	372	12.8	16	25
	Selly Oak	29,700	478	16.1	519	17.5	11	23
	King's Norton	31,200	513	16.4	319	10.2	14	27
	Northfield	49,600	769	15.5	484	9.8	13	17
	Weoley	40,300	616	15.3	288	7.1	13	21
	Harborne	35,200	421	12.0	413	11.7	9	21
	Sandwell	25,700	471	18.3	269	10.5	6	13
	Handsworth	25,100	741	29.5	297	11.8	12	16
	Perry Barr	36,900	540	14.6	280	7.6	11	20
	Kingstanding	36,700	605	16.5	271	7.4	16	26
	Stockland Green	29,700	414	13.9	467	15.7	9	22
	Erdington	32,400	479	14.8	379	11.7	13	27
	Totals and average rates of Outer Ring Wards	676,400	10,769	15.92	6,934	10.25	230	21
	Ward of domicile not known	—	—	—	18	—	2	—
	Totals and average rates for whole City	1,093,160	20,777	19.00	12,059	11.03	469	23

YEAR	Population Estimated to middle of each year	Death rate		Birth rate	New Comparability Factors		1,000 LIVE BIRTHS							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
		Rate	Rate		Deaths	Births	Infant Mortality (first week)	Neonatal (first month)	Post-neonatal (1—12 months)	Congenital Debitity, Premature Birth, Malformations, etc. (under 1)	Diarrhoea and Enteritis (under 2 yrs)	Respiratory	Other Forms																
1922	927,844	21.5	12.1	FIRST STARTED IN 1949	FIRST STARTED IN 1934	86	23.0	34.4	51.5	37.4	8.5	32.6	55.1	3.92	.48	.97	.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	28.7	51.1	3.40	.28	.92	.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	32.2	9.2	29.9	50.9	3.80	.39	.97	.13	1.30	1.00	1.91	2.15	.70	.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	.98	.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	.96	.15	1.21	1.00	1.85	2.10	.74	.38	.11	.30				
1926	961,222	18.7	11.3	SUSPENDED	SUSPENDED	75	23.6	31.1	41.5	32.2	11.2	31.6	51.0	3.99	.27	.94	.12	1.26	1.07	1.88	1.73	.40	.41	.12	.32				
1927	969,752	17.8	11.8			65	21.2	31.5	37.4	31.6	11.5	29.3	52.2	3.48	.41	.89	.17	1.36	0.95	2.28	1.89	.70	.41	.15	.36				
1928	976,500	17.6	10.9			60	20.8	32.3	46.5	35.4	13.9	33.9	53.8	3.70	.13	.86	.13	1.35	0.94	2.41	1.56	.67	.48	.16	.40				
1929	981,000	17.1	13.5			60	20.8	32.3	46.5	35.4	13.9	33.9	57.0	3.85	.13	.84	.15	1.34	0.98	2.76	1.56	.53	.48	.16	.42				
1930	982,000	17.7	10.8			60	20.8	28.7	31.4	30.6	7.6	38.0	58.0	3.25	.13	.90	.13	1.43	0.88	2.57	1.32	.60	.44	.15	.40				
1931	1,011,300	16.9	11.7	FIRST STARTED IN 1934	FIRST STARTED IN 1949	70	21.9	31.4	39.8	33.0	10.7	33.2	54.4	3.65	.41	.91	.13	1.35	0.96	2.43	1.78	.69	.45	.15	.38				
1932	1,017,500	16.3	11.3			71	25.3	32.2	39.2	34.6	8.7	39.3	63.6	3.66	.27	.92	.14	1.46	0.77*	2.90	1.61	.62	.45	.15	.38				
1933	1,023,500	14.7	11.0			67	24.8	32.7	34.7	33.6	7.7	35.0	59.0	3.60	.36	.83	.10	1.45	0.87*	2.73	1.47	.59	.45	.19	.35				
1934	1,028,000	15.3	11.0			68	25.8	32.6	35.1	35.0	8.7	35.7	60.6	3.68	.18	.71	.08	1.43	0.76*	3.04	1.26	.67	.44	.16	.38				
1935	1,033,000	15.4	10.9			64	24.9	33.4	30.9	36.3	7.7	33.3	57.4	3.40	.15	.71	.08	1.52	0.72*	3.14	1.09	.62	.46	.13	.40				
1936	1,038,000	15.8	11.3	SUSPENDED	SUSPENDED	67	24.7	32.3	33.1	34.8	8.1	36.2	60.0	3.58	.28	.80	.10	1.46	0.76*	2.95	1.35	.62	.44	.18	.38				
1937	1,043,000	16.3	11.7			62	24.1	29.8	32.5	32.8	5.4	34.8	58.0	3.53	.13	.71	.07	1.57	0.69*	3.43	1.22	.62	.45	.12	.38				
1938	1,048,000	16.6	10.9			61	21.3	31.0	28.9	33.1	5.1	34.6	58.1	2.95	.40	.72	.08	1.62	0.73*	3.40	1.40	.56	.45	.15	.39				
1939	1,055,000	16.6	11.4			60	20.7	26.3	32.8	29.1	13.7	36.0	56.0	2.48	.16	.77	.07	1.55	0.67*	3.65	1.16	.45	.39	.15	.36				
1940	1,020,000	16.9	14.3			70	19.6	28.8	41.2	28.2	12.1	32.8	51.7	2.21	.22	.77	.07	1.61	1.31*	3.31	2.21	.55	.44	.14	.42				
1941	950,000	16.8	13.2	SUSPENDED	SUSPENDED	63	21.9	28.5	34.0	30.3	9.8	34.6	53.0	2.77	.21	.73	.07	1.59	0.80*	3.45	1.43	.56	.44	.14	.38				
1942	965,000	19.3	11.8			56	20.2	30.1	25.9	29.4	9.8	28.4	48.0	2.34	.10	.77	.09	1.77	1.28*	2.87	1.51	.64	.43	.11	.37				
1943	965,000	20.9	12.1			55	17.9	25.7	23.9	25.4	9.1	27.4	44.8	1.69	.34	.71	.07	1.83	1.34*	3.02	1.73	.46	.45	.11	.31				
1944	990,000	22.8	11.3			42	15.4	22.2	19.8	21.7	6.0	24.5	39.6	1.34	.11	.70	.09	1.75	1.29*	3.15	1.40	.43	.42	.08	.32				
1945	990,000	19.9	11.2			50	17.0	22.5	26.5	22.3	7.8	24.8	41.3	1.41	.06	.68	.07	1.84	1.33*	3.14	1.44	.44	.41	.10	.27				
1946	1,017,100	22.5	11.3	SUSPENDED	SUSPENDED	54	18.2	25.9	28.3	25.0	8.8	26.8	44.5	1.85	.15	.73	.08	1.78	1.31*	3.10	1.60	.54	.43	.10	.34				
1947	1,076,210†	22.2	11.1			41	15.9	23.9	19.8	20.6	7.1	23.8	39.1	0.98	.08	.64	.05	1.83	1.34*	3.36	1.37	.44	.36	.12	.30				
1948	1,096,100†	19.5	9.8			32	16.3	18.0	13.6	17.8	3.2	21.8	37.7	0.50	.03	.59	.04	1.82	1.10*	3.00	1.10	.32	.33	.11	.27				
1949	1,106,800†	18.1	10.7			31	15.0	17.7	13.1	18.3	3.2	21.7	30.4	0.49	.19	.54	.05	1.75	1.25*	3.52	1.34	.35	.29	.12	.27				
1950	1,117,900†	16.8	10.9			30	8.0	19.2	10.9	18.9	2.2	23.0	30.8	0.83	.07	.43	.03	1.88	1.40*	3.67	1.30	.35	.28	.12	.30				
	Average	19.8	10.8	35	14.5	19.6	15.1	19.3	4.4	23.2	36.0	0.73	.10	.66	.05	1.84	1.28*	3.38	1.32	.38	.32	.12	.28						
1951	1,110,900†	16.5	11.4	SUSPENDED	SUSPENDED	30	15.9	19.2	10.5	18.2	1.3	19.6	33.3	0.80	.03	.25	.02	1.90	1.46*	3.46	1.12	.39	.22	.11	.31				
1952	1,119,000†	16.4	10.2			27	15.6	17.6	9.2	17.5	1.6	22.2	37.6	0.75	.26	.35	.03	1.82	1.49*	3.79	1.54	.42	.25	.12	.33				
1953	1,118,500†	16.6	10.6			26	15.1	18.0	8.1	18.0	1.1	23.5	37.9	0.58	.15	.24	.01	2.00	1.51*	3.40	1.29	.36	.24	.12	.28				
1954	1,117,700†	16.4	10.6			24	13.8	16.8	7.4	16.5	0.7	21.6	35.1	0.80	.03	.20	.01	2.05	1.64*	3.44	1.15	.40	.25	.13	.27				
1955	1,111,700†	16.0	11.3			24	13.0	16.3	7.4	17.2	0.8	23.0	35.7	0.32	.08	.19	.01	2.06	1.68*	3.67	1.28	.39	.20	.12	.36				
	Average	16.4	10.8			26	14.7	17.6	8.5	17.5	1.1	22.0	35.3	0.65	.11	.25	.02	1.97	1.56*	3.55	1.28	.39	.23	.12	.31				
1956	1,110,800†	16.6	10.9			25	14.8	17.6	7.0	17.9	1.0	22.9	37.4	0.63	.03	.14	.01	2.08	1.55*	3.46	1.29	.38	.21	.13	.37				
1957	1,103,000†	17.1	11.2	25	15.8	17.7	7.0	18.5	0.3	21.5	37.0	0.41	.14	.12	.01	2.20	1.54*	3.73	1.31	.37	.23	.14	.36						
1958	1,095,000†	17.6	11.0	25	16.0	17.9	7.1	20.0	0.4	22.0	37.8	0.36	.04	.13	.01	2.10	1.75*	3.78	1.34	.35	.19	.13	.37						
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	.01	2.17	1.68*	4.0	1.63	.34	.21	.12	.36						
1960	1,093,160†	19.0	11.0	23	14.4	16.0	6.6	17.2	0.7	19.9	34.0	0.52	.03	.07	.01	2.07	1.67*	3.90	1.33	.37	.22	.12	.42						

*Exclusive of General Paralysis †Registrar General's Estimate

† Up to 1956 was stillbirths plus deaths in first four weeks per 1,000 live and stillbirths. Beginning in 1956 only deaths in first week were included

EPIDEMIOLOGY

Diphtheria

In order that precautionary measures may automatically be put into operation, 26 notifications of this disease were received during 1960.

In no case however was the occurrence of diphtheria confirmed. This was therefore the third year in succession without a case of diphtheria

Immunisation—see page 51

Dysentery

During 1960 there were 538 notifications of dysentery. In a number of instances the diagnosis was assumed when a group of people in contact with each other suffered from the same symptoms and the diagnosis had been confirmed bacteriologically in several of them. Dysentery organisms were several times isolated from food handlers in whose households a case occurred but, not being aware of their conditions, they had not been notified as required by the Food Hygiene Regulations, 1960. Infected children probably introduce the infection into their families and, when that occurs, it is estimated that over two thirds of the children and about a fifth of the adults in the family become infected although they may not have symptoms.

With the exception of the debilitated and aged, dysentery is more of a nuisance than a menace. There are always carriers of pathogenic shigellae present in the community and very few organisms are sufficient to infect the young child. Children under ten years are especially susceptible as the following table for 1960 of age and sex distribution of the illness shows.

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
Male ...	17	56	27	42	29	8	11	26	19	12	6	3	1	257
Female	15	37	33	48	20	15	15	37	32	13	7	7	2	281
TOTAL	32	93	60	90	49	23	26	63	51	25	13	10	3	538

The principal methods of spread are by direct and indirect personal contact. Outbreaks have always occurred from time to time in day nurseries and in schools. Strict attention to hand washing immediately after using the water closet, before and after attending to baby or before the preparation of food is of paramount importance.

Details of bacteriological investigations and quarterly distribution are as follows :—

1960	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
No. of notifications	167 (194)	171 (284)	72 (233)	128 (139)
No. of cases examined bacteriologically	47 (60)	56 (45)	27 (76)	56 (33)
No. of cases of <i>Shigella sonnei</i>	30 (49)	40 (29)	14 (44)	8 (21)
No. of cases of <i>Shigella flexner</i>	1 Flexner Type III 1 Flexner Type IV (1)	1 Flexner Type III (1)	1 Flexner variant X (2)	1 Flexner Type III (nil)
No pathogens found	15 (10)	15 (15)	12 (30)	47 (11)

The figures in brackets refer to 1959.

There was current in Birmingham towards the end of the first quarter and the beginning of the second quarter a mild epidemic characterised by an upper respiratory tract infection followed at a very short interval by vomiting and diarrhoea. Bacteriological examinations of the stools submitted and virological studies on some of the specimens were negative. Of the total number of stools investigated the percentage that gave positive Sonnei findings was greater in the first and second quarters than in the third and fourth quarters. The causes of summer and autumnal diarrhoea and of enteritis heralded by upper respiratory tract symptoms, should be investigated more extensively in the field of virology. However, virus studies were carried out by the Public Health Laboratory in Birmingham for a period during the autumn on all stools of children under ten years suffering from diarrhoea and only in one instance was a virus (Coxsackie B6) isolated.

A case of *Shigella flexner* X occurred in a European in the same house as an Indian family—unfortunately the other members of the lodging house in close contact were not co-operative and specimens could not be obtained. A Flexner type III organism was isolated from a girl with diarrhoea, whose grandfather had contracted dysentery as a Japanese prisoner of war. His stools were negative on culture. The source of infection could not be traced in the other three cases of Flexner dysentery. All lived in the inner ring and in areas where the density of the coloured population is high.

A total of 46 children and six staff from institutions were involved in four distinct outbreaks—three at day nurseries and one at a nursery school. It is a matter of interest that in the nursery school outbreak *Shigella sonnei* was isolated from the stools of three parents in three separate households, four days after the children had exhibited symptoms. An outbreak of a mild degree occurred at a private school where the vast majority of the children suffered from diarrhoea and vomiting.

The average period of absence from school was two days and in one class all but five of the 28 children were affected.

Encephalitis

(a) Of the eleven patients who were diagnosed as suffering from infective encephalitis, presumably of virus origin, four died at the following ages :—

Males	8 months, 10 months, 1½ years.
Females	7 years.

Those recovering were—

Males	21 years, 45 years.
Females	4 years, 4½ years, 7 years, 7 years, 13 years.

(b) Post infectious encephalitis is usually a secondary attack upon the brain by the same organism which has already caused an illness such as measles and, during 1960, this occurred in five patients all of whom recovered. In two boys aged 3½ and 7 years the condition followed chickenpox, in two boys aged 5½ and 10 years it followed mumps, and in a girl of 14 years it followed glandular fever.

Food Poisoning

254 cases of food poisoning were recorded for the year 1960. These were distributed as follows—

<i>1st quarter</i>	<i>2nd quarter</i>	<i>3rd quarter</i>	<i>4th quarter</i>	<i>Total</i>
128 (44)	34 (353)	41 (60)	51 (95)	254 (552)

The figures in brackets refer to 1959.

For years notifications of food poisoning have been recorded although in a great many instances there has been no evidence of any kind which incriminated food. The label "food poisoning" had come to mean no more nor less than diarrhoea or vomiting or both. In May it was decided to acknowledge only those cases of food poisoning in which some real suspicion fell upon food or drink and this led to 106 notifications of food poisoning not being accepted as such after careful investigation had been made. Among the 106 notifications which were not accepted through complete lack of evidence of association between illness, food or drink, there was not one in association with which any organism known to cause food poisoning was discovered and this in spite of the normal practice being followed of obtaining stool specimens from everyone in the household who was affected.

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

	<i>Outbreaks</i>					<i>Cases</i>	
	Total	9				Total	106
Outbreaks due to							
(a) <i>Salmonella</i>							
typhimurium	4	family	...	...	...	...	10
	1	other	...	...	...	...	29
(b) <i>Staphylococci</i>							
(including toxin)	3	others	...	...	...	...	61
(c) <i>Cl. welchii</i>	1	other	6

Outbreaks of undiscovered cause

Total	8 (6 family, 2 others)	Total	55
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Single Cases

Agent identified 30		Unknown 63	Total cases 93
<i>Organism</i>		<i>No. of Cases</i>	<i>Months of Origin</i>
<i>Salmonella</i> typhimurium		22	January to November
" worthington		1	February
" heidelberg		3	April and October
" morbificans		1	May
" manchester		1	May
" enteritidis		1	October
<i>Staphylococci</i> (including toxin)		1	July

OUTBREAKS

161 cases were associated with seventeen outbreaks.

Salmonella typhimurium was the cause of illness in four families affecting ten people in the months of June, July, September and November. The small outbreak which occurred in June affected a mother and her daughter and the infection was acquired abroad whilst on holiday in France. Shellfish were eaten for lunch and other people in the same hotel were also affected.

Three members of a family were taken ill on the 26th July after eating cold veal. It tasted "funny" and the father, who ate more than the other two, was more severely affected. The remains which were left over until the next day smelt very badly and were thrown away. *Salmonella* typhimurium was isolated from the faeces of two of the patients.

On the 28th and 29th September two children were taken ill—in one case convulsions, diarrhoea and slight vomiting, in the other case vomiting and diarrhoea—and both were admitted to hospital. *Salmonella* typhimurium was isolated from the faeces of both children. A faecal specimen from the unaffected mother proved positive and she might have been the cause of their infection.

The mild family outbreak affecting three people occurred on the 7th and 8th November. The cause of this infection was unknown.

Out of a total of 350 schoolboys, of whom 70 were boarders, 28 of the boarders and one day boy were taken ill between 9.7.60 and 11.7.60. Their symptoms were headache and abdominal pain—described as dull ache. Three of the boys had diarrhoea and some complained of dizziness. The duration of illness was mostly three to four days with the exception of one boy who had relapses during a four week period. *Salmonella typhimurium* was isolated from the faeces of the only two boys who could be examined—i.e. one boarder and the day boy.

Ham pasties were suspected as having been contaminated by the supervisor and chef of a canteen where nine persons were taken ill two to four hours after partaking of ham pasties for lunch. *Staphylococcus aureus* was isolated from the noses of both the chef and the supervisor of the canteen.

Of 141 persons at risk 32 people became ill eight to nine hours after eating a canteen meal which consisted of steak and kidney pie. It was found that beef steak and kidney delivered on the morning of the 2nd March was kept in the refrigerator until 9.30—10 a.m. when it was cut up and stewed. When still warm it was covered with pastry and put in the oven and served at three sittings i.e. 12.30, 1.0 p.m. and 1.45 p.m. Those persons who attended the 1.0 p.m. sitting only were affected. On investigation staph. pyogenes was isolated from the nose of one of the food handlers, who also had an angry looking unhealed cut, totally unprotected on the dorsum of one hand, from which also staph. pyogenes was isolated. In addition staph. pyogenes was isolated from the faeces of one of the patients. Results of phage typing were not conclusive.

In an institution for chronic sick twenty out of thirty eight patients were taken ill four hours after partaking of a meal—the symptoms being mainly diarrhoea—only one patient vomited. The cause of the outbreak, which was mild, was not known but staphylococci were isolated from the faeces of five of the patients and also from the nose of one of the domestic staff who did not handle food.

Cl. Welchii was regarded as the cause of an illness of six persons approximately 12 to 14 hours after partaking of re-heated left over stew for lunch on the 16th February. The stew had been prepared and eaten for lunch on the 15th February, left cooling in the kitchen, covered with a freshly laundered tea towel overnight, made into a pie on the morning of the 16th February and eaten for lunch that day. The kitchen was very clean. *Cl. welchii* was however isolated from the faeces of one of the patients—not in itself proving that organism as the cause of illness, but clinical features were typical.

SINGLE CASES

Of the 63 single cases notified as food poisoning *Salmonella typhimurium* accounted for 22 cases. The addresses of the patients were widely separated and, apart from one child whose *Salmonella typhimurium* infection was thought to have been passed from two other children on the same ward and not necessarily via food, no connection could be detected with any other case.

Staph. pyogenes was isolated from corned beef eaten by an elderly man at 10.30 a.m. on 9.7.60. He was taken ill with severe diarrhoea and vomiting and admitted to hospital on 10.7.60. The corned beef was thought to be sour when sold to the old gentleman. *Staph. pyogenes* was also isolated from the remainder of the beef in the shop from where it was purchased.

Influenza

There was little respiratory infection during the early part of 1960. Influenza "C" virus was isolated from the blood of a soldier who, in January 1960, whilst on 36 hours leave from his military unit in Blackpool, developed an influenza-like illness and was admitted to hospital.

On the 4th February, 1960, attention was drawn to a recurring illness amongst pupils of a boarding school, the symptoms being temperature, nasal discharge (snuffles), very little diarrhoea, listlessness and general malaise. Throat swabs and faecal specimens from six of the children most recently affected gave negative results, but paired blood samples subjected to complement fixation tests gave the following results.

2 patients	Past infection with Para-influenza 1 virus
2 "	" " " " Influenza "C" virus
1 patient	" " " " Adenovirus
1 "	" " " " Influenza "C" and Para-influenza 1 virus

General practitioners in various parts of the City continued to act as "spotters" when suspected cases of influenza arose in their practices and, on the 2nd and 17th February and 14 March, throat swabs were taken from three patients but the results were negative. The following results were obtained from the six paired blood specimens.

1 patient	Past infection with Para-influenza I (Sendai)
1 "	Past infection with Influenza "A" virus and Para-influenza 1
1 "	Blood not tested as second specimen was damaged in transport

In the first quarter of 1960 only nine deaths from influenza were recorded as compared with 266 for the corresponding period of 1959.

In December 1960 a sudden and widespread outbreak of respiratory infection developed immediately before Christmas. Many new cases arose during the Christmas holiday and this was the commencement of a considerable epidemic which persisted during the early part of 1961. Sixteen paired specimens of blood were obtained from eight patients at an interval of ten to fourteen days and were subjected to the complement

fixation tests. Throat swabs from twelve patients were also examined and the following table shows the results.

<i>No. of patients</i>	<i>Serological investigation</i>	<i>Throat Swabs</i>
5	Indicated a recent infection with Influenza "A" virus	"A" type of virus of Asian strain.
2	" "	Negative
1	No blood taken	"A" type of virus of Asian strain.
3	No blood taken	Negative
1	Serum anti-complementary and unsuitable to examine: therefore not tested	"A" type of virus of Asian strain.

During the month of December 1960 only 8 deaths were recorded as from influenza and of these the week ending the 31st December accounted for 7. A big increase did however occur early in 1961.

Malaria

During 1960 five cases of malaria were notified and all infections were acquired abroad.

Measles

As was to be expected following the 11,771 cases of measles in 1959, only 1,291 cases were recorded for 1960. There were no deaths. 1954 still remains the year of the lowest incidence, i.e. 456 notifications.

In the week ending 16th April, 1960, only one notification was received and during the week ending 31st December, 1960, the highest number of notifications were received, i.e. 254. This was the beginning of an epidemic which rose to its peak in March 1961.

The following table shows the age and sex distribution.

<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>
M	19	134	160	330	8	3	—	—	—	1	—	—	—	655
F	37	142	156	284	11	3	—	1	—	2	—	—	—	636
TOTALS	56	276	316	614	19	6	—	1	—	3	—	—	—	1,291

Meningococcal Infection

Of the 238 notifications 17 were confirmed and 5 patients died. The ages and sexes of the confirmed cases were as follows—

MALES

0—1 year	...	...	...	...	...	...	...	5 (1 died)
1—2 years	4 (1 died)
28 years	1
29 years	1
64 years	1 (died)

FEMALES

0—1 years	5 (2 died)
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No association was found between any of the cases.

Leptospirosis Canicola

Although this disease is not statutorily notifiable, attention of the Department was drawn to a boy of 16 years who was admitted to hospital and was subsequently diagnosed as suffering from Leptospirosis canicola. On investigation it was found that the patient had a dog who had been ill a week before he was admitted to hospital. Specimens of blood taken from the dog indicated a recent infection with Leptospirosis canicola.

Paratyphoid

There were three cases of paratyphoid—2 males and 1 female—during 1960. One of the males died.

The first patient was a baby aged 3 weeks who was taken ill on 23.4.60 and was diagnosed as suffering from Salmonella meningitis. He died on 18.6.60. Cultures from the dura mater and purulent spinal fluid gave a growth of Salmonella paratyphoid B, phage type Dundee. On investigating members of the household it was found that the mother was a carrier of the same organism. Although she was admitted to hospital for treatment of her carrier state she remained a carrier.

Salmonella paratyphoid B (Type I) was isolated from a woman aged 74 years whose onset was with diarrhoea on 5.5.60 followed by vomiting on 6.5.60. Her condition became worse and she was eventually admitted to hospital. She has, however, remained a carrier of paratyphoid organisms. The cause of her infection was unknown.

The third patient was found to be suffering from Paratyphoid "A" fever and was an Indian who arrived on 18.9.60 in this country from India. He was admitted to hospital on 10.10.60 suffering from "influenza" but Paratyphoid "A" organisms were isolated from his blood on 11.10.60. The patient had visited many friends and relatives both in Birmingham and Bradford during the period when he was considered to have been infected. Details of food eaten etc., could not however be remembered. It was thought that he was probably on about the 8th day of illness when he was admitted to hospital on 10.10.60, his chart suggesting that his temperature had reached its peak on that day. The patient also stated that he had been feeling vaguely unwell for at least four days before admission. It was possible that he may have brought the infection with him from abroad.

Pneumonia

Under the Public Health (Infectious Diseases) Regulations 1953, pneumonia is notifiable only when the disease is primary or when it occurs as the result of an attack of influenza. There were 303 notifications

of primary pneumonia and 50 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
Primary M	4	10	10	10	4	7	4	6	12	36	33	24	12	172
F	7	9	6	7	—	2	3	11	19	13	18	13	23	131
Influenzal M	2	1	1	—	1	—	2	1	3	3	12	14	2	42
F	1	1	—	—	—	—	1	—	1	1	3	—	—	8
TOTALS	14	21	17	17	5	9	10	18	35	53	66	51	37	353

The monthly incidence is given below.

Month	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Primary	27	36	55	22	18	25	11	14	10	20	22	43
Influenzal	6	9	9	6	2	1	—	1	1	3	3	9

The week ending the 31st December, 1960 recorded the highest number of notifications, 28.

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 555, the age distribution being as follows :—

DEATHS FROM PNEUMONIA (all forms) 1960

Age	0—	1—	2—	5—	15—	25—	45—	65—	75—	Total
Deaths	59	5	3	3	3	15	87	110	270	555

68.5% per cent of the deaths were in persons aged 65 and over but only 24.9% per cent of all notifications related to this group.

Poliomyelitis

During 1960 there were 52 notifications of poliomyelitis of which 19 were confirmed. In addition, however, three were found to be suffering from poliomyelitis who had originally been diagnosed as suffering from meningitis (2) and infective encephalitis (1). The total number of confirmed cases was therefore 22—i.e.—9 males and 13 females. There were no deaths. The age distribution was as follows :—

Paralytic

Males	11 months, 21 months, 1½ years, *3 years, *3 years, 3½ years, *4½ years, *7 years, 9 years.
Females	14 months, 18 months, 23 months, 2 years, 2 years, 2½ years, 4 years, 4 years, 4 years, 24 years.

Non-Paralytic

Females	*2 years, 5 years, 9 years.
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Five of the patients marked * had been vaccinated against poliomyelitis. Both of the three years old boys began to limp on 14th and 18th April respectively and an orthopaedic surgeon who saw them some weeks later considered they had had poliomyelitis. They received their immunising injections :—

11.12.57, 8.1.58, 14.10.59, and 24.6.59, 22.7.59, 10.3.60.

The 4½ years old child was taken ill on 22.12.60 and had widespread paralysis below the neck. He received his vaccinations on 28.4.59, 5.6.59 and 12.2.60. In April 1961 he was still in hospital severely paralysed. His was a Type II infection.

The 7 years old boy who became ill on 22.9.60 had paralysis of the right arm and left leg. His injections were given on 25.2.58, 25.3.58 and 17.4.59. From only one of these four paralytic cases was poliomyelitis virus isolated.

The vaccinated girl regarded as a non-paralytic case had symptoms referable to the central nervous system and poliomyelitis virus Type I was found in her faeces.

Type I virus was also found in the faeces of thirteen of the seventeen non-immunised cases and in one other the complement fixation test was positive at 1 : 64 dilution for poliomyelitis virus Type II.

The onset of illness in the 22 cases was in the following months—February 2, March 1, April 6, May 2, June 3, July 2, August 3, September 1, November 1, December 1.

Only two of the cases were associated—a brother and sister aged eleven months and two years respectively, neither vaccinated. The girl's illness began on 16.8.60 but she had had a running cold for the previous fortnight. There was paralysis of both legs. The boy baby became ill on 22.8.60 with pyrexia and by the 24th August was unable to stand, having both his legs paralysed too. Virus Type I was isolated from the faeces of both these children.

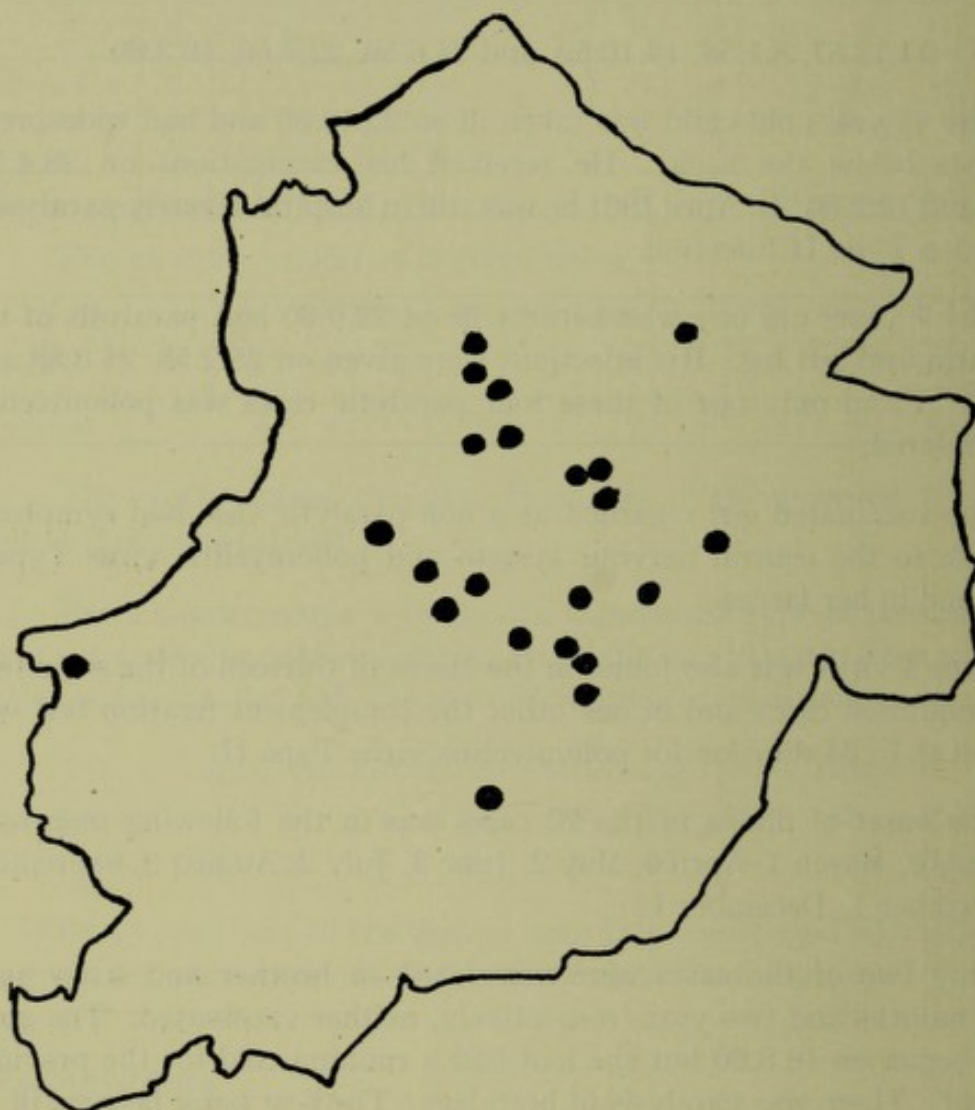
Contrary to the usual pattern the majority of cases occurred in substandard houses whose location is shown on the map on page 42.

The following numbers of confirmed cases have been recorded.

		1953	1954	1955	1956	1957	1958	1959	1960
Paralytic	...	27	11	68	6	25	37	7	19
Non-Paralytic	...	13	6	16	1	10	6	2	3
TOTAL	...	40	17	84	7	35	43	9	22

Immunisation—see page 56.

HOME ADDRESSES OF POLIOMYELITIS PATIENTS 1960



Scabies

The numbers of cases during the last eight 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
1960 ...	691	101	792

See also page 257.

Scarlet Fever

There was a fall in the number of notifications of scarlet fever received for 1960 ; 737 as compared with 927 for 1959.

There were no deaths.

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+	Totals
M.	—	46	85	201	47	6	1	3	2	—	—	—	—	391
F.	1	25	68	173	63	7	2	3	2	1	—	1	—	346
TOTALS	1	71	153	374	110	13	3	6	4	1	—	1	—	737

The 5 to 9 age group accounted for fifty per cent of the cases. The highest number of notifications, 27, were recorded in the week ending 5th March and 3 notifications only were received during the week ending 9th July.

Smallpox

There were no cases of smallpox during 1960 in Birmingham.

Surveillance was satisfactorily carried out upon a family who had associated with a contact of a case notified by the Ministry of Health as suffering from smallpox.

Vaccination—see page 57.

Typhoid Fever

During 1960 there were two cases of typhoid, both of whom were men and both recovered.

The first patient was a Pakistani aged 26 years who flew to this country on 7.5.60. Two weeks later he developed symptoms and was admitted to hospital on 30.5.60. In his native place they use water drawn from wells and do not boil it before use. Salm. typhi was isolated from his faeces but was not phage typed.

Salm. typhi, Vi phage Type "A" was isolated from a man aged 24 who also had only been in England for 3 weeks. His illness began on 15.9.60 and he was admitted to hospital on 22.9.60. No one else in the house where he stayed was affected but investigation was hampered by the fact that the occupants could not speak English. It was assumed that he had acquired his infection in Pakistan also, or on the journey to this country.

Venereal Disease

Thanks are due to Dr. W. Fowler, Consultant in venereology, for the following information.

Each year, since large scale immigration commenced in 1955, the number of new patients has increased. In 1960 the increase amounted to 21%, and was shared by gonorrhoea, non-gonococcal urethritis, "other

conditions" and early syphilis. Despite this increase in early syphilis, fewer cases of syphilis were registered than ever before.

GONORRHOEA

INCIDENCE

There were 22% more cases than in 1959. Male cases increased by 16.9% and female cases by 47.5%. The term "cases" here refers not to patients but to fresh attacks of gonorrhoea, and many individuals contracted the disease more than once. Actually, there were 22% more male and 40% more female patients.

	<i>New Cases</i>			<i>New Patients</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1959	1,145	244	1,389	940	229	1,169
1960	1,339	358	1,697	1,151	321	1,472

Considering the size of the various communities, the incidence was very high in men from the West Indies and probably also in men from India and Pakistan. There was considerably less gonorrhoea among the white than coloured males.

85% of the female patients were white and about 10% of these were Irish. Most of the coloured female patients were West Indians.

129 of the male patients contracted gonorrhoea at least twice during the year. Of these, 108 were West Indians, eight were from India or Pakistan, seven from West Africa, while six were white. 37 females also contracted the disease more than once. Two of these were from the West Indies, seven from Eire and the remainder from the United Kingdom.

Racial Incidence (Infections)

	<i>United Kingdom</i>	<i>Eire</i>	<i>West Indies</i>	<i>India & Pakistan</i>	<i>Others</i>
Male cases	407	77	705	129	21
Female cases	274	30	47	6	1

REASONS FOR THE INCREASE IN INCIDENCE

FRESH IMMIGRATION

During the year it was very apparent in the clinic that immigration was again in progress on a substantial scale after the lull in 1959. There is no doubt that this was the main reason for the increase in incidence which, incidentally, was the largest since 1956. In males the increase was confined to coloured immigrants, while the number of cases in coloured females was very much larger than in previous years.

New Cases (Infections)

	<i>Male</i>		<i>Female</i>	
	<i>White</i>	<i>Coloured</i>	<i>White</i>	<i>Coloured</i>
1959	554	591	229	15
1960	484	855	304	54

THE FEMALE PATIENT

The increase in incidence in female gonorrhoea during the past few years has affected mainly patients in the late teens and early twenties, and the distribution of the disease according to age groups is very different from before the war.

Years	<i>Female Gonorrhoea</i> <i>Percentage distribution in age groups</i>				
	14—17	18—19	20—22	23—24	25+
1939	6.6%	6.7%	14.9%	8.5%	62%
1960	7.0%	21.0%	29.9%	12.1%	28%

Most of the women in the late teens and early twenties were the consorts of West Indians and lived in the coloured community. Irrespective of their previous background, they appear to have adopted very rapidly the moral outlook of the men with whom they associate.

FAILURE TO HOLD CASES AND TO TRACE CONTACTS

Contact and case holding were no more successful than in 1959. In both years one contact was traced for every seven or eight cases. Almost one-third of the patients defaulted immediately after treatment. It is probable that up to 5% of these still harboured gonococci, as this was the failure rate with initial treatment in the patients who remained under observation. Failure to hold these patients must have added markedly to the size of the infectious reservoir which attempts at contact tracing did little to reduce.

PENICILLIN INSENSITIVE GONOCOCCI

In this as in other parts of the country an increasing number of strains of gonococci partially insensitive to penicillin are being recovered. On account of this the dosage of penicillin was increased early in 1960. The failure rate with this treatment (5%) was very low and under normal circumstances would contribute little to the spread of the disease. However, with the class of patient with whom we are dealing, this failure to eradicate the infection quickly undoubtedly helped to contribute to the increased prevalence of the disease.

NON-GONOCOCCAL URETHRITIS

There were 447 cases in 1960 compared with 337 in 1959, an increase of 41%. As nothing is known of the etiology of this condition, it is idle to discuss possible reasons for the increase in incidence.

SYPHILIS

EARLY INFECTIOUS

There were 21 cases, ten more than in 1959. The infection was introduced from abroad in ten cases, and in another four was acquired in towns in this country other than Birmingham. Three of the other seven

patients—husband, wife and brother-in-law—were infected from one source, but it was impossible to determine if this was in Birmingham or Eire. Two West Indian patients in this group could have contracted the infection anywhere from the West Indies to Birmingham. Only in the remaining two cases did it seem certain that the infection had been contracted in this city. However, although the individuals who transmitted the infection to these two patients were not traced, no further cases arose, so that it would appear that either the carriers received treatment elsewhere than in the clinic or moved out of Birmingham.

It will be noted that the position in Birmingham is probably much better than even the low incidence suggests, and that it is very likely that there is no infectious reservoir in Birmingham at the present time.

New Cases

	1959	1960
Primary	7	7
Secondary	3	11
Early latent	1	3

SOURCE OF INFECTION

One case came from each of the following countries and towns:—India, Somaliland, France, Holland; London, Portsmouth, Sheffield and Shrewsbury. The infection in two cases originated in Poland and four cases in the West Indies. At the most, there were five sources of infection in Birmingham for the remaining seven patients.

CONGENITAL SYPHILIS

Serum tests for syphilis have been carried out routinely in antenatal clinics for many years now. The value of this procedure and the efficacy of penicillin in positive cases are shown by the fact that, as in 1959, there were no cases of congenital syphilis in children under fifteen years, while there were only four cases in the older age groups (two cases in 1959).

LATE SYPHILIS

The incidence of cardiovascular and neurosyphilis, which was already very low, continued to decline as did the incidence of all other late or latent types of the disease.

Late Syphilis

	1959	1960
Cardiovascular	6	3
Neurosyphilis	10	9
All other late types	122	93
	<u>138</u>	<u>105</u>

As coloured patients accounted for 75% of the cases of late syphilis not involving the cardiovascular or nervous system, it can be seen that the incidence in the white population is extremely low.

Nor is it certain that all these coloured patients were suffering from syphilis, as the diagnosis was made solely on serological findings and it is possible that many of them were suffering from yaws, although there were no stigmata of the latter disease.

CHANCROID, YAWS, LYMPHOGRANULOMA VENEREUM AND GRANULOMA INGUINALE

No cases of chancroid nor yaws were diagnosed during the year although, as mentioned above, yaws might have been the proper diagnosis in some of the coloured cases labelled syphilis.

There were four cases of lymphogranuloma venereum and two cases of granuloma inguinale, compared with one case of the former disease and three cases of granuloma inguinale in 1959.

One of the patients with lymphogranuloma was an Indian. The other three were West Indians, as were the two patients with granuloma inguinale. These six patients had been in this country for less than one month.

There is considerable doubt as to the mode of transmission of the infection responsible for granuloma inguinale, but it seems likely that the condition is not a venereal disease. Lymphogranuloma is a venereal disease. However, last year, as in the previous four years, no evidence was forthcoming to suggest that the infection is now endemic in this country.

OTHER CONDITIONS

This category includes patients with diseases, mainly minor, of the genitalia or lower urinary tract, or who are worried about the possibility of having contracted venereal disease, or who require to be certified free from venereal disease, e.g. unmarried expectant mothers hoping to be admitted to one of the homes which cater for them.

The fact that the number of patients continued to increase is an indication that both the medical profession and the general public are aware that the venereal diseases are far from extinct.

Other Conditions

	1959	1960
Requiring treatment	362	428
Not requiring treatment	1819	2184

PRESENT POSITION

This is most unsatisfactory so far as gonorrhoea is concerned. The incidence is high and is likely to go on increasing so long as immigration continues. Until now mainly immigrants and their consorts have been affected.

The incidence of syphilis of all types is very low and the fact that there were almost twice as many cases of infectious syphilis as in 1959 is probably of no significance as the majority of these infections were contracted elsewhere than in Birmingham. However, reports from other parts of the country indicate that the incidence of early syphilis is rising and, although the present position is satisfactory, it affords no grounds for complacency.

VENEREAL DISEASE TREATED IN BIRMINGHAM HOSPITALS

	<i>Name of Hospital</i>	<i>Syphilis</i>	<i>Gonorrhea</i>	<i>Other Conditions</i>
No. of cases under treatment on 1st January, 1960.	General	848	688	585
	Children's	—	—	2
	Summerfield	—	—	—
	TOTALS	848	688	587
New cases coming under treatment during 1960.	General	130*	1,697	3,095
	Children's	—	—	27
	Summerfield	2	—	—
	TOTALS	132	1,697	3,122
Total number of attendances during 1960.	General	8,814	8,852	10,384
	Children's	—	—	78
	Summerfield	2	—	—
	TOTALS	8,816	8,852	10,462
No. discharged after completion of treatment and/or observation.	General	220	1,020	2,863
	Children's	—	—	29
	Summerfield	—	—	—
	TOTALS	220	1,020	2,892
No. transferred to other centres.	General	28	57	31
	Children's	—	—	—
	Summerfield	—	—	—
	TOTALS	28	57	31
No. who ceased to attend before completion of treatment and/or observation.	General	70	975	87
	Children's	—	—	—
	Summerfield	—	—	—
	TOTALS	70	975	87

*4 adults had congenital syphilis.

<i>Year</i>	BIRMINGHAM CASES OF V.D. TREATED			<i>Other Conditions</i>
	<i>Syphilis</i>	<i>Soft Chancre</i>	<i>Gonorrhoea</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
1960	112	—	1,559	2,680

Whooping Cough

1,572 notifications of whooping cough were received during 1960—a slight increase over the 1959 figure of 1,445, which was the lowest number recorded since whooping cough became notifiable in 1939.

The week ending 14th May had the highest number of notifications, 75, and week ending 22nd October, the lowest, 6.

Nine per cent of the cases were under 1 year and 53 per cent of the cases were under 5 years of age.

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.	74	152	207	319	15	5	3	—	1	—	—	1	—	777
F.	70	154	182	347	28	5	1	4	2	1	—	1	—	795
TOTAL	144	306	389	666	43	10	4	4	3	1	—	2	—	1,572

Two children died, their ages being 1 month and 3 months. The one month old baby, who was delivered in hospital, was brought home to an overcrowded house where there was already a case of whooping cough. In the case of the child aged 3 months one suspected lack of adequate parental care. There had been no antenatal care. The child failed to thrive from the beginning. There was poor family management, the gas supply was cut off, and social conditions were below average with father often out of work. There were five other children in the house whose immunisations were not up to date and four of whom had already been ill with whooping cough.

Immunisation—see page 51.

Public Health (Aircraft) Regulations 1952

Health control of 257 aircraft arriving at Birmingham Airport, Elmdon, during 1960, from outside the "excepted area" was carried out uneventfully.

International Certificates of Vaccination

During 1960, under the International Sanitary Regulations, 1952, 5,207 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	1960
1,419	2,756	3,089	3,291	4,113	7,587	4,205	4,073	5,207

INFECTIOUS DISEASES 1960—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
Anthrax	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Diphtheria	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Dysentery	M F	17 15	56 37	27 33	42 48	29 20	8 15	11 15	26 37	19 32	12 13	6 7	3 7	1 2	257 281
Encephalitis Acute Infective	M F	2 —	1 —	2 —	3 —	1 —	— —	1 —	— —	— —	1 —	— —	— —	— —	5 6
Encephalitis Post Infectious	M F	— —	— —	1 —	2 —	1 —	1 —	— —	— —	— —	— —	— —	— —	— —	4 1
Erysipelas	M F	1 —	— —	1 —	3 —	2 —	— —	1 —	4 9	9 5	9 15	9 13	7 13	2 9	45 68
Food Poisoning	M F	7 8	5 7	4 2	7 5	32 5	5 19	11 24	11 25	9 19	5 7	5 4	15 13	— —	116 138
Malaria	M F	— —	— —	— —	— —	— —	— —	2 —	2 —	1 —	— —	— —	— —	— —	5 —
Measles	M F	19 37	134 142	160 156	330 284	8 11	3 3	— —	— 1	— —	1 2	— —	— —	— —	655 636
Meningococcal Infection	M F	5 5	4 —	— —	— —	— —	— —	— —	2 —	— —	— —	1 —	— —	— —	12 5
Ophthalmia Neonatorum	M F	223 171	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	223 171
Paratyphoid Fever	M F	1 —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	1 —	— —	2 1
Polio-myelitis Paralytic	M F	1 —	2 6	4 2	2 1	— —	— —	1 —	— —	— —	— —	— —	— —	— —	9 10
Polio-myelitis Non-paralytic	M F	— —	— —	— —	2 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 3
Pneumonia	M F	6 8	11 10	11 6	12 5	5 —	7 2	6 4	6 12	15 20	40 13	45 21	39 12	14 23	217 136
Puerperal Pyrexia	M F	— —	— —	— —	— —	— —	50 —	140 —	136 —	43 —	1 —	— —	— —	— —	— 970
Scarlet Fever	M F	— 1	46 25	85 68	201 173	47 63	6 7	1 2	3 3	2 2	— —	— —	1 —	— —	391 346
Smallpox	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Typhoid Fever	M F	— —	— —	— —	— —	— —	— —	1 —	1 —	— —	— —	— —	— —	— —	— 2

IMMUNISATION

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

DIPHTHERIA IMMUNISATION

The success of preventative medicine procedure is sometimes difficult to express statistically. In the matter of diphtheria immunisation, the degree of prevention of the illness with a falling or non-existent death rate as a result of an immunisation programme, is an accurate assessment of its worth.

Diphtheria immunisation was first introduced in Birmingham in 1924 and, although at first it made slow headway, there has been a considerable fall over the years in incidence and deaths since 1941. In 1950 there were 105 cases with one death and during the past ten years there have been the following numbers of cases and deaths :—

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>
1951	27	1
1952	13	2
1953	1	nil
1954	3	nil
1955	4	2
1956	1	nil
1957	1	nil
1958	nil	nil
1959	nil	nil
1960	nil	nil

There is however no excuse for complacency, diphtheria has lost none of its virulence due to the rarity of occurrence and carriers are numerous enough to be of consequence and of danger to the non-immunised. The protection of a community, and especially of the young, depends on a high immunisation rate. Perhaps due to forgetfulness and lack of experience of the virulent nature of this disease, parents are not sufficiently aware of the need of adequate and early protection: there is growing evidence that this procedure is being administered too late thus exposing babies and young children to unnecessary risks.

The number of children receiving primary immunisation in each of the past six years, whether by diphtheria antigen, diphtheria/pertussis antigen or by diphtheria/pertussis/tetanus antigen, has been :—

	1955	1956	1957	1958	1959	1960
Prim. Imm.	16,289	16,268	17,398	19,656	17,645	17,790
Number of live births	17,773	18,478	18,906	19,281	19,352	20,777

However, the position is not so satisfactory as the above figures would lead one to believe. A reasonably accurate estimation of the number of children receiving their primary immunisation within two years of their birth is as follows :—

Year of birth	...	1955	1956	1957	1958	1959
		11,200	11,500	12,700	13,000	13,000

Furthermore the number of children where primary immunisation has been delayed until reaching school age averages 2,984 children per year. It would appear therefore that a large number of babies and young children have received no protection whatsoever at an early age when they are vulnerable to the illness.

The situation is even more unsatisfactory in that there is a decline, with the exception of 1960, in the numbers receiving reinforcing injections :

1956	1957	1958	1959	1960
13,166	12,961	11,984	10,610	11,272

General practitioners gave 61% of the primary immunisations and 33% of the reinforcing injections—the highest percentages yet recorded.

One incident during the year is a pleasure to relate. It had been noted that the acceptances of immunisation at a particular school were consistently nil. On enquiry it was found that the headmistress advises the parents very strongly to have their children fully immunised when registering for admission at 4½ years. The family doctors in the area are co-operative and the children really do get protected before attending school. There were only two children on the register who did not have their diphtheria immunisation and their parents were of the opinion that it is not necessary.

B.C.G. VACCINATION

Total number of vaccinations during 1960	...	...	...	...	14,820
Total number of injections during 1960	...	...	...	...	34,093

In Schools (13 years old)

As hitherto, arrangements have been continued to approach parents of 13 years old school children and to offer a Mantoux test followed by B.C.G. vaccination if necessary. If the reaction to the test is strongly positive (15 m.m. induration or more) the family doctor is notified. All children who show a positive reaction (5 m.m. induration or more) are offered a large film chest X-ray usually within a week of the test. Abnormalities needing attention are notified to the general practitioner and any pulmonary lesions needing expert opinion are referred to the Chest Clinic through the family doctor. To round off the procedure X-ray results are forwarded to the Principal School Medical Officer as they come to hand. Thus a complete liaison is established to trace the source of infection and to protect those who have been exposed to infection.

During the year 1960, 12,833 school children were vaccinated with B.C.G. vaccine, a record number surpassing by well over a thousand the previous highest figure.

The percentage of Mantoux positives continues to decrease and has some bearing on the increased number receiving B.C.G. Vaccination.

1954	1955	1956	1957	1958	1959	1960
18.3%	15.1%	13.5%	13.0%	11.9%	9.4%	8.9%

Details of the programme in schools are as follows :—

Number of parents approached	...	...	...	...	...	17,061
Number who accepted Mantoux testing and, if necessary, B.C.G. vaccination	...	...	...	...	...	14,500 (85%)
Number of children fully Mantoux tested	...	...	...	...	...	14,233
Number Positive	...	...	...	...	...	1,275 (8.9%)
Number Doubtful	...	...	...	...	...	56
Number Negative	...	...	...	...	...	12,902 (90.6%)
Number Vaccinated...	...	...	...	...	...	12,833

Sixty-nine children who gave a negative Mantoux test result were not vaccinated for various reasons, viz. swimming, minor illnesses, etc. ; some however, were re-tested and vaccinated in due course at other clinics.

A sample of children at each school who had received B.C.G. Vaccination a year earlier were given a conversion Mantoux test. Of 660 so examined 621 (94%) had converted.

In all, 534 failed to attend for reading of Mantoux tests which must be done 72 hours after giving the test injection.

Some of the staff of a secondary modern school were investigated as the result of a presumptive open pulmonary case of tuberculosis amongst the children : of the 16 who were fully Mantoux tested 12 were positive and the four negative were vaccinated.

Chest X-Ray of school children. During 1960, 1275 X-ray appointments were offered to school children who gave a positive Mantoux reaction. Of the 681 strongly positive, 75 showed abnormalities and five were notified as suffering from tuberculosis. Of the remainder (positive Mantoux) 37 showed abnormalities and four were notified.

The majority of the abnormalities in the non-notified cases were either calcified glandular or lung field lesions. One case worth mentioning had a normal X-ray but was notified on a further X-ray some months later.

Follow up of those failing to attend. When two appointments for X-ray have been sent and the Mantoux positive schoolchild has not attended, a tuberculosis visitor from the Chest Clinic calls and emphasises the importance of this procedure. So far under this system there have been 30 failures, all of whom will be given appointments in 1961.

Follow up Chest X-Ray. It was decided during 1960 to commence X-raying children who had a strongly positive Mantoux reaction three years previously. It is hoped to amplify this procedure to include all those who give positive Mantoux test reactions. There is marked difficulty, however, in tracing some of the children.

Follow up chest X-ray of those who were strongly positive in 1956 :—

Appointments offered	...	335	Attended	...	...	175
Previously X-rayed during the year from other sources of referral						18
Abnormal	...	...	3	Notifications	...	nil

One child with an abnormal heart shadow in 1956 had still this abnormality in 1960 and is under consultant care. A further two, normal in 1956, had developed calcified pulmonary lesions and another with a calcified hilar lesion in 1956 was reported as normal in 1960.

Follow up chest X-ray of those who were strongly positive in 1957 (incomplete)—

Appointments offered	...	280	attended	...	...	118
Previously X-rayed during the year from other sources of referral						22
Abnormal	...	...	8	referred to Chest Clinic		1

Five children who had either calcified glands or field lesions in 1957 were in status quo in 1960. A child who had a parenchymatous density in 1957 was at that time referred to the Chest Clinic but discontinued his attendance in 1958. His X-ray was still abnormal and he was again referred to the Chest Clinic. A child with a normal film in 1957 had developed calcified field opacities by 1960 and a further five who had either calcified glandular or parenchymatous opacities were regarded as normal in 1960. Another with a rib abnormality in 1957 was reported as normal in 1960.

Notifications in 1960 of schoolchildren who had previously received a Mantoux test or had B.C.G. Vaccination :—

Mantoux Positive	1955	...	2	vaccinated with B.C.G.	1954	1
"	"	1956	...	"	"	1955 3
"	"	1957	...	"	"	"
"	"	1958	...	2	(plus 1 contact of an infectious case)	
"	"	1959	...	2		

One child vaccinated with B.C.G. and notified in 1958 was re-diagnosed as suffering from Hodgkin's disease and died in 1960.

Colleges of Further Education

Since 1959 the B.C.G. Vaccination Scheme has been extended to children of 14 years of age and upwards, still at school, and to students attending universities, teacher training colleges and other establishments of further education.

Number of Colleges within the Scheme	...	...	...	...	16
Number of visits to Colleges	...	...	...	...	8
Number of Clinics held at Health Department	...	...	...	...	8
Number of signed permission cards	...	...	...	...	709

<i>Students Fully Mantoux Tested</i>	<i>Positive</i>	<i>Doubtful</i>	<i>Negative</i>	<i>Vaccinated</i>
621	159	1	461	459

Four who have been previously vaccinated were given further tests; of these, two were negative and two were positive.

The above figures include a remand home and an approved school to which four visits were made.

The administrative difficulties are many in this scheme. Due to one day schooling at many of our technical schools, students are not available on requisite days. The procedure is simplified by calling those who wish to be vaccinated to central evening clinics. There were 42 who failed to attend for reading 72 hours after the Mantoux test injection.

Contacts, Hospital and Public Health Staffs

Six visits were made to hospitals in connection with vaccination of staff and 92 Contact Clinics were held during 1960 at the Public Health Department.

Number Mantoux tested	...	...	1,623
Number Positive	...	...	116
Number Doubtful	...	...	9
Number Negative (9 not vaccinated)	...	...	1,498
Number Vaccinated	...	...	1,513 (including 24 direct from maternity hospitals).

In addition 32 children were vaccinated at the maternity hospitals by hospital staff. This group of persons at special risk received an additional (Conversion) Mantoux test after B.C.G. vaccination, with results :—

Number fully tested	...	...	...	...	1,349
Converted	...	...	...	...	1,285 (95%)
Doubtful	...	...	...	...	15
Negative	...	...	...	...	49 (3.6%)
Re-vaccinated	...	...	...	...	11

Visitors

The following visitors attended B.C.G. Clinics to learn of the manner in which the service is organised :—

Ten overseas doctors from Karachi, Pakistan, Yugoslavia, etc., two superintendent health visitors from Portuguese West Africa and the

West Indies ; eleven doctors from the Midlands undertaking similar work for their own authorities ; forty student health visitors and twenty student nurses from Yardley Green Hospital.

POLIOMYELITIS VACCINATION

Following the death of a well known footballer in 1959 the number who received poliomyelitis vaccination in the City reached a peak figure. There was somewhat of an anticlimax in 1960, reflected in all age groups. During the year 63,004 received a primary course and 102,619 completed their immunisation with 3rd injections, as compared with 122,998 and 158,870 respectively in 1959.

The number of vaccinations in the pre-school child age group has shown a marked decline both in primary and supplementary courses ; however, the number of children in 1960 who had both primary and supplementary injections in the first two years of life approximates to the figures in that category for 1959.

In the school age group again there was a marked decrease, and lastly in the 16—27 years age group the number of primary vaccinations was very much less but the supplementary injections were more than threefold those of the previous year.

On February 1st the Ministry of Health asked the Local Health Authority to extend their arrangements for vaccination against poliomyelitis by offering it to all persons who had not at the time of their application reached the age of forty. Anticipating that the response from this age group would not be good, a campaign to encourage factory workers to have this treatment was commenced. A covering letter explaining the procedure, with publicity material, was sent to the employer or personnel director where the factory had more than 200 employees. A little later a member of the immunisation staff made personal contact with a member of the medical staff or an executive at the factory, a scheme was outlined that would disrupt work as little as possible and a suitable date and time was arranged for a visit by the immunisation team. The campaign however did not get into full swing until after the summer holiday. In all 204 visits were made to factory premises and a total of 19,545 injections were given comprising 7,816 first injections, 6,711 seconds, and 5,018 thirds. On the whole the response from the age group 28—40 years was very poor, the totals given by general practitioners and the Public Health Department being :—

23,591 primary courses : 8,687 supplementary (3rd) injections.

Number of sessions held by the Public Health Department 1,092 comprising:

Infant Welfare Centres	672	visits (morning or afternoon) for infants and expectant mothers. At the same time there were facilities for diphtheria immunisation at the sessions.
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Schools	102	visits to 37 Grammar, Secondary Modern and Technical Schools (some re-visited), Open Air Schools, and 33 Residential Homes were made
Factories, Stores and Offices	204	visits were made.
Central Clinics at Public Health Department	114	sessions were held :—13 on Saturday mornings, 30 in mornings or afternoons in school holidays, 71 during evenings.

During the year 104,983 appointments were offered but there were 41,494 defaulters.

200,444 c.cs. of vaccine were delivered to general practitioners.

Vaccinations by Public Health Department teams and General Practitioners :—

	1960	1959	1958
Primary courses completed	63,004	122,988	128,915
Supplementary (3rd injections)	102,619	158,870	2,110

YELLOW FEVER

Under arrangements made with the Ministry of Health a Yellow Fever Vaccination Centre for the City and surrounding areas was administered from the 1st July, 1960 by the Public Health Department. The work had previously been carried out by the Blood Transfusion Service. A clinic is now held each Wednesday afternoon from 2.0—4.0 p.m. where the vaccine is given and Yellow Fever International Certificates are issued and stamped with the required stamp. Arrangements are made to deal with cases of special urgency. A charge of 7/6 is made for this service.

Persons vaccinated 880. Certificates issued and stamped 880.

SMALLPOX VACCINATION

Many of the children under the care of the Children's Department, at the various residential homes and nurseries, had not been vaccinated against smallpox. On request a team from the Immunisation Section paid 32 visits to the various institutions to vaccinate, re-vaccinate and to inspect reactions. 389 children were vaccinated, 10 were unsuccessful, 10 were re-vaccinated with 3 failures. There were four complications; one child re-vaccinated himself on the eyelid and needed hospital surveillance, another re-vaccinated herself on the left cheek, a third developed

a localised vaccinia around the site and a fourth, who was subsequently diagnosed as agammaglobulinaemia, had a marked axillary adenitis with generalised adenitis and pyrexia.

<i>Clinics</i>	<i>Sessions</i>	<i>Primary (1st attempt)</i>	<i>Re-vacc :- (successfully vaccinated at least once before)</i>	<i>Inspected</i>	<i>Re-vacc :- (1st attempt recent and having failed)</i>	<i>Re-inspected</i>
Public Health Department	2		2	2		
Fire and Amb. Service	4	12 (1 developed generalised vaccinia)	112	81	7	7
Residential Homes (Children in care)	32	307	82	384	10	10
TOTAL	38	319	196	467	17	17

Total sessions 38 Total vaccinations 532 Total inspections 484

The 10,900 persons vaccinated for the first time in 1960 by general practitioners and 1,893 persons who the practitioners re-vaccinated were of the following ages :—

<i>Age at date of vaccination</i>	<i>Under 1 year</i>	<i>1 year</i>	<i>2—4 years</i>	<i>5—14 years</i>	<i>15 years and over</i>	<i>Totals</i>
Number vaccinated	8,943	636	405	314	602	10,900
Number re-vaccinated	—	9	55	135	1,694	1,893

These figures include those vaccinations performed specifically to enable people to travel abroad but do not include vaccinations carried out on ambulance staff and at children's homes by the staff of the Public Health Department.

Primary vaccinations under one year expressed as a percentage of live births occurring during the year :—

1955	1956	1957	1958	1959	1960
42.9%	43.5%	44.9%	44.1%	52.6%	43.0%

The percentage figures for 1960 is the lowest recorded for five years.

Primary vaccination 1—2 years expressed as a percentage of total primary vaccinations 0—2 years :—

1955	1956	1957	1958	1959	1960
3.7%	2.7%	4.1%	4.0%	6.5%	6.6%

The only complication recorded was in a child suffering from eczema who contacted vaccinia from a baby brother recently vaccinated. Eczema vaccination subsequently developed ; the child was admitted to hospital and recovered under treatment.

DIPHTHERIA/DIPHTHERIA PERTUSSIS
NUMBER OF CHILDREN WHO COMPLETED A PRIMARY COURSE IN 1960

Year of Birth	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	Total	Adults
Infant Welfare Centres	F.T.	11	47	44	36	28	41	53	30	10	2	1	3	1	1	308	
668 Sessions	D.P.P.	1,304	2,071	340	162	98	36	2								4,013	
Day Nurseries	F.T.		2		1		2									5	
186 Sessions	D.P.P.	33	110	23	11	7	2									186	
Institutions	F.T.	1		1	2	3	5	3	4	2	3	8	16	16	8	72	5
82 Sessions	D.P.P.	9	27	11	13	7	1	2								70	
Schools	F.T.			1	21	68	558	874	413	175	31	9	6	3	5	2,171	3
558 Sessions	D.P.P.																
Council House	F.T.				2	9	35	37	14	12	1		1	1	1	113	1
15 Sessions	D.P.P.	39	31	6	1			1								78	
General Practitioners	F.T.	47	84	32	25	30	20	21	8	10	4	1	2	1	2	291	5
	D.P.P.	3,628	5,601	731	241	125	66	38	22	13	3	3	1		2	10,483	
TOTAL	F.T.	59	133	78	87	138	661	988	469	209	37	18	26	21	17	2,960	14
	D.P.P.	5,013	7,840	1,111	428	237	105	43	22	13	9	3	1		2	14,830	
COMBINED TOTAL DIPHTHERIA AND DIPHTHERIA/PERTUSSIS																	
		5,072	7,973	1,189	515	375	766	1,031	491	222	46	21	27	21	19	17,790	14
	Under 1 year	5,072	7,973	1,189	515	375	766	1,031	491	222	46	21	27	21	19	17,790	14
	1-4 years																
	5-14 years																

DIPHTHERIA/DIPHTHERIA PERTUSSIS
Number of children given reinforcing injections in 1960

Year of Birth		1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	Total	Adults
Infant Welfare Centres	F.T.				1	966	1,200	105	48	52	6	2	1	2	1	1		2,385	
	D.P.P.																		
Day Nurseries	F.T.					19	46											65	
	D.P.P.																		
Institutions	F.T.					8	15	2	5	5	3	4	4	5	6	5	1	63	3
	D.P.P.																		
Schools	F.T.					286	1,991	1,704	586	271	26	13	9	12	8	6	1	4,913	2
	D.P.P.																		
Council House	F.T.					16	64	20	10	9			1		2			122	
	D.P.P.																		
General Practitioners	F.T.					464	1,115	222	73	21	11	14	8	3	1	6		1,938	5
	D.P.P.				1	408	1,059	162	63	23	19	21	13	9	1	3	4	1,786	4
Total	F.T.				1	1,759	4,431	2,053	722	358	46	33	23	22	18	18	2	9,486	10
	D.P.P.				1	408	1,059	162	63	23	19	21	13	9	1	3	4	1,786	4
COMBINED TOTAL DIPHTHERIA AND DIPHTHERIA/PERTUSSIS					2	2,167	5,490	2,215	785	381	65	54	36	31	19	21	6	11,272	14
					0-4 years 2,169						5-14 years 9,103								

POLIOMYELITIS VACCINATION

INDIVIDUALS WHO RECEIVED TWO INJECTIONS AND/OR THIRD INJECTIONS DURING YEAR.

AGE GROUP 6 MONTHS TO 5 YEARS 2ND INJECTIONS 14,208 3RD INJECTIONS 18,352

Year of birth	1960 (6 months old)	1959	1958	1957	1956	1955	Total
Public Health Department							
2nd injections	567	2,314	679	259	192	122	4,133
3rd injections	1	1,101	1,519	829	738	669	4,857
General Practitioners							
2nd injections	637	4,887	2,605	930	566	450	10,075
3rd injections	—	2,331	5,359	2,771	1,620	1,414	13,495

AGE GROUP 6—15 YEARS 2ND INJECTIONS 5,166 3RD INJECTIONS 22,200

Year of Birth	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	Total
Public Health Department											
2nd injections	83	82	48	36	42	52	132	241	197	177	1,090
3rd injections	699	905	849	736	768	763	926	1,179	1,143	940	8,908
General Practitioners											
2nd injections	628	594	387	351	343	323	350	363	411	326	4,076
3rd injections	1,972	1,815	1,264	1,087	1,086	1,073	1,144	1,250	1,443	1,158	13,292

POLIO VACC. Continued

YOUNG PERSONS BORN 1933—1944
AGE GROUP :—16 years—27 years

2nd injections 18,033
3rd injections 51,760

<i>Year of Birth</i>	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	<i>Total</i>
Public Health Department													
2nd injections ...	155	123	305	193	171	210	265	258	250	238	227	279	2,674
3rd injections ...	1,029	1,296	1,300	1,365	1,339	1,286	1,297	1,303	1,249	1,237	1,123	956	14,780
General Practitioners													
2nd injections ...	374	583	1,598	1,484	1,474	1,449	1,445	1,463	1,474	1,404	1,369	1,242	15,359
3rd injections ...	1,311	1,644	4,501	3,818	3,761	3,570	3,349	3,183	3,268	3,165	3,077	2,333	36,980

OLDER AGE-GROUP BORN 1920—1932
28 years—40 years

2nd injections 23,591
3rd injections 8,687

<i>Year of Birth</i>	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	<i>Total</i>
Public Health Department														
2nd injections ...	621	644	651	595	572	562	544	569	614	557	528	563	405	7,425
3rd injections ...	135	142	148	163	154	122	149	128	144	129	110	144	125	1,793
General Practitioners														
2nd injections ...	1,408	1,389	1,467	1,330	1,262	1,273	1,284	1,216	1,176	1,118	1,092	1,089	1,062	16,166
3rd injections ...	636	629	678	572	533	528	510	499	492	467	463	435	452	6,894

	<i>Expectant Mothers</i>	<i>Adults: Medical Staff Over 40's etc.</i>	<i>Total</i>
Public Health Department			
2nd injections ...	410	517	927
3rd injections ...	368	286	654
General Practitioners ...			
2nd injections ...	815	264	1,079
3rd injections ...	611	356	967

GRAND TOTAL 2nd injections 63,004 (16,249 by Public Health Dept.)
GRAND TOTAL 3rd injections 102,620 (46,755 by G.P.s)
(30,991 by Public Health Dept.)
(71,628 by G.P.s)

LABORATORY SERVICES

(a) ANALYTICAL LABORATORY

Samples examined during the year totalled 10,023 and were made up as follows:—

Samples taken under the Food and Drugs Act, 1955	...	5,700
Drug samples taken under the Birmingham Drug Testing Scheme		525
Miscellaneous samples	... ..	3,798
		<hr/>
		10,023
		<hr/>

This is the first time that the number of samples analysed during a year has exceeded 10,000, and this figure of 10,023 compares with a total of 9,832 specimens examined in 1959.

Food and Drugs Act, 1955. Samples of food and drugs are taken for analysis under this Act by a special team of four sampling officers. Most specimens are purchased informally without the shopkeeper knowing they are to be analysed and represent, as far as possible, the range and quality normally presented to the general public. Sampling is carried out as equitably as possible over the whole of the City, and this necessitates visits to no less than 6,000 grocery and allied shops and 300 pharmacies, not all of which can be covered in one year. The overall percentage of incorrect samples (excluding naturally deficient milks) was the very satisfactory low figure of 0·7 per cent. As usual, among the foods, milk samples predominated and, out of a total of 2,981 samples of this commodity, 2,555 came from farmers' churns, 417 were of bottled milk and 9 were so called "appeal to cow" samples taken at farms for comparison purposes.

The average composition of all the samples was solids-not-fat 8·78 per cent. and fat 3·65 per cent., making a total solids content of 12·43 per cent., which represents good quality milk. As with all natural products, milk varies in composition. Minimum limits of quality are prescribed by the Sale of Milk Regulations and below these specified limits of 3·0 per cent. fat and 8·5 per cent. solids-not-fat, milk is presumed to have been skimmed or watered. It is, however, quite legal to sell milk of a quality below these standards if the milk is "as it came from the cow". The differentiation of watered milk and sub-standard genuine milk is an important part of milk testing and is resolved analytically by the freezing point test. Of the total number of milk samples taken during the year, 39 specimens (or 1·3 per cent.) were found to be adulterated with extraneous water and 240 samples (or 8·1 per cent.) were naturally deficient in quality.

NOTES ON ADULTERATED MILK SAMPLES. Three farmers were involved in the sale of watered milk. In the first case 2 churns out of an

eight-churn consignment sampled informally were found to contain 1·7 and 1·9 per cent. extraneous water, but subsequent formal samples were all genuine. In the second case only two-churn consignments were involved, but two informal and seven formal samples contained from 4·0 to 12·6 per cent. extraneous water. Prosecutions were initiated in respect of four of the adulterated samples and, at the Court hearing, a cross-summons was brought by the farmer against his cowman as the person responsible for the offence. The case against the farmer was dismissed, but the cowman was fined a total of £10.

The third case was a serious one involving 28 adulterated samples (18 of which were taken formally) which contained amounts of added water ranging from 3·5 to 20·4 per cent. It was calculated that over the three days of formal sampling no less than $24\frac{3}{4}$ gallons of added water were detected in the total consignment of 235 gallons of "milk". Prosecutions were taken out in respect of twelve of the most seriously adulterated samples. At the Court hearing the defending barrister made a vigorous plea that the sampling had been carried out when the milk had passed out of the farmer's hands. After much discussion of Section 91 of the Food and Drugs Act, 1955, (which deals with powers of sampling) the Magistrates found the case proved, but inflicted only a nominal fine of £2 in respect of each sample, making a total of £24.

MILKS GENUINE BUT SUB-STANDARD. As stated earlier in this report, it is no offence to sell genuine but sub-standard milk even though it is nutritionally inferior to milk of average quality, and indeed, apart from fat bonus schemes operated by individual dairies, there is no official reward offered to farmers who produce high quality milk, and the equally important solids-not-fat content is completely ignored in this respect. This is one reason why during the past 20 years farmers have tended to breed a type of cow that is noted for the quantity, and not the quality, of its milk yield. This and other problems associated with the compositional quality of milk are fully discussed in a Government Interdepartmental Committee Report which was published during the year, and this advocates the use of penalty and incentive payment schemes based on both the fat and solids-not-fat contents of the milk. The 240 naturally sub-standard samples taken during the year were made up as follows:—

Samples "naturally" deficient in S.N.F.* only	.....	65
Samples "naturally" deficient in fat only	... ..	149
Samples "naturally" deficient in both S.N.F.* and fat		26
		<hr/> 240 <hr/>

* Solids-not-fat.

Except in the cases of marginal deficiencies, letters of caution were issued by the Medical Officer of Health to the farmers concerned and,

where appropriate, it was recommended that the help of their local Agricultural Advisory Officers be sought.

OTHER FOODS INCORRECT. During the year only 15 (or 0.7 per cent.) out of a total of 2,168 samples received adverse reports. The Flour (Composition) Regulations, 1956, are designed to ensure that white flour contains adequate iron, calcium and certain vitamins of the B group. The mixing of small amounts of the requisite constituents with large amounts of flour has proved a difficult manufacturing operation, and about one sample in six is found to be incorrect in its iron or chalk content. Three samples examined contained nil, 25 and 150 mgs. of chalk, but the Regulations require between 235 and 390 mgs. of chalk per 100 grammes of flour. The millers were communicated with in each case. A Food Standards Committee Report on bread and flour was issued in November, and this recommends that the present fortification of flour be continued but that the sampling of flour to ensure compliance with the Regulations be confined to mills and docks, thus eliminating sampling by local authorities. It is surely important, however, to be able to check on the composition of flour as received by the customer and not merely to know the composition of the bulk store.

A sample of sweetened cake mixture and one of pudding mixture of the same firm's manufacture were both of the incomplete variety. The former needed the addition of egg, fat and milk to make a cake, and the latter egg, milk and salt to make a pudding. This information was not given prominence on the cartons and was only to be found indirectly in the instructions for use on the sides of the cartons. The firm agreed to alter the labelling of their cartons.

Two specimens of chitterlings, one of beef dripping and one of split peas were judged to be unfit for human consumption for various reasons, and all of these were referred to the Food Inspection Department.

A sample of pork sausages contained only 53 per cent. instead of a minimum of 65 per cent. meat, and another specimen of the same commodity contained 540 parts per million of sulphur dioxide preservative (the permitted maximum is 450 p.p.m.). Similarly, an excess of preservative was found in a sample of lime juice cordial made from imported fruit juice. The juice was preserved at source and further preservative had been added to the finished cordial; in this case the treatment had been over generous.

The label of a sample of essence of rennet did not carry a list of the ingredients of the article, as required by the Labelling of Food Order, 1953, and it was found that some obsolete labels (fifteen years old) had been used in error. It is difficult to understand why incorrect labels of that age were not thrown away years ago. In this and in all the above cases appropriate informal action was taken by the Medical Officer of Health.

After being served with some bread, cheese and butter in a public house, a man considered that the butter had an unusual taste but he was assured by the person behind the counter that the "butter" was genuine. Not being satisfied, however, he submitted a part of the butter portion for analysis, and this revealed that it was in fact a margarine containing 10 per cent. butter. Informal and formal samples were subsequently taken and, as in the first instance, the "butter" in each case was identified as margarine containing 10 per cent. butter. A prosecution was initiated against the licensee of the hotel and, at the Court hearing, the case was found proved but the defendant was granted an absolute discharge.

MEAT PIES. During the first two quarters of the year the laboratory participated in a survey of meat pies as at present on sale to the general public, 78 samples in all being examined. This work was undertaken at the request of the County Councils Association and the Association of Municipal Corporations. The results of this investigation have been submitted to the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food for consideration in connection with the setting up of a statutory control of the percentage of meat present.

INCORRECT DRUGS. Sixteen (or 2.9 per cent.) of the 551 samples of drugs examined were found to be incorrect. There were 4 offences against the Pharmacy and Poisons Act, 1933. Two of these concerned samples of household ammonia which did not have the names and addresses of the sellers disclosed on the labels. One sample of disinfectant was stamped with particulars of the seller, but so carelessly had this been done as to render them completely illegible. The label of a bottle of lysol had so disintegrated that all printed details, including the name and address of the seller and even the words "Lysol" and "Poison," had become quite indistinguishable. These four samples were referred to the Pharmaceutical Society, which administers the relevant section of the Act.

The compositions of two samples of influenza mixture did not agree with the formulae given on their labels. In one case 4 per cent. sodium salicylate, 8 per cent. potassium citrate and 8 per cent. strong solution of ammonium acetate were declared, but the actual amounts present were 3.6 per cent. 4.4 per cent and 4.8 per cent. respectively. A letter to the pharmacists concerned elicited the reply that no more stock of the offending mixture was left. In the second instance, 0.342 per cent. quinine sulphate was declared and only 0.24 per cent. found. The total solid matter present was 12.5 per cent. compared with a calculated 16 per cent., thus suggesting a general deficiency in all ingredients. The pharmacist discovered that our figures agreed with his working formula, but that the stated percentages had been incorrectly calculated. His remaining stock was therefore withdrawn from sale pending the printing of amending slips.

The B.P.C. lists two types of surgical spirit (No. 1 and No. 2) and, although the differences between the two are only in the secondary

ingredients, the label of this article should indicate the variation of which it consists. Two samples of this preparation which were examined merely bore the label "Surgical Spirit", and the attention of the pharmacists concerned was drawn to the omissions. An examination of a bottle of sodium citrate tablets showed that several tablets had broken down into a fine powder and were in a poor general condition. It was discovered that these tablets were between three and four years old, and the stock was discarded. Faulty and overlong storage was also responsible for the condition of a sample of liquorice powder which was damp and unfit for use.

A sample of borax was proved to contain the equivalent of 130 per cent. of the hydrated salt whereas the B.P. required between 99 and 103 per cent. In this case considerable drying out had evidently occurred. Two samples of boric lint contained excesses of boric acid; the actual amounts present were 17.5 per cent. and 9.1 per cent.—the permitted limits are 3 to 7 per cent. A specimen of boric ointment contained a small deficiency of boric acid, 0.8 per cent. being detected instead of from 0.9 to 1.1 per cent. Finally, a sample of eucalyptus oil contained 0.5 per cent. water impurity, which had been brought about by the use of a wet bottle; and a sample of Bland's pills was found to consist of capsules of ferrous carbonate B.P.C., a similar iron preparation though quite distinct from the pills.

In all the above cases the pharmacists concerned were cautioned by the Medical Officer of Health and, where necessary, offending material was removed from sale. It will be seen that, in general, offences were not serious, and it is gratifying to note the absence of incorrect specimens (deficient in the active ingredients as a result of over-long storage) of such articles as Vitamin C products and ammonia preparations. Indeed, it is 9 years since an Annual Report showed that all the ammonia preparations examined were satisfactory; samples analysed in 1959 and previous years were noticeable for the deficiencies in their active ingredients brought about by over-long storage.

Local Drug Testing Scheme. Under the terms of our agreement with the local pharmacists, 431 samples were examined during the year. Most of the specimens were proprietary drugs and embodied tranquillisers, analgesics, antipyretics, cerebral stimulants and anorexic drugs. A further 94 samples were examined for local hospitals and manufacturers. Manufacturers have been increasingly co-operative in all aspects of our work and the vast majority of City pharmacists have shown a commendable appreciation of their responsibilities to the public.

Possibly the outstanding achievement of the year was in connection with B.P.C. eye-drops. Official eye-drops must be "freshly prepared" within 24 hours of being issued to the patient, and the supplying of pre-packed manufactured eye-drops, although very convenient to the pharmacist, is clearly not correct. The problem was discussed with all concerned

and, with the help of the Pharmaceutical Society and the co-operation of the pharmacists and manufacturers, a satisfactory conclusion was reached.

Miscellaneous Samples. These totalled 3,798 and were made up as follows:—

PUBLIC HEALTH DEPARTMENT

Pasteurised and sterilised milks	...	...	...	2,007
Ice cream and ice lollies	...	...	...	274
Atmospheric pollution	...	...	...	192
Waters	...	...	...	651
Miscellaneous	...	...	...	55
				<hr/> 3,179

WATER DEPARTMENT

Waters	...	...	...	242
Miscellaneous	...	...	...	15
				<hr/> 257

OTHER CORPORATION DEPARTMENTS 158

HUMAN MILKS 56

MISCELLANEOUS FROM PRIVATE INDIVIDUALS AND INSTITUTIONS 148

3,798

MILK (HEAT-TREATMENT TESTS). On 1st October, 1960, the Milk (Special Designation) Regulations, 1960, came into force. Among other things, a new phosphatase test for pasteurised milk was prescribed, the turbidity test for sterilised milk remaining unchanged. The new phosphatase test is equally sensitive and much quicker than the one previously used; overnight incubation of samples has been reduced to 2 hours and the test simplified.

Pasteurised milks examined accounted for 1,769 specimens (1,363 from Birmingham Public Health Department and 406 from neighbouring authorities). Six samples from Birmingham and 6 from other authorities showed evidence of underheating. Four of the incorrect samples from Birmingham were cartoned milk sold from machines but involving only one dairy. Despite exhaustive tests of the cartons used, the cause of these failures was never discovered, and the follow-up samples have all been satisfactory. Two hundred and thirty-eight specimens of sterilised milk examined, made up of 147 from Birmingham and 91 from other authorities, all successfully passed the turbidity test, which indicates correct heat-treatment.

ICE CREAM. Two hundred samples of the ordinary product and 27 of the dairy variety were found to be compositionally correct. This is an excellent record of the ice-cream industry, but it must be admitted that the standards laid down for fat and milk are low.

The labels of 14 samples of ordinary ice-cream were, however, incorrect in that they did not bear either of the statements "contains non-milk fat" or "contains vegetable fat" to distinguish them from the dairy product the fat of which is all milk fat.

ICED LOLLIES. The main hazard of iced lollie manufacture is the "pick-up" of traces of toxic metals from the moulds used. Fortunately no more than harmless traces of lead, copper and zinc were detected in the 47 samples examined. Two specimens were tainted with a quaternary ammonium sterilising agent which had probably been used for cleaning the moulds. A batch of wooden iced lollie sticks had a rather unpleasant oily smell, which was almost certainly due to the natural essential oil present, and this rendered them useless for their intended purpose.

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: solid sooty matter, derived to no small extent from domestic coal fires; and gaseous sulphur dioxide, a product of the natural sulphur of coal, coke and oil.

WATERS. A total of 893 waters, 133 of which were taken for radioactivity tests, from the Public Health and Water Departments had four main sources of origin:—

- (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 the Elan Valley water and constitute a useful reserve supply. (The hard sparkling well water presents a striking contrast to the soft rather "flat" Welsh water.
- (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.

(For some time the quality of certain local effluents and streams in the Whitacre catchment area has caused concern and, over the past year, 283 samples of effluents have been taken to ascertain their fitness for discharge into streams which eventually find their way into the rivers Bourne and Blythe. Towards the end of the year a considerable improvement in the worst effluents was noticeable. The high rainfall of the last six months of the year caused the river waters to be turbid and impure from storm overflows, and this has reduced the amount of water that could be abstracted for purification.)

- (d) Miscellaneous waters. Prominent among these were monthly specimens taken from the river Severn which represents an additional future supply for Birmingham. Private city well waters and flooded basement waters make up the bulk of the remainder of these samples.

OTHER CORPORATION DEPARTMENTS. For the Central Purchasing Department, 63 samples of soap products, 6 of fruit squashes and 2 of beef extract were tested for contract purposes. The Housing Management Department submitted 35 specimens of paint, one of plumber's metal and one of concentrated glue size. The paints were examined for chemical composition, especially for the presence of excess chalk which is undesirable in a paint to be exposed to an acid City atmosphere. Requests were made by the Allotments Department for the analysis of two samples of contaminated soil, and by the Salvage Department for the analysis of three samples of their products (one fertiliser and two feeding stuffs).

An assortment of 25 specimens originated from the Food Inspection Department for either proof of fitness for consumption or for the identification of foreign matter, and included biscuits (containing human hairs) and meat paste (covered with specks of crystallised fat which were suspected of being mould).

Fifty-six samples of human milk were examined for the Milk Bureau, and all were found to be free from extraneous water or cow's milk.

For the Smallholdings Committee, 20 samples of fertilisers and feeding stuffs were analysed under the official Act for compliance with their declared compositions.

PRIVATE INDIVIDUALS AND INSTITUTIONS. One hundred and forty-eight samples were received from these sources: they consisted, as usual, of a most diverse range of foods, drugs and miscellaneous objects, chiefly submitted on account of poor quality or with requests for the identification of foreign matter. It is ironical that the modern tendency for foodstuffs to be processed and "untouched by hand" has, in the case of bread, resulted in quite a number of complaints of the presence of black machinery grease in the finished product.

New Legislation, etc. For the past few years, the question of the toxicity of food additives has been a matter of great concern. Facilities for the testing of these substances in this country are extremely poor and reliance has had to be placed on work carried out in other countries, principally the U.S.A. However, in November, 1960, there came the encouraging news that a Department of Scientific and Industrial Research grant of £22,000 per annum for five years had been awarded to the newly formed British Industrial Biological Research Association. Industry has guaranteed an annual income of £23,000, and this, together with the grant, will be used to set up a biological testing station at Leatherhead for research on the toxicity or otherwise of colours, preservatives and other chemical additives in foods, cosmetics, etc.

The extension of high pressure publicity methods to the labelling and advertising of one of our most important foods, namely bread, is regrettable, and it is obvious that unless extravagant slimming, energy giving and super quality claims are curbed, the situation will get out of hand. For this reason the Food Standards Committee's report on Bread and Flour is particularly welcomed. The main recommendations for bread are control of the claims mentioned and the drawing up of a statutory list of the additives permitted for use in bread. Reference is also made to milk bread and draft regulations concerning the composition, labelling and advertising of this article are at present (January, 1961) being considered by the interested parties.

As mentioned earlier in this report, the Food Standards Committee recommends that the present level of fortification of flour be continued, but that the system of enforcement of the Flour (Composition) Regulations be altered.

During the last few years a new food product has been introduced rather apprehensively on to the market; this is "filled milk" powder which consists of dried skimmed milk with added non-milk fat. This product looks like dried milk but is cheaper and, when reconstituted with water, makes a palatable liquid closely resembling cow's milk. So far its use has been largely confined to food manufacture and the making of custard and sauces in restaurants. The milk industry has viewed its introduction with alarm, and its illegal substitution for genuine milk is clearly possible in milk shakes and similar drinks prepared with milk. The Government has accordingly issued the Skimmed Milk with Non-milk Fat Regulations, which are operative from September, 1961. These Regulations severely limit the labelling and advertising of "filled milk" products.

No public analyst's report for 1960 would be complete without reference to the Pure Food Centenary held in September of that year. In 1860, the first general pure food law in any country was enacted in England. Significantly, this measure was the forerunner of pure food legislation all over the world. The Conference was sponsored by the appropriate Government Departments and by the various professional bodies concerned, and the fullest support was given by the Food Manufacturers' Federation. The last century has seen changes from the early gross adulteration of much of our food to the occasional sophisticated tampering with an article. Possibly the greatest problem to-day is the curbing of modern high pressure advertising of our food and drugs.

(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	406
Swabs, various	309
Sputa for tubercle bacilli	237
Faeces for pathogenic organisms	1,244
Bloods for agglutinins	25
Bloods for leptospirosis	33
Bloods for serological virus tests	245
Urines for pathogenic organisms	278
Milks for hygienic assay	1,530
Milks for tubercle bacilli	960
Ice creams for hygienic assay	1,023
Synthetic creams for hygienic assay	388
Creams for hygienic assay	278
Waters for hygienic assay	1,668
Foodstuffs for pathogenic organisms	306
Watercress for hygienic assay	43
Shellfish for hygienic assay	59
Milk churns and containers for hygienic assay	176
Specimens for virus culture	114
Miscellaneous specimens	245
	<hr/>
	9,567

VENEREAL DISEASES EXAMINATIONS FOR BIRMINGHAM

<i>Specimens</i>	<i>Examinations</i>
Blood 30,050	for Wassermann test 29,977
	for gonococcal fixation test 5,880
	for Kahn test 13,692
	for Laughlen test 13,773
Cerebrospinal fluid 809	for Wassermann test 809
	for cell count 272
Films of discharges 12,398	for gonorrhoea 12,398
Cultures 10,657	for gonorrhoea 10,657
Urine 61	for microscopical test 61
	for culture 61
Total 53,975	Total 87,580

Blood specimens from Birmingham antenatal clinics and maternity hospitals, for Wassermann test:—

	<i>No. of Specimens</i>	<i>" Diagnostic " Reactors</i>
Antenatal Clinics	3,889	5
Maternity Hospitals	5,267	21

TUBERCULOSIS

Notifications

There were during 1960 870 notifications of tuberculosis, an increase of 77 compared with 1959, but fewer than in 1958 or any earlier year. The rate of 0.80 per thousand population was also an increase on the figure for 1959 but lower than in any earlier year. There was some increase of notifications of both respiratory and non-respiratory disease, though the increase was greater in the respiratory forms.

RESPIRATORY TUBERCULOSIS

There were 778 notifications of respiratory tuberculosis, an increase of 74 or 10.5% over the figure for 1959. Amongst children under 15 years the notifications increased quite considerably; this may be due in part to the notification now of relatively minor forms of the disease which would not in past years have been notified (Table 4). At age 15-19 years, an age group which should now be completely covered by the B.C.G. Scheme for 13 year old school children, the total of notifications for both sexes is slightly reduced, though the numbers in each sex are small and show considerable fluctuations year by year. Amongst the 20-24 year olds notifications are also reduced, and amongst this group it is possible that the B.C.G. Campaign is just beginning to show its effects, and hence accounts for the reduction. In older age groups of females there is some increase in all groups except the oldest, over 65 years; amongst males, there is an increase at ages 25-44 years, and over age 65 years, but a decrease at ages 45-64 years.

There were 4 notifications for individuals who had received B.C.G. vaccination under the Schools Scheme, from a total of more than 70,000 individuals who have received B.C.G. vaccination over the past 6-7 years.

NON-RESPIRATORY TUBERCULOSIS

There were 92 notifications of non-respiratory tuberculosis, giving a rate of 0.08 per thousand as in 1959. The localization of the disease is shown in Table 6 and there is no great change in pattern from the previous year.

PLACE OF BIRTH

Table 8 lists the places of birth of the persons notified in each of the five years 1956-1960. The most important feature here is the steady rise in the number of individuals born in Pakistan who are being notified as suffering from tuberculosis. This number was only 19 in 1956 and has risen to 91. 21 persons born in India were notified in 1960, and this figure is somewhat below those for earlier years. The figures for those of Irish places of birth have fluctuated rather considerably year by year, and the figure of 124 for 1960 is about the average for this group. For all these

groups the number of notifications is greater than would be expected for the estimated size of the population groups concerned. The increase in the figures for West Indians to 27 from 14 or less in previous years is not unexpected in view of their continued immigration but it is still a comparatively low figure in relation to the size of the West Indian population believed to be in the City.

Mortality

There were 88 deaths attributed to tuberculosis in 1960, 16 fewer than in 1959. The tuberculosis mortality rate was 0.08 per 1,000 population compared with 0.10 in 1959. Mortality has fallen each year since 1947, and in 1960 there was only one death from tuberculosis amongst persons aged less than 35 years. The majority of deaths again occurred in men in the older age-groups.

RESPIRATORY TUBERCULOSIS

It is remarkable and satisfactory to report no deaths from respiratory tuberculosis amongst persons aged less than 35 years—in 1947 293 deaths occurred from this cause in this age group. The mortality rate for respiratory tuberculosis is now 0.07. There was some reduction in all age and sex groups.

NON-RESPIRATORY TUBERCULOSIS

There were 9 deaths from non-respiratory forms of tuberculosis. One man aged less than 35 years died from the long term effects of widespread disease originally diagnosed many years previously.

DEATHS OF PERSONS NOT NOTIFIED BEFORE DEATH

There were 27 deaths with mention of tuberculosis on the death certificate of persons who had not been notified as suffering from tuberculosis before death. This total is substantially less than for earlier years and is a further indication of the declining importance of tuberculosis as a cause of death.

Contact Examinations

Partly as a result of the increase of notifications the number of individuals examined as contacts at the Chest Clinic increased substantially in 1960 to 3,074 compared with 2,350 in 1959. An additional 1,802 contacts were examined at the Mass Radiography Unit. Of all the newly notified cases 145 (17%) were household contacts: though not all these were discovered by contact examination it emphasises the importance of a thorough and repeated search amongst contacts; amongst children a majority of the notified are in household contact with an identified case.

Tuberculosis Visitors

The number of tuberculosis visitors remains unchanged at 14, although there were some changes in staffing during the year. They made 884 first visits to patients' homes, and 36,213 follow-up visits to homes. These figures are at about the level of earlier years. The increased effectiveness of the search amongst contacts has been indicated in the previous section, and the scheme of offering x-ray examination to the household contacts of school children found to have very large reactions to the tuberculin test was continued.

Most forms of material help made available to tuberculous patients showed some decline compared with previous years, and the totals for various categories are indicated in the table below, the only category to show an increase being that for grants for clothing and similar needs from the Tippetts Bequest Fund, which numbered 48 in 1960, compared with 34 in 1959.

Beds issued	...	...	...	...	...	...	...	...	203
Nursing materials supplied	...	...	...	...	...	...	...	...	46
Food grants (free milk)	...	...	...	...	...	...	...	...	1,335
Grants for clothing, etc. (Tippetts Bequest)	...	...	...	...	...	...	...	...	48
Chalets provided	...	...	...	...	...	...	...	...	—
Disinfections	...	...	...	...	...	...	...	...	102

Rehousing

The number of families rehoused was 180, continuing the gradual decline in the numbers being rehoused from the high figure of a few years ago. 99 of these families were rehoused under the special scheme for urgent rehousing of tuberculous families, the remainder being rehoused under the normal operation of the "points" scheme.

HOUSES ALLOCATED TO TUBERCULOUS FAMILIES : 1946-1960

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
1960	180

TOTAL	3,581
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Rehabilitation

Here again the decline in need for assistance is shown by the declining figures in most categories of patients helped either directly or by interview between the physician and the Disablement Resettlement Officer of the Ministry of Labour. The table below shows a steady reduction in the numbers going to the Special Remploy Factory, to the Industrial Rehabilitation Unit, and to the Government Training Centre. The numbers shown as returning to open industry are also reduced but this does not include the very large number who return direct to their old employment without any special arrangements.

							1960	1959
Sheltered Factory (Remploy)	...	...	...	...	...	...	24	37
Industrial Rehabilitation Unit	...	...	...	...	...	...	62	68
Government Training Centre...	...	...	...	...	...	...	10	26
Open Industry ...	...	...	...	...	...	...	170	196
Deferred	...	...	...	...	...	...	10	7
Papworth Village	...	...	...	...	...	...	—	1
Homework	...	...	...	...	...	...	1	—

Domiciliary Occupational Therapy

As noted in last year's report, there is now no special department for tuberculous persons requiring domiciliary occupational therapy. The scheme for supplying such a service to patients no longer infectious, through the Welfare Dept., has worked well, and the numbers have not been large.

Domiciliary Library Service

Here again the number of infectious patients disabled at home is so small that it is a declining need. The number of patients requiring such a service during the year was only 9.

Dental Clinic

A weekly clinic for dental treatment of patients with infectious tuberculosis was continued, but the number of attendances has become very small.

Statistics

TUBERCULOSIS—ALL FORMS

TABLE 1

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1960

	<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
1960	870	0·80	88	0·08

RESPIRATORY TUBERCULOSIS

TABLE 2

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1960

	<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
1960	778	0·71	79	0·07

NON-RESPIRATORY TUBERCULOSIS

TABLE 3

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901-1960

	<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
1960	92	0.08	9	0.01

TABLE 4

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS BY SEX
AND AGE GROUP—1954-58, 1959 AND 1960

<i>Age Group Years</i>	<i>Males</i>			<i>Females</i>		
	<i>1954/58 (Mean)</i>	<i>1959</i>	<i>1960</i>	<i>1954/58 (Mean)</i>	<i>1959</i>	<i>1960</i>
0-4 ...	32	22	28	31	23	27
5-9 ...	23	10	20	28	8	18
10-14 ...	24	12	16	27	16	19
15-19 ...	48	14	22	52	23	12
20-24 ...	66	51	47	63	42	36
25-34 ...	111	87	91	84	50	61
35-44 ...	96	69	82	43	36	48
45-54 ...	104	97	88	25	17	25
55-64 ...	86	75	72	16	12	19
65+ ...	37	30	39	14	10	8
ALL AGES ...	627	467	505	382	237	273

TABLE 5

NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS BY
SEX AND AGE GROUP—1954-58, 1959 AND 1960

Age Group Years		Males			Females		
		1954/58 (Mean)	1959	1960	1954/58 (Mean)	1959	1960
0-4	...	3	1	3	4	1	4
5-9	...	5	2	3	6	2	5
10-14	...	5	0	3	5	2	—
15-19	...	5	2	1	6	3	5
20-24	...	8	11	8	11	4	4
25-34	...	17	18	21	14	6	7
35-44	...	10	9	10	6	3	5
45-54	...	6	4	4	4	11	1
55-64	...	3	4	1	2	2	2
65+	...	2	2	1	2	2	4
ALL AGES	...	63	53	55	60	36	37

TABLE 6

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

Disseminated	...	...	...	...	...	...	...	4
Meningitis	...	...	...	...	...	...	...	9
Bones, joints and spine	...	...	...	...	...	...	...	19
Abdomen	...	...	...	...	...	...	...	9
Other organs, including glands	...	...	...	...	...	...	...	51
TOTAL	...	...	...	...	...	...	...	92

TABLE 7

DEATHS FROM RESPIRATORY TUBERCULOSIS BY SEX AND AGE
GROUP

Age Group Years						Males	Females
0-4	...	...	...	...	...	0	0
5-14	...	...	...	...	...	0	0
15-24	...	...	...	...	...	0	0
25-44	...	...	...	...	...	5	6
45-64	...	...	...	...	...	38	5
65+	...	...	...	...	...	20	5
ALL AGES	...	...	...	...	...	63	16

TABLE 8

PLACE OF BIRTH OF INDIVIDUALS NOTIFIED AS SUFFERING FROM TUBERCULOSIS IN BIRMINGHAM, 1956, 1957, 1958, 1959 and 1960.

				1956	1957	1958	1959	1960
<i>British Isles</i>								
England	...	...	...	886	660	706	546	550
Scotland	...	...	...	19	12	9	7	13
Wales	...	...	...	20	18	16	17	13
Ireland	...	...	...	132	128	153	90	124
<i>Rest of Europe</i>	...	...	...	13	12	13	7	9
<i>Asia</i>								
India	...	...	...	26	29	31	22	21
Pakistan	...	...	...	19	33	60	59	91
Others	...	...	...	6	12	16	10	1
							(All Aden)	
<i>Africa</i>	...	...	...	4	4	4	1	2
<i>America</i>								
West Indies	...	...	...	9	12	12	14	27
Others	...	...	...	1	2	3	0	1
<i>Not known</i>	...	...	...	1	51	16	20	18
TOTALS	...	...	...	1136	973	1039	793	870

CARE OF MOTHERS AND YOUNG CHILDREN

(SECTION 22—NATIONAL HEALTH SERVICE ACT, 1946)

DAY NURSERIES

On the 1st January, 1960 there were 990 places for children in 21 day nurseries distributed throughout the City.

No changes were made in the order of priorities and fees for priority cases remained unchanged.

Eight children of homeless families accommodated in hostels attended nurseries during the year. Of these, three were the children of unmarried women and five were the children of married women.

Attendances at day nurseries over the year were generally higher and the demand for nursery accommodation in certain areas, particularly Balsall Heath, Ladywood, Handsworth, Aston and Sparkbrook, was very heavy. The waiting list for priority and non-priority cases increased and this has raised the demand for child minders, who are not always very satisfactory.

The number of coloured children attending the nurseries was a little lower than in the previous year. On 31st December, 1960 there were 192 on the registers.

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

26 Kingston Road, Small Heath	224 Cartland Road, Stirchley
57 Park Road, Sparkhill	92-94 Pershore Road, Edgbaston
326 Charles Road, Small Heath	

Approval to recommence training for the National Nursery Examination Board Certificate was given to Kingston Road Nursery and to continue training to 57 Park Road, Sparkhill, 92-94 Pershore Road and 224 Cartland Road. Unfortunately, approval may be withdrawn from the Charles Road Nursery.

The two year training course for the National Nursery Examination Board Certificate continues. During 1960, forty-nine students were accepted for training. Two examinations were conducted in Birmingham ; 24 candidates passed and two failed.

REFRESHER COURSES AND STUDY DAYS

Three Deputy Matrons attended a refresher course arranged by the Royal College of Nursing. Thirty-one Matrons and Deputy Matrons attended a study day arranged in Birmingham. Two Matrons attended a day conference in London arranged by the National Society of Children's Nurseries.

Twenty-seven Day Nursery Wardens and Senior Nursery Nurses attended a course consisting of a study day at the Nursery Training Centre, followed by a week's practical experience in a nursery school.

Nurseries and Child Minders Regulation Act, 1948

There were 80 persons and nine premises registered under the Nurseries and Child Minders Regulation Act, 1948. All applicants for registration 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, as far as possible in the same locality and circumstances. Once more the numbers have increased, 66 more places being available than in the previous year.

The fire hazards, particularly in West Indian homes, caused grave concern in the colder months and the Fire Prevention Officer assisted in an attempt to spread propaganda and to eliminate the dangers encountered in many of the child minders' homes. Frequent visiting by medical officers and health visitors is essential to maintain minimum standards of hygiene and safety.

	<i>Persons</i>		<i>Premises</i>	
	<i>Number Registered</i>	<i>Places</i>	<i>Number Registered</i>	<i>Places</i>
As at 1.1.60	68	303	9	186
New applications ...	38	172	2	25
Applications for registration of additional places	1	3	1	10
Resignations	26	108	2	36
As at 31.12.60	80	370	9	185

In addition one person changed her address before registration could be completed.

Daily Guardian Scheme

The Daily Guardian Scheme was inaugurated by the Health Committee in 1950, the idea being that a register of daily guardians should be maintained by the Authority and the guardians paid a nominal sum of £1 per quarter while they remained on the register. Registration was voluntary and in any case applied only to those whose child minding was on such a small scale that statutory registration under the Nurseries and Child Minders Registration Act, 1948, was not required.

The scheme was introduced when a number of day nurseries were being closed as it was felt that some attempt should be made to keep persons, who accepted children in their homes for financial gain, under observation. It was considered that by keeping a register of the daily guardians who had been visited before registration, and periodically thereafter, whose homes and standard of care were known to be of a suitable level, and who would bring children periodically for inspection at the welfare clinics, one could be assured that the children were in safe hands.

It was originally visualized that the scheme might become a comprehensive one involving several hundred guardians scattered throughout the City, but in fact it remained a relatively limited scheme. An approved guardian was required to give entry to those officers of this Department who visited the home. The scheme ran for nine years but was never of exceptional value.

The annual cost to the Department was approximately £200, but a much greater expenditure was involved in medical officers' and health visitors' time. There was a persistent turnover in the guardians' register—old guardians withdrew, new ones sought admission—and this meant an excessive amount of visiting in relation to the number of children accommodated. The increasing demand for visiting under the Nurseries and Child Minders Regulation Act is such that the medical officers concerned felt their time would be better given to this form of visiting, which in general is of a more detailed nature, than in visiting daily guardians.

Persons who take one or two children into their home for gain must number many hundreds in a City such as Birmingham and only a minority were registered under the Daily Guardian Scheme. Many persons needing supervision escaped through not wishing to apply for enrolment as Daily Guardians and not needing to register as Child Minders.

Liaison with Coloured People

Many coloured people have now made Birmingham their permanent home. When their children are born they receive advice and health education from the midwives, health visitors and doctors at the infant welfare centres. It was felt that those who have sent for their children to join them in Birmingham should have full knowledge of the facilities offered to, and enjoyed by, children in this City. Thus, in the Autumn, a medical officer of this Department began interviewing those parents and relatives who wished children they had left overseas to join them in England. They are referred to this Department by Mr. Gibbs, the Liaison Officer for Coloured People, after enquires about their occupation, financial position and housing conditions with the aid of the Chief Housing Inspector. Attendance is entirely voluntary and most coloured parents appreciate the interest taken in them and their families. This service should help the integration and assimilation of immigrants into the community.

In view of the increasing numbers of overseas residents met in welfare centres, on the district, in day nurseries and as applicants for registration as child minders, the advice of Mr. Gibbs is frequently sought and much valuable help is received from his Department.

MATERNITY AND CHILD WELFARE CENTRES

Birmingham's first Health Centre, which incorporated an additional Child Welfare Centre, opened on 4th April, 1960. Owing to the Town Planning Re-development Scheme the Welfare Centre at 187 Irving

Street closed on 24th September, 1960 and this was replaced on 28th November, 1960 by a temporary Centre at 5 Wellington Road, Birmingham 15, the mothers and children of the area attending Hope Street Centre during the interim period. Including the Health Centre and 5 Wellington Road, there was a total of 54 Welfare Centres in the City. Three subsidiary clinics :—Culmington Hall Tenants' Room, Longbridge ; Moorfield Hall Tenants' Room, Shard End and Elmwood Congregational Church School Room, Handsworth Wood, continued to function.

Subsequent to the opening of the new Health Centre the visiting area of the Welfare Centre at 9A Sutton Street, Birmingham, 6, was greatly reduced and it became practicable for the remaining section of the area to be further absorbed by the adjacent Centres, namely, Nechells Green Health Centre and Lancaster Street Centre, culminating with the closure of the Child Welfare Centre at 9A Sutton Street on 31st December 1960, when the premises were transferred to the Education Department for use as a Child Guidance Clinic.

At all Welfare Centres the number of sessions, including antenatal clinics, at which a medical officer was available for consultation totalled 6,466 compared with 7,188½ in 1959.

The number of children's sessions for which nursing staff only were responsible was 939 as compared with 758 in 1959.

The number of children living outside the City who attended peripheral Clinics during the year totalled 575 and those attending the General Practitioners' Clinics held at Welfare Centres totalled 176.

Accommodation was again made available to other departments of the Corporation during the year. Probation Officer Report Centres were held weekly at Lea Hall, Wentworth Road and Irving Street Centres, and Education Department Speech Therapy Clinics at Kingstanding Centre continued at 5 sessions a week and those at Lea Hall Centre increased to 6 sessions a week. The facilities granted to the Welfare Department to provide occupational therapy for physically handicapped persons at Acocks Green, Stirchley, Quinton Lane, Erdington, Treafoord Lane, Kingstanding and Carnegie Institute Centres continued for 16 sessions a week and occupational therapy for the blind at Northfield Centre was provided on three sessions a week. The Birmingham Council for Old People used Stirchley Centre on four sessions a week for an Old People's Day Centre and for four additional sessions for a course of instruction to Voluntary Workers in the field of Old People's Welfare. The Family Planning Association have continued to hold a weekly clinic at Treafoord Lane Centre.

Facilities were granted for the Women's Voluntary Service to hold "Mother and Baby" Clubs at Highfield Lane and Yardley Wood Centres, the former commencing on 15th March and the latter on 25th April, 1960. These clubs gratify the social need of young mothers living in outlying estates and at the same time afford much opportunity for health teaching.

Facilities were again granted to the Executive Secretary of the Birmingham Social Responsibility Project to hold meetings at Northfield Centre until the conclusion of her work in Birmingham in December 1960.

The number of parents' evening meetings held at various Centres was 49 (63 in 1959) and 1,091 attendances were made at these meetings making an average attendance of 22 per meeting.

During the year health visitors have attended the antenatal clinics at the following hospitals to take mothercraft classes:—Queen Elizabeth Hospital, Selly Oak Hospital, Dudley Road Hospital, Marston Green Maternity Hospital, Birmingham Maternity Hospital, and Lordswood Maternity Hospital.

Nechells Green Health Centre

This Centre was brought into operation on 4th April, 1960 and officially opened by the Minister of Health, The Rt. Hon. Derek Walker-Smith, Q.C., M.P., on 17th May, 1960. It occupies the whole of the ground floor of a seven-storey block of flats and contains six General Practitioners' Suites and a Maternity and Child Welfare Centre with various ancillary services. An office has been provided for the district Home Help Organiser and the Domiciliary Midwife occupies a flat above the Centre. Since the opening, steady progress has been maintained. During 1960, 850 individual children made 2,547 attendances at Children's Consultation Clinics in the Child Welfare Section and 75 expectant mothers attended our Antenatal Clinics, 37 of these joining Relaxation Classes. 296 expectant mothers were referred by their general practitioners for blood specimens to be taken. Mothers attending the Antenatal Clinics and children attending the Consultation Clinics were referred to the Dental Unit for dental supervision and treatment where necessary. Facilities were also granted to the School Dental Service and, on four sessions a week, a school dental surgeon was in attendance. In the General Practitioners' treatment room which is equipped for dressings, injections and minor operations, the numbers of cases treated each month by the nurse in attendance steadily increased and reached over 600 during December 1960. Chiropody Clinics for the elderly were well attended.

It was envisaged that the Health Centre would provide a comprehensive medico-social service for the families of the area and the results of its work during the first nine months were most encouraging. General practitioners and local authority staff worked as a united team to serve the people of the community and to provide a Health Centre in every sense of the word.

During the year nearly 1,000 interested persons visited the Health Centre and eminent visitors came from many parts of the world including :—Russia, Japan, China, India, Yugoslavia, Czechoslovakia, Ghana, Portuguese West Africa and East Africa, whilst English parties included :—The Lady Mayoress, the Socialist Medical Association, a civic party from

Bristol, the Society of Medical Officers of Health, local government executive officers, the staff of the William Budd Health Centre, Bristol, and the Birmingham Local Medical Committee.

WORK AT LOCAL AUTHORITY CLINICS

Amongst the clinics held were :—

(1) Antenatal Clinics :

1,836 mothers attended clinics staffed by our medical officers, compared with 2,140 during 1959.

(2) Blood Tests :

General practitioners continued to send patients to our antenatal clinics for the withdrawal of blood specimens ; in 1960 the number was 2,202 (1,679 in 1959).

(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 12 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 :

377 mothers attended for postnatal examinations ; 27 attended a second time.

(5) Appointment Clinics :

These special sessions at which the children attend by appointment for an examination by the medical officer were continued. Medical defects discovered at these clinics were, if necessary, reported to the general practitioner concerned so that hospital consultations could be arranged. Early detection of defects which may interfere with normal education is important in order that special provision can be made.

(6) Special Consultation Clinics :

Dr. Benjamin Wood, of the Children's Hospital, held 22 special clinics at the Carnegie Centre during 1960 and examined a total of 85 infants, a decrease of 19 from the 1959 figure.

The X-ray clinic at Carnegie held 30 sessions in 1960 and a total of 179 persons attended for radiography.

The special adoption clinic continued at Carnegie and 143 examinations were made at 30 sessions.

(7) Sewing Classes :

Sewing classes were held each week at 47 centres and a total of 16,160 attendances were made ; an increase of 244 on the 1959 figure.

(8) Health Talks :

Mothers made 12,503 attendances at health talks given during clinic sessions ; in addition there were 10,196 attendances at mothercraft classes held in conjunction with relaxation classes, and 1,091 attendances at parents' evening meetings.

(9) Chiropody Treatment :

The services of two part-time chiropodists provided an average of 5 sessions weekly until April ; one part-time chiropodist gave 3 sessions a week until September when another chiropodist was appointed and 5 sessions a week were resumed. In all, 138 sessions were held and a total of 731 patients received treatment.

(10) Audiology Clinic:

1,772 children underwent screening tests to diagnose hearing defects at welfare centres and 68 were referred to the Audiology Clinic for fuller investigation. In addition 18 cases were referred from other sources, e.g. outside local authorities and hospital consultants.

At each testing session a medical officer of this Department attends with two in rotation of the six health visitors specially trained in this work. Each health visitor sees her own cases for 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 along with Miss Hall, the Sister-in-Charge of the School Health Service's Ear, Nose and Throat Clinic, for their willing advice and for help in solving many liaison and administrative problems.

Any child suspected of impaired hearing or other aural defect is referred to a consultant and we are particularly grateful to Mr. Norman Crabtree, Ear, Nose and Throat Surgeon to the School Health Service, for his willing and helpful co-operation.

The Medical Officer in charge of the Clinic attended Manchester University for a short refresher course and this has enabled the Audiology Clinic and ancillary service to keep up with recent advances in the field of preventive audiology.

Voluntary Organisations

Many welfare centres are indebted to the voluntary workers who have given valuable service in a voluntary capacity during the year.

The Family Service Unit workers have continued to give practical support to families in need of help and guidance.

Officers of the National Society for the Prevention of Cruelty to Children have co-operated with the health visitors in instances of child neglect to improve home conditions.

CARE OF THE UNMARRIED MOTHER

The proportion of live births which were illegitimate was 76.77 per 1,000 as compared with 67.8 per 1,000 in 1959. The total number of illegitimate births registered in Birmingham in 1960 was 1,594 compared with 1,317 in 1959.

The Infant Mortality Rate among illegitimate babies exceeds that of babies born legitimately, the former rate per 1,000 births being 30.11 compared with the rate for legitimate births of 21.94 per 1,000 births. The corresponding figures for 1959 were respectively 42.52 and 24.11 per 1,000 births.

During 1960, 1,198 Birmingham women applied to the Department for advice and assistance compared with 928 in 1959. Of these, 664 unmarried women were having their first baby and 386 had had one or more illegitimate children; 131 were married women, and 17 were legitimate pregnancies. 39 girls were under the age of consent while the number of West Indian applicants rose from 183 in 1959 to 354 this year, of whom 60 were already pregnant on arrival in this country.

Of the applicants, the West Indian women number more than half of the British women and double that of the Irish, while the number of alleged West Indian putative fathers actually exceeds the number of British with the Irish less than half the number of West Indians.

The increase in the number of half caste and West Indian children is producing more social problems than ever. Bowlby, in his monograph "Maternal Care and Mental Health, 1951," divides illegitimacy in Western communities into two types—one socially acceptable and the other socially unacceptable, the former including children born in communities who accept that before a girl marries she should demonstrate her fertility. In the West Indies and parts of South America more than 60% of all births are illegitimate and accepted by public opinion. In this country public opinion has been strongly against illegitimate births but in recent years the general and certainly the official attitude to the unmarried mother has changed to a kindly and more tolerant one.

Promiscuity among adolescents is causing concern and a full scale enquiry into the sexual behaviour of young people is planned by the Central Council for Health Education. The aim is to understand "the incidence and causation of promiscuous and other deviant behaviour and so to assist in the remedying of it."

There is a regrettable increase in the number of teenage mothers, 377 applying to the Department of whom 39 were under the age of consent.

The extent to which adolescents indulge in promiscuity can only be guessed at. The rise in illegitimate births, hasty marriages and venereal disease among teenagers only hint at the size of the problem. Teenagers are subjected to sexual provocation in books, television and films. Good moral standards and happy parent-child relationships are surely the

principal answer to moral decline. It is unfortunate that sex is often a subject which young people cannot discuss with their parents, yet sex education should begin in the home—it is a duty which parents must accept. Discerning teachers may recognise the enormous wastage of potential ability which occurs in adolescents when personal problems interfere with learning. The disturbed children and adolescents of today, left untreated, may well become the parents of a fresh generation of disturbed children, yet facilities for the clinical investigation and treatment of adolescent psychiatric problems are small.

Lyncroft, Salvation Army Mother and Baby Home

58 unmarried mothers were admitted on behalf of the Health Department to this home during 1960: 14 of these girls were under the age of consent and 47 were aged 20 years and under. 24 of the babies were discharged home with their mothers, 14 babies were placed for adoption and 12 were admitted to residential children's homes.

Most young girls having their first baby are referred to this home where they can be admitted early and where they must agree to remain for three months after the birth of their baby. Confinements take place in the home and the girls benefit from the continuous friendly supervision available until final arrangements are made which are thought to be in the best interests for mother and child.

Francis Way and Woodville

These two mother and baby homes accommodate Roman Catholic girls. In Francis Way the girls remain the whole of the period as in Lyncroft, the confinements taking place in the home. In Woodville the girls are admitted about six weeks before the confinement is due, are transferred to hospital for their confinement and return to the home for about six weeks after confinement or until suitable arrangements are made for the mother and baby, as in Beechcroft Mother and Baby Home.

The Grange (Formerly Lahai-Roi) Mother and Baby Home

Necessary adaptations have been carried out during the year to enable the home to receive unmarried girls and their babies. Arrangements are made for the girls to have their confinements in a maternity home or hospital and they are accommodated as in Woodville and Beechcroft. Only four girls were admitted during 1960 on behalf of the Health Department.

Beechcroft Mother and Baby Home

This is the Health Committee's own home.

Capacity: 18 mothers and 14 babies.

During 1960, 111 women were admitted and 102 discharged; 96 babies were admitted and 90 discharged.

The health of the mothers has been excellent : two were admitted to hospital for antenatal care, and one to the Accident Hospital. Two mothers were transferred to psychiatric hospitals, one on two occasions.

Two babies were transferred to the Children's Hospital :—

(1) At two days old from Sorrento Maternity Hospital because of a bowel abnormality : the baby died 11 days later and was therefore not admitted to Beechcroft.

(2) From Beechcroft five weeks old for observation, this boy was discharged from hospital 9 days later, the diagnosis being pyloric spasm.

Six babies were prematurely born, the birth weights ranging from 4lbs. 3 ozs. to 5lbs. 5ozs. and all survived.

There were no stillbirths.

Two babies were given B.C.G. vaccination 9 were given smallpox vaccination and 10 mothers had poliomyelitis vaccination.

All babies at six weeks of age had phenylketonuria tests and all were negative.

Twenty babies were discharged home with their mothers, eight with their mothers were admitted to hostels for the homeless and one with its mother to a domestic post. Four babies were discharged to foster homes and fourteen to residential nurseries.

43 babies were placed for adoption ; 16 through the Children's Department, 20 through the National Adoption Society, 3 through the Birmingham Diocesan Council of Moral Welfare and 4 were adopted by private arrangements.

21 of the babies discharged were coloured, the putative fathers being either West Indian or Indian.

OF THE 111 WOMEN ADMITTED TO BEECHCROFT DURING 1960, 83 WERE PERSONALLY INTERVIEWED BY A MEDICAL OFFICER.

Of these 57 were having their first baby

13	"	"	second "
10	"	"	" third "
2	"	"	" fourth "
1	was	"	her sixth "

Of the 57 women having their first baby, 53 were single and 4 were married. Of the latter, two of their husbands were abroad, one husband was in prison, and one girl who applied as an unmarried girl for admission, married the putative father in prison and was admitted later owing to accommodation difficulties. Of these women, 31 were under 21 years of age and 21 were aged 21-25 years. The mothers were all English except four who were Irish, one Jamaican and one Greek.

Of the alleged putative fathers, 43 were from the United Kingdom and there were two Hungarians, seven Jamaicans, two Arabs, one Greek, one Italian and one Pakistani. Twelve of them were married. 46 made no

payment whatever ; five were living with the girls and maintained them ; three gave payment towards lodging and three made small payments.

Twenty of the girls had come from broken homes, one or both parents having died or deserted, and four had been in children's homes or foster homes most of their lives. Three of the girls had been unhappy at home. Only one baby in Beechcroft had a Jamaican mother and father.

Thirty of the babies were placed for adoption, twelve by the National Adoption Society, eleven by the Children's Department, four by the Birmingham Diocesan Council of Moral Welfare, one by Dr. Barnardo's and two were private adoptions. One baby was admitted to the Thomas Coram Nursery, four to Moral Welfare Association Children's Homes, and three to foster homes. Sixteen babies went home with their mothers.

Four of the deliveries were instrumental and there were four breech deliveries. Three of the babies were premature.

Of the thirteen girls having their second baby, ten were single and three were married. Of the latter, all three marriages had ended in separation and divorce. Nine of these girls were 21 years and under, the youngest being 15 years and her first baby, who had been adopted, was then only 11 months old. Two were 16 year olds, their first babies being respectively at the girl's home and in Dr. Barnardo's Homes.

One 22 year old girl had had her first baby at the age of 12 years, her own father being responsible and having served his prison sentence for incest. On return home from prison he repeated incest with his next daughter although his wife had had twelve children by him and he was again imprisoned. This girl's first baby was still with the grandmother but she left the home when her father was due out of prison and has been in lodgings since. The putative father of the second baby was an Italian and the baby was accepted for adoption by the National Adoption Society.

Apart from one half caste Indian girl, all the others were English. Of the putative fathers, six were English, one Irish, four Jamaican, one Arab and one Italian, and apart from one girl who lived with the putative father for four months and was maintained by him, no payment was received.

Nine of the girls came from broken or unhappy homes.

All the confinements were normal and two of the babies were premature. Six babies were placed for adoption, four went home with their mothers, and three were placed in children's homes.

The ten women having their third baby were aged between 23 and 41 years. Five were married but the marriages had broken down. Of these four had had two legitimate pregnancies and one had had one legitimate and one illegitimate pregnancy.

Of the five single girls, three of them had had one baby adopted and one had had two babies adopted ; both children of the remaining mother were in foster homes.

Four of the new babies were placed for adoption, three were admitted to children's homes and three were discharged with their mothers, two to their own homes and one to the hostel for the homeless.

No payment was received for these babies though two of the women had been living with the putative fathers. Of the putative fathers, five were English, one Irish, one Indian, one Italian, one Jamaican, one Polish.

Of the two women having their fourth baby, both had been married but one was divorced and the other separated. The former, aged 30 years, had two legitimate children now with their father and the first illegitimate child had been maintained by the mother and the putative father until she was admitted to Beechcroft ; the child was then admitted to a family home temporarily.

The legitimate pregnancies of the second mother, aged 31 years, terminated in the death of the first baby at two months and a miscarriage ; she had kept her third baby with her.

Both putative fathers were English. The first gave no financial help but the second had maintained mother and child during her pregnancy.

The mother having her sixth baby was aged 42 years and had had five legitimate children ; four of them were in a voluntary home and she had one with her. She separated from her husband because of his drinking habits and shortage of money. This new baby was accepted by the Children's Department for adoption. The putative father in this case borrowed money from the mother which was never returned. He was a married man with four children.

General observations. The personal histories of these unmarried mothers reveal poor home backgrounds and social failure of which inadequate management of their sexual life may represent only one aspect. The majority of the pregnancies arose from the normal adolescent practice of choice of mate, usually from the same occupational level, and from deliberate association with him in firm expectation of marriage.

More thought might well be given to the provision of after-care when the girls have been discharged from the Mother and Baby Home, particularly for the girls whose babies are placed for adoption.

Considering the immaturity of the thirteen girls in the group having their second baby, they might have benefited if continuing support and friendly advice had been made available to them. Although social legislation has helped tremendously from a material point of view, no Act of Parliament can give these girls what they really want, i.e. friendship, understanding and ability to discuss their many problems with trained social workers.

The Matrimonial Proceedings (Magistrates Courts) Act, 1960, has become law and will come into force on a date to be appointed by the Home Secretary. Its most important change in the law is to increase the maximum amount payable towards a wife's maintenance from £5 to £7 10s per week, and for a child from 30/- to 50/- per week. This increase in maximum extends also to payments under the Guardianship of Infants Acts and the Affiliation Proceedings Act, 1957, whereby an unmarried mother may obtain an affiliation order against the father of her child. When the new Act comes into force it will be possible for anyone entitled to receive such payments under an existing order to apply to the Magistrates Court for an increase which the Court will consider on the merits of the case.

STATISTICS

Day Nurseries

(1) NUMBER OF CHILDREN ON DAY NURSERY REGISTERS

	0—12 months	1— year	2—5 years	Total	Average daily attendances
1st January, 1960	147	221	521	889	647 in 1959
31st December, 1960	139	251	559	949	727 in 1960

(2) ANALYSIS OF CHILDREN IN THE NURSERIES.

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

Unmarried mothers ...	...	...	...	...	...	...	375
Widows ...	...	...	...	...	...	...	33
Women separated from husbands ...	...	...	...	...	...	...	222
Husbands in prison ...	...	...	...	...	...	...	6
Husbands sick or disabled ...	...	...	...	...	...	...	15
Mothers' long term illness ...	...	...	...	...	...	...	29
Mothers' short term illness ...	...	...	...	...	...	...	21
Mothers' confinement ...	...	...	...	...	...	...	10
Mother dead ...	...	...	...	...	...	...	10
Mothers' desertion ...	...	...	...	...	...	...	18
							739

GROUP 2. Children requiring admission for reasons of health or normal development, etc.

National Service, blind or deaf parents, etc. ...	...	...	...	...	...	12
Housing ...	...	...	...	...	...	3
Problem families ...	...	...	...	...	...	8
Handicapped children or children failing to progress normally ...	...	...	...	...	...	2
						25

GROUP 3. Non-priority cases ...	...	...	...	...	...	184
Out of City cases ...	...	...	...	...	...	1

NUMBER OF CHILDREN ON WAITING LIST

			0—12 months	1— year	2—5 years	Total
31st December, 1959						
Priority	...	...	59	36	38	133
Non-Priority	...	...	10	12	11	33
31st December, 1960						
Priority	...	...	97	77	98	272
Non-Priority	...	...	55	64	71	190

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
1958	...	70.3	62.0	35.7	25.6	20.8
1959	...	69.0	57.6	34.2	24.4	19.1
1960	...	66.2	54.3	31.1	23.3	16.2

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

Children who made:	0—12 months			1—year			2—5 years		
	1958	1959	1960	1958	1959	1960	1958	1959	1960
1—5 attendances	57.30	58.18	61.24	63.54	65.88	67.24	97.15	96.84	96.44
6 or more attendances	42.70	41.82	38.76	36.46	34.12	32.76	2.85	3.16	3.56

(3) CHILDREN'S CONSULTATION CLINICS (BIRTH TO 5 YEARS)

Number of clinics held :

(1) With doctor attending	...	...	...	...	...	3,933
(2) Without doctor attending	...	...	...	...	...	939
New children attending	...	...	...	...	...	14,757
Total attendances	...	...	...	...	...	128,671
Average attendance per clinic	...	...	...	...	...	26.4
Total examined by doctor	...	...	...	...	...	51,033
Average seen by doctor per consultation clinic	...	...	...	...	...	13.0

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

Number of combined clinics	...	...	...	...	2,212
New children attending	...	...	...	...	2,783
Total attendances	...	...	...	...	30,043
Average attendance per clinic	...	...	...	...	13.5
Total number seen by doctor	...	...	...	...	20,358
Average seen by doctor per combined clinic	...	...	...	...	9.2

(In addition the medical officer, on average, examined 3 expectant mothers, and obtained blood specimens for 1,569 G.P.'s cases, an average of 0.7 per clinic).

(5) INFANT WELFARE CLINICS WITH GENERAL PRACTITIONERS

(a) *At Welfare Centres :*

i) Individual children attending General Practitioners' Clinics only:

under 1 year	366	} 949
1 year	...	...	293
2—5 years	...	...	290

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	199	54.4	203	69.3	263	90.7
6 or more attendances ...	167	45.6	90	30.7	27	9.3
Total attendances	366	100.0	293	100.0	290	100.0

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

Under 1 year	204	} 490
1 year	...	...	139
2—5 years	...	...	147

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. Clinic attenders</i>	<i>Number who attended</i>	<i>% of G.P. Clinic attenders</i>	<i>Number who attended</i>	<i>% of G.P. Clinic attenders</i>
1—5 attendances	119	58.3	106	76.3	140	95.2
6 or more attendances	85	41.7	33	23.7	7	4.8
Total attendances	204	100.0	139	100.0	147	100.0

Examined by General Practitioner	...	...	...	...	5,743
Seen by Health Visitor only	...	...	...	...	1,761
Attendances for immunisation including 3,054 poliomyelitis vaccinations	...	...	...	...	6,342
Attendances at health talks by health visitors	...	...	...	...	5,784

(b) *At General Practitioners' Surgeries :*

Total attendances :

under 1 year	...	...	1,893	}	2,489
1 year	...	...	214		
2— 5 years	...	...	333		
over 5 years	...	...	49		
Examined by General Practitioners	...	...	...	...	1,761
Health Visitor Consultations	...	...	...	...	725
Attendances for immunisation (including 952 poliomyelitis vaccinations	...	...	...	...	2,597
Attendances at health talks by Health Visitors	...	...	...	...	7,308

(6) MEDICAL DEFECTS RECORDED IN CHILDREN ATTENDING APPOINTMENT CLINICS

Individual children with defects ... 4,333

Type of Defect :

(a) Eyes :									
Squint	...	...	...	...	...	...	...	...	245
Inflammatory conditions	...	...	...	...	...	...	...	...	39
Other eye conditions	...	...	...	...	...	...	...	...	31
(b) Skin :									
Eczema	...	...	...	...	...	...	...	...	216
Purulent conditions	...	...	...	...	...	...	...	...	9
(c) Ear, Nose and Throat :									
Otorrhoea	...	...	...	...	...	...	...	...	30
Deafness	...	...	...	...	...	...	...	...	13
Enlarged or diseased tonsils and/or adenoids	...	...	...	...	...	...	...	...	786
Other	...	...	...	...	...	...	...	...	65
(d) Teeth :									
Carious or defective	...	...	...	...	...	...	...	...	1,428
(e) Glands :									
Enlarged	...	...	...	...	...	...	...	...	395
(f) Heart :									
Congenital	...	...	...	...	...	...	...	...	87
Other abnormality	...	...	...	...	...	...	...	...	94
(g) Anaemia	...	...	...	...	...	...	...	...	17
(h) Lung conditions	...	...	...	...	...	...	...	...	82
(i) Deformities	...	...	...	...	...	...	...	...	115
(j) Orthopaedic conditions	...	...	...	...	...	...	...	...	786
(k) Mentality (retardation)	...	...	...	...	...	...	...	...	24
(l) Speech (delayed or defective)	...	...	...	...	...	...	...	...	106
(m) Enuresis	...	...	...	...	...	...	...	...	110
(n) Other conditions	...	...	...	...	...	...	...	...	170
Total defects									4,848

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

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.

<i>Category of Defect</i>										<i>No. of Cases</i>
a.	Totally blind	...	...	...	...	...	...	...	...	2
b.	Partially blind	...	...	...	...	...	...	...	...	14
c.	Totally deaf	...	...	...	...	...	...	...	...	1
d.	Partially deaf	...	...	...	...	...	...	...	...	8
e.	Delicate	...	...	...	...	...	...	...	...	166
[Chest disorders 54 (asthma 48), Tuberculosis (inc. pulmonary) 49, Heart conditions 40, Haemophilia 2, Other disorders 21.]										
f.	Diabetes	...	...	...	...	...	...	...	...	4
g.	Mental subnormality	...	...	...	...	...	...	...	...	67
h.	Epileptic	...	...	...	...	...	...	...	...	20
i.	Maladjusted	...	...	...	...	...	...	...	...	4
j.	Physically handicapped [Spastic diplegia 9]	...	...	...	...	...	...	...	...	54
k.	Speech defects	...	...	...	...	...	...	...	...	23
l.	Combination of defects	...	...	...	...	...	...	...	...	72

(8) REMEDIAL EXERCISE CLINICS FOR CHILDREN HELD BY PHYSIOTHERAPISTS

					1959	1960
Individual children attending	...	...	...	...	83	115
Sessions held						
Remedial exercises only	...	...	...	...	91	133
Combined with relaxation for expectant mothers					188	134
Total attendances	...	...	...	...	1,140	964

Care of the Unmarried Mother

(1) Arrangements for new cases in 1960.

					<i>First Cases</i>	<i>Multiple Cases</i>	<i>Married Women</i>
Accommodated in Mother and Baby Homes							
Beechcroft	...	...	...	...	63	18	16
Francis Way	...	...	...	...	17	2	1
Woodville	...	...	...	...	28	8	3
Lyncroft House	...	...	...	...	43	—	—
The Grange	...	...	...	...	4	—	—
Homes out of City	...	...	...	...	10	—	—
Accommodated elsewhere							
Own home entirely	...	...	...	...	6	7	6
Own home except for confinement	...	...	...	...	337	293	88
Left City before confinement	...	...	...	...	14	2	1
Antenatal cases	...	...	...	...	142	56	16
Total					664	386	131

(2) *Situation at the end of the year.*

Antenatal cases :						No. of cases	%
(a)	In Homes awaiting delivery	...	...	...	...	19	1.6
(b)	In own home awaiting delivery	...	...	...	...	314	26.6
Postnatal cases :							
(a)	Mother and baby still in Homes	...	...	...	...	29	2.4
(b)	Miscarriages	...	...	...	...	8	0.7
(c)	Babies stillborn	...	...	...	...	9	0.9
(d)	Babies died	...	...	...	...	13	1.1
(e)	Babies adopted	...	...	...	...	102	8.6
(f)	Babies with foster mothers	...	...	...	...	17	1.4
(g)	Babies in Residential Nurseries	...	...	...	...	22	1.9
(h)	Mothers at home with their babies	...	...	...	...	338	28.6
(i)	Mothers married	...	...	...	...	94	7.9
(j)	Mothers living with putative father	...	...	...	...	139	11.8
(k)	Mothers and babies having left the City	...	...	...	...	54	4.6
(l)	Not pregnant	...	...	...	...	3	0.2
(m)	No trace	...	...	...	...	20	1.7
Total						1,181	100.0%

(3) *Work of Administrative Staff*

Home visits paid re unmarried mothers	...	...	...	...	...	492
Mothers visited in hospital	...	...	...	...	...	29
Office interviews — applications	...	...	...	...	...	1,218
Office interviews — other than applications	...	...	...	...	...	935
Office interviews re V.D.	...	...	...	...	...	13

(4) *Classification of applicants by age (including girls under the age of consent)*

13 years	...	...	...	...	...	2	} Under age of consent
14 years	...	...	...	...	...	4	
15 years	...	...	...	...	...	33	
16 years	...	...	...	...	...	55	
17 years	...	...	...	...	...	78	
18 years	...	...	...	...	...	93	
19 years	...	...	...	...	...	112	
20-25 years	...	...	...	...	...	486	
26-30 years	...	...	...	...	...	184	
31-35 years	...	...	...	...	...	91	
36 years and over	...	...	...	...	...	43	
Total						1,181	

(5) *Multipara (excluding married women)*

1st child died	...	...	...	...	...	40
" " in residential nursery	...	...	...	...	...	15
" " adopted	...	...	...	...	...	32
" " in care of relatives	...	...	...	...	...	195
" " fostered	...	...	...	...	...	8
" " with mother	...	...	...	...	...	96
Total						386

Of these, 205 were para II; 86 para III; 53 para IV; 18 para V; 24 para VI and over.

Of these 386 cases, 97 are living with the putative father; 22 are married to the putative father; 102 have been dealt with before.

(6) *Married women assisted—marital details :—*

Separated from husband	...	...	...	...	...	...	69
Divorced	...	...	...	...	...	...	9
Widowed	...	...	...	...	...	...	5
Living with husband	...	...	...	...	...	...	15
Living with putative father	...	...	...	...	...	...	31
Married to putative father	...	...	...	...	...	...	1
Left the City	...	...	...	...	...	...	1
							<hr/> 131 <hr/>

Of these :

In Homes with baby	...	...	...	...	...	...	3
Baby died	...	...	...	...	...	...	—
Mother at home with baby	...	...	...	...	...	...	71
Baby adopted	...	...	...	...	...	...	17
Baby fostered	...	...	...	...	...	...	12
Mother ante-natal	...	...	...	...	...	...	24
Mother not pregnant	...	...	...	...	...	...	—
Mother left the City	...	...	...	...	...	...	4
							<hr/> 131 <hr/>

(7) *Nationality*

(a) *Nationality of applicants*

British	...	...	...	665	Indian	...	...	...	1
Irish	...	...	...	154	Hungarian	...	...	...	4
French	...	...	...	1	German	...	...	...	1
Greek	...	...	...	1	West Indian	...	...	...	354

(b) *Nationality of putative fathers*

British	...	424	Italian	...	...	11	Persian	...	...	1
Irish	...	...	199	Hungarian	...	7	Arabs	...	...	16
U.S.A.	...	16	Polish	...	...	6	Chinese	...	...	1
Swedish	...	1	Austrian	...	...	3	Afghanistan	...	...	1
Spanish	...	1	French	...	...	1	West Indian	...	...	430
Maltese	...	2	South American	...	...	5	Pakistani	...	...	22
Cypriot	...	1	African	...	...	13	Nationality unknown	...	...	14
Greek	...	...	6							

DENTAL TREATMENT

During most of 1960, shortage of dental officers was more acute than in the previous year. This led inevitably, and for the second year in succession, to a fall in the number of teeth conserved. Fortunately, towards the end of the year, this situation showed signs of improvement. On the other hand, there was no improvement in the condition of the teeth of either mothers or children.

One form of dental decay is common in very young children and affects mainly the front or labial surfaces of the upper incisor teeth and, because of its extensive nature and on account of the tender age of the child, it is almost impossible to treat except by extraction. On the other hand, because the surfaces involved are flat and easily cleaned, it should be possible to prevent much of this decay.

It was, therefore, felt that it would be profitable to study this particular type of decay to see if it could be linked in any way with oral hygiene or feeding habits.

With this in mind, it was decided to undertake a survey of one and two year old children. A considerable number, distributed fairly evenly throughout the City, would need to be included. This would have been far beyond the scope of the limited dental staff and the problem was, therefore, explained to medical officers working in maternity and child welfare clinics and they very kindly agreed to co-operate.

As a result, the six upper front teeth of 900 children attending at welfare centres were examined by the medical officers. They used a dental probe to determine whether any of these teeth were affected by decay on their labial surfaces and a questionnaire was completed for each child concerning feeding and teeth cleaning habits.

Preliminary results are tabulated below. Separate tables show the incidence of labial caries for children aged 1—2 years and 2—3 years.

LABIAL CARIES IN AGE GROUP 1—2

	Breast fed no bottle	Bottle up to 9 mths.	Bottle 9—18 mths.	Bottle 18 mths. +	Total
Children examined	54	97	292	65	508
Children with caries of labial surfaces of upper incisors and canines	—	10	29	16	55
% of children examined who had labial caries	—	10.3	9.9	24.6	9.2

In this age group, in which the effects of infant feeding might be expected to predominate, not one of the completely breast fed children shows any labial caries.

LABIAL CARIES IN AGE GROUP 2—3

	Breast fed no bottle	Bottle up to 9 mths.	Bottle 9—18 mths.	Bottle 18 mths. +	Total
Children examined	60	90	168	123	441
Children with caries of labial surfaces of upper incisors and canines	8	16	33	40	97
% of children examined who had labial caries	13.3	17.7	19.5	32.5	22.0

It will be noted that approximately 22 per cent of the children in this age group were attacked by labial caries and that by far the largest incidence occurs in the group of children who have a bottle after they are eighteen months old.

It also appears that most children who have a bottle for this length of time do so at bedtime and that this bottle almost always contains sugar. These results suggest that there is a correlation between bottles after eighteen months of age and this particular type of decay affecting the labial surfaces of the upper incisors. The use of a dummy dipped in honey or other sweet substances has often been suggested as a cause of much decay of front teeth, but among children examined in this survey, only 51 had a sweetened dummy. The number of carious teeth associated with it was only 28. It would appear, therefore, that this might be a major factor, but not the most important one.

As far as circumstances would permit, sessions for the inspection of mothers' and children's teeth at welfare centres, by a dental surgeon, have been continued, though at a reduced scale. These sessions seem to fulfil a real purpose and it is hoped to be able to develop them in the future.

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

Statistics

	<i>Mothers</i>	<i>Children</i>
Number examined	3,425	5,254
Number needing treatment	3,358	4,710
Number whose treatment was completed	2,081	4,039
Number of administrations of general anaesthetics	1,792	2,273
Number of teeth extracted with general anaesthetics	9,230	5,862
Number of local anaesthetics	973	2
Number of teeth extracted with local anaesthetics	1,128	2
Number of teeth filled	2,716	2,553
Number of mouths scaled by Dental Surgeons	598	23
Number of teeth treated with silver nitrate	63	2,680
Number of cases radiographed ...	135	9
Number of mothers supplied with dentures	1,051	—
Number of dentures supplied	1,745	—
Number of full upper or lower dentures ...	1,072	—
Total attendances	11,856	8,019

The effect of the resignation of several part-time officers towards the end of the previous year was felt in 1960. This has resulted in a decrease in the number of sessions compared with the previous year and has led to a further decline in the amount of conservative work completed. The average number of patients seen per session has, however, increased from 8.7 in 1959 to 9.5 in 1960.

Professional Staff

During 1960, one part-time dental officer resigned and two new ones were appointed. These changes in staff have resulted in a net gain of 7 sessions per week. The major part of this increase came at the end of the year and is, therefore, not fully reflected in the statistics.

The number of sessions at various clinics in a normal working week at the beginning and end of the year are compared below:—

<i>Dental Clinics</i>	<i>Beginning of 1960</i>	<i>End of 1960</i>
Lancaster Street	13	12
Carnegie	8	6
Treaford Lane	8	11
Northfield	5	5
Kingstanding	5	4
Quinton Lane	1	1
Farm Road	3	7
Nechells Green	—	4
TOTAL	43	50

One part-time anaesthetist resigned during the year. Her duties have been undertaken by the two remaining anaesthetists.

Accommodation

The highlight of the year was the opening by the Minister of Health of the new Health Centre at Nechells Green. This incorporates a dental clinic with accommodation for two surgeries, a waiting room, office and recovery room, only one surgery being fully equipped at the moment.

These facilities are being used by both the Maternity and Child Welfare Dental Service and the School Dental Service. This is the first time that these two services have shared the same premises. By the end of the year the dental clinic was being used for four sessions per week by the School Dental Service and four by the Maternity and Child Welfare Dental Service.

This unit is closely integrated with the welfare centre and general practitioners who have surgeries on the premises. There is also a considerable amount of building still to be completed in the neighbourhood which will result in an increase in the child population. It seems likely, therefore, that the demand for dental treatment may be greater here than in other comparable areas.

Dental Health Education

There are welcome signs in the wider field that this aspect of dentistry is beginning to attract much more attention. This is noticeable both within the profession and in official circles. Posters are becoming available from a variety of sources apart from the General Dental Council and the Oral Hygiene Service, which bodies have borne the brunt of this activity for many years.

Also from time to time programmes on television are devoted to dental health and occasionally in the midst of a spate of advertising of sweet-meats of one kind or another, claimed to be ideal for eating between meals, a brief "commercial" suggests that sweet and sugary things are bad for teeth.

Within the sphere of the Health Department, a dental nurse has been appointed whose sole responsibility is dental health education. She has been available to talk to patients at the dental clinics, concentrating mainly on trying to interest mothers in looking after their children's teeth. This has been particularly valuable at extraction sessions where many patients attend for relief of pain who would not otherwise come in contact with a dental clinic or a welfare centre.

She has also talked to groups of mothers in the welfare centres such as relaxation and mothercraft classes, where appropriate, and in addition has visited outside groups who have requested talks on dental health. She has helped in the production and arrangement of displays of posters and other material at the dental clinics.

The work she has carried out is intended to supplement that done by health visitors and in no way to replace it. The health visitors are a vital

contact with the public and steps have been taken to keep them supplied with up-to-date information on dental matters.

Other activities included the organization of a stand at the National Trades, Homes and Gardens Exhibition at Bingley Hall. This followed the lines of previous years and was again carried out in conjunction with the Central Counties Branch of the British Dental Association, the Local Dental Committee and the School Health Service. The stand again attracted very considerable crowds at times when the Exhibition was busy and was felt to be well worth while.

Dental Health Education was also one of the subjects featured at the City of Birmingham Show at Handsworth Park in September. On this occasion the Public Health Department exhibit was larger than in previous years and was not confined to dental health education, but included other activities of the Health Department as well. The main feature was the showing of sound films on a more ambitious scale than in previous years. There was again no difficulty in attracting an audience and it was felt that this venture also had been successful.

DOMICILIARY MIDWIFERY

(SECTION 23—NATIONAL HEALTH SERVICE ACT, 1946)

The city midwives delivered 7,547 women in their own homes during 1960. This was 762 more than the 1959 figures. In addition there were five domiciliary deliveries by midwives in private practice in the City.

There were 13,120 confinements of Birmingham women in Marston Green and Birmingham hospitals. Of these, 6,691 were nursed on their return home by domiciliary midwives, being an increase of 2,267 on the corresponding number in the previous year and a considerable additional burden upon the midwives. The implementation on 1st September of the Cranbrook Committee recommendation that the minimum lying-in period be reduced to 10 days has, in fact, made little difference in Birmingham, where it was already the practice for health visitors to look after the normal discharges on the 10th or subsequent days. Cases discharged on the 9th day of the puerperium or earlier are normally nursed at home by the domiciliary midwives until the 14th day but this period may be extended for reasons such as maternal pyrexia, delayed separation of the cord, phlebitis or prematurity. In cases of prematurity, that is where the birth weight of the baby is $5\frac{1}{2}$ lbs. or under, the infants are cared for by specially trained premature baby midwives. The figure of 6,691 included 296 cases in which the midwives attended after the 14th day ; it was made up as follows :—

Women discharged from maternity hospitals on 9th day or earlier	6,084
Women discharged from maternity hospitals on 10th day or after but nevertheless nursed by domiciliary midwives 	607
Total ...	<u>6,691</u>

The postnatal visits made by the midwives totalled 184,627.

Routine postnatal examinations are still carried out at about the 6th week at our clinics but the numbers undertaken continue to diminish. In 1960 there was a total of 404 (examinations and re-examinations) compared with 512 in 1959. This decline is not, unfortunately, altogether compensated for by the increasing number of postnatal examinations by general practitioners—they carried out 61 more than in 1959 (946 compared with 885).

The midwives are also concerned with antenatal care, both in the patient's own home and at welfare centre and general practitioner clinics. The antenatal care given at the welfare centres is supervised by clinic medical officers or, in some cases, general practitioners and usually a midwife is in attendance as well as a health visitor. Cases attending include those who have booked only a midwife, those booked for hospital delivery but in which antenatal care is given at our clinics by arrangement with the hospital, and some cases who have booked both doctor and midwife and who attend at their doctors' request. Some general practitioners

hold antenatal clinics at their own surgeries and nearly always have a midwife, and sometimes also a health visitor, to assist. Such general practitioner clinics are valuable in fostering co-operation between those who provide maternity services. Women who do not attend antenatal clinics at a centre or their own doctor's surgery are examined by the midwife in their own home.

Domiciliary midwives are summoned by the Ambulance Control whenever the ambulance drivers consider a case to which they have been called is likely to be delivered before reaching hospital. They also accompany their own patients to hospital when admission is necessary and when skilled attendance may be required during the transfer. The ambulance returns the midwife to her district afterwards. Midwives assisted the Ambulance Service in 598 cases :—

Booked for hospital delivery	172
Booked for home delivery	389
Unbooked cases	37

Of these, 282 were night calls and 316 day calls. The total duty hours involved were 641.

The foregoing figures, all considerably higher than in 1959, extend the regrettably small number of practising domiciliary midwives in the City. At the end of 1960 there were only 99 full-time and 20 part-time midwives (in 1959—98 and 22 respectively). This apparent stability does not, however, reflect the true state of affairs, for in July, 1960 there were only 92 full and 22 part-time midwives and the situation was critical. The improvement in the last six months of the year was, in large measure, due to the efforts of the supervisors in persuading pupils to enter the domiciliary service. There were, in fact, only 16 appointments during 1960, nine being ex-pupils, compared with 20 (12 ex-pupils) in 1959. It is increasingly difficult to attract midwives into domiciliary work, largely because of the difficulty of enjoying a normal private life with long hours on call and the need to be available day and night. The present off-duty rota system is the best which can be worked with the existing number of midwives and it is unlikely that the night rota system, favoured by some younger members of the staff, would work adequately. Under the present arrangement each midwife has seven days, plus three evenings, off duty every 28 days ; this includes one long (five day) week-end. An important factor in attracting recruits is the maintenance of good standards of housing and furnishings ; pupils naturally observe and compare conditions on the district with those in hospital.

An interesting discussion followed one of the monthly midwives' meetings which was addressed first by a domiciliary midwife and then by

a hospital midwife, who dealt with shortcomings in the two branches of the service. Many suggested improvements were impractical for various reasons but some have been adopted. The basic difficulties of long hours, night duties and inadequate pay remain.

During the year 41 midwives, who are specially approved as teachers, undertook the district training of 163 pupil midwives studying for Part II of the examination of the Central Midwives Board. (In 1959, 32 teaching midwives trained 130 pupils).

Refresher courses were attended by one supervisor of midwives and 14 midwives in 1960.

Twenty-three midwives were trained at special classes in relaxation techniques. There are now 83 midwives trained to take these classes.

A total of 1,197 days' sick leave was taken by the midwives during the year.

X-ray of Expectant Mothers

The arrangements made since 1st September, 1959, when the recommendation of the Adrian Committee on radiological hazards was implemented, to X-ray antenatal patients by full sized film only, have continued. Cases are referred to the Mass Radiography Centre from the welfare centres and Sorrento and Lordswood Maternity Hospitals. Cases attending Dudley Road, Marston Green and Heathfield Maternity Hospitals are X-rayed at Dudley Road Hospital; while those attending the Birmingham Maternity Hospital and the Birmingham cases attending St. Chad's Hospital are X-rayed at the respective hospitals.

Infectious Diseases in Early Pregnancy

Ever since reports from Australia in the early 1940's suggested that congenital malformations occurred not infrequently amongst infants whose mothers had rubella (German Measles) in the early months of their pregnancy, many workers have sought to ascertain the frequency with which this occurs and whether there is the same risk when the mother suffers from an infection other than rubella.

Congenital malformations constitute the second most important cause of stillbirths and deaths of infants in the first week of life. During the first three months of pregnancy the embryo is developing structurally; but after this period growth only occurs. As these malformations are developmental in origin it is to this first trimester that our attention is drawn, and it is during this period that the damaging agent, whatever its nature, exerts its deleterious influence on the growing foetus. The stage of development of the embryo during which this agent acts will determine the type of abnormality produced. However it must be stated categorically that most mothers who suffer from an infectious disease in the first three months of gestation will not give birth to a congenitally deformed infant.

A survey designed by the General Register Office and the Ministry of Health and sponsored by the Society of Medical Officers of Health was started in 1950, and its results, published in 1960, demonstrated that the risk was less than at first thought.

The Public Health Laboratory Service, in collaboration with the Society of Medical Officers of Health, is also carrying out an independent survey and the Public Health Department has participated in this investigation. Mothers who first attended antenatal clinics between the 12th and 16th weeks of gestation were included in the survey. A record of any infection suffered since the beginning of the pregnancy is recorded on the antenatal record card and further information is added on all subsequent visits. Follow-up cards are completed 7—28 days after termination of pregnancy and, if the infant is still alive, one year after birth. As part of this final examination a clinical record form is completed, special attention being paid to the development of the infant, particularly in relation to hearing, vision, heart and buccal defects. This final form is completed by a doctor.

In Birmingham it was hoped to include approximately 200 cases a year in the survey but, because most pregnant mothers first attended antenatal clinics after the fourth month of pregnancy and through loss of cases due to non-co-operation by mothers or the difficulty of tracing cases who left the City or changed their address, it was not possible to achieve the desired numbers. In all, since the survey started in May, 1959, only 217 cases have been obtained in nineteen months.

The admission of new cases to the survey finished on 31st December, 1960 but the complete follow-up will take many months and results may not be available for 2—3 years.

Investigation of Anaemia in Pregnancy

It has been noted that there is a high incidence of anaemia in pregnant women. In October, 1959, arrangements were made with Little Bromwich Hospital to estimate accurately the haemoglobin levels of all bloods received from our own and antenatal general practitioner clinics.

By the end of 1960 the number of such readings recorded was 2,638. Before a true picture can be shown further investigations will have to be carried out, but already some interesting facts have emerged.

Of all the bloods estimated, 5.7 per cent. had a reading below 9 gms. haemoglobin (Hb.) per cent. and 22.9 per cent. had a reading below 10.2 gms. Hb. per cent. The accepted normal reading is 14.7 gms. Hb. per cent.

These figures show that almost one quarter of antenatal cases had a haemoglobin level well below average with possibly adverse effects on both mother and foetus.

Analgesia

During 1960 analgesia was administered by 105 domiciliary midwives; the part-time midwives seldom give analgesia. The Department has 110 gas and air machines, mainly 100 gallon capacity, and three Trilene machines. The latter have been in use since October, 1958 and have proved very suitable and acceptable to patients. The details of analgesia administration are as follows :—

							<i>Patients</i>
Gas and air as midwives	...	...	...	...	...	...	3,932
Gas and air with doctor present	...	...	...	...	...	...	392
Trilene as midwives	...	...	...	...	...	...	273
Trilene with doctor present	...	...	...	...	...	...	7
Pethedine as midwives	...	...	...	...	...	...	3,578
Pethedine with doctor present	...	...	...	...	...	...	355
							<hr/>
Total						...	8,537
							<hr/>

Maternity Bed Bureau

There were 4,386 applications during 1960 to the Maternity Bed Bureau for hospital booking on social grounds. Beds were available for only 2,507 of these patients. Six hundred and ninety-seven cases were investigated to ascertain whether conditions were suitable for home confinement. Seven hundred and sixty-one were placed on the emergency list and referred to the Regional Hospital Board, but even so 604 of these could not be given a booking for a hospital bed before confinement.

Ophthalmia Neonatorum

The notified cases of ophthalmia neonatorum in 1960 were 22 fewer than in 1959, 394 compared with 416. Nearly all were of a trivial nature but treatment and supervision of this condition must continue until resolution is confirmed.

There were two known cases of infantile gonococcal ophthalmia, compared with four in 1959.

Pemphigus

There were no notifications during 1960.

Cranbrook Committee Report

A number of the recommendations of this Committee concerning the local health authority have been effective, or partially effective, in Birmingham for varying periods of time.

The Domiciliary Midwifery Service is being maintained in spite of shortage of staff and, as the figures for 1960 show, its work is continuing to expand. Efforts are continually being made to improve the standards of antenatal care, for example by greater co-operation with general practitioners, by intensified use of co-operation cards and the more complete blood testing of antenatal mothers attending general practitioner clinics. Talks and instruction are given at antenatal clinics by health visitors and domiciliary midwives.

Since 1945 there has been a Maternity Bed Bureau in the Health Department to which cases are referred by general practitioners and hospitals to decide whether they should be admitted to hospital on social grounds. Co-operation with general practitioners and hospitals is still not as complete as desirable but it has improved considerably during the years and every effort will be made to continue this improvement.

The Health Department has, for many years, been notified of the discharge of patients from maternity hospitals. Those discharged on the 10th or subsequent days are, if normal, looked after by the health visitors ; those discharged before the 10th day, or later if there is reason, come under the care of the midwives. It is considered that 24 hours notice of discharge is required if this is earlier than the 7th day, so that home conditions may be checked, where necessary, but that on the 7th or subsequent days, discharges should be notified on the day of discharge, thus avoiding useless visits by midwives when discharge is delayed.

Our domiciliary midwives have always been encouraged to make full use of their skill and experience in the maternity care of their patients. Refresher courses and regular staff meetings keep the midwives informed of progress and development in their own field.

Co-operation cards have been in use in Birmingham for more than 10 years. Midwives are continually being reminded that they must be used adequately.

A number of general practitioners hold antenatal clinics in welfare centres ; 46 in 1960. All but five were on the obstetric list. General practitioners are informed by the health visitors that these facilities are available should they wish to make use of them and accommodation is provided free of charge.

Health education and mothercraft instruction is provided in all welfare centres, and at general practitioner and hospital clinics whenever requested.

The priority dental service continues and the number of patients availing themselves of it has increased.

The domiciliary midwifery service has always co-operated fully with the teaching hospitals in providing facilities for the training of medical students but the facility has not been used for several years.

Steps have been taken to implement other recommendations.

The minimum lying-in period was reduced to 10 days on 1st September, 1960.

The term "maternity nurse" has been abolished as a description of a certified midwife.

Preliminary maternity liaison committee meetings were held during the latter part of 1960 at three of the Maternity Units to discuss means of improving co-operation between the three branches of the service and for the best utilization of maternity care services.

Emergency Maternity Service

The Emergency Maternity Service (Flying Squad) was called to 130 cases, 33 of which were outside the city boundary. This is an increase of eight calls over 1959's figure.

Twenty-two of the City cases were removed to hospital and one refused hospital admission; 67 were given blood transfusions and four other transfusions at home. Of the out of city cases, 10 were admitted to hospital; 19 had blood transfusions and four other transfusions at home.

In no case was a patient's life lost.

Puerperal Fever and Puerperal Sepsis

Puerperal pyrexia is defined in the Puerperal Pyrexia Regulations, 1951, as "any febrile condition occurring in a women in whom a temperature of 100·4° F. (38° C.) or more has occurred within 14 days after childbirth or miscarriage." It must be notified to the medical officer of health by the attendant medical practitioner.

The Puerperal Pyrexia (Amendment) Regulation, 1954, requires the doctor who notifies the pyrexia to include on the notification form the cause of the pyrexia and the date of confinement or miscarriage.

There were 353 notifications affecting Birmingham residents and 17 of non-residents confined in the City during 1960. This is a considerable improvement on 1959 when the comparable figures were 492 and 35 respectively. The great majority of cases occurred amongst hospital patients.

In addition to those already mentioned, the City midwives notified 68 cases of puerperal pyrexia to the supervisors of midwives.

Maternal Mortality

During the year 11 deaths occurred in Birmingham which were ascribed to pregnancy and childbirth. One of these followed an abortion. In addition there were four deaths due to associated conditions. The maternal mortality rate, including abortion, was 0·52 per 1,000 total live and still births and 0·53 per 1,000 live births.

A Deaths ascribed to pregnancy and childbirth :

1. Associated with a notifiable birth :

The first death was due to cor pulmonale occurring as a result of pulmonary embolus 29 days after the premature delivery of a stillborn child. This woman, aged 30, had a previous obstetric history of an abortion at 12 weeks in 1955. This pregnancy was accompanied by slight hypertension, but was otherwise normal ; antenatal care was adequate. Delivery was normal and the patient was discharged home after seven days. She was re-admitted to hospital 19 days later with tachycardia and died suddenly after three days.

The second case was suicide by a stab wound in the neck. A primiparous woman of 38, Spanish by birth, whose pregnancy was normal, was delivered of a living child by Caesarean section, on account of her age and the presence of a fibroid polyp on the cervix. Post-operative progress was satisfactory and she was discharged home on the 17th day, but subsequently became depressed and threatened to take her life and was admitted to hospital six days later. Although she quickly improved with appropriate treatment and was discharged after five days she was re-admitted to hospital four weeks later with acute barbiturate poisoning. She again settled with treatment and went home after three weeks. Five days later she was found dead in her bath.

Death in the third case was caused by haemorrhage from pelvic blood vessels. The patient, aged 33, had had six previous normal deliveries. The labour in the last pregnancy was characterised by unusually severe uterine contractions and the baby weighing 8lbs. 10ozs., was stillborn. Death followed after about 48 hours, during which the patient collapsed on three occasions and was given blood transfusions. A laparotomy was performed four hours before death and the patient's condition after it appeared satisfactory.

The fourth case, a woman aged 37, was in her eighth pregnancy. Surgical induction was performed as she had mild pre-eclamptic toxæmia and was overdue. The subsequent labour was rapid and delivery precipitate. The baby lived but the mother collapsed and died after 30 minutes, the cause of death being complete spontaneous rupture of the uterus.

The fifth death was due to bilateral adrenal haemorrhage following clinical septicaemia. The patient, aged 35, in her 10th pregnancy, was admitted to hospital at 36 weeks with possible rupture of the membranes and a temperature of 99° F. She was given antibiotics and was delivered normally, about 36 hours later, of a stillborn baby following examination under anaesthetic. Severely ill within an hour of delivery she died after 33 hours.

In the sixth case, the patient had a history of mild hypertension. Of four previous pregnancies, three had resulted in live births at term. She was booked for hospital delivery and antenatal care was adequate. At 34 weeks she had an antepartum haemorrhage and was admitted to

hospital. Blood transfusion was started and the patient was delivered of a living 8lbs. 1 ozs. baby, following a rapid second stage. She was very shocked and remained so in spite of continued transfusion. She was operated upon after 3½ hours and a small bleeding point on the uterus was stopped but the patient died before completion of the operation. Death was due to spontaneous rupture of a uterine vein.

The seventh mother, a Jamaican aged 31, was in her third pregnancy. She had regular antenatal care, developed mild toxæmia and was admitted to hospital at about 35 weeks. She went into labour 11 days later but required a Caesarean section as delivery was obstructed. Developing peritonitis, which failed to respond to antibiotics, she died after eight days.

Death in the eighth case was caused by pulmonary oedema and pancardial failure, following severe hæmorrhage at Caesarean section. The operation was carried out for pelvic disproportion. It was a sixth pregnancy and the baby was live born.

The ninth case was a Jamaican, aged 32, in her second pregnancy. She died of massive pulmonary collapse following prolonged general anaesthesia for Caesarean section.

2. Not associated with a notifiable birth

There were two deaths in this category. The first was a young woman in the 28th week of her first pregnancy who died, undelivered, of fulminating eclampsia. The second death followed an abortion at 15 weeks. It was the fourth pregnancy and the third had also been an abortion at 16 weeks. She received no antenatal medical attention during the pregnancy and was severely shocked on admission to hospital. As her condition did not improve with blood transfusion an investigation of the uterus under general anaesthesia was carried out 18 hours after admission. Following this, she had a sudden cardiac arrest which did not respond to cardiac massage.

B Deaths due to associated conditions

There were four deaths due to associated conditions, three being associated with notifiable births. The first of these, a case of muscular dystrophy, died as a result of asphyxia following inhalation of vomit. A stillborn baby was delivered shortly before death by Caesarean operation.

The second case died of acute hydrocephalus, due to a colloid cyst of the third ventricle, three weeks after normal delivery of a live baby.

The third had a subarachnoid hæmorrhage shortly after a normal delivery and died two days later.

In the fourth case, death was caused by intestinal obstruction due to adhesions which followed an operation for strangulated inguinal hernia carried out five years previously. She died undelivered in the 28th week of pregnancy.

Statistics

(1) ANTENATAL AND POSTNATAL CLINICS

(a) Local Authority Clinics

(1) Separate antenatal clinics held with medical officer present ...	...	321
New expectant mothers attending ...	...	522
Total attendances ...	...	3,332
(2) Expectant mothers attending combined antenatal and children's clinics:—		
New expectant mothers registered ...	...	1,025
Total attendances ...	...	6,729
Total individual mothers attending both types of clinics (1) and (2)		1,836
(3) Antenatal clinics with midwife only ...	...	373
New expectant mothers registered ...	...	840
Total attendances ...	...	3,335
(4) Primary postnatal examinations at clinics ...	...	377
Total postnatal examinations ...	...	404

(b) General practitioner clinics at welfare centres

Antenatal:

Total of examinations of mothers ...	...	10,287
New mothers registered ...	...	1,618
Rhesus tests ...	...	663
Wassermann reaction tests ...	...	534

Postnatal:

Primary postnatal examinations ...	...	811
Re-examinations ...	...	135

(2) PRACTISING MIDWIVES

During 1960, 370 midwives notified their intention to practise in the City as under :—

City domiciliary midwives (full time) ...	...	109
City domiciliary day (i.e. part time) midwives ...	...	24
Independent domiciliary midwives ...	...	16
Midwives in institutions ...	...	215
Midwives in private nursing homes ...	...	6

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

Domiciliary midwives and day midwives who ceased to practise	15
Independent domiciliary midwives and maternity nurses ceasing to practise ...	6
Hospital midwives ceasing to practise ...	87
Midwives in nursing homes ceasing to practise ...	1

(4a) DOMICILIARY MIDWIVES IN ACTIVE PRACTICE

		No. in practice 31.12.59	Number retired during year	Number resigned during year	Transfers	New appoint- ments	No. in practice 31.12.60
<i>Employed by local authority :</i>							
(1)	Midwives ...	98	4	9	2 (in)	12	99
(2)	Day midwives	22	—	4	2 (out)	4	20
<i>In private practice :</i>							
(1)	Living in City ...	9	—	—	—	—	5
(2)	Living outside City	4	—	—	—	—	5

(4b) VISITS MADE BY DOMICILIARY MIDWIVES

Antenatal visits

Doctor booked ...	...	...	...	...	...	...	...	44,208
Midwife only booked ...	...	...	...	...	...	...	...	4,047
Hospital booked ...	...	...	...	...	...	...	...	761
Investigations ...	...	...	...	...	...	...	...	1,693
Useless visits (no access)	...	...	...	...	...	...	...	8,125
								58,834

Postnatal visits

In own area	(a) home delivery	...	...	...	...	...	...	107,319
	(b) hospital delivery	...	...	...	...	...	...	23,626
<i>In other</i>								
Midwives' areas	(a) home delivery ...	...	...	...	...	...	...	46,931
	(b) hospital delivery	...	...	...	...	...	...	6,751
								184,627

Other visits

(Extra visits to women in labour, administrative visits to other midwives concerning records, visits to Blood Transfusion Service etc.)								
...	...	...	...	...	...	...	...	10,306

Grand total ... 253,767

(5) WORK OF SUPERVISION OF MIDWIVES

Routine visits to midwives	...	...	...	...	...	...	253
Special visits to midwives	...	...	...	...	...	...	446
Visits to stillbirth cases	...	...	...	...	...	...	—
Visits after neonatal deaths	...	...	...	...	...	...	6
Nursing and deliveries supervised	...	...	...	...	...	...	272
Visits to ophthalmia neonatorum cases	...	...	...	...	...	...	405
Unsuccessful visits	...	...	...	...	...	...	83
Number of interviews with midwives	...	...	...	...	...	...	805
Other interviews	...	...	...	...	...	...	126
Other visits	...	...	...	...	...	...	123
Lectures given	...	...	...	...	...	...	26

(6) CHEST RADIOGRAPHY OF ANTENATAL CASES

Number X-rayed (full-size films)

Referred from Local Health Authority Antenatal Clinics	988
Sorrento Hospital Antenatal Clinic	1,147
Lordswood Hospital Antenatal Clinic	448
TOTAL	2,583

Analysis of results

1. Normal cases	2,503
2. Pulmonary tuberculosis	
(a) Referred to Chest Clinic (for assessment and/or treatment)	21
(b) Referred to family doctor only	4
(c) No action necessary	17
TOTAL	42
3. Non-tuberculous conditions of heart or lungs	
(a) Referred to hospital or clinic	16
(b) Referred to family doctor only	13
(c) No action necessary	8
TOTAL	37
4 Failed to attend for further examination	1

(7) RELAXATION CLASSES

Classes were taken by physiotherapists, weekly at 11 centres and fortnightly at 2 centres; by midwives weekly at 24 centres; by health visitors weekly at 8 centres:

Individual mothers attending	1,961
Sessions held (relaxation only)	1,767
Sessions held (relaxation combined with children's remedial exercises)	134
Total attendances	10,577
Attendances at associated mothercraft classes	10,196

(8) CHIROPODY CLINICS FOR ANTENATAL CASES

Total sessions held	138
Total attendances	731
Average number of patients called per session	8
Average number of attendances per session	6

(9) ANALYSIS OF DOMICILIARY CONFINEMENTS ATTENDED
BY MIDWIVES

		<i>City Midwives</i>	<i>Private Midwives</i>
1.	Cases where midwife was engaged and solely responsible 461 — (In 32 cases it was necessary to seek a doctor's assistance during labour, he attended the actual delivery in 8 cases ; none were instrumental deliveries).		
2.	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 6,203 — (In 475 cases it was necessary to seek a doctor's assistance during labour, he attended the actual delivery in 121. Nine were instrumental deliveries).		
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 likely to be normal or not ... 714 5 (The doctor was present at the actual delivery in 440 cases attended by City midwives ; of these, 11 were instrumental deliveries. The doctor was present at 4 cases attended by private midwives).		
4.	Cases where doctor was privately booked to deliver the patient 2 — (The doctor was present at the actual delivery in one of these cases, which was not an instrumental delivery).		
5.	Unbooked cases 53 — (Doctor present at actual delivery in 7 cases, none were instrumental deliveries.)		
6.	Hospital bookings 114 —		
	Total number of confinements attended during the year 7,547 5		
	GRAND TOTAL 7,552		

(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.	Essential hypertension	...	...	...	...	19	17
2.	Toxaemia	...	...	...	...	5	24
3.	Chest conditions	...	...	...	...	—	—
4.	Urinary conditions	...	...	...	...	—	2
5.	Poor general condition	...	...	...	...	3	3
6.	Hydramnios	...	...	...	...	—	—
7.	Multiple pregnancy	...	...	...	...	3	15
8.	Malpresentation...	...	...	...	...	36	79
9.	Other antenatal conditions	...	...	...	...	8	19
10.	Antepartum haemorrhage	...	...	...	...	35	84
11.	Abortion	...	...	...	...	3	7
12.	Premature labour	...	...	...	...	23	74
13.	Difficult or prolonged labour	...	...	...	...	43	134
14.	Foetal distress	...	...	...	...	23	68
15.	Retained placenta	...	...	...	...	15	43
16.	Postpartum haemorrhage	...	...	...	...	22	59
17.	Obstetric shock	...	...	...	...	3	7
18.	Laceration of perineum	...	...	...	...	159	637
19.	Varicose veins	...	...	...	...	3	7
20.	Thrombosis of leg veins	...	...	...	...	31	47
21.	Inflamed breast	...	...	...	...	13	19
22.	Puerperal pyrexia	...	...	...	...	48	98
23.	Other postnatal complications	...	...	...	...	40	61
24.	Social conditions	...	...	...	...	5	4
	Total	...	...	...	...	540	1,508
(b)	Children							
1.	Ophthalmia neonatorum	...	...	...	...	185	284
2.	Premature birth and debility	...	...	...	...	8	15
3.	Deformity or malformation	...	...	...	...	5	7
4.	Convulsions	...	...	...	...	—	1
5.	Jaundice	...	...	...	...	8	11
6.	Umbilical inflammation	...	...	...	...	—	1
7.	Inflamed breasts, (or abscess)	...	...	...	...	—	—
8.	Skin eruption (no pemphigus)	...	...	...	...	13	25
9.	Unsatisfactory condition	...	...	...	...	29	53
10.	Other causes	...	...	...	...	24	38
	Total	...	...	...	...	272	435

(11) EMERGENCY MATERNITY SERVICE—ANALYSIS OF CASES

	<i>Birming- ham residents</i>	<i>Out of City residents</i>
Postpartum haemorrhage with placenta expelled ...	37	9
Postpartum haemorrhage with placenta retained ...	30	12
Retained placenta	12	5
Obstetric shock	5	—
Abortion	5	1
Eclampsia	4	3
Antepartum haemorrhage	3	1
Incarcerated retroverted gravid uterus	1	—
Breech delivery	—	1
Premature twins (in labour)	—	1
TOTAL	97	33

(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	92	5
2. Due to mastitis	38	—
3. Due to extra-genital conditions:—		
Urinary infection	60	4
Influenza	5	—
Upper respiratory infection	19	—
Chest infection	26	1
Thrombophlebitis	5	—
No apparent cause	64	3
4. Other causes		
e.g. post operative to Caesarean section, perineal sepsis, blood transfusion reactions, etc.	44	4
	353	17

DOMICILIARY CARE OF PREMATURE INFANTS

Premature infants are defined as those who weigh $5\frac{1}{2}$ lbs. or under at birth. Because of their immaturity they are more likely to die in the early weeks of life than full term babies, and special care is taken to see that they are given every chance of survival. In domiciliary practice the infants may either remain at home or be admitted to special premature baby units if they are very immature or if their condition otherwise gives cause for anxiety.

In the former case the infants' care is entrusted to one of eight specially trained premature baby midwives who teach the mothers how to look after such infants. These midwives continue to visit for as long as they judge necessary. In addition they often take over the supervision of

premature infants born in hospital, or who were admitted to hospital for some reason after birth, upon their discharge. Special equipment, such as cots, clothes, scales and other items, is available for the home nursing of these immature babies.

Statistics

A total of 1,531 premature infants were born alive.

During the year there were 942 premature infants (967 in 1959) whose early care fell into the categories shown below. A total of 814 (860 in 1959) were cared for by the eight specially trained midwives.

1. *Home confinements with baby after-care at home* ... 166

There were 3 sets of twins and 3 babies of twin deliveries in this category.

The weight distribution was as follows:—

3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	1
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	34
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	131
TOTAL					166

There were three neonatal deaths, due to obstructed inguinal hernia, pulmonary collapse and hyaline membrane respectively.

2. *Home confinements with subsequent admission to hospital* ... 117

Forty-three were nursed by the premature baby midwives following discharge. (This figure includes 3, of whom 2 were twins, born in 1959 and discharged in 1960.)

There were 11 sets of twins and 4 babies of twin deliveries.

The weight distribution was as follows:—

2 lbs. 3 ozs. and under	...	...	...	...	2
2 lbs. 4 ozs.—3 lbs. 4 ozs.	...	...	...	...	9
3 lbs. 5 ozs.—4 lbs. 6 ozs.	...	...	...	...	46
4 lbs. 7 ozs.—4 lbs. 15 ozs.	...	...	...	...	35
5 lbs.—5 lbs. 8 ozs.	...	...	...	...	25
Total					117

The time lapse before admission to hospital, which is of considerable importance, varied as under:—

Under 2 hours	...	...	...	...	99
Over 2 hours and under 6 hours	...	...	...	...	13
Over 6 hours and under 12 hours	...	...	...	...	5

Admissions to hospital were for the following reasons—twin babies (22), small babies of twin deliveries (4), small babies (55), poor condition (16), poor home conditions (8), cold syndrome (2), born before arrival (7), cleft palate (1), meningocele (1), discharging eyes (1).

There were 13 neonatal deaths, due to prematurity (5), atelectasis (6), meningitis and encephalocele (1), pulmonary collapse (1).

3. *Home confinements, after-care at home followed by admission to hospital* 20

Five of these were cared for by the premature baby midwives following discharge also.

There was one set of twins and one baby of a twin delivery in this category.

The weight distribution was as follows :—

3 lbs. 5 ozs.—4 lbs. 6 ozs...	...	...	...	1
4 lbs. 7 ozs.—4 lbs. 15 ozs. ...	...	...	...	7
5 lbs.—5 lbs. 8 ozs. ...	...	...	...	12
				—
Total	...			20
				—

Admissions to hospital were for the following reasons—poor condition (1), poor home conditions (3), illness of mother (3), cold syndrome (3), small baby (3), vomiting (1), pyrexia (1), atelectasis (2), haemorrhagic pneumonia (1), cyanotic attacks (1), melaena neonatorum (1).

There were 5 neonatal deaths, due to atelectasis (2), cold injury (1), haemorrhagic pneumonia (1), hyaline membrane (1).

4. *Home confinements, not transferred to premature baby midwives* ... 54

One baby was of a twin delivery.

The weight distribution was as follows :—

2 lbs. 3 ozs. and under	...	...	...	1
2 lbs. 4 ozs.—3 lbs. 4 ozs. ...	...	...	...	1
3 lbs. 5 ozs.—4 lbs. 6 ozs. ...	...	...	...	0
4 lbs. 7 ozs.—4 lbs. 15 ozs. ...	...	...	...	0
5 lbs. —5 lbs. 8 ozs. ...	...	...	...	52
				—
Total	...			54
				—

These babies were not transferred for after-care to the premature baby midwives because their state of maturity and condition was satisfactory except in 3 cases of neonatal death—a 26 weeks foetus which lived 10 minutes; infanticide—lived a few minutes only; torn tentorium and atelectasis—lived 14 hours.

5. *Hospital confinements, after-care by premature baby midwives following discharge* 585

(This figure includes 19, of whom 2 were twins, born in 1959 and discharged in 1960).

There were 28 sets of twins and 23 babies of twin deliveries.

There was one neonatal death from multiple congenital deformities and meningomyelocele.

Totals ... 942

FOLLOW-UP OF PREMATURE BABIES BORN DURING 1959
(Information kindly supplied by Dr. V. M. Crosse, O.B.E.)

	Up to 1,000 g. (2lbs. 3ozs.)	1,001—1,500 g. (2lbs. 4ozs.—3lbs. 4ozs.)	1,501—2,000 g. (3lbs. 5ozs.—4lbs. 6ozs.)	2,001—2,250 g. (4lbs. 7ozs.—4lbs. 15ozs.)	2,251—2,500 g. (5lbs.—5lbs. 8ozs.)	Totals
Live births	57	124	265	368	781	1,595
Neonatal deaths	53	62	53	33	27	228
Died between 4 weeks and 1 year	—	3	5	6	11	25
Left City or no trace	—	11	25	41	78	155
Traced to 1 year	4	48	182	288	665	1,187
Defects found at age of 1 year	1 = 25.0%	2 = 4.2%	10 = 5.5%	13 = 4.5%	18 = 2.7%	44 = 3.7%
Details of defects	1 Retrolental Fibroplasia	1 Squint 1 Talipes	4 Squint 1 Talipes 1 Congenital heart 1 Hemiplegia 1 Weak arm 1 Congenital cataract 1 Backward	3 Squint 4 Congenital heart 1 Congenital heart and cataract 1 Hemiplegia 1 Microcephaly 2 Mongols 1 Backward	6 Squint 3 Congenital heart 1 Congenital heart and cataract 3 Inguinal hernia 1 Umbilical hernia 1 Spastic leg 1 Hypospadias 1 Multiple congenital defects 1 Backward	

HEALTH VISITING

(SECTION 24—NATIONAL HEALTH SERVICE ACT, 1946)

On the 31st December, 1960, the Department employed the equivalent of 106 health visitors (103 whole-time and 5 part-time) a decrease of 5 as compared with the 111 available on 31st December, 1959.

Visited children under five years reached 86,488 giving a case load of 816, an increase of 62 on 1959.

Health Visitors' Training Centre

1. HEALTH VISITORS' TRAINING COURSE

The thirty-eighth course of training for the Health Visitors' Certificate of the Royal Society of Health commenced on the 12th September, 1960. The examination will take place in Birmingham in June, 1961.

The response to the advertisements for Birmingham assisted students showed a slight increase on the previous year. An analysis of the 121 applications is shown in the following table :—

Applications	121
Application forms not returned	51
Applications without the required qualifications	5
Failed entrance examination	11
Failed to attend for entrance examination	2
Failed Committee interview	6
Applications withdrawn	8
Applications too late	12
Accepted for training	26

Eight other local health authorities submitted 20 candidates for training ; in addition the City Education Department sent two candidates and the Chest Clinic one, making a total of 49 students.

A two weeks' block programme was planned to introduce the students to their new field of work. During this period they attended lectures, tutorials and discussion groups. They also visited the new Nechells Green Health Centre. This period allowed tutors and students to become better acquainted with each other.

The training syllabus requires a balance between theoretical and practical work and, to achieve this, both aspects of training run concurrently throughout the course. During the academic year the students attend 220 lectures given by a panel of lecturers, who are specialists in their own subjects. In addition, tutorials, prepared discussions and symposia which help to relate and widen the students' knowledge, are included in their theoretical training. Periodic tests and end of term examinations are also given.

Other assignments undertaken by the students include working out the family budgets and practice in teaching.

Visits of observation form an important part of the students' training and these are arranged to correlate with their lectures. We are most grateful to all those who make these visits possible.

To function as family visitors, health visitors must see their work in relation to other allied services and students' programmes are planned to include time spent with the health visitors visiting families on their districts and working in their centres. Specialised work undertaken by health visitors, e.g. care of the aged and infirm, hospital follow-up, work with the deaf, etc. are studied. Practical training takes students into the day nurseries and out visiting with mental health visitors, public health inspectors and area home help organisers.

The Education Department gives every facility for the training of students in the work of the School Health Service and their carefully prepared programmes for individual students are evidence of the high standard of training given to these future health visitors.

Likewise the Chest Clinic gives the students every opportunity to study the prevention and control of tuberculosis in the community.

The Welfare and Children's Departments of the Corporation also participate in the training and the almoners of the Birmingham United Hospitals, Selly Oak and Dudley Road Hospitals arrange practical instruction in their departments for the students.

We are again indebted to the Public Health Departments of Coventry, Dudley, Smethwick, Walsall, West Bromwich, Wolverhampton, Shropshire, Staffordshire, Warwickshire and Worcestershire, who kindly make facilities available for students to observe the work of their health visitors. Visits to these authorities are always much appreciated and enjoyed by the students. In the summer vacation a meeting between the tutors and superintendent health visitors and nursing officers from these authorities was held in the training centre to discuss new developments in health visiting and their application to the training of students.

Forty-two students of the 1959-1960 course entered for the Health Visitors' Certificate Examination in June, 1960. Thirty-five students were successful. The other students successfully re-entered for the examination in September and December.

2. TRAINING OF HEALTH VISITOR AND DISTRICT NURSE TUTORS

Seven health visitor and four district nurse tutor students from the Royal College of Nursing, London, spent the first three weeks of December in Birmingham. This is the twelfth occasion on which students from these senior courses have been welcomed to the City. Their programme covered lectures from sectional heads of the Health, Education, Welfare and Children's Departments and observation of practical work in the Health and Education Departments. Visits to voluntary agencies were also incorporated in their curriculum. At the request of the Commonwealth students a visit was arranged to Hamstead Colliery, where they

were taken underground to see miners at the coal face. Following their visit to Birmingham letters expressing their appreciation were received.

3. TRAINING OF STUDENT NURSES IN PUBLIC HEALTH

During the year 1960 the training centre made arrangements for sixty-three lectures to be given to the student nurses in the following Birmingham hospitals :—

Dudley Road Hospital	...	...	...	...	...	...	24
St. Chad's Hospital	...	...	...	...	...	...	5
Selly Oak Hospital	...	...	...	...	...	...	14
The United Birmingham Hospitals	...	...	...	...	...	...	20

4. STANDING CONFERENCE ON HEALTH VISITORS TRAINING

Dr. Essex-Cater, Administrative Medical Officer of Health, and Mrs. Hague, Senior Health Visitor Tutor, regularly attended meetings of Standing Conference held at the Ministry of Health as representatives of the Birmingham Training Course and Dr. Essex-Cater also served as a member of the Health Visitors' Training and Examination Committee of the Royal Society of Health.

Visits of Student Nurses, etc.

Four 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. This is an increase of 100 over the 1959 figure.

Health visitors have also co-operated in the training of other professional students, i.e. medical students 110 ; student health visitors 50 ; student midwives 140; student district nurses 40; student nursery nurses 78 ; pre-nursing pupils and grammar school pupils 11 ; public health tutor students 11 ; social study students 18 ; theological students 46 and staffs of children's homes 23.

In addition to the above, visits of observation have been arranged for doctors, nursing officers and other persons from the following countries:—Ghana, India, Japan, Portuguese West Africa and Liberia.

Health Education and the Health Visitor

Health visitors have undertaken group teaching during clinic sessions at welfare centres, in schools and to youth and adult groups. They also continued to give talks to expectant and nursing mothers at general practitioners' clinics held at their own surgeries. During the year, 7,308 attendances were made at health talks given at general practitioners' surgeries. Parents' evening meetings held at welfare centres, at which there were 1,091 attendances, again gave opportunity for teaching expectant mothers and their husbands.

Refresher Courses and In-service Training

Twenty health visitors attended approved refresher courses arranged either by the Royal College of Nursing or by the Women Public Health Officers' Association during the year.

Four health visitors attended the Annual Conference of the National Association for Mental Health.

Eighteen health visitors received experience in the Health Education Section.

Thirty health visitors attended the audiology clinic for experience in deaf screening.

Twelve health visitors attended a course of training in relaxation for expectant mothers.

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

Phenylketonuria

This is a metabolic disorder which may be inherited by children; parents, although unaffected themselves, must carry the characteristic. It is very rare, the estimated rate being about one in every 20,000 births. The condition is characterised by the development of severe mental retardation unless treatment is commenced with a phenylalanine-free diet before brain damage occurs at about six months of age.

Fortunately a simple test on the urine of infants can indicate the presence of the abnormality. It is the practice in Birmingham to offer the test to the mothers of all babies born within the City and to immigrants to the City between the ages of six weeks and three months. The tests are done as soon as possible after the lower age limit is reached, either in the children's own homes or at welfare centres. Some children are tested in City day or residential nurseries. Immigrants between three months and two years of age are tested at the first home visit or visit to a centre. In the event of a positive reaction more detailed tests are undertaken to confirm or exclude the need for treatment.

As positive results are so infrequent it must be difficult for the health visitor to maintain enthusiasm and they have done so in a most creditable manner. During the year a talk was arranged for them on the progress of some confirmed cases and they were also given an opportunity of testing known positive urine.

No new cases of phenylketonuria were discovered during the year but one infant recorded a weak positive reaction when first tested. Further investigation proved this to be a case of intermittent excretion only. Such children develop quite normally without any form of treatment. Three were, in fact, found during 1959 and they are all making good progress. The positive case discovered during 1959 is making satisfactory progress under treatment by diet, but his brother, unfortunately also a case and undiagnosed until he was two years of age, is very retarded.

The figure of 25 refusals to accept the test is very small and is the same as last year.

Children born in 1960 and tested during 1960	...	...	...	...	16,841
Negative results	...	...	...	...	16,840
Doubtful positive	...	...	...	...	1
Refusals (to permit test)	...	...	...	...	24
Children who left the City before test	...	...	...	...	599
Children dying prior to the test	...	...	...	...	366
Children born in 1960 still awaiting test	...	...	...	...	3,250
Children in Homes not tested or awaiting test	...	...	...	...	32
Total	...	...	...	...	21,112

In addition to these, the following figures refer to immigrants to the City born in 1959 :—

Negative results when tested in 1960	...	...	...	...	306
Refusal of test in 1960	...	...	...	...	1
Still awaiting test	...	...	...	...	254
					561

Special Survey

During March, 1960 the health visitors assisted in a Ministry of Health Survey relating to the intake of Vitamin D and the risk which young children may incur from over dosage with this vitamin.

Forty-four children participated in this survey.

Housing Management Department Hostels

Hostels for the homeless have been visited regularly by health visitors during the year when particular attention has been given to child management and to alleviating the problems arising from the social insecurity of the accommodated families. The following table shows the number of individual mothers and children visited during the year :—

HOSTELS	No. of children visited	No. of expectant mothers visited	No. of families visited
259 Birchfield Road, 20	102	13	59
Bourne House, 43 Trinity Road, 20	270	23	142
113a Burbury St. Hockley	25	3	11
247 Thimble Mill Lane, Nechells	512	55	327
80 Westley Road, Acocks Green	200	26	150
Total	1,109	120	689

In addition to the visits by health visitors, the hostels for the homeless are also visited regularly by medical officers. These visits have now been carried out over a period of two years and a number of suggestions for improvements in the hostels have been submitted to the Housing Manager. It is a pleasure to acknowledge the ready co-operation which greets any suggestion put forward by the Public Health Department and to report the great improvement in the general decorative and hygienic standard of these hostels which has occurred during the last two years. The Wardens in charge of the hostels are most keen to co-operate and take measures to improve conditions for the residents. These hostels, in which a large number of young children, often of poor physical condition, are collected together, could be dangerous foci of infection, and it says much for the diligence of all concerned that epidemics are a rarity.

The general practitioners responsible for the clinical care of the residents also work in close co-operation with visiting medical officers from the Health Department.

"Sunnyside," Birmingham Friendship Housing Association Hostel

The above hostel accommodates 10 mothers and their children. During the year, the health visitor for the area visited at fortnightly intervals to weigh the babies and advise the mothers regarding feeding and child management. Group talks were given in co-operation with the Health Education Section of the Department.

Statistics

WORK OF HEALTH VISITORS (HOME VISITS)

(a) ROUTINE VISITS TO CHILDREN UNDER 5 YEARS

Primary visits	...	...	...	...	...	...	20,564
Routine visits—children 0—12 months	...	...	...	...	...	...	51,907
Routine visits—children 1 year	...	...	...	...	...	...	40,604
Routine visits—children 2—5 years	...	...	...	...	...	...	86,138
Total							199,213

(b) SPECIAL VISITS TO CHILDREN UNDER 5 YEARS (ILLNESS, SPECIAL ENQUIRIES, NEGLECT, ETC.)

Children 0—12 months	...	...	...	...	...	...	11,300
Children 1 year	...	...	...	...	...	...	2,586
Children 2—5 years	...	...	...	...	...	...	4,974

(c) VISITS TO EXPECTANT MOTHERS

Antenatal first visits	...	...	...	...	...	...	3,203
Antenatal re-visits and special visits	...	...	...	...	...	...	2,642

(d) POSTNATAL VISITS, ETC.

Postnatal visits	...	...	...	...	...	...	314
Neonatal deaths	...	...	...	...	...	...	63
Stillbirths	...	...	...	...	...	...	89

(e) MISCELLANEOUS VISITS

Scabies	...	...	...	...	...	...	...	76
Domestic helps	...	...	...	...	...	...	...	35
Children of school age	...	...	...	...	...	...	...	1,015
Adults (other than antenatal and postnatal visits)	...	...	...	...	...	...	...	2,183
Old people (women 60 +, men 65 +)	...	...	...	...	...	...	...	2,347
Hospital follow-up (by area health visitors)	...	...	...	...	...	...	...	24
To general practitioners	...	...	...	...	...	...	...	101
Re insanitary conditions	...	...	...	...	...	...	...	136
Housing	...	...	...	...	...	...	...	96
Tuberculosis follow-up survey	...	...	...	...	...	...	...	263
								<hr/>
GRAND TOTAL OF ALL VISITS	...	...	...	...	...	...	...	230,660
								<hr/>
Total number of useless calls	...	...	...	...	...	...	...	48,947

HOME NURSING SERVICE

(SECTION 25—NATIONAL HEALTH SERVICE ACT, 1946)

During 1958 and 1959 the Home Nursing Service was extensively reorganised and the number of district nursing centres throughout the City reduced from 11 to 8, one of those remaining being the district nurse training centre. Throughout 1960 it was possible to observe the outcome of these arrangements and to note the degree of efficiency the new plans produced. We were pleased to find that the service was working extremely well and that no major difficulties had been experienced. The success of the scheme is attributed to the fact that a local district nursing centre had been established in each of the eight areas with a superintendent in charge who was able to organise and co-ordinate the work and equalise the nurses' case load. She was also available to help with any problem cases and to ensure that a high standard of nursing was maintained by all members of the staff. The district nurses derived much benefit from meeting each other daily at the centres where they received information about their patients, exchanged ideas and discussed various aspects of patient care.

The care of people in their own homes requires skill and resourcefulness; many forms of treatment are used to assist their recovery, those that fail fade into obscurity and the successful ones become part of current practice. Rehabilitation has become a main objective in the home treatment of illness and, with the help of the family doctor, the district nurses seek to rehabilitate all the patients for whom a degree of recovery is possible.

Successful rehabilitation of the patient at home requires four factors :

- The will of the patient to recover.
- The co-operation of relatives and friends.
- The co-operation with the family doctor.
- The skill and enthusiasm of the district nurse.

A general practitioner requested nursing assistance for a 91 year old patient of his who had had a stroke two days previously. This old man, with chronic arthritis of the knees for 30 years, was being looked after by his frail, elderly wife and by a physically handicapped daughter. As the doctor was most anxious that the man should not become too great a burden on his family, it was essential for rehabilitation to be commenced promptly.

The district nurse first needed to gain the confidence of the patient and, also, assistance from his relatives. The latter were at first rather apprehensive but, as the patient improved, they wholeheartedly co-operated. Within weeks the patient was able to walk a few steps and later on to perform daily exercises, to dress himself and to climb the stairs, a feat he had been incapable of for several years. Tripod walking sticks were provided and the patient progressed most satisfactorily.

Unfortunately, about this time, his wife was admitted to hospital for an emergency operation. The patient temporarily lost heart, but soon recovered his spirit and became even more determined to recover as he wished to assist his wife on her discharge from hospital.

The care and skill of the district nurse were clearly responsible for preventing the patient from becoming bedridden and eventually hospitalized for a long period.

Accommodation

ASTON DISTRICT NURSING CENTRE

During 1960 the conversion of the Aston District Nurses' Home into flatlets was completed. These provided accommodation for four district nurses and a caretaker ; it has also been possible to make a self-contained flat for the Superintendent. The flats have been attractively decorated and fitted with modern furnishings. The building serves as the district nursing centre for an area stretching from Aston to the northern boundary of the City. An office for the Superintendent, a district room, writing room and cloakroom have been included in the converted building.

The Training Centre for District Nurses

The district nurses' training centre was established at 48, Summer Hill Road, Birmingham, 1. The house was conveniently situated as it was easily accessible to students living in all parts of the City. The premises contained ample accommodation for classrooms, offices and residential quarters for student district nurses living away from Birmingham. Over the course of years the internal structure, decorations, furniture and fittings had gradually deteriorated and the Home compared unfavourably with other accommodation provided for district nurses in the City and also with that provided for nursing staff in local hospitals. Modernisation and improvement in the Home was therefore undertaken in 1960 and the accommodation is now of a high standard.

District Nurse Training

For some time much discussion had taken place as to the length of district training required by state registered nurses. In order to clarify the situation the Minister of Health set up an Advisory Committee, who, after several meetings, issued a report on the training of district nurses. This report reviewed the syllabus of training, the submission and approval of training schemes, examinations and other aspects of the training. The main conclusions and recommendations of the Committee included the suggestion that local authorities should adopt the four months model district training syllabus designed by the Committee and that local health authorities who wished to organise schemes of training should submit their proposals to the Minister with the names and qualifications of persons

who would be responsible for the training and a description of the training premises.

The training of district nurses in Birmingham was under the auspices of the Queen's Institute of District Nursing and the Ministry of Health's Advisory Committee's report did not appear to offer a training superior in method or content to the one already available in Birmingham. It was however considered that it would be possible to shorten the training of state registered nurses and reduce it from six to four months. When the Queen's Institute drew up its plans to cover the same syllabus in a four month period it was decided to adopt this in Birmingham. Later it was learned that the Minister of Health had formally approved the Institute's course of district training to be held in Birmingham and it had been duly registered. The Minister reserved the right to arrange for the training centre to be visited or revisited by one of his Public Health Nursing Officers. Following negotiations with the Queen's Institute the first shortened course of district training started in September, 1960.

Twenty-four students were presented for admission to the Queen's Roll during 1960. Twenty-two were successful, one student gained credits in both the written and practical part of the examination, four obtained credits in the practical examination and two failed the written part but both passed on re-entry.

Four hundred and four students from eight Birmingham hospitals visited with the district nurses during 1960. They showed a keen interest in the social environment of the patients they visited, several of whom they had nursed in hospital.

Throughout the year discussion groups were held at the various district nursing centres. Quarterly meetings, open to all district nursing staff, were arranged and lectures on subjects of interest, often illustrated by films, were given by doctors and other professional speakers.

All newly appointed staff to the Home Nursing Service are given a Mantoux test unless they have previously recorded a positive reaction. During 1960, two nurses and one bathing attendant, following the Mantoux testing of eight nurses and two bathing attendants, were vaccinated with B.C.G.

A very successful Study Day was held in April for the 18 part-time bathing attendants employed in the Home Nursing Service. Talks and demonstrations were given by senior members of the nursing staff and a visit to a geriatric unit was arranged. During the year the bathing attendants gave 22,378 baths to 6,497 people whom they visited.

Children's Home Nursing Unit

The work undertaken by the three nurses operating the Children's Home Nursing Unit in the central areas of the City continued to increase and in the autumn it was decided to appoint another nurse. All new nurses

to this service spend a week at the Children's Hospital meeting the staff and observing the work on the wards and in the outpatients department.

During 1960 the nurses paid 11,888 visits to 1,236 children ; of these 1,203 were new patients in the following age groups :—

0— 12 months	...	...	...	322
1— 5 years	...	...	...	540
6—14 years	...	...	...	341
				<hr/>
				1,203
				<hr/>

Of these, 1,110 were referred by general practitioners, 92 by hospitals and one by the Public Health Department.

Nechells Green Health Centre

A district nurse has been attached to the Nechells Green Health Centre and she has carried out a total of 4,448 treatments consisting of dressings or injections since April, 1960. The monthly numbers treated were as follows :—

April	...	...	...	93	September	...	...	...	613
May	...	...	...	401	October	...	...	...	589
June	...	...	...	582	November	...	...	...	647
July	...	...	...	537	December	...	...	...	535
August	...	...	...	451					

Statistics

(1) CASES NURSED BY THE HOME NURSING SERVICE

(a) *Number of patients attended*

Cases on books, 1st January, 1960	...	...	...	...	...	...	3,889
New cases attended	...	...	...	...	...	...	16,282
Total cases attended	...	...	...	...	...	...	20,171
Total visits paid	...	...	...	...	...	...	638,147

(b) *Ages of patients*

						<i>Cases on books</i>	<i>New cases</i>
						<i>1st Jan. 1960</i>	<i>1960</i>
Under 5 years	...	...	...	...	...	43	2,118
5—14 years	...	...	...	...	...	49	1,106
15—64 years	...	...	...	...	...	1,088	6,267
65 years and over	...	...	...	...	...	2,709	6,791

(c) *Cases referred by :—*

General practitioners	...	...	...	...	...	...	14,842
Hospitals	...	...	...	...	...	...	1,080
Public Health Department	...	...	...	...	...	...	132
Transferred from other sources	...	...	...	...	...	...	208
Other sources	...	...	...	...	...	...	20

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

(a) *Medical*

Arthritis	309
Respiratory conditions : Bronchitis	2,327
Pneumonia	638
Cardiac disease	1,096
Cerebral catastrophies	875
Diabetes	407
Malignant disease... ..	986
Senility	907
Other medical conditions	3,956
Enemas administered	1,549

(b) *Infectious diseases*

Tuberculosis	167
Influenza	165
Whooping cough	53
Measles	38
Other notifiable diseases	44

(c) *Midwifery and Gynaecology*

Puerperal pyrexia	2
Antenatal complications	32
Postnatal complications	73
Miscarriages	22
Conditions requiring pessary renewals	64

(d) *Surgical*

Cases discharged from hospital	718
Operations at home	2
Treatment to ulcerated legs	338
Other dressings	1,514

(e) *New cases visited, according to disease or disorder, by Children's Unit (included in the above figures)*

Bronchitis, pneumonia, pleural effusion	580
Tonsillitis, otitis media, adenitis	258
Abscesses, boils and other skin conditions	103
Gastro-intestinal conditions, including enemas given	71
Infectious diseases	90
Diseases of the central nervous system	—
Disease of kidney	—
Diabetes mellitus	2
Pyrexia	5
Other medical conditions	42
Post-operative conditions	26
Orthopaedic conditions	7
Eye conditions	4
Burns and scalds	15

LOAN OF NURSING EQUIPMENT

(SECTION 28—N.H.S. ACT)

The number of articles of special equipment on loan during 1960 was 3,441, an increase of 555 (19.2%) over the previous year and the number of articles of sick room equipment on loan increased by 860 (14.3%) to 6,873. The amount contributed in loan charges was £1,730, compared with £1,521, in 1959.

Whilst there was an increase in the loans of the majority of the types of equipment, there has been a notable increase in :—

Wheel Chairs	from 1,246	to 1,433	an increase of	15%
Walking aids	„ 457	„ 676	„	48%
Commodes	„ 1,262	„ 1,468	„	16%

Additions to the range of special equipment available for loan during the year included the Easicarri and Oxford Patient Lifting Hoists and several types of walking aid, of which there are now twenty different types available selected for their suitability for use in the home.

The storage and distribution of sick room equipment, with the exception of commodes, is undertaken from District Nursing Centres, which are open every day of the week, whilst the stocks of special equipment and commodes are held at a Central Store for distribution by departmental transport. This has proved to be satisfactory in dealing with the steadily expanding service and during the year all but a few requests were met from stock.

The cleansing of small items of sick room equipment is carried out at the District Nursing Centres, but all other equipment is passed through the Cleansing Station at Bacchus Road before being accepted into the central loan stores.

The co-operation of patients and their relatives in caring for the equipment and returning it promptly, continues to be gratifying. Losses of the small items of inexpensive sick room equipment amount to approximately 3% of the number loaned each year, but the losses of special equipment loaned from the Central Stores only amounted to six items during 1960, and in all cases it was not possible to trace relatives after the contents of a patient's home had been disposed of.

The co-operation of other sections of the Health Department and the assistance given by the Housing Management Department in tracing persons rehoused, has been a considerable help in keeping these losses of equipment at this low level.

LOAN OF NURSING EQUIPMENT 1958-1960

(a) <i>Amount of special equipment on loan</i>						1958	1959	1960
Wheel chairs	...	...	...	...	...	927	951	1052
Merlin chairs	...	...	...	...	...	222	256	354
Stairway chairs	...	...	...	...	...	55	18	24
Spinal carriages	...	...	...	...	...	2	1	3
Bedsteads	...	...	...	...	...	481	499	562
Special mattresses	...	...	...	...	...	287	343	394
Fracture boards	...	...	...	...	...	98	104	108
Lifting poles and chains	...	...	...	...	...	178	219	253
Self-operating tilting beds	...	...	...	...	...	4	4	2
Crutches, pairs	...	...	...	...	...	56	85	94
Walking sticks	...	...	...	...	...	208	307	504
Walking machines	...	...	...	...	...	37	65	78
Lifting apparatus	...	...	...	...	...	23	14	13
						2578	2886	3441

(b) <i>Amount of normal sick-room equipment on loan</i>						1958	1959	1960
Air beds	...	...	...	...	...	34	10	3
Air rings and sorbo cushions	...	...	...	...	...	193	765	802
Back rests	...	...	...	...	...	779	700	778
Bed pans	...	...	...	...	...	1382	1203	1368
Leg cradles	...	...	...	...	...	303	262	311
Mackintosh sheets	...	...	...	...	...	1371	1114	1309
Urinals	...	...	...	...	...	582	549	664
Sick feeders	...	...	...	...	...	90	70	59
Commodes	...	...	...	...	...	1060	1262	1468
Bed chairs	...	...	...	...	...	11	5	8
Miscellaneous items	...	...	...	...	...	163	73	103
						6768	6013	6873

DOMICILIARY LAUNDRY SERVICE

(SECTION 28—N.H.S. ACT)

The number of cases dealt with in 1960, was 706, an increase of 24 over the previous year, and the number of persons receiving the service varied from 195 to 233.

The trend for a large proportion of the persons receiving the service to need a twice weekly delivery, which occurred in 1959, was reversed in 1960, and although more persons received the service, the number of articles laundered and their weight, at 156,506 items and 791 tons respectively, showed little variation from the figures for 1959.

The scale of charges, which varies from 3d. to 5/0d. per bundle laundered, was not altered during the year and the amount collected was £1,981. (£1,919 in 1959).

The Domiciliary Laundry Service was started in 1951 and expanded rapidly during the first four years of operation, but since 1955 there has

been only a small annual increase in the number of persons receiving the service each year. Although the majority of the cases only require this service for a few months, the service is granted to disabled persons who will need it over a prolonged period and of the 204 persons on the books at 31st December, 1955, 21 were still receiving the service at the end of 1960.

The laundering and transport of the linen continues to be handled completely by the Health Department laundry and transport depot at Winson Green and the possession of these facilities within the organisation of the Department proved to be an asset of considerable value for the successful inauguration and operation of this pioneer service.

DOMICILIARY LAUNDRY SERVICE

Number of cases on books, 1st January 1960	...	...	...	211
New applications during year	...	...	...	495
TOTAL				706
Cases removed from books during year	...	...	...	481
Cases still on books at 31st December 1960	...	...	...	225

ANALYSIS OF CASES

1960 Quarter ending	No. of approved appli- cations	Service discontinued			Service not started			Total
		Died	Hosp.	Other reasons	Died	Hosp.	Other reasons	
31 Mar	148	88	33	9	8	1	3	142
30 Jun	96	48	37	13	5	4	2	109
30 Sep	98	39	33	14	1	3	5	95
31 Dec	153	77	43	13	1	—	1	135
	495	252	146	49	15	8	11	481

LOAN OF FIREGUARDS

(SECTION 28—N.H.S. ACT)

The demand for this service, particularly for the aged and infirm, continues to increase and the number of guards loaned during 1960, at 340, shows an increase of 69 over the previous year. The income from the loan of fireguards was £22 15 6d. in 1960 compared with £17 0 0d. in 1959.

The B.S.I. specification guard, now readily available on retail sale, is not suitable for the old fashioned fireplaces found in so many of the houses occupied by the aged and it is often difficult for such persons to obtain a suitable guard, which in some cases has to be specially made. It is

expected that rebuilding and the modernising of old property in the City will eventually reduce the need for this service which is of great benefit to the aged at the present time.

LOAN OF FIREGUARDS

Number of fireguards on loan, 1st January 1960	687
Number issued during year	340
	<hr/>
	1,027
Number returned, no longer required	257
	<hr/>
Number on loan, 31st December 1960	770
	<hr/>
Amounts collected from hire charges ...	£22 15 6

AMBULANCE SERVICE

(SECTION 27—NATIONAL HEALTH SERVICE ACT, 1946)

The grand total of patients conveyed by the Ambulance Service during 1960 was 388,707, an increase of 2,766 on the figures of 385,941 for 1959.

Of this total increase 1,258 represents the increase in cases carried by the Accident Section, and 1,508 the increase in cases carried by the Removals Section. There was however a decrease in the number of cases carried by directly provided ambulances of the Removals Section due to staffing difficulties and as a result considerably more cases were carried by the Hospital Car Service and by private hire cars. This is illustrated in the following table :—

HOSPITAL REMOVAL CASES

	1959	1960
Directly provided Service	349,678	346,676
Hospital Car Service	19,040	21,155
Private Hire Cars	—	2,395
	368,718	370,226

The trend in the number of cases conveyed by directly provided ambulances of the Removals Section of this Service over the past four years is illustrated :—

Year	<i>Patients conveyed by directly provided ambulances of</i>		<i>Comparison with previous years</i>	
	<i>Hospital Removal Service</i>		<i>Increase</i>	<i>Decrease</i>
1957	330,252		—	164
1958	340,762		10,510	—
1959	349,678		8,916	—
1960	346,676		—	3,002

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

HOSPITAL REMOVAL AMBULANCES (DIRECTLY PROVIDED) COMPARATIVE ANNUAL TOTALS OF CASES CARRIED ACCORDING TO CLASSIFICATION

<i>Analysis</i>		1956	1957	1958	1959	1960
Clinic cases ...		234,939	237,129	250,470	258,680	257,324
Admissions ...		27,362	27,968	27,873	30,412	31,047
Discharges ...		33,766	33,982	32,960	32,560	31,209
Transfers ...		9,621	9,228	7,935	7,734	8,025
Emergency						
Maternity Service		110	114	104	127	133
Maternity ...		8,320	8,164	8,428	8,253	8,981
Out- posted Units	Monyhull—					
	Psychiatric	1,337	1,239	1,155	1,194	748
	Little Bromwich					
	Infectious ...	1,563	1,898	1,612	964*	—
	Yardley Green—					
	Tuberculosis ...	11,902	8,984	8,797	8,330	7,920
Miscellaneous ...		1,496	1,546	1,428	1,424	1,289
TOTALS		330,416	330,252	340,762	349,678	346,676

*Note—On 31st May, 1959 ambulances out-posted at Little Bromwich for infectious work were withdrawn to 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

(Directly provided ambulances)

			1956	1957	1958	1959	1960
Stretcher cases	...	...	74,886	75,561	77,432	79,431	78,366
Sitting cases	...	...	255,530	254,691	263,330	270,247	268,310
TOTALS	...	...	330,416	330,252	340,762	349,678	346,676

Trends in this ratio over the past four years are shown :—

RATIO OF SITTING TO STRETCHER CASES

(Directly provided ambulances)

1957	3·37	:	1
1958	3·40	:	1
1959	3·40	:	1
1960	3·42	:	1

Principal variations in the classified analysis of patients carried by directly provided ambulances of the Removals Service occurred as follows :—

<i>Increases</i>	Admissions	...	...	...	...	...	...	635
	Maternity (including E.M.S.)	...	...	...	...	...	...	734
<i>Decreases</i>	Clinic cases (all forms of out-patient treatment)	...	...	...	...	...	...	1,356
	Discharges	...	...	...	...	...	...	1,351
	Psychiatric	...	...	...	...	...	...	446

Accident Ambulances

Accident ambulance cover of nine ambulances was maintained, with additional cover on special occasions being provided by crews of the Removals Section and the St. John Ambulance Brigade. During the year the control of accident ambulances was transferred from the Fire Control Room to Ambulance Control Room and one accident ambulance was transferred from Station 1, Central, to Henrietta Street Ambulance Depot and manned by ambulance staff, the nine ambulances thus operated from eight selected fire stations and one ambulance depot.

There was again an increase in the number of calls and casualties carried by the Accident Section, the comparative figures being as follows :—

							1959	1960
Calls	...	...	...	...	...	...	17,927	19,367
Casualties	...	...	...	...	...	...	17,223	18,481

Under mutual assistance arrangements with neighbouring Authorities, the Service provided accident ambulances in response to 32 incidents outside the city boundary—17 more than in the previous year.

A detailed analysis 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 :—

The following table shows the incidence of accident calls during the day in relation to the age group of casualties :—

Age Group	Hours of the Day																								Total
	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-00	
5 and under 5	26	16	12	13	5	5	3	11	20	49	85	125	154	115	115	124	142	113	131	97	55	49	45	35	1,545
6-10	8	7	2	—	1	—	2	3	24	26	40	69	117	90	84	87	120	109	85	88	52	25	14	10	1,063
11-15	6	7	2	3	1	—	4	16	52	46	82	100	140	155	108	136	144	108	95	90	81	79	52	24	1,531
16-20	94	35	17	15	7	13	11	80	93	75	67	93	106	117	113	129	115	151	110	116	111	168	247	206	2,289
21-25	113	60	41	19	11	8	13	67	45	62	51	84	98	73	80	92	82	100	85	76	111	91	207	226	1,895
26-30	76	43	28	15	17	9	11	48	33	54	48	58	83	71	69	72	69	71	70	49	54	66	137	126	1,377
31-35	47	24	22	12	9	6	13	36	43	34	48	53	39	47	62	65	45	56	50	46	43	50	99	83	1,032
36-40	62	29	11	14	9	8	10	29	38	45	46	60	62	54	67	70	67	65	69	53	53	56	134	74	1,185
41-45	27	17	19	6	6	3	15	26	26	34	34	43	46	36	45	55	31	43	49	31	35	36	93	57	813
46-50	44	8	12	10	8	6	6	34	46	50	50	56	63	57	60	66	59	65	52	33	28	43	82	87	1,025
51-55	23	17	7	7	3	7	8	26	37	41	40	47	54	52	64	57	59	49	43	40	38	35	71	53	878
56-60	20	10	16	5	4	3	12	30	34	40	34	50	73	47	66	37	37	53	53	48	29	36	70	46	853
61-65	15	11	3	5	3	9	6	22	32	42	30	47	42	49	44	50	43	36	52	29	20	36	54	28	708
66-70	8	9	2	3	2	3	6	11	14	23	41	44	71	50	47	46	36	50	27	26	27	31	35	23	635
Over 70	19	18	10	7	5	6	11	19	40	68	71	142	158	128	120	115	96	94	82	85	59	50	66	51	1,520
Unknown Age	6	1	1	2	—	1	1	4	1	2	4	3	5	3	8	12	8	13	10	5	2	5	15	20	132
TOTAL	594	312	205	136	91	87	132	462	578	691	771	1074	1311	1144	1152	1213	1153	1176	1063	912	798	856	1421	1149	18,481

ACCIDENT AMBULANCE CALLS

LOCATION OF ACCIDENTS

	1959	1960
Street accidents involving vehicles	4,572	4,698
Factory accidents	902	992
Private houses	5,524	6,341
Offices	58	52
Shops and restaurants... ..	500	525
Outdoor (other than street accidents)	4,284	4,481
Licensed premises	334	346
Schools	393	375
Cinemas and theatres	98	93
Other premises	1,201	1,379
False alarms (malicious)	61	85
TOTAL	17,927	19,367

CLASSIFICATION OF INJURIES TO PATIENTS CARRIED IN AMBULANCES

	1959	1960
Fractures	2,351	2,441
Wounds	3,955	4,082
Collapse, fits, strokes	3,298	3,638
Abrasions and bruises	709	683
Gas poisoning	141	153
Drowning	4	2
Eye injuries	77	69
Dislocations and sprains	344	305
Hanging... ..	—	—
Concussion, shock	1,380	1,440
Haemorrhage	432	468
Scalds and burns	509	509
Poisoning	398	547
Not classified	3,625	4,144
TOTAL	17,223	18,481

DESTINATION OF CASUALTIES

	1959	1960
Accident Hospital	5,397	5,500
General Hospital	6,898	7,634
Other Hospitals	4,816	5,223
Casualties actually carried in ambulances but not taken to hospital... ..	112	124
TOTAL	17,223	18,481

FATALITIES

	1959	1960
Number of persons found dead on arrival of ambulances	235	251

METHOD OF TRANSMISSION OF CALLS

							1960
G.P.O. " 999 " system	...	...	...	...	...	...	13,460
Police Information Room	...	...	...	...	...	...	2,491
Exchange telephone	...	...	...	...	...	...	2,781
Private wire telephones	...	...	...	...	...	...	93
Messenger	...	...	...	...	...	...	395
Radio	...	...	...	...	...	...	125
Observed by ambulance crew	...	...	...	...	...	...	22
TOTAL							19,367

Outposted Ambulances

A small detachment was maintained to deal with internal and external work at Yardley Green and associated hospitals, and there was a further decline in the number of tuberculosis cases carried. The outposted ambulance at Monyhull Hospital dealt with 748 cases compared with 1,194 in the previous year.

Ambulance Fleet

Having regard to economy and improvements which have been made to the commercial chassis, normal replacement of dual purpose ambulances was made using this type of chassis. One sitting case car was replaced by a sitting case ambulance, leaving the established strength of the fleet as :—

Dual purpose (stretcher) ambulances	...	...	...	...	...	...	72
Sitting case ambulances	...	...	...	...	...	...	28
Sitting case cars	...	...	...	...	...	...	2
Ambulance coach (20 seater)	...	...	...	...	...	...	1

Conveyance of Patients by Rail

Wherever possible long distance cases were conveyed on the ambulance/rail/ambulance basis. Some 1,122 cases were carried on this basis during the year as compared with 1,005 in 1959.

Service ambulances were provided at the request of other local health authorities to meet trains at city railway stations and transport some 667 patients either to final destinations or to other railway stations to continue journeys.

New Ambulance Depot

Work proceeded during the year on the new Ambulance Depot at Bristol Road, Bournbrook, which is scheduled for occupation on 1st March, 1961, when the Ladywood Road premises will cease to be operational.

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.

	1959	1960
Patients conveyed from outside to places inside the City	23,618	24,876
Patients conveyed to places outside the City ...	25,314	26,544

Maternity Cases (including Emergency Maternity Service)

There was an increase in the number of maternity cases conveyed from home addresses to the various maternity hospitals during the year, the total being 8,981 as against 8,253 the previous year. Arrangements for the provision of domiciliary midwives where necessary, have continued to operate very satisfactorily.

There was again an increase in the number of calls for ambulances for the Emergency Maternity Service operated by Loveday Street Maternity Hospital during 1960, calls totalling 133 as against 127 in the previous year. This transport is provided by the Service on a chargeable basis.

Marston Green Maternity Hospital

A further substantial increase in the number of cases carried by the ambulance coach to and from the Hospital for out-patient treatment was borne. Some 41,163 cases were carried, an increase of 3,045 on the previous year.

Mileage

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

	1956	1957	1958	1959	1960
Hospital Removal					
Ambulances	1,581,413	1,531,445	1,525,666	1,513,621	1,500,111
Accident Ambulances ...	96,712	103,615	107,495	127,774	134,258
Outposted Ambulances ...	110,609	95,229	96,288	82,180	66,377
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	1,788,734	1,730,289	1,729,449	1,723,575	1,700,746
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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

Year	Cases Carried Monthly Average	Mileage Monthly Average
1956	27,535	141,001
1957	27,521	135,556
1958	28,397	135,163
1959	29,140	132,983
1960	28,890	130,540

Staff

Details of the establishment and strength of the Ambulance Service at the end of 1960 are as follows :—

<i>Operational and Depot Staff</i>	<i>Establishment</i>	<i>Strength at 31.12.60</i>		
		<i>Men</i>	<i>Women</i>	<i>Total</i>
Ambulance Officer	1	1	—	1
Ambulance Depot Superintendent ...	1	1	—	1
Hospital Liaison Officer	1	1	—	1
Deputy Depot Superintendent ...	1	1	—	1
Traffic Controllers... ..	10	8	—	8
Clerks	4	3	1	4
Storekeeper	1	1	—	1
Stores Assistant	—	1	—	1
Depot Drivers	3	1	—	1
Depot Assistants	4	4	—	4
Ambulance Cleaners	12	5	—	5
Cooks and Cleaners	6	—	8	8
Leading Drivers	10	11	—	11
Drivers and Attendants	168	140	8	148
<i>Ambulance Control</i>				
Control Duty Officer	1	1	—	1
Traffic Controllers	6	6	—	6
Leading Control Operatives	4	—	4	4
Control Operatives	26	1	24*	25

* Includes 5 part-time.

Bed Bureau

There was a further 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. 14,770 requests were received from General Practitioners, etc., beds being obtained in 14,207 of these cases. The figures for the previous year were 14,469 requests, beds being obtained in 13,794 cases.

Voluntary Service

HOSPITAL CAR SERVICE

In view of staff shortages, further assistance was sought from the British Red Cross Hospital Car Service as will be seen in the following table :—

	<i>1959</i>	<i>1960</i>
Patients	19,040	21,155
Mileage	137,868	150,813

ST. JOHN AMBULANCE BRIGADE

This Organization again gave valuable assistance in supplying voluntary crews to man both accident and removals ambulances during

the evenings and at week-ends and to provide additional ambulance cover on special occasions.

Once more the Service is 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.

Private Hire Cars

Having regard to the pressure on the Service early in the year and staffing difficulties, private hire cars were used to convey suitable sitting cases at difficult periods. The number of patients conveyed by this means and the mileage involved is given :—

									1960
Patients	...	...	...	...	...	...	...	...	2,395
Mileage	...	...	...	...	...	...	...	...	11,374

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(SECTION 28—NATIONAL HEALTH SERVICE ACT, 1946)

CARE OF THE AGED

The amount of work in connection with the care of the aged continues to present many problems and to make increasing demands on the facilities provided by the Health Department. During 1960 the special health visitors made 9,714 visits (including 998 to new cases) to which should be added 2,347 visits made by the district health visitors in the course of their general duties.

Of the new cases the larger proportion were in the 75—85 years age group, and 72% were women; 44.6% were found to be living alone; 27.2% were living with relatives and 28.2% with their spouse. 58.4% were widowed; 28.5% were married, and 13.1% were single.

One of the greatest problems is the domiciliary care of an elderly person living alone and who, although wishing to remain independent, is in potential danger of fire, fractured limbs etc. through falls brought about by dizzy attacks, arthritis and other physical disabilities. It is interesting to note that, of the new cases referred to the Department, the percentage of elderly people living alone has increased from 31.7% to 44.6% during the past five years. A large number of these people have no near relatives and are dependent on the kindly help of neighbours, many of whom have been giving devoted service, and in some cases under difficult circumstances, for several years. Elderly people living in new housing estates find it difficult to settle down, and feel cut off from their old friends of previous years. They do not feel at home in the district and may be even further away from their relatives than they were before. It is very important, therefore, that these people should be visited regularly and be encouraged to feel that they are part of a community which is interested in their welfare and happiness. The Day Centres organised by the Birmingham Council for Old People are of great benefit to this particular group of aged persons.

The feeling of being alone and unwanted is the most unpleasant accompaniment of advancing years. To combat this tea parties were arranged throughout the year by members of the Central Birmingham Soroptimists Club and the wife of a surgeon arranged coffee mornings for old people. Loneliness has been relieved for some old people known to the staff by visits and gifts from school children; a development stimulated by a district organiser's talk at a senior girl's school. Other helpers gave up their time to transport aged persons to various functions and we are greatly indebted for all these voluntary services.

The bathing of elderly people at the Department's Cleansing Station continues to be a valuable service, and is much appreciated by all who benefit from it. Unfortunately the number who can be given baths is limited by the restricted facilities available. The total number of baths given during the year was 1,468, and 121 individual old people (79 women and 42 men) received benefit from this service. 59 of these old people were new cases.

The need for Home Helps continues to increase and supply falls short of demand, particularly in the central areas of the City. Many cases which are looked after adequately during the week often become a great problem at week-ends and during bank holidays.

Statistics

Cases on register on 1st January, 1960	...	...	...	...	2,429
New cases added during year	...	...	...	...	1,100
Cases remaining on register at end of year	...	...	...	...	2,517
Cases supplied with nursing equipment	...	...	...	...	300
Cases supplied with bath attendant	...	...	...	...	131
Cases supplied with laundry at request of health visitor	...	...	...	...	19
Cases admitted to hospital	...	...	...	...	720
Old cases discharged from hospital	...	...	...	...	214
Deaths	...	...	...	...	453
Cases referred to Welfare Department	...	...	...	...	36
Total visits paid by special health visitors	...	...	...	...	9,714
Total visits paid by health visitors on general duties	...	...	...	...	2,347

Chiropody Services

The arrangements made in 1959 for chiropody services for the elderly were the same in 1960. The Birmingham Council for Old People continued to operate their well-established scheme, and the Health Committee were able to supplement this by the appointment in April of a part-time chiropodist, who now undertakes two domiciliary and three clinic sessions weekly. The grant from the Eric Vincent Trust, which had enabled a weekly session to be held for the past two years, terminated in December, 1959, but the clinic continues as part of the Local Authority scheme whose work during the year was:—

	<i>Sessions</i>	<i>Patients treated</i>
Clinics	128	643
Domiciliary	87	393

In addition to the Local Authority services, the Birmingham Council for Old People scheme was able to provide treatment for 3,442 cases (736 domiciliary and 2,706 attending chiropodists' surgeries). Of these 305 were new cases accepted during the year (120 domiciliary and 185 surgery cases). As a result of the Ministry of Health approval to the

provision of chiropody services by local authorities, there has been a considerable increase in the demand for treatment, particularly domiciliary. This increase is approximately 100 cases per month. The Health Committee have undertaken to accept financial responsibility for expenditure incurred by the Birmingham Council for Old People up to a maximum figure. The financial allocation for the directly provided Local Authority service is also restricted and the total number of cases who can be treated is therefore limited. At the end of 1960 this maximum had been reached and no new cases could be accepted until a vacancy occurred as the result of a cancellation. Only those elderly people with an income below a certain level are eligible for inclusion in the service, and a charge of 2/6 is made for each treatment.

HOSPITAL FOLLOW-UP WORK BY HEALTH VISITORS

There are now twelve health visitors attached to hospitals throughout the City. These visitors are the links between the Hospitals, the Health Department and the area Health Visitors and achieve essential liaison.

During 1960, there were 687½ sessions at hospitals and 794 home visiting sessions, (3,424 visits to patients' homes) by Hospital Follow-up Health Visitors.

The following extracts have been taken from their reports :—

ACCIDENT HOSPITAL

Most visits were in connection with the rehabilitation of children suffering from burns and scalds. One child of four years and two girls aged fifteen and sixteen years lost their lives following severe burning. The unguarded open fire continued to be the main cause of major burns, whilst accidents with hot tea and lack of play space in overcrowded homes were often the cause of scalds in children under the age of 5 years.

Visits were also made to check the progress of children discharged home following recovery from fracture of the skull. In these cases particular attention was given to behaviour pattern, speech development and degree of paralysis, if any.

Fewer visits were made to the older age group but it was found that the injured aged persons treated at the out-patients department required more assistance than the in-patients who were able to make their own arrangements prior to discharge.

CHILDREN'S HOSPITAL

Follow-up visits requested by consultants were mainly in relation to psychological disturbances, but visits were also made to ascertain social conditions, including the overcrowded living conditions of many Indian and West Indian immigrants. Other visits were to the homes of patients who defaulted in attendance e.g. children suffering from diabetes or coeliac disease. Reports on adverse home conditions often resulted in patients being given a period of convalescent care.

DUDLEY ROAD HOSPITAL—CHILD HEALTH DEPARTMENT

Two health visitors have continued to share the follow-up work at this hospital, each visitor giving two sessions a week.

One visitor was attached to the Respiratory Clinic and much of her work was concerned with chest infections and asthma. Other referrals included feeding problems, psychiatric disturbances, congenital defects, physical handicaps, cases of anaemia and rheumatic fever.

Investigations regarding the incidence of asthma involved enquiries into the possible sources of allergens in adverse housing conditions and, for this, home visiting was the only means of providing the information required. In cases of problem families, direct contact with the area health visitor proved invaluable.

Referrals to the second health visitor included respiratory infections, feeding problems, cases of gastroenteritis, anaemia and haemorrhage, convulsions, poisoning, pyrexia of unknown origin, and congenital abnormalities. Many of the feeding problems related to Indian and West Indian babies new to this country and our methods of feeding.

GENERAL HOSPITAL

(a) DIABETIC CLINIC

Two health visitors share the work of the Diabetic Clinic each giving 2 sessions a week. Registration of new patients at the clinic averaged 25 per week and all could not be visited, preference being given to those referred by the Consultant. Particular attention was given to instructions regarding diet and drug administration and every effort made to obtain the co-operation of relatives.

The visitors also gave assistance to a team of research workers investigating the incidence of diabetes in a certain section of the population. The results of this investigation have yet to be published.

(b) SPECIAL CLINIC

The follow-up from this clinic consists mainly of visits to the homes of defaulting patients to ascertain the reason and to urge attendance for treatment. Two hundred and forty-one patients were visited, an increase of 98 on the 1959 figure, and one hundred and five of these patients were visited a second time. Changes of addresses were frequent and 82 useless calls were made.

LITTLE BROMWICH HOSPITAL

Most referrals came from the Infectious Disease Section of the hospital and many children receiving treatment were from homes in the central areas of the City. Poor housing conditions were responsible for a large number of the admissions. Visits were requested for social reasons and re-admissions of children of problem families, often for very little medical reason, gave cause for concern. Fewer coloured children were admitted to the hospital during 1960.

QUEEN ELIZABETH HOSPITAL

The preponderance of patients visited during the year suffered from chronic conditions such as carcinoma, cerebral disorders, cardiac diseases, arthritis and other progressive physical illnesses resulting in varying degrees of disability. Contact with the hospital medical and nursing staff during ward rounds was particularly helpful in providing opportunity for discussing the various aspects of the patients' domiciliary after-care. In the homes it was necessary to obtain the co-operation of the patients' relatives in such matters as diet, hygiene and general management and for the provision of the ancillary services.

ROYAL ORTHOPAEDIC HOSPITAL

Approximately 50% of the visits made during the year were to men and women in the 60+ age group. Most of these were suffering from osteoarthritis of hip or knee joints. A small proportion of the group had sustained fractures of the femur in road accidents.

Many of these elderly people showed great fortitude in learning to re-adjust their lives to one of disablement and pain. Frequent visits were made to provide the necessary help.

In the 20—40 age group many of the referrals suffered from "low back pain" due to various spinal lesions of indefinite origin. The spontaneous onset of these conditions was distressing both to the patients and the relatives and much encouragement was needed by those patients treated in spica plasters.

There were fewer requests for visits to be made to cases of tuberculosis of the spine or joints and those received were to coloured patients who were very willing to co-operate in the process of their rehabilitation.

School children were visited mainly on account of default in attending the hospital.

Children under 5 years included those suffering from congenital conditions of hip joints, legs and feet. In this category much reassurance was needed and instruction was given to the parents regarding the correct management of plaster cases and the wearing and use of other appliances.

SELY OAK HOSPITAL

(a) PAEDIATRIC DEPARTMENT

Most of the children under five years of age admitted to the two paediatric wards were visited. Visits were also made to out-patient defaulters to ensure satisfactory attendance. There were few feeding problems and the visits were mainly in connection with respiratory infections and varying degrees of anaemia discovered on routine testing of the children admitted.

(b) DIABETIC CLINIC

The number of sessions per week varied from 3 to 4 according to the amount of visiting required. One session was spent in the out-patients department and another in the wards of the hospital. Home visits were made to ensure that the patients understood the need for adhering to the diet prescribed and to obtain the co-operation of relatives.

Mental Health Follow-Up Work

The four health visitors appointed in May 1959 to attend the Psychiatric Social Unit in City Road concluded their part-time training in Mental Health Follow-up Work in February 1960 and continued to visit cases referred to them during that period and additional patients referred during the year. Cases visited included :—marital problems, recurrent depression, anxiety state, self mutilation and attempted suicide.

In December 1960 two health visitors working on the All Saints Hospital catchment area were appointed to work in co-operation with the psychiatric social worker for the area.

General Practitioner—Health Visitor Relationship

The health visitor appointed to participate in a study assessing the extent to which health visitors could assist general practitioners in the social problems of their practices, completed her task in August. She had attended morning and evening surgeries with each of the doctors and accompanied them on their rounds, and also attended two well-baby clinics held by two of the doctors. In addition to problems relating to all age groups, elderly patients were referred for an assessment of social circumstances, especially in regard to preventable aspects which might lead to impairment of health. In all, 603 visits were made to 313 patients.

Statistics

WORK OF THE HOSPITAL FOLLOW-UP VISITORS

<i>Hospital</i>	<i>Sessions at hosps.</i>	<i>Visiting sessions</i>	<i>Individual patients visited</i>	<i>Visits to patients' homes etc.</i>
Accident	81	39	154	204
Children's	81	128	225	427
Dudley Road 1	44	31½	71	142
2	46	36½	125	156
General Diabetic 1	65	53	126	200
2	17	25	91	114
" Special	37	76	241	366
Little Bromwich	43	44½	255	255
Queen Elizabeth	96½	74	194	356
Royal Orthopaedic	45	132	406	578
Selly Oak	42	82	238	325
" " Diabetic Clinic	90	72½	108	301
Totals 1960	687½	794	2,234	3,424
Totals 1959	672½	733½	2,176	3,179

WORK OF THE MENTAL HEALTH FOLLOW-UP VISITORS

<i>Hospital</i>	<i>Sessions at Psychiatric Social Unit</i>	<i>Sessions at hospital</i>	<i>Visiting sessions</i>	<i>Individual patients visited</i>	<i>Visits to patients' homes etc.</i>
All Saints ...	9½	½	18½	4	41
Highcroft Hall					
1 ...	10	—	5½	3	13
2 ...	4	—	7	1	10
Hollymoor ...	9	4½	20½	7	45
Totals 1960 ...	32½	5	51½	15	109

RECUPERATIVE CONVALESCENCE

During 1960 there were 940 applications for recuperative convalescence, showing an increase of 112 cases on the 1959 figure of 828. The increase was concentrated in four busy summer months, as will be seen from the following table which also gives the corresponding figures for previous years.

	1960	1959	1958	1957	1956
January ...	10	13	14	14	18
February ...	26	37	37	39	20
March ...	63	56	36	89	47
April ...	68	112	100	91	57
May ...	140	109	115	99	57
June ...	185	134	119	118	85
July ...	161	132	100	116	72
August ...	121	72	78	93	60
September ...	71	59	78	49	57
October ...	51	54	44	32	33
November ...	30	35	29	24	31
December ...	14	15	15	9	8
Total for year ...	940	828	765	773	545
Percentage of total referred by G.P's	87%	85%	81%	75%	63%
No. of patients referred by hospitals	119	135	148	196	203

Of the total number of applicants, 240 did not finally avail themselves of the arrangements made. The heavy demand for convalescent care during the summer, especially to the seaside, created a waiting list ; some applicants would not accept this period of waiting and decided to make their own arrangements ; others had second thoughts about convalescence towards which they would have to make a payment ; some were not well enough when the time came for them to go away, and others, old people in particular, would not accept facilities within the range we could offer and wanted to go perhaps to a particular place where it was not possible to obtain vacancies.

The following table gives ages and sex of patients who took convalescence :—

Age	0—4	5—15	16—44	45—64	65—74	75+	Totals
MALES	17	13	27	48	42	17	164
FEMALES	15	17	91	145	180	88	536

Since 1957 there has been only a slight fluctuation from year to year in the number who have actually had convalescence ; however the number of people in the 65-plus age group has shown a gradual increase. In 1957 35% of the total having convalescence was in this age group, but year by year the percentage has increased until in 1960 47% of the total were 65 years or over. A further study of this group shows that the increase is due entirely to the number of women going convalescent—perhaps this is a comment on the relative longevity of women and on their economic status.

MAIN MEDICAL REASONS UNDER 15 CATEGORIES GIVEN BY
DOCTORS RECOMMENDING CONVALESCENCE

Debility	...	...	...	141	Hypertension	...	...	33
Respiratory Diseases	...	...	...	116	Organic Nervous Diseases	...	...	26
Post-operative	...	...	...	66	Anaemia	...	...	25
Senility	...	...	...	46	Gastro-intestinal	...	...	26
Rheumatism & Arthritis	...	...	...	40	Tuberculosis	...	...	17
Mental Illness	...	...	...	28	Arteriosclerosis	...	...	12
Heart Disease	...	...	...	33	Ulcers Peptic	...	...	15
Accidents	...	...	...	26	Others	...	...	50

During the year arrangements were made with the Birmingham Hospital Saturday Fund to accommodate 412 patients at their homes in Weston-Super-Mare and Llandudno through the City Council's Scheme. This proved invaluable to the Department during the busy summer months when the H.S.F. were able to help with a large number of patients who did not contribute to their Scheme.

The Chest & Heart Association, with their homes on the south and south-east coasts, accommodated, not only patients with heart and lung illness, but also those with superadded physical complaints.

Mothers, with their babies, seeking convalescence sometimes proved a problem. Some of the mothers expected to have the complete responsibility of the child taken from them, but this is not so at mother and baby convalescent homes. The mother is usually supervised and helped with her offspring and she is removed from the day to day worries and problems of her home ; she should therefore benefit from her stay and improve her mothercraft.

Most of the children for whom this Department made arrangements in 1960 were sent to two homes in Devon which cater respectively for the age groups 0—9 years and 9—15 years. Initially the period of convalescence is three weeks, but this time is extended when necessary. The Education Committee gives a grant towards the cost for a child of school

age who needs convalescence after an acute illness. A member of the Women's Voluntary Service, whose services are given free, escorts the children on their journey: as a rule travelling parties are arranged, and the W.V.S. escort's travelling expenses are proportionally allotted to the parents.

For the very old and infirm whose doctors had recommended a period of recuperative care, the Department was able to use the Raymond Priestley House in Erdington which is run by the Birmingham Council for Old People. The advantages here are that the travelling problem is negligible, and the home is specifically for old people, who receive every help and care they need.

There was a large number of patients with psychiatric troubles to cater for in this past year. Accommodation is often very difficult to arrange for patients discharged from psychiatric hospitals and for chronic poorly-controlled epileptics. With the new emphasis on mental health several homes are now willing to accept these patients, and the Department has been assiduous in availing itself of these facilities for this type of patient who so badly needs a change of environment and surroundings.

HEALTH EDUCATION

The need to educate the public in matters relating to health must always be one of the important functions of a Health Department. It is only by the widest dissemination of knowledge concerning the ways in which they can help themselves and others and the services which are available to them, that the Department can secure the essential public co-operation without which no measure of public health can be wholly successful. Health education aims at securing this co-operation and at the same time tries to foster the concept of positive health—the idea that it is not sufficient merely to be not ill but that every effort should be made to maintain the best possible state of health at all times.

There are many approaches to this problem and undoubtedly the one which yields the best results is the personal approach, such as that made by health visitors, who can instruct individuals in their own homes or small groups at the welfare centres on matters which affect them personally at the moment. This form of health education is unspectacular and goes forward in all local health authority areas whether they have organised health education sections or not. Nevertheless the health visitors, district nurses, etc. in Birmingham benefit greatly from the guidance and backing of the Section which provides an up to date library, visual aids, training in the technique of lecturing, and specialist advice on the problems of health education. These facilities are, of course, available to all members of the Department and to the members of other departments who assist in the health education programme.

With regard to the organised methods of health education, the emphasis in this City has for many years been on providing lectures to groups of individuals who wish to have them. To this end a syllabus of available subjects is circulated annually to some 600 organisations within the City. The response to this offer has grown fairly steadily, apart from a fall at the end of 1957 due to the loss of the services of four members of the organising staff, as can be seen from the following table :—

Instruction, discussions, etc., 1951—1960

<i>Year</i>	<i>Total</i>	<i>To schools</i>	<i>To youth organisations</i>	<i>To adult organisations</i>
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	579	1,307
1958	3,563	2,170	559	834
1959	4,126	2,748	502	876
1960	5,592	3,924	466	1,202

The total of 5,592 lectures in 1960 is impressive and a tribute to the two organisers and one assistant organiser who now comprise the administrative staff of the Section. The majority of the talks are, of course, given by others, such as health visitors, public health inspectors, district nurses, school nurses, probation officers, child psychologists, etc who receive a fee for services outside duty hours but who are undoubtedly activated more by a desire to help others than by the monetary inducement. There are at present about 200 lecturers available for these talks, nearly a quarter of their number being employed outside the Health Department.

In terms of the actual number of individuals attending the lectures, the total is also encouraging. Figures were not available for the first nine months of the year, but on the basis of those for the last quarter, some 33,000 persons attended the talks. This does not include the attendance at the lectures in schools. It is sometimes said, in criticism of lectures as a means of health education, that the majority of the population are not reached by this means. Obviously this is true. Nevertheless, many of those who attend such lectures must talk about them elsewhere, so that the content of the talks must be spread far more widely than statistics would seem to indicate.

With regard to the teaching of health subjects in schools, it will be seen from the table that there was a substantial increase in the number of lectures given in 1960. This has been occasioned by the inclusion of six more secondary modern schools in the programme, which now covers 55% of these schools in the City and includes nearly 7,500 pupils. This

form of health education is still a combined effort in which the School Health Service and the Health Education Section work together, so as to secure a common policy, syllabus and direction. It is, of course, the prerogative of the individual head teachers to decide whether they wish to take advantage of proffered courses, but most of them do so and the real limiting factor in covering the whole field is the lack of sufficient staff who are able and willing to undertake the lectures.

Four courses of lectures are given on appropriate subjects, one to the 11 plus age group and the other to the 14 plus age group of both sexes. The syllabuses for these courses are very carefully compiled and no undue stress is laid on sex education, although it is brought in at the appropriate point. The theme of the 11 plus series is "Personal Hygiene" and that of the 14 plus series "Preparing for Marriage". There can be no real doubt that school children take a great deal of interest in these topics and that a good deal of what is said to them is remembered and is of help in adult life. This is of particular importance, because one of the great stumbling blocks in the way of education of all forms is ignorance on the part of parents who do not therefore, either by precept or example, encourage learning in their children. By teaching the children of to-day we hope, in fact, to make it easier to teach the coming generation. A further reason why this form of health education is important is that it is directed at a representative cross section of the whole community and not confined, as are lectures to youth or adult groups, to small factions.

Smoking and Lung Cancer

The approach to the public in this field has followed the general pattern of Health Education in the City. A talk entitled "Smoking and Health" is included in the syllabus circulated to youth and adult organisations. This subject covers a somewhat wider field but deals largely with the connection between smoking and lung cancer. The matter is also mentioned in a number of other lectures such as : Healthy Adolescence, Bronchitis, Health Aids to Beauty, Budgeting, and Clean Air.

In the talks to school children it is considered in both the 11 plus and 14 plus series; in the former during the talk on "How the Lungs Work" and in the latter in the one on "Healthy Living".

Lectures to Special Groups

It was decided, after discussion with the Supervisor, to hold another course of parentcraft talks in the Friendship Housing Association Hostel. This hostel was opened in 1959 to give shelter to women, most of whom have children, who have co-habited with coloured men and wish to break their liaisons. The courses were held during May, June and July and it was encouraging to note that the attendance was an improvement on the previous course.

The courses for prisoners in Winson Green Prison have continued. These include a general course of talks, films etc. on health topics for men ; a course of parentcraft for women prisoners who have children ; a discussion group for women ; and a special course on mothercraft for women in the hostel who have been convicted of child neglect. These are all very much appreciated by the prisoners and it is felt by the staff of the prison that they are most useful and helpful.

The talks on parentcraft which were given in 1959 to the "problem families" living in the two converted houses in Lee Crescent were not repeated in 1960. It had proved almost impossible to get even two or three people together for these talks.

Exhibitions

For several years past there has been a Dental Health exhibit at the Birmingham Show at Handsworth in the Autumn and in 1960 this was extended to include other material on general Health Education, Smoke Abatement, Housing Improvement Grants and Aids for the Handicapped. Films on these topics were shown more or less continuously during the hours of opening, using a daylight screen constructed by the Direct Labour Building Department. The whole undertaking proved remarkably successful.

The Health Department was represented at both the Homes and Gardens and Ideal Homes Exhibitions in Bingley Hall, the former in the Spring and the latter in the Autumn. At the Homes and Gardens Exhibition the exhibit was on Dental Health and incorporated a film show. At the Ideal Homes Exhibition the Solid Smokeless Fuels Federation shared a stand with exhibits on Smoke Abatement and Grants for Better Homes.

The Birmingham and District Federation of Parent-Teacher Associations held a Summer Rally at the Great Barr Comprehensive School and an exhibition was invited from the Health Education Section. This was arranged and included ; Grants for Better Homes, Aids for the Handicapped, Food and Health, Baby Care and Personal and Environmental Hygiene. It was greatly appreciated.

Joseph Lucas Ltd. again requested the assistance of the Section during the Industrial Health and Safety week. Material was provided on : Grants for Better Homes, Home Safety, Dental Health and Water Safety. The Department also lent the films "How to Catch a Cold" and "Let's Keep our Teeth".

Exhibits were shown in Messrs. Greys and Lewis's stores, the former on Flies and Food, in connection with a sales promotion of domestic refrigerators, and the latter on Aids for the Handicapped. The Aids for the Handicapped exhibit was also circulated around the District Nursing Centres and other exhibits were maintained throughout the year in the Public Health Department itself and at Loveday Street Maternity Hospital. The Health Education Section is also responsible for the material displayed at the Nechells Green Health Centre.

During the course of the year, twelve show cases in the Smallbrook Ringway pedestrian subway were made available to the Department free of charge for the display of suitable posters and other material. These were fitted out and exhibits have since been maintained in them.

Posters and Leaflets

Poster displays were maintained throughout the year in all Corporation departments, welfare centres, day nurseries, school health clinics, district nursing centres, some general practitioners' surgeries and waiting rooms, some factories and on four external sites (previously used by the Empire Marketing Board). These were changed at approximately two monthly intervals, the subjects being: Check That Fall, Poliomyelitis Immunisation, New Grants for Better Homes, Flies, Dental Health and Clean Air.

Five posters, for more limited distribution, were designed in the Health Education Section during 1960. Two of these were on Fire Risks (especially for the coloured population), two on Immunisation and one on Welfare Foods.

Leaflets on a wide variety of subjects have been purchased and distributed to the welfare centres, district nursing centres, etc. Several leaflets have been written and designed by the Health Education Section.

Films and Filmstrips

The practice of holding previews of new films on suitable subjects was continued during 1960. They are held at approximately two weekly intervals and invitations are sent to all those who are likely to be interested, the idea being to assess the worth of the films and decide to which audiences they should be shown. Attendances at these previews improved during the year, partly as a result of the acquisition of better accommodation.

One new film was purchased during the year. This was "Let's Talk Rubbish" which was produced by the Birmingham Salvage Department and shows the methods of collection and disposal of refuse. Two short films on Dental Health, "Odd Ode" and "Care of the Teeth", were also purchased.

Eleven more films on health subjects were obtained on extended loan by courtesy of their producers. These are available for showing to suitable audiences at any time.

The Section purchased a further 21 film strips in 1960.

Visitors

During the year the Section has had many overseas visitors. They have included doctors and social workers from India, Japan, Liberia, Italy and Portuguese West Africa. They have all shown great interest in the work which is done and the way in which the Section is organised.

Visual Aids

The demand for these became so great during the year that it was necessary to employ additional part-time help in the artists' room. There is no doubt that flannelgraphs, charts, etc. not only make lectures more interesting but they assist the lecturers greatly by enabling them to make their points more clearly and emphasising those which are of special importance.

The Clean Food Campaign

Lectures given during the year are summarised as follows (1959 figures in brackets) :—

<i>Audience</i>	<i>Lectures</i>	<i>Attendance</i>
Food traders	5 (14)	167 (924)
Lay public	32 (36)	977 (1117)

In addition the thirteen-week evening lecture course, arranged with the assistance of the College of Food and Domestic Arts, commenced in January, as arranged, and attracted between thirty and thirty-five students, drawn mainly from industrial canteens.

Of these, thirty entered for the written and oral examination, all being successful in qualifying for the Food Hygiene Certificate of the Royal Institute of Public Health and Hygiene.

It is proposed to conduct a similar course in 1961, and to invite hospitals, in particular, to participate.

The Clean Air Campaign

Eleven lectures were given during the year, with attendances ranging from 11 to 40, and with a total attendance of 261. This steady, if small, demand relates mainly to women's organisations and church guilds, but in one instance a request came from a male organisation that a progress report should be given, to follow up a talk given earlier at the commencement of operation of the Clean Air Act, 1956.

Reactions to these talks vary according to the level of intelligence, occupation and background of the audience, and in some instances the atmosphere may initially be hostile, or at least sceptical. This is not surprising when one considers the widespread propaganda of the National Coal Board in favour of the open coal fire.

Nevertheless public opinion is tending more and more to the establishment of domestic smokelessness, and reception of smoke control area advisers engaged on survey work is cordial and it is clear that this personal informative approach to the householder is bearing fruit.

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 condition to which applicant has drawn attention</i>	POINTS AWARDED				<i>Immediate rehousing recommended</i>	<i>Total applications</i>	<i>Percentage of total</i>
	NIL	10	20	30			
Nervous conditions	246	193	105	32	3	579	20.8
General debility	48	41	12	2	—	103	3.8
Asthma and bronchitis ...	224	492	187	48	1	952	34.2
Wounds ...	3	0	1	0	—	4	.2
Blindness ...	25	8	6	1	—	40	1.5
Arthritis and rheumatism ...	75	64	41	20	1	201	7.2
Orthopaedic conditions and paralysis ...	48	29	31	16	11	135	4.8
Heart and circulatory diseases ...	95	67	128	71	7	368	13.2
Other physical disabilities including fits ...	147	78	42	11	5	283	10.1
Gastric and intestinal conditions	52	41	12	5	1	111	4.2
Totals	963	1013	565	206	29	2776	100.0%

There were, in addition, 143 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 following table showing the applications year by year indicates the considerable fall in numbers during 1960, although the medical conditions to which reference was made varied little in relative proportions. A large but unrecorded number of re-investigations are included in all the figures.

<i>Years</i>	1953	1954	1955	1956	1957	1958	1959	1960
No. investigated	8625	4643	3667	3354	3737	3350	3537	2776
Bronchitis, asthma, etc.	31·0%	31·1%	32·3%	29·3%	34·65%	38·27%	39·9%	34·2%
Mental ill-health	16·3%	24·8%	23·4%	24·2%	21·72%	19·25%	20·0%	20·8%
Heart	9·8%	8·7%	8·6%	9·9%	9·63%	9·94%	9·8%	13·2%
Arthritis, etc.	8·0%	5·5%	5·2%	7·0%	6·07%	5·82%	6·6%	7·2%

APPLICATIONS ON GROUNDS OF TUBERCULOSIS

Points Awarded

Nil	10	20	30	Total Applications considered
199	41	68	226	534

Among the 534 above applicants 418 (334 plus 84 brought forward from previous years) were further considered for urgent rehousing irrespective of the Points Scheme. Originally 137 were recommended for immediate rehousing irrespective of the total number of points they might have. Subsequently 11 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 on this service has continued to increase during the year and it is reasonable to expect that this will continue to be the case for many years ahead. The help required by elderly persons has especially increased and a recent survey showed that the average age of persons receiving help was 72 years.

The amount of help given depends on circumstances in the home. The large family of a sick mother will require more hours of assistance than the elderly single person who is still able to get about although unable to do the heavier chores. Many elderly persons are independent and refuse help as it threatens their independence, although they urgently need assistance. The regular visits of the home help are all that many old people require to keep them happily in contact with life ; numerous elderly persons have few visitors to their homes.

Because of the great demand for home helps, and their shortage, it is essential that great care be taken when deciding whether or not a home help should be provided. No two cases are exactly similar and judgment is required if the best possible service is to be given to those needing help. Close liaison is essential between the district organisers and family doctors, district nurses and hospital almoners.

When help is required in the homes of persons with mental disorders it is essential that the right type of home help be supplied, considerable patience and understanding being desired.

During the year many problem families under the supervision of the Family Care Section were helped.

The persistent shortage of home helps stretched the resources of the service to a maximum. During the year 240 home helps were appointed and 273 resigned, and by the end of the year there were 33 fewer home helps employed than at the corresponding date in 1959 though the number of families assisted during 1960 had increased by over 160. This heavier case load has been made possible by the improved efficiency of the service and better distribution of the home helps.

The additional clerical assistance given in district offices has relieved the organisers of some routine administrative work and permitted them more time to visit families who are being helped ; this is shown in the increased number of visits paid by the district organisers during the year as compared with 1959. The organisers have lectured to student health visitors and other student groups.

Accommodation has been provided at the Nechells Green Health Centre for a district organiser and this has made it possible to close the home help office in the Washwood Heath Welfare Centre.

The Night Watcher Service is very much appreciated and the demand on this service was as great as in 1959. Visits paid by the organisers when the night watchers were on duty have shown a high standard of care and attention.

Statistics

DOMESTIC HELP SERVICE

<i>Number of home helps at end of year</i>				1960	1959
Full-time (42 hours and over)	...	...	...	54	57
Part-time (30 hours and over)	...	...	...	209	216
Part-time (under 30 hours)	...	...	...	583	606
				<hr/> 846	<hr/> 879

<i>Number of families assisted during the year</i>										<i>Incapacitated persons in households</i>	
										<i>Families</i>	
1.	Maternity	...	...	...	...	...	...	...	654	654
2.	Illness of housewife—										
	(a)	Disease of circulatory system				Over 65	...	388		420	
						Under 65	...	119		135	
	(b)	Cancer	...	...	...	...	Over 65	...	100	114
						Under 65	...	63		71	
	(c)	Vascular disease of central nervous system				Over 65	...	188		207	
		...	...	...	...	...	Under 65	...	87	98
	(d)	Diseases of respiratory system (other than tuberculosis)				Over 65	...	153		171	
		...	...	...	...	...	Under 65	...	53	54
	(e)	Respiratory tuberculosis				...	...	...	36	39
	(f)	Other illnesses				...	...	...	361	480
3.	Aged persons (65+ not included above)						...	...	2,558	3,126
4.	Potential problem families						...	...	49	119
5.	Problem families referred by Psychiatric Social Service								26	126	
									4,835	5,814	

Visits paid by organisers

						1960	1959
Maternity cases	...	...	...	...	...	719	789
Ill housewives	...	...	...	...	...	1,723	1,973
Old persons	...	...	...	...	...	8,584	8,075
Potential problem families	...	...	...	...	...	79	94
						<hr/> 11,105	<hr/> 10,931

NIGHT WATCHER SECTION

	1960	1959
<i>Number of Night Watchers at end of the year</i>	42	38

<i>Number of families assisted during the year.</i>						<i>Number of ill persons in each household</i>
<i>Diseases of—</i>					<i>Families</i>	
(a)	Circulatory system	...	...	...Over 65	32	35
				Under 65	4	4
(b)	Cancer	...	...	...Over 65	22	22
				Under 65	5	5
(c)	Vascular disease of central nervous system	...	...	Over 65	25	26
				Under 65	3	3
(d)	Diseases of respiratory system	...	...	Over 65	9	11
				Under 65		
(e)	Other illnesses	...	...	...	3	5
(f)	Aged persons	...	...	...	72	76
					<hr/> 175	<hr/> 187
					<hr/>	<hr/>

Visits Paid by Organisers

By day	...	...	...	157
By night	...	...	...	85
				<hr/> 242
				<hr/>

MENTAL HEALTH

(SECTION 51—NATIONAL HEALTH SERVICE ACT, 1946)

The Mental Health Act, 1959, was the most important legislation in this field this century, coming into operation on 1st November of the year under review. Prior to this the proposals of the Health Committee for implementation of the Act had been approved by the Minister. These were based on the existing framework of the mental health services, which had been geared to community care for nearly a decade. In consequence, many of the responsibilities were introduced smoothly and with the minimum of administrative change. Nevertheless this Section is still in a fluid state of development, but with new plans already approved for closer integration within itself and for even greater and more profitable liaison with the hospitals, a comprehensive pattern of community care which will link up the general practitioner and hospital medical services with other statutory and voluntary welfare organisations, should emerge. In the pages that follow this will become more apparent where references are made in detail to the number of agencies who refer cases or whose members take part in case discussions with the Mental Welfare Officers.

A high degree of useful co-operation with the hospitals exists and the number of referrals by them to the Local Authority continues to increase. The most recent advance in this respect has been the beginning of a closer link between the Children's Hospital and the Parent Guidance Clinic, the hospital sharing the social worker staff of the latter. In addition, services offered by other departments within the Local Authority have been successfully used. In particular, the Chief Welfare Officer has been most helpful in allowing former mentally ill patients to share in the work of the occupation centres and general outwork facilities provided by his department.

Reference is made later in the Report to the two hostels that have been established during 1960. These have proved most useful in preparing the patients to take their place in the community and remarkable results have been achieved in placing both the women and the men in employment. It is felt that the success of accommodation of this kind depends on close liaison with the hospital, all candidates for admission being carefully considered by the consultant medical staff and the mental welfare officers, in close co-operation with the officers of the Ministry of Labour, who have been most helpful in finding employment for the residents, and on the background support of an efficient after-care service. Without all these different types of co-operation it is felt that a local authority hostel is likely to become a long-stay annexe of the hospital and will have nothing additional to add to the latter service except beds.

During the year it has been possible once again to provide in-service training for those mental welfare officers who were without casework experience. This was done by the kind co-operation of the College of

Commerce, the course consisting of four weeks' full-time study, instructing students in all aspects of mental health and mental illness, followed by two terms' part-time and, finally, a fortnight's full-time instruction, which takes place in the summer of 1961. In addition to this training programme, facilities for gaining experience in the field of mental health have been given to health visitors and student health visitors at present undergoing study at the Birmingham University.

At the present moment the Mental Health Service of the Health Department is constituted 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.

The routine work of the sections is outlined below :

1. Psychiatric Social and Family Care Section

Sources of referral of patients (total 499).

Public Health Department ...	60	Ministry of Labour ...	3
Hospitals	254	Probation Service ...	14
General Practitioners ...	20	Education Department ...	3
Housing Management Dept.	19	Child Guidance Clinic ...	1
Children's Department ...	7	N.S.P.C.C.	1
Welfare Department ...	5	Voluntary Agencies ...	9
National Assistance Board ...	51	Personal Application ...	52

There have been several staff changes during the year. The present staff consists of four psychiatric social workers and seven qualified social workers, all of whom are now designated Mental Welfare Officers or Assistant Mental Welfare Officers under the Mental Health Act, 1959.

There are three unfilled vacancies. Every effort is being made to obtain qualified staff, but it has to be recognised that there is an acute national shortage of such staff and it is unlikely that the situation will improve during the next few years. It is to be hoped that the recommendations of the Working Party on Social Workers (The Younghusband Report), will be implemented as speedily as possible. However, any local implementation of such proposals will inevitably place a further burden upon the Section since it is highly likely that it will be asked to take part in any proposed training schemes.

In spite of the unsatisfactory staff position there has been an increase of nearly one-third in the number of new cases dealt with by this section as a whole ; 1959 (387), 1960 (499).

(A) PSYCHIATRIC SOCIAL SECTION

The progress made last year for integrating the services provided to the four city psychiatric hospitals by teams made up of staff from this Section and the Mental Welfare (Admissions) Section has continued. This has undoubtedly resulted in a more comprehensive provision of after-care facilities and the hospitals have been quick to recognise the increasingly important part the Local Health Authority has to play under the new Mental Health Act. This is reflected in the increased number of referrals from hospitals during the year ; 1959 (174), 1960 (254).

The needs of the patient who has been in hospital for a considerable period, sometimes for as long as fifteen or twenty years, are especially the concern of the after-care service. Thanks to modern pharmaceutical treatment, these patients are often making remarkable improvement and many cases become fit to leave hospital. However, if their rehabilitation in the community is to be successful, they need considerable advice and long-term support. The provision of hostels has been of considerable help to a number of these patients, but without the close supportive contact already referred to that only skilled social casework can provide, the rehabilitation of many of them would not have been successful. Special reference has already been made to the Disablement Resettlement Officers of the Ministry of Labour, who have been a continuous source of skilled and sympathetic assistance and have been remarkably successful in placing many of these patients in suitable employment.

The community care and preventive functions of the Section continue to increase. The close contact established last year with the local officers of the National Assistance Board has resulted in an improved understanding of each other's work and problems. Senior members of the Section continue to meet the staff of the various Board offices at regular intervals when cases are brought forward for discussion and mutually agreed plans for casework help and assistance are established. The benefit of these regular contacts is marked. They have produced an increase in mutual respect and confidence between the staffs and this has resulted in the Board's officers becoming increasingly aware of the mental health aspect in many of the problems which they meet. The number of cases referred to this Section by the National Assistance Board has doubled, 1959 (25), 1960 (51), but many more, after discussion and perhaps some change in approach or emphasis, continued to be helped by the action of the Board's officers alone. This perhaps, is the most important consequence of this co-operative project.

Similar advisory contact continued with the health visitors at the Maternity and Child Welfare Centres. Of special interest during the year was the establishment of regular meetings with the staff at the Nechells Green Health Centre. It is highly desirable that the Section should be included in the important and pioneering work which is taking place at the Centre since an awareness of the preventive aspects of mental health

work, and the part that the skilled mental health social worker can play, is becoming increasingly recognised by health visitors and general practitioners alike, and this Centre provides a unique opportunity for close and fruitful co-operation.

During the year there has been some increase in the number of personal applications to the Section by members of the public ; 1959 (43), 1960 (52). This is an encouraging sign and suggests that not only the casework service which the Local Health Authority provides is becoming increasingly known, but also that people are prepared to seek early help with what they feel to be problems of mental health.

SOCIAL CLUB

The club continues to meet regularly one evening a week. It is designed for those patients who have some difficulty in making normal social contacts and who require, at least for the time being, a benign social atmosphere in which they may regain confidence in themselves and their trust in others. It is essentially a stepping-stone to normal social outlets and members are encouraged to take up these normal activities as soon as they are able. The average weekly attendance is ten.

CO-ORDINATION WITH THE WELFARE DEPARTMENT

This year fourteen patients were referred to the Welfare Department and attended its Centres for handicapped persons. A significant number clearly benefited by this contact and fully justified the experiment.

PSYCHOLOGICAL REPORTS

Work done, largely on behalf of the Children's Department, by the educational psychologists, was as follows :

Reports for Magistrates	...	...	...	...	...	...	625
Reports for Mental Health Section	...	...	...	...	...	...	6
Total	...	...	...	...	...	...	631

(B) FAMILY CARE SECTION

During 1960 individual case loads became alarmingly high, once soaring to over forty (the national average for problem families is fifteen). Under these conditions this type of work cannot be effectively done, because intensive attention cannot be given to cases which are in phases requiring it. The Section has been very conscious of this serious threat to the service it has to offer and the present impossibility of further necessary developments.

The pressure of heavy case loads similarly limits activities ancillary to good case work. This is a great loss in a unique corner of the social work field which is everywhere in an early stage of development. Case-work staff are still learning and discovering which approaches seem effective with particular sorts of client problems, and why this may be. They have hardly begun to look at the possible social and administrative

changes which may be indicated by these findings. It is hoped that improved staffing during the coming year will make possible a more adequate attack on these needs.

Of the special home helps supervised by the Section, two old members have retired, but three enthusiastic new workers have joined, bringing their numbers to five, of whom two are pensioners on half time. They have settled in as a very happy and helpful part of the Section doing a good, constructive job of work, along with the caseworkers. During the year they attended 26 families. It has been found possible in many cases to use this auxiliary service effectively for special limited periods of need and development within the longer period of casework supervision.

Probably the greatest present necessity is for much wider and more adequate liaison by caseworkers from the Section with other services. There is still a crying need for the recognition of the inadequate and difficult ('problem') family and especially the parents, as needing a special approach by all services, in the same way as the mentally ill patients or clearly defective or otherwise handicapped people. The Section tries to advise and help over this whenever it can. Those who have accepted the Section's co-operation and help, or adopted its methods, know this fact. For example, it is a frequent experience to have families referred who have accumulated quite massive arrears of rent through a temporary period of disturbance which has made them miss a week or two's payment. They had got the idea that they dare not see the rent collector until they had enough to pay up the whole outstanding amount, especially if threats had been made; and as this grew bigger, found they were less and less able to pay. They may have been called to a Rent Committee or even received a Court Order for an amount they feel they cannot pay. So the debt grows or may at times be staved off by committing another offence, such as breaking a meter. Hence more debts and perhaps the electricity or gas are cut off and other liabilities are incurred. The family loses its nerve and begins to feel degraded and unable to make any rational effort, as its problems mount up. At such a point, when called to intervene, the Section gives the person a chance to tell the whole situation as he sees it and helps him to believe in the ability of the authorities to understand his difficulties as well, and accept reasonable steps to surmount them. The caseworker explains that the debt situation is bigger and more complex than the one aspect in which creditors are interested and that pressure is having a bad effect on getting it solved and on the family's morale. Usually the more far-sighted creditors see this and settle for small regular payments which workers of the Section often agree to collect on pay day for a period, until confidence is restored and the worst emergencies are past. Gradually debts are cleared one by one and the habit of steady payment is established as a factor in management; self-respect is restored and a better feeling is left towards those services and authorities which have been found reasonable and helpful, who are

likely to be regarded in future as people with whom they can make sensible arrangements direct, instead of breaking down into muddle and debt.

TRAINING—PSYCHIATRIC SOCIAL AND FAMILY CARE SECTION

The Section continues to have considerable training functions. University students have been taken from Birmingham and Southampton for practical training in social work and, in addition, members of the staff have planned and taken part in the in-service training course provided again this year in conjunction with the City of Birmingham College of Commerce. Tutorials have also been given to experienced students attending the Refresher Course of Mental Welfare Officers provided by the National Association for Mental Health in conjunction with the Extra-Mural Department of the University of Leeds. In addition, for three months an experienced social worker from a mental hospital in Norway worked in the Section as part of a study tour of British mental health services she was undertaking. Members of the staff have been regularly called upon to give talks to outside bodies both professional and lay, on behalf of the Health Education Section. The training functions of the Section are time-consuming and are undoubtedly at the immediate expense of casework. Nevertheless, it is felt that, not only does it have a stimulating effect upon the work of the Section as a whole, but it can also have a desirable effect upon recruitment of staff to the service. By working in the Section for a period, students come to see the work that is done and are encouraged to enter the mental health field—a field where suitable and trained staff are still woefully lacking.

II. Parent Guidance Clinic

In making a statistical assessment of work done in this service there is always some difficulty in assessing the degree of improvement in cases. For example, it may be relatively easy to help a mother deal with her child's habit of bed-wetting, but unless the whole relationship between mother and child is improved it could be that, although one sign disappears, the child develops another one instead, such as nail-biting. So far as is possible the all-round inter-personal relationships within the family are taken into account before the case is closed as 'improved'. Allowing for all degrees of partial to complete improvement there still remains something like 30% of the cases referred here which are closed without improvement. Some of these are due to removal from the area, while others are due to the withdrawal of the clients from further attendance. The latter group seems to indicate the existence of a hard core of parents with such marked personality difficulties that they are unable to understand their own involvement in the problem of the child's behaviour, which they bring to the clinic. Such parents prefer instead to put the blame on poor housing, lack of co-operation of the marital partner, or interference from relatives, though sometimes they are of such low

intelligence as to be unable to verbalise their own feelings in regard to interpersonal relationships. Sometimes such parents provide well materially for their children, but cannot give them a feeling of security based on the warm understanding of a child's emotional needs. This leads to the problem of such children deprived of stimulus into healthy emotional growth within the family, who must either receive such stimulus elsewhere or remain permanently limited in their maturity and stability as they grow up. One problem for the future seems to be that of exploring further how the relationships of such parents to their children can be supplemented to meet the needs of the child.

During the year 96 cases were referred to this clinic, of whom 67% came through the Infant Welfare Clinics. In addition, at the end of September the clinic undertook the social work attached to the psychiatric clinic at the Children's Hospital, where 31 cases were referred.

Owing to staff changes there is now only a visiting psychiatrist for one session weekly, but the rest of the staff remains the same—a full-time psychiatric social worker, a full-time social worker and one full-time secretary.

During the year 56 lectures and talks have been given, 44 of these to women's clubs and parents' groups, six to members of youth clubs, and six to nursing, teaching and social work students' groups. Visitors came to the clinic from Japan and Trinidad as well as this country, and a group of nursing students from one of the mental hospitals. In addition, six students have been received here from the social work courses of various universities for their practical work placements.

III. Mental Welfare Section

(A) ADMISSIONS SECTION

To those formerly known as Duly Authorised Officers the term, "Mental Welfare Officer" is now applied. This Section of the Department is at the present moment essentially concerned with the removal of patients to hospital but as members of the team attached to the reception areas of the hospitals, they are doing increasingly more after-care work. An indication of the work done is given below :

January—October 1960

Certified	...	...	...	...	...	...	...	...	196
Voluntary	...	...	...	...	...	...	...	...	5
Section 20	...	...	...	...	...	...	...	...	977
Section 21	...	...	...	...	...	...	...	...	1
Magistrates' Court Act	...	...	...	...	...	...	...	...	2
Informal admission by Mental Welfare Officers	...	...	...	...	...	...	...	...	390
Direct Informal admissions	...	...	...	...	...	...	...	...	894
Not Certified	...	...	...	...	...	...	...	...	10
Clinics	...	...	...	...	...	...	...	...	170
Social histories	...	...	...	...	...	...	...	...	193
After-care	...	...	...	...	...	...	...	...	1,582
Miscellaneous	...	...	...	...	...	...	...	...	2,724
									<u>7,144</u>

November—December 1960

Section 26	...	...	...	...	...	...	...	...	10
Voluntary	...	...	...	...	...	...	...	...	—
Section 29	...	...	...	...	...	...	...	...	80
Section 25	...	...	...	...	...	...	...	...	77
Informal admission by Mental Welfare Officers	...	...	...	...	...	...	...	...	132
Direct Informal admissions	...	...	...	...	...	...	...	...	158
Clinics	...	...	...	...	...	...	...	...	30
Social histories	...	...	...	...	...	...	...	...	68
After-care	...	...	...	...	...	...	...	...	426
Miscellaneous	...	...	...	...	...	...	...	...	725
									<hr/> 1,706 <hr/>

Separate lists of figures are shown, as the Mental Health Act became operative from 1st November, but despite its short duration much has already been learned of its effect.

In general, the Mental Welfare Officer, having lost the power to remove patients under a 3-Day Order, has to spend a considerably longer time in arranging for the patient's admission, but some of the routine admission work has been taken over by members of the team with psychiatric social worker or social worker qualifications who also undertake night duty. As this co-operation becomes more definite and present plans are ultimately realised, it is hoped that the removal of patients to hospital, although important, will not become the major part of the duties of Mental Welfare Officers.

HOSTELS

On 1st January a hostel for men accommodating twelve was opened, managed by a warden, assisted by a resident cook and two cleaners; since then forty-three have been admitted. The average stay is approximately $3\frac{1}{4}$ months.

Out of the total, twelve were returned to hospital, as they were not sufficiently stable to remain within the community, five were discharged to relatives and fourteen to lodgings. At the end of the year eleven were in residence and all in employment, apart from three who had become redundant owing to the seasonal nature of their work.

The residents contribute towards their maintenance according to their earnings. Generous allowances are made towards the cost of meals taken out, fares in travelling to work, and other out-of-pocket expenses, and the maximum charge is £3/10/- per week.

On 26th September a similar hostel for females was opened. This also has accommodation for twelve. Since the opening seventeen names have been registered for accommodation. Of the original residents three were readmitted to hospital, one returned to Eire, one went to live with a relative, whilst a further one was placed in a residential job. The vacancies created were soon filled and at the end of the year twelve were in residence.

The type of persons accommodated at the hostels usually require help and support, the majority being on National Assistance until employment is found. In this respect the National Assistance Board co-operate by sending an officer to the hostel the day following admission, when all necessary particulars are taken. A grant in the form of a postal draft is usually forwarded by return.

The Ministry of Labour Disablement Resettlement Officer is also very helpful and understanding in the special needs of these cases and makes every effort to find suitable employment as quickly as possible.

(B) COMMUNITY CARE SECTION

The work done in this Section is essentially concerned with the care of the subnormal. Unfortunately, it is not possible to report the opening of new premises for the training of the subnormal and severely subnormal children and adolescents under the care of this department, but considerable progress has been made in this direction and the staff of the new Senior Special Training Centre have been appointed. It is the intention to open this Centre early in 1961. Considerable progress has been made with the planning of the new Special Junior Training Centres, sites having been found for four and the building of a new one is progressing satisfactorily.

Particulars of cases reported during 1960.

	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	M.	F.	M.	F.	
Reported by Local Education Authority	42	25	2	3	72
Reported by Police or Courts	—	—	3	—	3
Reported by other sources	12	13	12	12	49
	—	—	—	—	—
	54	38	17	15	124
	==	==	==	==	==

Total cases on Authority's registers as at 31.12.1960.

Under Supervision	282	212	598	498	1,590
In psychiatric hospitals	90	70	955	834	1,949
Under Guardianship	—	—	1	1	2
Awaiting admission to hospitals ...	57	33	17	4	111

Admissions

Number of cases admitted to psychiatric hospitals during 1960

(a) Informally	13	7	29	23	72
(b) Under Order	—	—	7	3	10

SHORT-TERM CARE UNDER MINISTRY OF HEALTH CIRCULAR No. 5/52.

During 1960, 67 applications were received for short-term care and accommodation was found for 57 patients. They were mostly children under the age of 16 years, and were accommodated for periods from one

week to two months, thus giving a measure of relief to the relatives. The patients were admitted for the following reasons:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Illness of mother	11	6	17
To enable parents to take a holiday	15	13	28
For observation, pending detention	6	3	9
For dental treatment	—	3	3
	<hr/> 32	<hr/> 25	<hr/> 57

SUPERVISION AND TRAINING

	<i>Under 16</i>	<i>Over 16</i>	<i>Total</i>
	<i>M. F.</i>	<i>M. F.</i>	
Under Supervision	282 212	598 498	1,590
Approximate number of females gainfully employed			131
Approximate number of males gainfully employed			336

The supervision of mentally subnormal cases under 21 living in the community is undertaken by the Education Committee on behalf of the Health Committee. Provision is made, however, for those between 18 and 20 years of age to be reviewed and for all those still requiring community care to be visited by the Mental Welfare Officers on reaching 21 years of age.

The administration of the Junior and Senior Training Centres is also undertaken by the Education Committee on behalf of the Health Committee.

Facilities for the training of the mentally subnormal under supervision are provided at seven Junior Training Centres and three Senior Training Centres (2 males and 1 female). Particulars of the Centres are shown in the following schedule together with the numbers attending:-

Junior Training Centres

	<i>Under 16</i>	<i>Over 16</i>	<i>Total</i>
	<i>M. F.</i>	<i>M. F.</i>	
Erdington	18 14	— 1	33
Glebe Farm	15 16	1 1	33
Kingstanding	16 7	2 4	29
Hobmoor	11 20	1 3	35
St. Paul's	32 14	— —	46
Weoley Castle	13 18	2 1	34
Wretham Road	18 16	— 2	36

Senior Training Centres

Bell Barn (1 male and 1 female)	7 2	49 69	127
Moseley Road	5 —	56 —	61

The activities of the Junior Training Centres cover elementary speech training, word recognition, music and movement, habit training,

domestic and sense training, physical training and handicrafts. A wider range of more advanced subjects is taught at the Senior Training Centres. The boys receive training in carpentry, leatherwork, canework, rug-making, boot repairing and gardening, etc., whilst the senior girls are taught domestic subjects in addition to the usual handwork and crafts. A new innovation in 1960 was a scheme for outwork undertaken for a local firm consisting of carding and packing toilet goods. The girls have proved very adept at the work and the added incentive to earn a little money has given them much encouragement.

As in previous years, the children were taken on outings to places of interest and visited the pantomime. 'Open Days' were arranged and each centre had a Christmas party.

During June, July and October, 76 children attending the Training Centres were provided with a week's holiday in the country free of charge. In addition, 17 girls from the Senior Training Centre were given financial assistance towards the cost of a holiday at the sea.

Most of the patients travel to the centres by public service vehicles and fares were paid by the Health Committee. Guides were provided where necessary. 93 physically handicapped/severely subnormal children were conveyed to the centres by private hire cars.

68 mentally subnormal children, unable to attend training centres, received training by Home Teachers in their own homes.

During 1960, 119 cases, who were considered socially stable and secure and in respect of whom satisfactory reports had been received for some years, were discharged from supervision.

LEAVE OF ABSENCE

On 31.12.1960, there were 51 patients (31 males and 20 females) resident in this area on leave of absence from various hospitals for the mentally subnormal supervised by Mental Welfare Officers. 48 were found suitable employment and are successfully earning their own living; the remaining 3 are incapable of work.

Every assistance is given to those patients who are considered suitable for leave of absence from hospitals who have no relatives available to give them a home or where it is known that the home conditions are unsatisfactory. Special efforts are made to place these patients in suitable lodgings with sympathetic people, who are prepared to accept the responsibility of caring for them. 16 patients on leave of absence were accommodated in lodgings or residential employment.

During the year, 51 were discharged from leave of absence.

The number of patients on leave of absence from hospitals is the lowest recorded for many years and is partly due to the change in legislation, which permits the admission of patients to hospitals on an informal basis. However, those patients who are discharged from informal care are given every assistance on their return to life in the community and are

visited by the Mental Welfare Officers. The support given has been the means of preventing a number from breaking down.

During the summer season of 1960, holidays were arranged for 29 patients, most of whom were on leave of absence from hospitals and working in the community. The expenses of the holidays were entirely borne by the patients, and accommodation was obtained at Y.M.C.A. Holiday Centres at Rhyl and Skegness, and 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.

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—Certificates in Social Administration and in Psychiatric Social Work (Manchester).

3 Psychiatric Social Workers.

7 Social Workers (2 hold a B.A. Degree, two a Social Science Certificate and one a Diploma in Social Work, one a Diploma in Mental Health, one a Social Studies Certificate).

Clerical staff— 1 Clerk/Receptionist, 1 Shorthand-typist, 1 Junior Clerk.

PARENT GUIDANCE CLINIC

1 Consultant Psychiatrist, L.R.C.P., L.R.C.S., 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.

4 Mental Welfare Officers (one is a State Registered Nurse).

Clerical staff—1 Clerk, 1 Typist, 3 Shorthand-typists.

Occupation Centres, Industrial Centres and After-Care

(Under the management of Education Committee on behalf of the Health Committee).

- 10 Supervisors (4 hold Diploma of National Association for Mental Health).
- 11 Assistant Supervisors (3 hold Diploma of National Association for Mental Health).
- 11 Welfare Attendants.
- 10 Kitchen Attendants.
 - 1 Supervisor of Training Centres (Diploma of National Association for Mental Health).
 - 1 After-care Officer (B.Com., London).
 - 4 After-care Visitors (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 (1 has Diploma of National Association for Mental Health).

(B) ADMISSIONS SECTION

The local authority has now approved a list of doctors under the Mental Health Act, 1959.

- 1 Senior Mental Welfare Officer—Certificate of Poor Law Examinations.
- 1 Deputy Senior Mental Welfare Officer—no academic qualifications but possessing long experience.
- 9 Mental Welfare Officers.
- 2 Shorthand-typists, 1 Junior Clerk.

(C) CO-ORDINATION

The joint use of officers has been described in detail but supervision of subnormal patients is also carried out by members of the Community Care Section and reports on the home conditions prepared for the consideration of the Medical Superintendents.

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 22.

INSPECTION AND REGISTRATION OF NURSING HOMES AND NURSING AGENCIES

(1) Nursing Homes (Public Health Act, 1936)

At the end of 1960 there were eleven nursing homes on the register, providing 223 beds. Of these homes, nine take only chronic or senile cases, and one caters for maternity cases. Two homes for chronic cases closed down during the year, with 18 and 8 beds respectively. One home transferred to other premises and increased its accommodation from 11 to 14 beds.

The total number of visits paid to nursing homes during the year was 41 (38 by medical officers and 3 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 agency moved out of the City, and cancelled its registration.

The total number of visits of inspection paid during the year was nine.

HOMES FOR THE AGED AND INFIRM

At the very end of 1958 the Welfare Committee resolved that the Medical Officer of Health be appointed as the officer responsible to the Welfare Committee for medical and nursing matters in the Homes. The Health Committee concurred in this arrangement.

The Welfare Committee's Homes in the City are as follows :—

									<i>No. of beds</i>
Quinton Hall	...	...	...	...	...	...	...	...	230
Highbury Hall	...	...	...	...	...	...	...	...	205
Witton Hall	...	...	...	...	...	...	...	...	146
Summer Hill Home	...	...	...	...	...	...	...	...	120
Brookfields House	...	...	...	...	...	...	...	...	102
Beechenhurst	...	...	...	...	...	...	...	...	32
Benmore	...	...	...	...	...	...	...	...	19
Bourn House	...	...	...	...	...	...	...	...	42
Churchfield	...	...	...	...	...	...	...	...	20
Earlsbury Grange	...	...	...	...	...	...	...	...	23
Fairfield	...	...	...	...	...	...	...	...	12
Icknield	...	...	...	...	...	...	...	...	31
Jesmond Grove	...	...	...	...	...	...	...	...	30
Lancaster House	...	...	...	...	...	...	...	...	26
Normanhurst	...	...	...	...	...	...	...	...	75
Oakdene	...	...	...	...	...	...	...	...	30
Southfield	...	...	...	...	...	...	...	...	18
Strathfield	...	...	...	...	...	...	...	...	22
Vauxhall House	...	...	...	...	...	...	...	...	24
West Heath House	...	...	...	...	...	...	...	...	39
Yardley Grange	...	...	...	...	...	...	...	...	74

There has been a revision of the medical records of the residents and a liaison with those general practitioners who provide general medical services. Each home has been periodically visited by senior medical and nursing members of the Health Department staff, either without prior arrangement or by appointment in order to discuss problems which general practitioners, superintendents and matrons are invited to bring up.

The service provided for the Welfare Department can be summarised as follows :—

- (1) Routine visits of inspection by a senior medical officer and senior nurse to supervise the general medical and nursing services provided by the Welfare Department.
- (2) Specific advice by the Superintendent of the Home Nursing Service concerning bedside nursing. Training courses have been arranged for qualified and unqualified attendants on the staff of the homes.

- (3) Arrangements for district nurses to visit particular homes for the administration of injections and other specific nursing assistance.

(Special assistance has also been provided during epidemic episodes when the normal staff of the Homes have been hard pressed under the weight of sickness).

- (4) General advice on hygiene matters.
- (5) Advice on the administration and control of dangerous drugs.
- (6) Advice on the medical staffing.
(The Medical Officer of Health assists in the selection of visiting medical practitioners).
- (7) Advice on the nursing staffing.
- (8) Advice on suitability of sites for new homes.
- (9) Advice on suitability, from the medical point of view, of plans prepared for new homes.

Conditions from the health point of view have been excellent and there is no doubt that the health of residents of the Homes is looked after most carefully.

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 31.3.60 was 61,729 compared with 61,580 on 31.3.59. Birmingham's comparable figures were 1,397 on 31.3.60 as compared with 1,364 on 31.3.59.

The total number of children taken into the care of the Local Authority during the year ending 31.3.60 was 1,137 compared with 977 the previous year and 649 in 1958, and the number of children discharged from care was 1,104,889 and 669 respectively. Of the 1,104 discharged, 987 returned to the care of their parents, relatives or friends, and included the revocation of twenty-four Fit Person Orders. The number of children living at home on trial with their parents or relatives on 31.3.60 was 66 compared with 79 on 31.3.59.

By the end of 1960 the total number of children in care under the Children Act, 1948, or committed to care under the Children & Young Persons Act, 1933, had risen to 1,432. During the year there were 1,152 admissions and 1,083 discharges under the Children Act, 1948, and 58 committals under the Children and Young Persons Act, 1933: 68 committal orders were revoked or expired.

The number of applications made to the Children's Department for the admission of children into care for the year ending 31.3.60 involved 2,765 children and 1,137 (i.e. 41 %) of these were accepted.

This great increase in the number of children admitted to care has taxed the accommodation in Birmingham to its limits and arrangements were made between the Children's Committee and the Health Committee to use for the purposes of Children's Homes under Part II of the Children Act, 1948, the former district nurses' homes situated at 16 Handsworth Wood Road, Handsworth, and 7 Chamberlain Road, Kings Heath, for at least twelve months. The accommodation is for sixteen and fourteen children respectively and the homes were first opened for this purpose in January, 1960.

In the latter part of the year, owing to increasing pressure on accommodation, arrangements were made to take over the north wing of a children's home owned by the Kesteven Children's Committee and situated in Grantham, with accommodation for sixteen children who are likely to stay in care for up to 12—18 months.

The rate of admission of coloured children has increased as follows :—

<i>Date</i>	<i>Total No. in care</i>	<i>Coloured Children</i>	<i>% of total</i>
31.3.59	1364	133	9.7
31.3.60	1397	197	14.1
31.12.60	1432	212	14.8

The number of children admitted for short term care has risen substantially this year and brings its own problems, particularly with children in the younger age groups who can be deeply distressed by sudden removal from their mothers and familiar surroundings to communal living. One little 13-month-old child saw his mother removed to hospital in the middle of the night for her confinement while he was taken by police car to a residential nursery. The father was on night duty and unable to help and, following admission to the nursery, the child cried without ceasing, refusing food and drink until he became severely dehydrated and had to be transferred to hospital for treatment. A request had been made for the early discharge of the mother from the Maternity Hospital but she only arrived in time to see her child being taken to hospital. She was naturally shocked at the appearance of the child but he quickly recovered in hospital.

Other problems include the verminous and neglected child, the child with little or no training, the subnormal and severely subnormal child, and the enuretic child—all make heavy demands on staff, especially where staff shortages exist.

The health of the children in care during the year under review has been very good.

There were four deaths as follows :—

1. A girl, b. 10.9.59, died in hospital with acute meningitis.
2. A boy, b. 9.10.46, who had been in Queen Mary's Hospital, Carshalton, since January, 1959, with progressive muscular dystrophy, died on 23.12.60 of an acute respiratory infection.
3. A boy, b. 11.7.42, was killed in a motor accident while returning from Army leave at his father's home.
4. A boy, b. 12.11.53, was drowned while swimming in a river during his hostel outing to Wales.

Boarded-out Children

The number of children boarded-out in Birmingham on 31.3.60 in terms of the Boarding-Out Regulations, together with children in lodgings and residential employment, was 441 compared with 436 on 31.3.59.

On the whole the health of the children has been good. Arrangements were made for 304 children to have routine medical examinations at an Infant Welfare Centre. Many boarded-out children are medically examined by their own general practitioners or are taken individually by their foster parents to Infant Welfare Clinics.

Thirteen children have been admitted to hospital for various reasons and all but one, who died of acute meningitis, made uneventful recoveries.

Three children have had periods of convalescence.

There were four deaths—as reported previously.

Residential Nurseries

FIELD HOUSE Capacity 40

Apart from seasonal coughs and colds, the health of the children has been very good indeed.

Five nurses developed jaundice: six new nurses were given gamma globulin injections on admission to the Nursery and remained free from the infection.

FLINT GREEN Capacity 25

The children's health has been very good on the whole, but the year culminated in a bronchitis epidemic in December, 1960—four babies developed bronchiolitis necessitating transfer to hospital.

One boy, who has been in care from early infancy developed a primary tuberculous lesion and was admitted to hospital and then transferred to Kyre Park Hospital. An intensive search was carried out among his contacts in the Nursery and at school but the source of the infection was not discovered. He has now fully recovered and returned to a family home.

One boy, aged 3 years, was found to be severely subnormal and will require special educational treatment.

A premature baby was found to be deaf following admission, but fully recovered her hearing some months later and was then placed for adoption.

One little girl, b. 9.7.60, who had had two emergency operations for intestinal obstruction prior to admission, improved so much in the Nursery that the surgeon agreed she was fit to be placed for adoption provided the prospective adopting parents knew the full history. Such prospective adopting parents have been found.

HAWTHORNE HOUSE Capacity 40

The health of the children has been very good on the whole.

One girl, aged 2 years, who does not speak, has been found to be deaf and arrangements have been made for her to have a hearing aid and training in its use. She has also been under observation at hospital

because of her severe reactions to preventive inoculations and to minor illnesses.

OAKLANDS Capacity 40

The health of the children has been very good indeed.

PYPE HAYES Capacity 35

The health of the children has been very good indeed.

WYCHBURY Capacity 22

One little girl developed whooping cough soon after admission to the Nursery: the attack was severe and was complicated with an attack of chickenpox but she made an uneventful recovery. She was a contact of active tuberculosis—her mother.

Five children and four members of staff had brief, mild attacks of virus vomiting, with or without mild diarrhoea.

Late in December an influenzal type of infection affected all the children except one and several of the staff.

Children's Homes

Details of medical circumstances in the Children's Homes as well as in the Residential Nurseries are set out in table form this year.

Approved School and Remand Homes

SHAWBURY APPROVED SCHOOL Capacity 80

On the whole the health of the boys has been good.

One boy is in Warwick Central Hospital on a voluntary basis owing to mental instability and another boy was admitted there on 31.12.60 with an acute mental illness. Both boys had previously had psychiatric treatment.

A general practitioner visits the school regularly, once weekly and when requested.

All boys have been X-rayed following admission.

COPELEY HILL HOSTEL Capacity 28

The health of the boys has been excellent.

Four boys have attended hospitals for various reasons and one boy was admitted to hospital for two days following an accident at work.

FORHILL SENIOR BOYS REMAND HOME Capacity 50

The health of the boys has been very good indeed. There was a minor outbreak of tonsillitis affecting nine boys in July.

604 boys were admitted during 1960—a record which corresponds with the fact that 1960 is stated to be the worst year of crime in the history of Birmingham, being the sixth successive year to show an increase.

MOSELEY ROAD JUNIOR BOYS REMAND HOME Capacity 30

The health of the boys has been excellent.

THE LIMES GIRLS' REMAND HOME Capacity 18

Apart from seasonal coughs and colds, the health of the girls has been very good indeed.

The high rate of admissions continues.

The Ingleby Report was published this year, being the report of the Departmental Committee on Children and Young Persons appointed to enquire into and make recommendations on :—

- (a) the working of the law, in England and Wales, relating to
 - (i) proceedings, and the powers of the courts, in respect of juveniles brought before the courts as delinquent or as being in need of care or protection or beyond control ;
 - (ii) the constitution, jurisdiction and procedure of juvenile courts ;
 - (iii) the remand home, approved school and approved probation home systems ;
 - (iv) the prevention of cruelty to, and exposure to moral and physical danger of juveniles ;and
- (b) whether local authorities responsible for child care under the Children Act, 1948, in England and Wales should, taking into account action by voluntary organisations and the responsibilities of existing statutory services, be given new powers and duties to prevent or forestall the suffering of children through neglect in their homes.

It is suggested that children under twelve years who commit offences should not in future be charged with a criminal offence but be dealt with by the courts as being “in need of protection or discipline”. This will enable the court to deal with them according to their need for discipline rather than in relation to the gravity of the offence. This new procedure has one outstanding advantage in that a child dealt with in this way for an offence might not acquire the stigma of a criminal conviction.

The Committee also recommends considerable increases in maximum limits of fines and that both parents should be required to attend their child's trial.

	Field House	Flint Green	Hawthorne House	Oaklands	Pyre Hayes	Wychbury
Capacity	40	25	40	40	35	22
Admitted to Hospital :	2 eczema	7 1 eczema and loose stools—N.A.D. 1 Kyre Park. 1 maternal deprivation 4 bronchiolitis	6 2 hernia 2 tonsillectomy 1 convulsion 1 squint correction		4 1 otorrhoea 1 broncho-pneumonia 1 tonsillectomy 1 manipulation of leg, old polio.	1 whooping cough and chickenpox
Prophylactic injections : B.C.G. vacc.			2		1	4
D.P.P.	29	14	20	4	8	16
Smallpox vacc.		16	24	16		16
Polio vacc.		10		27		8
Infectious diseases : Children	8 mumps	1 primary T.B.	4 mumps 2 dysentery 8 chickenpox	2 mumps	5 mumps 2 scarlet fever	8 chickenpox 1 German measles 3 diarrhoea and vomiting—no path. orgs. isolated 5 virus sickness influenza.
Nursing staff	5 jaundice			1 jaundice		4 virus sickness
Medical Examinations : Routine	193	147	140	152	116	125
On admission	6	21	12	1	4	5
On discharge	14	32	40	32	10	24
Phenylketonuria tests :	all neg.	17 all neg.	12 all neg.	5 all neg.	4 all neg.	3 all neg.
Dental Inspections/Treatment:		30	40	30	37	

CHILDREN'S HOMES

Capacity	Erdington Cottage Homes	Shenley Fields	Milton Grange	Pebble Mill	7 Chamberlain Road	16 Handsworth Wood Road	76 Admington Rd.	8 Bridgeburn Rd.	121 Clopton Rd.	120 Irwin Ave.	307 Leach Gr. La.	36 Millmead Road	52 Millmead Road	10 Roundlea Road	8 Shelfield Road	18 Sunderton Rd.	196 Sunderton Rd.	262 Tunnel La.
Admitted to Hospital:	240	150	14	20	14	16	8	8	8	8	8	8	8	8	8	8	8	8
appendicectomies	30	28	1	1	1	3		3			1	1		1				1
infectious diseases	4	4																
tonsillectomies	12	1				1								1				
Prophylactic injections:	20	4		1	1	4	1					2		1	1			
B.C.G. vacc.	63	38	3	1		1		1		1	2	1		2		1		
D.P.P.	201	123			8	16									5	6	6	6
Smallpox	32	6		15		3				3		3	6		8	3		
Poliomyelitis	20 CP	4 CP	1 jaundice	9 mumps		2 mumps		1 mumps	3 CP			Flu		1 mumps		2 Wh. C	1 mumps	1
Infectious diseases:	1 G.M.	2 mumps	1 G.M.					1 CP				+						
	8 mumps	3 Wh. C.										+						
Medical Examinations:	241	96	5	17		16	15	16	16	16	16	13	14	16	16	16	16	16
Routine—6-monthly							7x1	8x2	8x2	8x2	8x2	6x1	7x2	8x2	8x2	8x2	8x2	8x2
On admission	191	161	19	11	21	3				2		3				2		2
On discharge	216	190	20	13	30	4		1		4		5				1		2
Dental Inspection Treatment:	184	75	11	9	School	7		8	3	9	8	7	7	8	4	8	6	8
Attending Special Schools:	30	16	1			1	2							4	1	1	1	3
Convalescence:		3		1								1						

From the above table it can be noted that the health of the children in all the homes has been

REMAND HOMES AND APPROVED SCHOOLS

Capacity	Forhill 50	Moseley Road 30	The Limes 18	Shawbury 80	Copeley Hill 28
Admitted to Hospital :	5 1 groin abscess 1 removal of cyst 1 heel fracture 1 mental hospital 1 appendicitis	2 1 allergy 1 appendicitis	9 2 venereal dis. 1 threatened miscarriage. 2 mental hospital 2 appendicitis 1 tonsillitis 1 op. on jaw.	11 2 for observation 1 fractured leg 1 undescended testicle. 1 osteochondritis 1 displaced cartilage 2 appendicitis 1 removal of ganglion 2 mental hospital	1 accident at work
Prophylactic injections : B.C.G. vacc.				28	
Polio. vacc.				86	
Medical Examinations : Routine			75 (special)		9
On admission	748	436	168	73	
On discharge			223	55	
Phenylketonuria tests :	150 all neg.	143 all neg.	51 all neg.	114 all neg.	
Dental Inspections/Treatment :	2		3	82	

ADOPTION OF CHILDREN

Adoption Act, 1960

The Adoption Act, 1960 now provides that an illegitimate child who has been adopted by one of his natural parents and is now re-registered as legitimate under the provisions of the Legitimacy Act, 1959, following the marriage of his parents, may have the adoption annulled by the Court which made the adoption order. This means that the description "adopted" will be cancelled in the register of births and will not appear on any fresh birth certificate.

During the year the Children's Department dealt with 239 notifications of intention to adopt and 203 adoption orders were granted.

Throughout the year the adoption clinics have been held fortnightly and 182 examinations have been carried out. The number of preliminary medical examinations remains much the same as in previous years; 46 children were examined and found fit for placing though five had minor defects. One hundred and thirty final medical examinations have taken place compared with 119 last year. Of these, 96 children were found to be healthy, 29 children showed minor defects and 3 children showed major defects, one of which was not considered a contra-indication to adoption. Six children were re-examined following temporary postponement of adoption and five were now considered to be fit for adoption.

Statistics

Throughout the year 1960 adoption clinics have been held fortnightly.

(a)	<i>Preliminary Examinations</i>	...	...	...	...	...	...	46
	Fit for placing (5 with minor defects)	...	...	...	...	...	...	46
	Unfit for placing	...	...	...	...	...	...	0
(b)	<i>Final Examinations</i>	...	...	...	...	...	...	130
	Children's Department placings	...	...	...	...	...	57	} 130
	Other adoption societies	...	...	...	...	...	57	
	Private and third party placings	...	...	...	...	...	9	
	In residential care	...	...	...	...	...	7	
	Healthy	...	...	...	...	...	96	
	Adoption postponed because of mother's history	...	...	...	...	...	2	
	Major defects							
	Unfit for adoption and taken back into care	...	...	...	...	...	2	
	(5½ months, deafness)	...						
	(4½ months, lumbar scoliosis)	...						
	Adoption not contra-indicated	...	...	...	...	...	1	
	(Congenital dorsal scoliosis and rib deformity)							
	Minor defects (No contra-indication to adoption)	...	...	...	...	...	29	

Phimosis	2	Speech defect	1
Undescended testes	1	Cervical glands	1
Enlarged thymus	12	Cyst of forehead	1
Anaemia	2	Bilateral cervical ribs	1
Naevi	2	Valgus ankles and overlapping toes	3
Sterno-mastoid tumour	1	Asymmetry of chest wall with	
Eczema	2	compensatory kyphosis	1
Defective vision	1	Genu valgum	1
Squint	1	Umbilical hernia	1

(34 defects in 29 children)

(c) <i>Reviews in 1960 from 1955-1959</i>	6
Three children with enlarged thymus. Passed fit.	
One child—backward speech. Passed fit.	
One child—slow progress, mentally and physically. Passed fit.	
One child—for renewal of adoption certificate.	
<i>Total Examinations</i>	182

NATIONAL ASSISTANCE ACTS, 1948 AND 1951

COMPULSORY REMOVAL

During 1960 there was a slight increase in the number of cases referred for removal under the National Assistance Acts. Thirty-six cases were investigated (34 women and two men). Eleven were persuaded to enter hospital voluntarily and one was removed to a psychiatric hospital. The other cases were able to stay in their own homes by the provision of adequate domiciliary facilities. No one was removed compulsorily.

INCIDENCE OF BLINDNESS

Statistics

The total number of registered blind persons remains virtually static.

<i>Year ended</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
1960	1,704	61	698	945	951

In each of the past four years the number of blind women has exceeded the number of blind men by 35 per cent.

The Blind Register

<i>Additions to the Register</i>	1955	1956	1957	1958	1959	1960
Certified Blind ...	257	232	169	144	189	172
Immigrants to B'ham	13	20	18	24	21	23
<i>Deletions from the Register</i>						
Through death ...	163	150	162	158	180	165
Left Birmingham ...	28	27	30	21	25	30
Sight improved ...	1	3	4	7	3	1

Among those newly certified blind in 1960 were six children.

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 ...	29	Congenital syphilis ...	...	2
Congenital cataract ...	7	Trauma ...	...	3
Glaucoma ...	31	Retinitis pigmentosa ...	...	1
Other congenital and hereditary defects ...	15	Diabetes ...	...	13
Myopia ...	5	Retrolental fibroplasia ...	...	2
		*Other causes ...	...	64

*These include senility, cause unknown, temporal arteritis, hypertension, cerebral tumour, corneal degeneration, corneal ulceration, debility, hyperpiesis, albinism, Laurence Moon syndrome.

The two cases of retrolental fibroplasia were a boy whose weight at birth on 19.7.58 was three pounds six ounces and a girl born on 28.7.59 weighing two pounds three ounces—both premature babies who were in oxygen tents.

The following statement prepared by Mr. H. T. Salter, Chief Welfare Officer, shows the arrangements for care, education and employment of the blind.

<i>1st Jan. 1960</i>		<i>31st December, 1960</i>			
		<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
3	Babies at home	—	—	4	4
1	Baby in Regional Board hospital	—	—	—	—
1	Baby in Sunshine Home ...	—	—	—	—
31	Children at school—resident ...	—	—	30	30
3	Children at school—day	—	—	2	2
14	Children of school age at home ...	—	—	12	12
9	Children of school age in Regional Board hospitals	—	—	11	11
—	Children of school age in Sunshine Home	—	—	2	2
6	Adults in training—resident ...	—	4	—	4
7	Adults in training—day	6	3	—	9
1	Undergoing rehabilitation ...	1	1	—	2
—	Undergoing training for open employment	1	—	—	1
111	Workers in open employment ...	96	21	—	117
172	Workshop workers	119	48	—	167
4	Adults employed in occupation centre	5	1	—	6
20	Other blind employees	12	8	—	20
34	Home workers	14	11	—	25
33	St. Dunstan's	35	—	—	35
22	Working on own account	16	2	—	18
1,059	Unemployables at home	341	725	—	1,066
101	Unemployables in Regional Board hospitals	31	65	—	96
53	Unemployables in Welfare Department's homes	21	34	—	55
20	Unemployables in Cowley Home	—	22	—	22
1,705		698	945	61	1,704

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

By the beginning of 1960 the number had risen to
240 persons—73 men ; 136 women ; 31 children ;

and by the end of that year to

256 persons—69 men ; 144 women ; 43 children

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	...	14	Retinitis pigmentosa	...	1
Glaucoma	...	8	Diabetes	...	4
Other congenital and hereditary defects	...	8	*Other cases	...	32
Myopia	...	5			
Trauma	...	3			

*These include senility, macular degeneration, arterio sclerosis, part of Marfan's syndrome, mentally retarded, optic atrophy, cerebral haemorrhage, cause unknown but mother had toxæmia in pregnancy.

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
1960	7	10	3	8	2	7	13	35	21	32	77	31	1	247

Persons over 65 years of age accounted for 66 per cent. of the new cases in 1960 and 70 per cent., 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 :

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section "F" of the form B.D.8 recommends :				
(a) No treatment	13	9	1	52
(b) Treatment (Medical, Surgical or Optical)	37	30	1	104
(ii) Number of cases at (i) (b) above which on follow-up action at the year end had received treatment	9	22	1	86

The 39 glaucoma patients, prior to registration as blind or partially sighted, had received treatment as follows:—

None	...	...	...	...	...	...	...	...	3
Treatment failed	...	...	...	...	...	...	...	...	16
Treatment incomplete	...	...	...	...	...	...	...	...	6
Condition not amenable to treatment	...	...	...	...	...	...	...	...	6
Failed treatment right eye no treatment left eye	...	...	...	...	...	...	...	...	1
Partially successful	...	...	...	...	...	...	...	...	1
Successful	...	...	...	...	...	...	...	...	1
No information re treatment	...	...	...	...	...	...	...	...	5

At the examination for registration it was recommended that 30 glaucoma patients should receive treatment and, before the year end, 22 of them had in fact received it.

Ophthalmia Neonatorum

There were 394 notifications (see page 109).

In no case was vision lost or impaired. At the year end 5 cases were known still to be under treatment and 7 had left the City.

The Deaf-Blind

In 1960 there were 137 deaf-blind persons residing as follows:—

	<i>Men</i>	<i>Women</i>	<i>Total</i>
In own home ...	34	65	99
In homes and institutions	5	33	38
	39	98	137

The 99 living in their own homes were

	<i>Men</i>	<i>Women</i>	<i>Total</i>
Unemployable ...	29	95	124
Employed in the Work-shops for the Blind	8	3	11
In open employment	2	—	2

Instruction in Manual Alphabet, Braille and Moon reading is given to the deaf-blind by the two specialist home teachers. Also assistance is given in the supply, replacement and repair where necessary of hearing aids, escort to hospital, pastime handicrafts and visits especially in cases of sickness, etc. The new transistor hearing aid has been supplied to those deaf-blind persons who were suitable for this new type of aid. Those persons at work and those in homes and institutions are also eligible for these services.

Transport is provided by the Welfare Department to a social centre which is held in the daytime. This gives the deaf-blind person a chance to meet other people to play dominoes, draughts and cards.

Assistance is given by the Birmingham Royal Institution for the Blind for holidays at homes for the deaf-blind at Hoylake and Burnham-on-Sea. A summer outing to the country and a Christmas Party were also arranged. Under the care of the two specialist home teachers a fortnight's holiday for the deaf-blind was arranged at Hunstanton.

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 751 SPASTICS IN 1960

CHILDREN UNDER 5 YEARS

Attending normal nursery schools	...	...	...	...	3
Attending the Cerebral Palsy Nursery Unit at Carlson House					10
In hospital	...	...	...	...	1
At home— out-patient treatment	...	...	...	...	32
no treatment	...	...	...	...	25
					<hr/>
Total known cerebral palsy patients under 5 years	...	...	...	...	71
					<hr/>
Estimated population under 5 years	...	...	...	...	90,400

CHILDREN AGED 5 TO 15 YEARS.

Attending day schools

Cerebral Palsy School, Carlson House	...	...	...	35
Schools for physically handicapped	...	...	...	76
Other special schools (deaf school 10, open air school 2, partially sighted school 1, E.S.N. school 9)	...	...	...	22
Schools primarily for normal children	...	...	...	91
Home tuition and training	...	...	...	18
Occupation centre	...	...	...	19

Attending residential schools

Cerebral Palsy School, Carlson House	...	...	...	2
Schools for the physically handicapped	...	...	...	2
Other special schools (open air school 3, E.S.N. 2, hospital school 3)	...	...	...	8
In institutions for the mentally subnormal	...	...	...	24
Remaining at home—ineducable	...	...	...	20
Remaining at home—educable, and awaiting placement	...	...	...	8

Total known cerebral palsy patients 5 to under 15 years				<hr/>	325
---	--	--	--	-------	-----

Estimated population 5 to under 15 years			171,500
--	-----	-----	--	--	---------

PERSONS 15 YEARS AND OVER

Still at school or receiving home tuition ...	...	...	...	...	15
Attending occupation centre ...	...	...	...	...	21
Home training ...	...	...	...	...	6
Outwork, part-time work, housewives ...	...	...	...	...	14
Training courses ...	...	...	...	...	2
Sheltered work ...	...	...	...	...	8
Normal work ...	...	...	...	...	123
Midland Spastic Association craft classes ...	...	...	...	...	19
Other craftwork tuition ...	...	...	...	...	14
Institution for mentally subnormal ...	...	...	...	...	39
In cripples' or spastics' homes ...	...	...	...	...	7
In hospital ...	...	...	...	...	3
At home ...	...	...	...	...	84
					<hr/>
Total known cerebral palsy patients aged 15 years and over ...	...	...	...	...	355
					<hr/>
Total cerebral palsy patients of all ages in Birmingham ...	...	...	...	...	751
					<hr/>

The Welfare Committee of the City Council maintained four spastics in special homes, assisted twelve spastics with holidays and three had the loan of television sets. Twenty-five spastics took part in the Handicraft Scheme and eight spastics were doing outwork which the Welfare Committee arranged. Eighty-seven spastics also took part in the activities of the Birmingham Fellowship of the Handicapped.

EPILEPSY

The Welfare Committee gave direct assistance to epileptics during 1960 as follows :—

Epileptics maintained in colonies ...	...	...	...	...	17
Participating in the handicraft scheme ...	...	...	...	...	15
Outwork arranged by the Welfare Department ...	...	...	...	...	10
Assisted by Welfare Committee with holidays ...	...	...	...	...	3

Twenty-four epileptics participated in the activities of the Birmingham Fellowship of the Handicapped.

The Birmingham Branch of the British Epilepsy Association continued to use the Handicraft Centre at Vauxhall Road for their weekly club throughout the year.

In addition, at the end of the year, 133 epileptic children of school age were known to the Education Department. Of this number 32 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

The outstanding event of the year was the opening in June of the Medical Examination Centre and Surgery at Bush House. At the same time the unsuitable and very inadequate accommodation at the Civic Centre was given up.

Candidates for employment can now be examined and patients seen and treated under much more satisfactory conditions.

The appointment of a State Registered Nurse, with considerable experience including Industrial Health, was timed to fit in with the transfer to Bush House and enabled both the Council House and Bush House Surgeries to be placed under the control of State Registered nurses. This policy was begun in May 1956, when the appointment of a State Registered Nurse holding an Occupational Health Nursing Certificate, as Sister-in-Charge, coincided with the opening of the redesigned Council House Surgery.

To deal with the additional clerical work it became necessary to employ the existing part-time Secretary/shorthand typist on a full-time basis.

A careful watch has been kept on the working conditions in various Corporation Departments and the Staff Welfare and First Aid arrangements generally. Whenever possible patients are seen at the Surgeries, but from time to time, in cases of serious illness, treatment had to be given at the place of work. It was often possible to give help and guidance to certain employees having difficulty in dealing with a variety of problems which had arisen in connection with their work or home life.

SURGERY ATTENDANCES

	1960	1959
Council House	3,733	4,159
Civic Centre to 7th June		
then Bush House from 8th June ...	1,363	1,531
Totals ...	5,096	5,690
Average number of individuals per week	60	66

Medical Examinations

The Medical Officer for Staff Welfare examines all NON-MANUAL employees for twenty-nine of the thirty Corporation Departments, usually to determine their suitability for admission to the **permanent** staff. The exception being the Education Department which employs its School Health Service doctors for this purpose and also the examination of its own manual staff.

The majority of Corporation MANUAL workers are medically examined under arrangements made with various doctors by the respective Corporation Departments or else by a panel of general practitioners. Some however are examined by the Medical Officer for Staff Welfare.

MEDICAL EXAMINATIONS CARRIED OUT BY THE MEDICAL OFFICER FOR STAFF WELFARE

					1960	1959
Non-manual	...	...	...	...	1,107	971
Manual	...	...	...	...	891	967
By the Medical Officer for Staff Welfare						
on behalf of other Local Authorities					21	22
By other Local Authorities on our behalf					14	31

These figures DO NOT include medical examinations carried out by Medical Officers on the staff of the Education Department and by other doctors.

Cremations

There are three Crematoria in Birmingham, one a private concern at Perry Barr ; Lodge Hill and Yardley are the two Municipal Crematoria, for which the Medical Officer for Staff Welfare is Medical Referee.

Crematoria at Stourbridge, Lower Gornal, Worcester, Solihull and others outside the City are now operating and this has relieved, to some extent, the pressure on those within the City. On occasions, such as when the death rate is particularly high, it is now possible for the load to be spread more evenly.

CREMATIONS

					1960	1959
Lodge Hill	...	...	...	...	3,240	3,305
Yardley	...	...	...	...	1,753	1,792
Totals					4,993	5,097

FOOD AND DRUGS

The completion of one hundred years since the passing of the first Act of Parliament for the prevention of adulteration of food and drink invites us to take stock. Looking back, it was adulteration and decomposition which claimed attention in those early days of interest in Clean Food. Today, however, adulteration is a rarity—even the presence of extraneous water in milk—and we have become more concerned with false and misleading description of packeted foods and with questionable advertisement in newspapers and magazines, and on television.

With advancing medical knowledge, moreover, accurate understanding of infection resulting from the consumption of unsound or unclean food and effective means of prevention of such infection are now possible, and were it not for human frailty on the part of food handlers there would be little cause for concern today.

That infection frequently occurs, however, is beyond dispute, and control must therefore embrace not only supervision of premises, processing plant, storage and distribution, but a rigid adherence on the part of every food handler to the responsibilities laid upon him under the Food Hygiene Regulations and to the demands of normal good trade practice as typified by Codes of Practice, whether official or voluntary, within a particular food trade.

Supervision of premises, equipment and techniques of manufacture frequently call for specialist knowledge and experience on the part of the inspector, and special reference is therefore made to the control of such commodities as have been shown to be most liable to cause infection, such as prepared meats and milk products, shellfish and watercress.

The food trades have, for the most part, shown a ready co-operation in the improvement of food premises required under recent legislation. Criticism relates rather to the continued prevalence of undesirable and potentially dangerous practices such as cooking the joint on one day and carving it later prior to reheating, and in the failure of the vast majority of managements to notify "infection" as is required by regulation. Investigation of incidents of food poisoning caused by staphylococcal toxin regularly shows that the management of the premises in question has never notified a single instance of staphylococcal infection in a food handler since the regulation became operative in January, 1956. Such freedom from the septic cut or burn, or the boil or whitlow in what is often a large staff is difficult to believe and it may be that recourse to court action—and unwanted publicity—where such an unnotified infection is found in the course of investigation of an incident, will be necessary before the regulation is honoured more widely than it is today.

During the year inspectors engaged on district duties made a total of 11,095 visits to premises as follows :—

Visits to cafes, hotels, restaurants, eating houses, clubs, school meals canteens, etc.	...	...	...	...	...	...	6,029
Visits to factories	...	...	...	...	...	...	949
Visits to bakehouses	...	...	...	...	...	...	165
Visits to licensed premises where food is sold	...	...	...	...	...	...	554
Special visits to licensed premises	...	...	...	...	...	...	499
							<hr/> 8,196
Visits to milk shops	...	...	...	...	...	...	2,899
							<hr/> 11,095

The figure for visits made by these inspectors shows a decrease compared with the total of 12,245 visits made in 1959 and this can be traced to the pressure of other work such as visits by inspectors in dealing with applications for improvement grants arising out of the introduction of the Standard Grant by the provisions of the House Purchase and Housing Act, 1959, which were delegated to the Health Committee.

The policy of education and persuasion practised by inspectors on their visits to food premises was in nearly all cases sufficient and well rewarding and in only one case during the year was it found necessary to institute legal proceedings.

This case, which was brought before the Magistrates in the first half of the year, concerned a small cafe and two charges were laid against the proprietor for contraventions of the Food Hygiene Regulations, 1955. In the first offence the proprietor was charged with smoking whilst handling open food. The second offence related to the failure to keep clean the water closet. A total fine of £20, plus costs, was imposed. It would be pleasant to record that this had a salutary effect but on the contrary, conditions at the cafe deteriorated further during the year. Proceedings were again authorised to lay charges concerning a second offence relating to the condition of the water closet and in respect of new offences in the failure to keep clean the food room and articles of equipment, and the failure to provide satisfactory first aid equipment and to exhibit a notice calling upon food handlers to wash their hands after using the sanitary convenience. The case had not been heard at the end of the year.

Other food premises inspected included:—

Breweries	...	...	...	...	...	...	6
Sweet manufacturers	...	...	...	...	...	...	24
Biscuit manufacturers	...	...	...	...	...	...	2
Mineral water factories	...	...	...	...	...	...	9
School canteens (with kitchens)	...	...	...	...	...	...	220
School canteens (with serveries)	...	...	...	...	...	...	260

Licensed Premises

The routine survey of licensed premises continued and during the year 182 premises were visited. In only 12 cases was it necessary to send letters concerning undesirable practices observed but a further 84 letters were sent relating to deficiencies of equipment or other unsatisfactory conditions. Visits to on-licence premises were made at peak trading hours, usually in the evening, and were followed by a visit during the day soon afterwards. Off-licence premises also received attention with daytime visits.

Licensed premises, where main meals are served, continued to be the subject of periodic inspection as catering establishments and generally it was found that in such premises the standard of food hygiene observed was good.

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 two new applications for registration and three cancellations of existing registrations during the year so that there were 44 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 (General) Regulations, 1960, 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 808 canteens known to be operating in the City in 1960 compared with 815 at the end of 1959.

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 1,165 registered eating houses

compared with 1,172 at the end of 1959. During the year the registration of 33 eating houses had been cancelled at the request of the proprietors and 26 new registrations had been effected. The Food Hygiene (General) Regulations, 1960, 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.

Following a change of occupancy of one small cafe during the year the new proprietor made application for registration but an inspection revealed such poor conditions that the Department was unable to recommend registration. Further visits were made and, as no improvement was observed, the Health Committee refused to register the premises as an eating house. The proprietor appealed and the case was brought before the magistrates just before the end of the year, who adjourned the hearing on the giving of an undertaking to close the cafe for fourteen days so that acceptable arrangements could be made for its management or sale. Subsequently conditions improved so far that when a new application for registration as an eating house was received it was felt that objection should no longer be raised.

MILK AND DAIRIES

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 during the year :—

Pasteurising plants	735	Ice cream dealers	7,146
Sterilising plants	726	Iced lollipop manufacturers	566
Wholesale purveyors	363	Iced lollipop dealers	7,247
Retail purveyors	712	Milk bars	199
Ice cream manufacturers ...	845	Principal bakehouses ...	637
		(bread and confectionery)	
Other visits 728	Unsuccessful visits 802	Interviews 467	

Milk Licences

The following licences were in operation at the end of the year :—

Pasteurising plant—H.T.S.T.	6
Holder	1
Sterilising plant	8
Distribution depots	17
Retail purveyors	28
Retail shops (Pre-packed milk)	2,423
Tuberculin Tested Licences issued to producers of pasteurised milk for the production of Tuberculin Tested (Pasteurised) Milk...	7

One pasteurising plant and one sterilising plant ceased production on 31st December, 1960, and are not included in the above list.

Although all milk is now from cows that have passed the tuberculin test, only 85 to 90% of the milk processed at city dairies comes from herds in respect of which a licence to produce tuberculin tested milk has been issued.

Improvements and alterations at dairy premises included :—

- (a) Opening of a new distribution depot on a recently established housing estate.
- (b) Submission of plans for extension of existing dairy premises designed to deal with increased production following a merger with another dairy whose premises will have to be vacated as a result of redevelopment.

As a result of the operation of the Milk (Special Designation) Regulations, 1960, licences issued on or after 1st January, 1961, will be valid for five years from that date; while there have also been changes in regard to the tests applicable to pasteurised and sterilised milk.

Complaints

The following complaints were received during the year :—

GENERAL

Dirt and foreign matter in bottles	...	...	...	...	...	21
Caps in bottles	...	...	...	...	...	2
Glass in bottles	...	...	...	...	...	1
Cracked bottles	...	...	...	...	...	3
"Watery" sterilised milk	...	...	...	...	...	3
"Bad Taste" in milk	...	...	...	...	...	1

FROM SCHOOLS

Dirt and foreign matter in bottles	...	...	...	...	5
Caps in bottles	...	...	...	...	2

Though the number of complaints received regarding dirty bottles shows a decrease on that for the previous year, the dirty or misused bottle continues to create a problem for the dairyman. Little, if any, improvement has been noted, in spite of intensive propaganda undertaken by the trade, and it is estimated that only some 30% of all milk bottles distributed are promptly returned and in a rinsed condition. The fact that the milk bottle is a returnable container owned by the dairy is apparently not accepted by the general public: in this connection it is of interest to

record that a milk bottle belonging to a city dairy was salvaged from one of the lakes in the Elan Valley.

Milk Sampling

Arrangements for the sampling of milk during delivery and from store have been continued as formerly :—

(a) RAW MILK

	<i>Total No. of samples taken for Methylene Blue Test</i>	<i>No. of failures</i>
Tuberculin Tested...	163	7 (4.29%)

(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.	674	2 (0.29%)	689	Nil
From schools	206	3 (1.46%)	196	1 (0.51%)
From vending machines	138	16 (11.59%)	138	3 (2.17%)
From carton filling machines	16	1 (6.25%)	16	Nil
<i>From Dairies outside City</i>				
From rounds, etc.	221	1 (0.45%)	220	Nil
From schools	38	2 (5.26%)	39	Nil
From vending machines	30	2 (6.66%)	28	Nil
TOTALS	1,323	27 (2.04%)	1,326	4 (0.30%)

In the course of an investigation into the possible causes of the three phosphatase test failures of Tuberculin Tested (Pasteurised) milk which occurred in samples taken from vending machines (these samples originating from the same dairy), a total of 17 special samples of milk were taken, 14 for phosphatase examination and 3 for methylene blue and B.coli tests. All these tests were satisfactory. Samples of the cartons used were also examined but no trace of anything which could affect the phosphatase test was found. The cause of these 3 failures and that of the failure of a sample of school milk remains unsolved. Biological tests carried out on these samples failing the test proved negative.

The general bacteriological standard of the milk sold within the City shows improvement over that for the previous year but the percentages of failures of samples taken from vending machines is still high. These failures are in the main due to failure to remove the stale milk, when machines are

recharged. An accurate estimate of the amount that will be sold in a day is necessary.

Repairs involving the use of solder were carried out on one of the holders at the City's one holder plant. A sample submitted to ascertain if any lead or other toxic metal was present in the milk proved negative.

In addition to the above figures, a total of 10 samples submitted for the methylene blue test were declared "void" on account of high atmospheric shade temperature.

(c) STERILISED MILK	<i>No. of samples taken for Turbidity Test</i>	<i>No. of failures</i>
<i>From Dairies inside City</i>	91	Nil
<i>From Dairies outside City</i>	56	Nil

Churn and Bottle Washings

Examination of the churn and bottle washing machines at the city dairies has given the following results :—

(i) BOTTLES

A total of 103 bottle samples were taken and of these 47 gave a plate count of 200 organisms or less per bottle. Repeat sampling after investigation of those samples which had shown an unduly high count usually produced satisfactory results. One sample gave a positive result to the B.coli test, the corresponding count being 2,900 organisms from the bottle. The re-equipment of this dairy is to be undertaken in conjunction with the extensions which are planned.

(ii) CHURNS

A total of 56 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	52
More than 50,000 and less than 250,000	Fairly satisfactory	4*

*This figure includes two churns with counts of 31,500 and 3,200 respectively which were "wet" churns and have been consequently degraded to the next category.

No churns were classified as unsatisfactory, having a colony count of 250,000 or over.

B.coli tests were negative in all cases.

Cream

A total of 281 samples of fresh cream were examined during the year and, on submission to the provisional methylene blue test, gave the following results :—

	<i>Unsatisfactory</i>	<i>Only fairly satisfactory</i>								<i>Satisfactory</i>
	0	$\frac{1}{2}$	1	$1\frac{1}{2}$	2	$2\frac{1}{2}$	3	$3\frac{1}{2}$	4	More than 4
Hours taken to decolourise methylene blue										
No. of samples	40	2	4	3	4	4	8	0	26	188
144 samples taken Jan.-March and Oct.-Dec.	13	0	4	0	1	3	6	0	11	106
135 samples taken Apr.-Sept.	27	2	0	3	3	1	2	0	15	82

Two samples were declared "void" owing to accidents in the laboratory.

It is clear that atmospheric temperature plays a part in these results—as was demonstrated in last year's Report.

FROZEN CONFECTIONS

Ice Cream

During the year 6 manufacturers' registrations were cancelled. Premises were demolished in 2 instances, while a further 4 changed ownership. Two of these were re-registered for sale only, the remaining 2 changing the type of business. Three new registrations were approved in respect of person and premises, leaving a total of 78 manufacturers on the register at the close of the year.

Fifteen registrations were also approved in respect of persons operating ice cream manufacturing vehicles from premises in the City. Three of these were operating and trading outside the City at the end of the year and their registrations have been cancelled.

The number of premises registered at the end of the year for sale only was 3,338 as compared with 3,347 in the previous year : there were 216 new registrations and 225 cancellations, either because of redevelopment operations or voluntary discontinuance of sale. Fourteen persons were also registered to sell from vehicles operating from premises already registered and 4 temporary registrations were granted in respect of sale during exhibitions at the Bingley Hall.

Sampling has been carried out as follows, using the modified methylene blue test :—

Grade	Samples of ice cream manufactured on premises in the City	Samples of ice cream manufactured on premises outside the City	Total samples 1960	1959 Results
1	302 (87.79%)	308 (89.53%)	610 (88.66%)	551 (87.88%)
2	37 (10.76%)	27 (7.85%)	64 (9.30%)	51 (8.13%)
3	1 (0.29%)	8 (2.33%)	9 (1.31%)	18 (2.87%)
4	4 (1.16%)	1 (0.29%)	5 (0.73%)	7 (1.12%)
TOTALS	344	344	688	627

A further total of 28 samples taken in the course of investigation into the cause of adverse results at one manufacturer's premises gave the following results :—

Grade 1—7 : Grade 2—5 ; Grade 3—3 : Grade 4—13

No positive cause for the failures was discovered but the manufacturer changed his supply of milk powder and the trouble disappeared.

A further total of 10 samples brought in for examination were declared "void" owing to water-bath failures, etc.

Informal sampling of ice cream carried out under the Food Standards (Ice Cream) Regulations, 1959, gave the following results :—

	No. of samples	No. falling below standard
Ice cream manufactured inside City ...	147	Nil
Ice cream manufactured outside City ...	78	Nil

Of the above, a total of 23 were of "dairy" ice cream.

No artificial sweetener was found in any sample.

The table below gives the average composition of the samples taken:—
Total number of samples taken—225 (including 3 "Parev").

	Fat	Milk solids not fat
Average composition (excluding " Parev ")	9.83%	12.38%
Ice cream manufactured in City (147 samples)	9.00%	12.07%
Ice cream manufactured outside City (75 samples)	11.43%	12.60%
" Parev " ice cream (3 samples)	13.66%	—

Iced Lollipops

There were 40 premises registered for the manufacture of iced lollipops at the end of 1959. One new registration was effected during 1960 and 7 manufacturers were removed from the register through discontinuance of manufacture, leaving a total of 34 premises on the register at the end of 1960.

Premises registered for sale only at the end of 1960 were 3,167 compared with 3,137 at the end of 1959. There were 220 new registrations and 190 cancellations during the year.

In addition to the above, 27 registrations were granted to persons only in respect of sales vehicles operating from premises already registered for the sale, etc. of iced lollipops. Of these 27 registrations, 3 are now operating and trading outside the City and the registrations have been withdrawn.

Two hundred and eighty-five samples were submitted to the B.coli test and of these 12 gave positive results. Ten of these samples came from manufacturers outside the City. These manufacturers and the medical officers of health concerned were notified. Of the two unsatisfactory samples from manufacturers inside the City, one also gave an "uncountable" result on the plate count test. Manufacture of this particular line was immediately discontinued. The other sample from inside the City gave a plate count of 5 per ml. and subsequent samples proved satisfactory. Of the ten samples from outside the City, six gave a Grade I and one a Grade II result on the methylene blue test and two gave plate counts of 2,610 and 4 respectively. Further examination of the remaining sample could not be carried out because of a water-bath failure.

Iced lollipops are also submitted to either the methylene blue or 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 140 samples of lollipops containing ice cream.

Grade 1, 127; Grade 2, 11; Grade 3, 2; Grade 4, Nil.

Plate count test on 140 samples of fruit juice lollipops

Colony count per 1 ml. of lollipop after 48 hours incubation at 37°C.

<i>No. of Samples</i>					<i>No. of Samples</i>				
Nil	...	...	...	10	201—500	...	...	...	4
Under 50	...	...	...	101	501—1,000	...	...	...	0
51—100	...	...	...	8	1,001—5,000	...	...	...	4
101—200	...	...	...	5	Over 5,000	...	...	...	2
Uncountable					...	...	...	...	6

Of the "uncountable" results, 4 related to lollipops manufactured inside the City. One of these (already mentioned) showed the presence of B.coli, and manufacture of this line was immediately discontinued. In the remaining three instances all samples taken after investigation proved satisfactory, as was also the case with the outside City samples.

Two samples submitted for the B.coli test, 6 for the methylene blue test and 1 for the plate count test were reported as "void" for various reasons.

Complaint was received from a local authority that lollipop sticks supplied by a firm in the City had an objectionable odour. Samples submitted for bacteriological examination gave a plate count of 200 and the City Analyst reported that the smell was the natural odour of the wood used.

Forty-four samples were submitted during the year to determine the amount of metallic contamination. These all gave negative results for the more common toxic metals, i.e., lead, copper and zinc.

BAKEHOUSES AND CONFECTIONERY BAKERIES

The general hygienic standard of these premises has been well maintained.

The number of premises operating in the City continued to decline during the year, there being 82 at the end of the period as compared with 90 in the previous year.

Thirty-five premises are solely engaged in the manufacture of cake confectionery, 3 restrict their activities to the baking of bread and the remaining 44 manufacturing both bread and confectionery in varying proportions.

Visits of inspection have been made to the smaller premises at approximately six monthly intervals as part of routine district inspection, while 13 larger establishments have been under more constant supervision by the Milk and Dairies Section.

New development and improvement has continued, as follows :—

The newly installed fully automatic oven came into operation as forecast and the demolition and removal of the old ovens was virtually completed by the end of the year.

Extensions to another bakery were completed, the whole premises now being devoted to bread production. The confectionery side of the business was transferred during the year to other bakeries under the same group control.

The new confectionery bakery on the outskirts of the City came into operation, and production at the central premises of this firm is now restricted to certain specialised items.

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	21	7
	1— 1,000	87	45
	1,001— 10,000	15	7
	10,001—100,000	2	1
	100,001—500,000	1	1
	Over 500,000	1	2
	Uncountable	0	1
		<hr/> 127	<hr/> 64

Mixing Bowl	Nil	12	5
	1— 1,000	87	44
	1,001— 10,000	11	14
	10,001—100,000	4	1
	100,001—500,000	2	0
	Over 500,000	0	1
	Uncountable	0	1
		<hr/> 116	<hr/> 66

B.coli tests were carried out on all samples and gave a positive result in one case (from a mixing bowl), the corresponding plate count being 1,350. This particular bakery is not now handling imitation cream.

Two samples submitted for examination were declared "void".

Where an unduly high count was found in a sample from an unopened container the manufacturers of the cream were informed and their co-operation sought in order to produce more satisfactory results.

In those cases where mixing bowl samples showed an appreciable increase over those 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 egg and egg-albumen has been continued during the year from confectionery bakehouses, 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	Britain	214	44
	China	20	Nil
	Holland	7	Nil
	Australia	6	Nil
Dried Whole Egg	Poland	3	Nil
	Totals	<hr/> 250	<hr/> 44
ALBUMEN, ETC.			
Frozen Liquid Albumen	China	20	Nil
Crystals and Powder	Denmark	5	Nil
	Unknown	9	Nil
	Totals	<hr/> 34	<hr/> Nil
	Grand Totals	<hr/> 284	<hr/> 44

The finding of *S. typhimurium* in four cans of British frozen whole egg led to the examination of the whole of the consignment, involving the individual examination of 107 tins. Owing to the limited capacity of the laboratory, this examination had to be spread over a period of approximately twelve weeks and necessitated the removal of the consignment from the bakery concerned to a cold storage depot, in order that fresh stocks of frozen egg could be accommodated at the bakery. Few bakeries have sufficient cold storage capacity to carry an appreciable amount of this commodity and the most common practice is for it to be drawn from cold storage depots to cover, at the most, a week's supply.

In view of the fact that considerable quantities of British frozen egg are used in the bakeries in the City and the necessarily limited amount of sampling that can be carried out, it would seem that the most satisfactory solution (pending the universal adoption of a form of pasteurisation) would be for each batch of frozen egg produced to be examined at the packing station before release for distribution to bakeries.

Desiccated Coconut

Fourteen samples, taken or voluntarily submitted for examination, were reported as satisfactory, no pathogenic organisms being found.

WATERCRESS

Forty-four samples of watercress, representing twenty-two different sources of supply spread over seven counties, were taken by the Food Inspection Department.

Bacteriological examination gave the following results:—

<i>B.Coli Type 1</i> <i>per 100 gms watercress</i>	<i>No. of samples</i>
Nil	12
Under 50	10
Over 50, up to 100	2
Over 100, up to 240	5
Over 240, up to 480	12
Over 480	3
	44

It is reassuring to note that a number of unsatisfactory supplies have been taken off the Birmingham market. The position will continue to be watched carefully, but it should be stated that there is no positive evidence of outbreaks of disease which can be attributed to contaminated watercress.

SHELLFISH

No infection is known to have resulted from the consumption of shellfish during the year.

Five samples of oysters (purified) and 53 samples of mussels were taken by the Food Inspection Department and submitted to bacteriological examination.

Four of the samples of oysters showed no *B.coli* Type I per 1 ml. of fish, the remaining sample giving only 0.5 per 1 ml.

The result of mussel examinations, in respect of the 3 main sources A, B and C—all purified—given as the average count of 2 pools of 5 mussels each, were as follows :—

<i>B.coli</i> Type I per 1 ml. of fish	Number of samples			Total
	A	B	C	
Nil	13	9	9	31
Under 0.25	4	3	1	8
0.25—0.5	5	4	2	11
Over 0.5	0	0	0	0
	22	16	12	50

These results are satisfactory.

The remaining 3 mussel samples related to further trial consignments from a source investigated on one occasion during the previous year when a figure of 0.5 *B.coli* Type 1 per 1 ml. was reported. The first, unpurified, gave a figure of 12, while the remaining two, both purified, showed no *B.coli* Type I per 1 ml.

Three samples of dressed crab and one sample of cockles were also examined in a special investigation, all showing no pathogens to be present.

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 (General) Regulations, 1960, 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 16 slaughterhouses (9 of which were connected with bacon factories) were renewed on 1st February.

The report on slaughtering facilities in Birmingham, as required by the Slaughterhouses Act, 1958, was prepared and submitted to the Minister of Agriculture, Fisheries and Food on the 21st October. The report gave information as to the existing and probable future requirements for slaughtering facilities and the existing and probable facilities available for slaughtering. The date recommended for the application of the Slaughterhouses (Hygiene) Regulations and the Slaughter of Animals (Prevention of Cruelty) Regulations to existing slaughterhouses was 1st

January, 1966. The choice of date was largely influenced by the proposal to erect a new public abattoir, which is expected to be completed by the beginning of 1966. In most other cases, only minor works are required to enable the premises to comply with the Regulations.

Knacker's Yard. The licence in respect of one knacker's yard was renewed on 1st February, but it ceased to function after 31st October, 1960, and there are now no knacker's yards in the City. During 1960, 25 horses were slaughtered and 15 carcasses were collected.

Slaughter of Animals. 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, 1960, there were 154 slaughtermen's licences in force, of which 6 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 2,736 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 the 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	...	48,022	46,714	227,653	65,024	387,413
Bacon Factories	...				171,392	171,392
Private Slaughterhouses		903	222	12,209	2,050	15,384
1960	...	48,925	46,936	239,862	238,466	574,189
1959	...	41,941	41,316	268,206	293,231	644,694

Note:—316 cases of *cysticercus bovis* (measly beef) were found at the public abattoir during the year and 1 at a private slaughterhouse.

The percentage of cattle slaughtered at the public abattoir, affected with tuberculosis, has continued to fall as the percentage of attested cattle in Britain has increased. The percentage affected with tuberculosis in 1960 was 2.6, compared with 6.3 in 1959 and 27.1 in 1950.

Fish, Poultry, Fruit and Vegetables. Supplies of these commodities in the wholesale markets are subjected to regular daily inspection. Shellfish and watercress are sampled and sent 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, 1960, registration had been effected in 339 cases. During the year 24,419 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 (General) Regulations, 1960, and draw attention to the Marking Orders relating to foodstuffs, made under the Merchandise Marks Act, 1926. At the request of the Town Planning Department and the Estates Department, 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 (General) Regulations ; 56 visits were made for this purpose during the year.

Shops. The following retail shops were visited :—

							<i>Number</i>	<i>Visits during 1960</i>
Butchers	...	...	...	...	...	...	1,019	19,662
Grocers and hucksters...	...	...	...	...	...	...	5,271	7,355
Greengrocers	...	...	...	...	...	...	1,209	7,832
Fishmongers	...	...	...	...	...	...	625	5,931
Fish friers	...	...	...	...	...	...	420	640
Horseflesh shops	...	...	...	...	...	...	1	8
							<hr/> 8,545	<hr/> 41,428

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 1960</i>
Sausage, cooked meat and pork pie manufacturers	269	6,178

In 7 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 1960</i>
Public Health Department	...	...	...	...	...	...	25	192
Children's Department	...	...	...	...	...	...	21	180
Welfare Department	...	...	...	...	...	...	19	161
Education Department	...	...	...	...	...	...	224	2,322
Others	...	...	...	...	...	...	3	23
							<hr/> 292	<hr/> 2,878

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 price are according to the conditions of contract.

Complaints and Request Inspections. During the year complaints and request inspections numbered 3,404.

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>
9,340	Meat and Offal	379	7	0
429	Fish	25	5	3
191	Poultry, etc.	4	18	3
552	Fruit and Vegetables	469	16	1
1,940	Miscellaneous	68	2	3
<hr/> 12,452	1960	<hr/> 947	<hr/> 10	<hr/> 2
<hr/> 13,606	1959	<hr/> 933	<hr/> 1	<hr/> 0

Animal Feeding Meat. Byelaws made under Section 43 of the Birmingham Corporation Act, 1948, requiring the sterilization of animal feeding meat, have been in operation since 1st December, 1950. In addition the Meat (Staining and Sterilization) Regulations, 1960, came into force on 1st November, 1960. These regulations require all unfit meat to be sterilized and all knacker meat to be stained or sterilized with certain exceptions. Since the staining of knacker meat does not remove the danger of infection, the byelaw is still necessary.

Prosecutions

FOOD AND DRUGS ACT, 1955. Proceedings were taken in respect of 14 offences against this Act, and fines were imposed ranging from £3 to £50. The offences all concerned mouldy or infested foodstuffs or foodstuffs containing foreign bodies.

SLAUGHTERHOUSES (HYGIENE) REGULATIONS, 1958. 18 persons were prosecuted under these regulations for using tobacco in a slaughterhouse. They were each fined £5 with the exception of one man who was fined £6 for two offences.

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.	48,022 903	46,714 222	227,653 12,209	65,024 2,050	171,392
Number inspected ...	C.M.M. P.S.	48,022 903	46,714 222	227,653 12,209	65,024 2,050	40%
<i>All Diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses condemned ...	C.M.M. P.S.	20 1	238 —	1,063 1	125 2	215
Carcasses of which some part or organ was condemned ...	C.M.M. P.S.	895 19	217 1	18,252 277	1,717 104	2,550
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	C.M.M. P.S.	1·91 2·21	0·97 0·45	8·48 2·28	2·83 5·17	1·49
<i>Tuberculosis only</i>						
Whole carcasses condemned ...	C.M.M. P.S.	28 —	— —	— —	4 1	11
Carcasses of which some part or organ was condemned ...	C.M.M. P.S.	1,220 —	6 —	— —	2,096 52	7,287
Percentage of the number inspected affected with tuberculosis ...	C.M.M. P.S.	2·60 —	0·01 —	— —	3·23 2·59	4·26
<i>Cysticercosis.</i>						
Carcasses of which some part or organ was condemned ...	C.M.M. P.S.	272 1	— —	— —	— —	— —
Carcasses submitted to treatment by refrigeration ...	C.M.M. P.S.	316 1	— —	— —	— —	— —
Generalised and totally condemned	C.M.M. P.S.	— —	— —	— —	— —	— —

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)

Tuberculosis and the Milk Supply

This year has seen the final stages of the area plan for the eradication of bovine tuberculosis. On 1st October, 1960, just ten years after the introduction of the scheme, the Tuberculosis (England and Wales Attested Area) Order, 1960, came into force and declared the whole of England and Wales to be an Attested Area (Scotland was declared an Attested Area in October 1959). Now, for all practical purposes, all cattle in the country can be considered attested.

Early in the year it was evident that the scheme was nearing completion and that the sampling of milk for tuberculosis would then be unnecessary. It was decided to cease this sampling at the end of August 1960. However, prior to that date, 1,200 samples had been taken during the year and details of these are shown in the following table :—

<i>County of origin</i>							<i>No. of herds</i>	
							<i>Sampled</i>	<i>Infected</i>
Derbyshire ... ..	...	...	...	...	...	...	1	—
Gloucestershire ... ..	...	...	...	...	...	...	6	—
Herefordshire ... ..	...	...	...	...	...	...	25	—
Leicestershire ... ..	...	...	...	...	...	...	12	—
Shropshire ... ..	...	...	...	...	...	...	29	—
Staffordshire ... ..	...	...	...	...	...	...	117	—
Warwickshire ... ..	...	...	...	...	...	...	87	—
Worcestershire ... ..	...	...	...	...	...	...	104	—
							<hr/>	<hr/>
							381	—
							<hr/>	<hr/>

As will be seen from the table, there were no infected samples during the year ; in 1959, 2.57% of herds sampled were found to be infected.

TUBERCULOSIS (SLAUGHTER OF REACTORS) ORDER, 1950. During the year, 337 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.

City Dairy Herds

Regular monthly inspections are made of all city dairy herds, of which there were 12 at the end of 1960. The total number of cows kept was 320 and there were 30 cowsheds. The normal monthly visits were not made during December due to the very serious epidemic of foot-and-mouth disease. Although Birmingham remained free from the disease,

the risk of spreading infection made it necessary to avoid visiting farm premises unless it was absolutely essential.

On each visit the cows were examined for any evidence of disease or uncleanness and the cowsheds were also inspected. All were found to be satisfactory.

HOSPITAL FARMS. In addition to the 12 herds mentioned above, there are 3 herds at hospital farms, which do not supply milk to the public. Samples were taken of the milk from each of these herds four times during the year and submitted for examination for evidence of tuberculosis or brucellosis. No evidence of disease was found.

Calf Vaccination Scheme—Contagious Abortion

Under this scheme of the Ministry of Agriculture, Fisheries and Food, 16 heifer calves were vaccinated during 1960. The cost is shared between the farmer and the Ministry in order to encourage vaccination, which is believed to be the best means of controlling brucellosis.

Tuberculin Testing

The following animals were tested by veterinary officers of this department during the year :—

Rubery Hospital Farm	113 animals tested and passed
Monyhull Hospital Farms	139

ENVIRONMENTAL HEALTH SERVICES

HOUSING

During 1960, 3,516 new dwellings have been provided by building, rebuilding or conversion. Unfortunately this further diminution in annual output must be reduced by the otherwise most welcome increase in the number of unfit dwellings permanently taken out of occupation during the year. From the increase of 3,516 dwellings must therefore be deducted the loss of 2,606. This gives a net gain of only 910 dwellings in 1960, while the Registrar General's estimate of 1,093,160 persons indicates an increase in the City's population of 1,660. Serious as that position is, however, it must once again be stressed that it is not possible, merely by comparison of gains and losses in either houses or persons, to arrive at a figure which accurately indicates the improvement or worsening in the housing situation over any specified period. That would require consideration of many factors and the foregoing does not show, for example, the influence on living conditions of the steady deterioration, due to age and lack of maintenance, which continues to affect some thousands of the City's houses.

It is for this reason that the Housing Section of the Department remains concerned primarily with slum clearance, being responsible for initiating action leading to the ultimate demolition of every house in the City which is unfit for human habitation to an extent which makes demolition the only practical remedy. The word 'ultimate' must be emphasised, as immediate or even early demolition is usually out of the question owing to the housing shortage. Unfit houses must, in spite of the heavy cost, be kept in repair and occupation until replaced by new dwellings.

Procedure to secure this is based on the provisions of the Housing Act, 1957, Part III of which deals with the block of unfit houses or Clearance Area.

Clearance Areas

If inspection shows that a group of houses is unfit for human habitation and that complete clearance is the most satisfactory method of dealing with them, an official representation of the "unfit area" is made. This, and the subsequent procedure laid down in Part III of the Housing Act, 1957, is the basis of the City's Slum Clearance Programme, the drafting of which, together with the preparatory work to ensure its effective operation, is the responsibility of the Housing Section and one which also gives rise to several ancillary duties.

The Clearance Area Declaration by the Housing Management Committee, which follows Official Representation, is not only based on detailed information about every house concerned, but must be accompanied by an accurate map of the Clearance Area which is prepared by the drawing office staff of the Section. The evidence, plans and reports so prepared form an important part of the Corporation's case at the Public Inquiry which almost invariably follows, during which the District Housing Inspectors are frequently cross-examined on technical issues.

The inclusion of a house in a Clearance Area and in either a Clearance or Compulsory Purchase Order can be challenged by the owner and is of no effect without its being confirmed by the Minister of Housing & Local Government. Such confirmation—never given automatically—was received during the year in respect of Orders relating to 3,325 houses grouped into 96 Clearance Areas, most of which had been the subject of earlier public inquiries.

During 1960, 111 new Clearance Areas comprising 2,736 unfit houses were the subject of official declarations following inspection and representation. In the same period the condition of 3,221 houses in previously declared Clearance Areas was considered at one or other of 13 public inquiries which the Minister caused to be held.

It has, since 1936, been a statutory requirement, following a procedure voluntarily initiated by Birmingham some years before, that if an owner objects to an Order wholly or partly on the grounds that his house is not unfit for human habitation he must be furnished, not less than 14 days before the public inquiry, with a schedule of the defects which have led to its inclusion. During 1960, objections made in connection with the 13 public inquiries mentioned above called for the preparation of 874 of these "Schedules of Principal Grounds".

It is therefore a matter for something more than regret, in view of the very considerable amount of work involved in the preparation and despatch of these schedules, that it should be followed in many cases by the failure of the owner either to attend the public inquiry or to be present at the property during its inspection afterwards by the Minister's Inspector. It does, in fact, suggest that questioning of the Council's statement that the house is unfit for human habitation is, in some cases, done automatically and apparently without reference to the actual condition of the property.

But other issues apart, the individual hardship which not infrequently results from the operation of the slum clearance provisions of the Housing Act gives the owner of a house, declared to be unfit, an undeniable right to make objection and to have the matter dealt with in public if he so desires.

How far that right can be exercised was shown on one occasion during the year when witnesses and Counsel were involved in several hours' consideration as to the fitness or otherwise of one terrace house which, among other defects, had only a half share in a W.C. and a quarter share in a wash-house, both in deplorable condition, and situated 30 feet away in a badly paved and grossly overshadowed courtyard. In this, as in a number of other cases, the owner-occupier had purchased the house without taking proper advice and, in consequence, faced the prospect of an extremely grave financial situation.

During 1960, therefore, the City Council initiated additional administrative measures to reduce the occurrence of such cases by giving more information than would be obtained by a simple answer to the normal Official Search.

Advice to Intending House Purchasers

Although information as to the position in the Slum Clearance Programme of any particular property has always been available to a prospective purchaser or vendor, the work involved in answering and recording these queries has seen a considerable increase in 1960.

Enquiries by telephone, letter or personal call totalled 5,714 involving 16,974 houses while, in addition to these personal enquiries, 16,799 were received from other Corporation Departments. Some of them, concerned with applications for a Corporation loan towards house purchase, required the preparation for the City Treasurer of a schedule of the works necessary to bring the house in question up to a proper standard.

The wisdom of Birmingham's early decision to give all reasonable information about its Slum Clearance Programme to persons interested in houses likely to be affected by it has since been confirmed by the issue of a Ministry Circular on the subject.

That directive is nominally concerned with the assistance to intending purchasers, especially prospective owner-occupiers, but its application in practice covers a wide field and has even included the supply of information to an Insurance Company acting for a client anxious for protection against compulsory purchase.

"Individual" Unfit Houses : Sections 16 & 18, Housing Act, 1957

The steady progress of the Slum Clearance Programme sees a diminution each year in the number of unfit dwellings whose location or type calls for individual—as distinct from Clearance Area—representation. In 1960 this type of action was taken in only 45 cases, several because of serious and progressive structural defects, while others were small units of two or three houses in such condition that even the present housing shortage did not justify their repair and continued occupation. The

following table gives particulars of action taken under Sections 16 & 18 during the year :—

(1)	Houses represented as unfit for human habitation	39
(2)	Owner's undertaking accepted:	
	(a) Not to relet for human habitation	2
	(b) To make fit for human habitation	1
(3)	Demolition Orders made	41
(4)	Closing Orders made as demolition would affect adjacent buildings	7
(5)	Houses to be acquired by Local Authority	11
(6)	Demolitions following representation only (no Orders made)	5
(7)	Demolitions following making of an Order or undertaking ...	67
(8)	Undertaking to make fit complied with	2
(9)	Purchase by Corporation cancelled (house rendered fit by owner)	1
(10)	Parts only of buildings represented as unfit for human habitation	6
(11)	Closing Orders made on parts of buildings	3
	Total number of individual dwellings dealt with between September, 1939 and 31st December, 1960	1,740

Proposals from Owners

Although, as has been pointed out, the preparation of a schedule setting out the defects which have led to the inclusion of a house in a Clearance Area involves a good deal of work, in some cases it is used as the basis of a genuine, if somewhat belated, offer by the owner to make the house fit.

In such cases, although the house has been included in an Order and the Public Inquiry is imminent, the welfare of the tenant is the Department's principal concern and every effort is therefore made to advise and assist the owner. This assistance often leads to his making the house not only statutorily fit for human habitation but really fit by the provision of amenities such as a bathroom, hot water supply etc. which will, of course, qualify for an Improvement Grant.

Schemes are also received in connection with houses not immediately affected but scheduled for inclusion in a future Clearance Area. Expert advice is available here also and the fact that a good proportion of these proposals do not get beyond the drawing-board is often due to defects inherent in the property concerned.

Repair Notices—Section 9 : Housing Act, 1957

Although on inspection the condition of a house may not justify its inclusion in a Clearance Area, the defects noted, unless trifling, cannot be ignored. In such a case, valuable time having been already spent in making the inspection, a notice is served on the owner under Section 9 of the Housing Act, 1957, requiring him within a given time to make the house fit by carrying out specified works.

This means fewer houses being put into Clearance Areas but greatly improved housing conditions, without Corporation expenditure, for the tenants concerned.

Overcrowding

It is obvious that there can have been no improvement in the general overcrowding situation since the net gain in dwellings has amounted to only 910 during the year.

As has been shown in the past, there would be no statutory overcrowding if the accommodation in the City were evenly distributed among its occupants. This serves to emphasize that overcrowding is greatly accentuated by the uneven distribution of existing accommodation because of social and economic factors.

This is seen in the tendency for newcomers to the City to settle in localities containing houses built years ago to suit the larger Victorian and Edwardian families. These houses, in which most of the families have one room only, are often grossly overcrowded by any standard and are therefore highly profitable to their owner.

Unfortunately their control and supervision are at present made more difficult by removal of the power to require their registration.

Not only so, but the Housing Act, 1957, permits the landlord to reduce the number of occupants rather than provide facilities based on a statutory or otherwise acceptable standard of occupation.

In practice this acts as a brake on radical action because the landlord can thereby transfer his liability to the Housing Management Department by turning unwanted tenants on to the street.

This is, of course, but one aspect of the City's general housing problem whose solution cannot be other than the provision here or elsewhere of houses sufficient to replace the slums and make overcrowding unnecessary.

In the meantime compulsory registration and possibly annual licensing of houses let-in-lodgings, new and existing, would appear as "the writing on the wall" to the avaricious landlord and would facilitate the assessment of the problem which must, of course, precede any move towards its amelioration and ultimate solution.

As matters stand, positive steps to deal with the general overcrowding in the City are very limited, but measures are taken to prevent a recurrence of overcrowding where this has been abated as a result of rehousing by the Housing Management Department. On receipt of a notification from that Department of its intention, within a few days, to rehouse a family, the address from which they are to be moved is visited and the occupancy details checked. Overcrowding, if existing, is notified to the landlord by recorded delivery letter which states the number of occupants to which he must restrict any future letting. This is followed by two or three visits in the ensuing 12 months to every address where experience shows such a check to be necessary.

In addition, co-operation with the Liaison Officer for Coloured People enables a very limited check on overcrowding to be applied with respect to

Jamaicans in certain age groups only. The address in Birmingham to which such prospective immigrants propose to come is notified by the West Indies High Commissioner and a refusal of the application is recommended if inspection shows that acceptance would cause overcrowding. The scheme has been in operation for a few months only and, so far, 164 cases have been investigated in 33 of which it was recommended that the application be not approved.

It is a statutory duty of a local authority to inform the owner or occupier of a house, on application, what number of persons may lawfully occupy it. This involves measurement of the rooms or check of existing records in each case and, during the year, certificates setting out these "permitted numbers" were issued in respect of 5,713 houses.

The last day of the year under review marked also the end of the 5-year period within which every local authority, able to do so, was required to complete the clearance of its slums. At the beginning of that period, having regard to the continued deterioration in housing conditions, one felt the situation to be as grave as ever, despite the fall in the City's population over the previous five years of 6,000 and a net increase of 17,600 dwellings in the same period.

The Housing Management Department's Register at that time comprised 64,000 applicants and the net addition during 1955 of no more than 2,448 dwellings indicated a rate of progress quite insufficient to secure the early clearance of the slums or the abatement of overcrowding.

Fortunately, recognition of the fact that dependence on replacement housing would extend the actual physical clearance of the slums over a period of many years in the case of cities like Birmingham, had led to the inclusion in the Housing Repairs and Rents Act, 1954, of powers not only to acquire all unfit houses but to maintain them in a condition based on the realities of the situation pending their demolition.

This new realistic approach owed much to Birmingham's experience in the beneficial management of several thousand houses situated on land already acquired under planning powers and forming five areas of bad layout and obsolete development. A brief survey confirmed that outside those five redevelopment areas were at least 25,000 unfit houses in private ownership whose occupants had no hope of being rehoused for many years. It was to ease the circumstances under which those tenants would have to live that the new powers in the Housing Repairs and Rents Act, 1954, now part of the Housing Act, 1957, were put into immediate operation.

Careful consideration, so far as could be foreseen in 1954, of all the factors involved suggested that action could be taken to ensure that by the end of 1960, 18,000 of the 25,000 unfit houses concerned could be acquired by the Corporation or would have passed the first stage in the process of acquisition, namely their inclusion in a Clearance Area.

The number of houses included in Clearance Areas in that five years has, in fact totalled 18,545. To that figure must be added 477 houses dealt with over the same period under powers relating to the demolition or closing of individual dwellings, so that by the end of 1960 action had actually been taken with regard to 19,022 of the estimated unfit houses outside the redevelopment areas.

Following the Minister's confirmation of an Order, based on a Clearance Area, the first step is entry by the Corporation and immediate attention to urgent repairs by the Housing Management Department. Subsequent action may range from demolition up to complete renovation, depending on the expected "life" of the property. Demolition is rarely possible on these new Clearance Areas, being virtually restricted, at present, to houses within the Redevelopment Areas, but renovation of whole blocks of houses is being systematically carried out where the "life" of the property justifies it. In a few cases this has included the conversion of pairs of back-to-back houses into 4-bedroomed houses and the provision at a few houses of baths and hot water supplies.

I am indebted to Mr. J. P. Macey, the Housing Manager, for the following information :—

1. (a) Number of houses renovated during 1960 :—					
(i)	In Redevelopment Areas	...	...	...	686
(ii)	In Clearance Areas	...	...	...	1,128
					<hr/> 1,814 <hr/>
(b) The total number of houses renovated up to 31st December 1960:—					
(i)	In Redevelopment Areas	...	...	...	16,918
(ii)	In Clearance Areas	...	...	...	3,004
					<hr/> 19,922 <hr/>
(c) Number of houses at which renovation was in progress at 31st December, 1960					
		...	...	...	1,500
(d) Number of houses in respect of which repair schedules or contracts were prepared or were in course of preparation at 31st December, 1960					
		...	...	...	820
2. Average cost of renovation per house during 1960					£253
3. Average number of initial tenants' complaints per week during 1960					1,790

Of the 18,545 houses put into Clearance Areas since the policy of acquisition and repair of unfit houses was adopted, 11,610 had been taken into management by the end of 1960 and 3,004 had been renovated. The average cost of such work is now £253 per house and the volume of day-to-day repair can be judged from the average of 1,790 new complaints received by the Housing Management Department each week.

It will be seen, therefore, that within the limits set by present standards and values a realistic policy is being applied to the problem of Birmingham's sub-standard houses and its good effects will be enhanced by the present drive for a cleaner atmosphere.

The 1954 Act permitted an owner to increase rents if certain conditions as to repair and fitness for habitation were fulfilled and modified some of the restrictions which, under the 1949 Act, had seriously limited the hoped for modernisation of the older but still substantial type of house.

Given certain basic essentials, the present statutory standard of fitness is certainly not difficult of attainment by any owner who seriously wishes his property to reach it, and the experience and assistance of the Department is available for this or for its improvement to a really satisfactory standard of fitness.

Apart from that, the City is steadily pressing on with raising to a quite modest standard of habitability those thousands of unfit houses whose inherent defects of size, arrangement and amenity can be dealt with only by demolition.

I have, on more than one occasion, pointed out that the 1954 estimate of 25,000 unfit houses to be dealt with under the Slum Clearance Programme may well prove to be on the low side, if only on account of the continuing deterioration of houses not then included in that total.

Recent estimates now make it clear that not less than 12,000 houses still await inspection and that a high proportion will, in the absence of demolition, have to be acquired and patched by the Corporation. Although this may take a substantial part of the next 5-year period, it ensures that most unfit dwellings in the City will, by the end of 1965, if not already in Corporation ownership, be well on the way thereto.

PUBLIC HEALTH INSPECTION

Staff

The demands made on the time of the public health inspector continue to increase and each year seems to see the introduction of new legislation, bringing under the supervision of the inspector an ever increasing number and variety of premises. Towards the end of the year considerable pressure was placed on the limited staff by the request for a quick and detailed survey to ascertain the extent of the house let-in-lodgings problem. At the same time, the Offices Act, 1960, was passed, but happily does not take effect until January, 1962.

The number of applications received for improvement grants has steadily increased and an attempt has been made to carry out routine house to house inspections under Section 9 of the Housing Act, 1957. In each of these spheres there is much work to be done but the volume which can be undertaken is limited by the number of experienced public health inspectors available for the work.

During the year no qualified inspectors were recruited from outside sources and, as in the past five years, the Department has had to rely for replacements and additions to the staff on the intake of inspectors who have qualified through the pupil training scheme. Three inspectors left the service of the Corporation to take up appointments with other authorities, and four were transferred from district duties, two to the Veterinary and Food Inspection Department and two to specialise in housing under the Chief Housing Inspector.

During the year seven pupils qualified; one superannuitant retired and the services of one other were retained throughout the year. The establishment for public health inspectors on district duties was increased from 40 to 50 in November, 1959.

The strength of inspectors on district duties on national salary scales fell from 28 at the end of 1959 to 25 at the end of 1960.

				<i>Actual</i>	<i>Establishment</i>
District Inspectors	...	...	...	10	10
Assistant District Inspectors	...	...	...	18	20
Public Health Inspectors	...	...	...	25	50
Pupil Public Health Inspectors	...	...	...	17	40

Not included in the above figures are two qualified inspectors who are at present completing their national service.

Seven pupils were appointed during the year to commence the four year course of training. These are not shown in the figures above as being on district duties because their training in the first year is within the office. Two pupils who had already completed their first year of the course

in the year 1959/60, elected to enrol for the new four year course recently approved by the Public Health Inspectors' Education Board, which will entitle them to sit for the Diploma in 1964. One pupil, a native of Gambia, being in possession of the appropriate qualification, joined the Department as a third year student and will be given the necessary practical training.

The strength of pupils at 31st December, 1960, was as follows :—

<i>Year</i>					<i>Year of Qualifying Exam</i>	<i>Number of Pupils</i>
First year	...	...	...	...	1964	9
Second Year	...	...	...	...	1963	4
Third Year	...	...	...	...	1962	5
Fourth Year	...	...	...	...	1961	6

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 188,413. This included 19,411 visits made by pupils under instruction who visited premises whilst accompanying qualified inspectors.

Comparative figures for recent years are as follows :

<i>Year</i>	1956	1957	1958	1959	1960
Visits	186,796	171,598	192,419	188,056	188,143

On the 10th January, 1961, the City Council delegated to the Health Committee the duties under the Offices Act, 1960. This Act, for the first time, enables the local authority to control conditions of comfort, and the provision of amenities for workers in offices and will involve the Department in a considerably increased number of visits to places of non-industrial employment. Until the regulations which may be made under the Act have been published the full extent of the work cannot be assessed. The Act comes into force on the 1st January, 1962.

The number of house inspections shows an increase over the 91,566 carried out in 1959. This increase is largely due to the number of inspections made in connection with improvement grants, but also there was an increase in the number of visits and revisits made to houses on complaint concerning defects of repair constituting nuisances. This is a reflection of the very wet period experienced from July to the end of the year. The decline in the number of inspections made under the Rent Act, 1957, continued. Visits to houses let-in-lodgings increased from 478 in 1959 to 1,199 in 1960.

The total of visits by staff engaged on general district duties during 1960 was made up as follows :—

		% of total
House inspections	104,164	55.36
Inspections of food premises	7,697	4.09
Visits re infectious disease	3,016	1.60
Inspections of milk shops	2,899	1.54
Visits to school premises	16	0.01
Visits to second-hand dealers... ..	37	0.02
Inspections of outworkers' premises	1,436	0.76
Inspections of tents, vans and sheds	130	0.07
Inspections of stables and pigsties	392	0.21
Inspections of tips	295	0.16
Visits to burials, exhumations, etc.	106	0.06
Inspections of pleasure fairs and circuses	79	0.04
Visits re sampling of water	182	0.10
Visits re taking of rag flock samples... ..	47	0.02
Inspections of offensive trade premises	69	0.04
Inspections of factory premises	5,800	3.08
Inspections of surface air-raid shelters	73	0.04
Inspections of common lodging houses	177	0.09
Inspections of premises re Town and Country Planning applications	1,343	0.71
Inspections of public houses	499	0.27
Visits by pupils under instruction by qualified inspectors	19,411	10.32
Joint visits made by qualified inspectors	1,982	1.05
Other successful visits	14,823	7.88
Unsuccessful visits	21,164	11.25
Visits to general practitioners to deliver supplies of poliomyelitis vaccine	2,111	1.12
Visits re lectures and demonstrations to visitors	127	0.07
Inspections of agricultural units	68	0.04
	<u>188,143</u>	<u>100.00</u>

Total visits made by inspectors, including those engaged on certain special duties :—

Visits by public health inspectors on district	188,143
Visits by Shops Act inspectors :	
Conditions in shops	17,476
Hours of trading and special visits	12,992
	<u>30,468</u>
Visits by rodent control inspectors	18,016
	<u>236,627</u>

These separate totals as percentages of the whole are as follows :—

	%
District visits	79.5
Shops Act inspectors	12.9
Rodent control inspectors	7.6
	<u>100.0</u>

Infectious Disease

A total of 3,016 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 2,111 compared with 3,924 in 1959.

House to House Inspections

Part II of the Housing Act, 1957, contains provisions for securing the repair, maintenance and sanitary conditions of houses, and Section 4 defines the standard of fitness to be observed in determining whether a house is unfit for human habitation.

Where an unfit house is capable of repair at reasonable expense, then the local authority shall serve upon the owner a notice under section 9 of the Act, requiring him to carry out the necessary works. A period of not less than 21 days must be allowed for the execution of the works, during which time the owner has the right to appeal. If no such appeal is made and if the owner fails to carry out the work to the satisfaction of the local authority, then they may themselves carry out the work at the default of the owner.

At the close of 1959, a very limited start was made on the above inspections but no notices had been prepared for service at the end of that year.

During 1960, however, the rate of inspection has been accelerated but the limiting factor on the rate at which this work can be done is the number of inspections which can be undertaken by the inspectorial staff. On this point it must be borne in mind that many additional duties have been placed upon the public health inspector in recent years and that the progress of this work is determined by the pressure of his commitments in many other directions.

The above work resulted in the service of 121 notices in respect of a total of 72 properties. These figures include the service of separate notices upon owners for defects which affected one or more houses i.e. common boundary walls or chimney stacks.

The public health inspectors carried out 259 inspections and 330 re-inspections in respect of this work, amounting to a total of 589 visits. At the end of the year notices were in the course of preparation in respect of a further 60 houses. In those cases where the houses were deficient in

the amenities for which improvement grants are payable, letters together with explanatory literature were sent to the respective owners suggesting that they might consider making applications for a grant.

Of the total number of houses inspected above, five such applications were made prior to the service of the section 9 notices. Only in two further cases, however, were applications for grants received following the service of notices. It would appear, therefore, that the majority of the owners concerned have so far declined to take advantage of the Improvement Grant Schemes.

Houses let-in-lodgings

With the influx of immigrant workers to the City the demand for lodgings has continued and it has become increasingly obvious that the powers contained in Sections 36 and 90 of the Housing Act, 1957, are inadequate to deal with overcrowding and the serious shortage of facilities such as cooking equipment, water supply and drainage to lets in this class of accommodation.

Representations were made to the Association of Municipal Corporations and also to the Ministry of Housing and Local Government which resulted in detailed enquiries being made into the inadequacies of the law. A deputation from the Corporation was received by the Minister of Housing and Local Government and a strong plea was made for new legislation which would enable local authorities effectively to control management and overcrowding and require the provision of adequate facilities. The deputation sought the introduction of powers to make byelaws or regulations and stressed the need for powers to register houses let-in-lodgings so as to control the establishment of future houses of this type and to ensure they were suitably equipped at the outset.

New legislation was introduced by the Housing Bill, 1961, and this was commented upon adversely as it will do nothing to prevent the establishment of further unsuitable houses but will merely empower the local authority to act when a house let-in-lodgings has become so bad that it is not reasonably suitable for occupation by the families or individuals then in occupation.

A preliminary survey was carried out by the inspectorial staff of those areas known to have a number of houses let-in-lodgings. This survey, which was limited in its scope and was taking place at the end of the year, was based on information already available to a number of other departments of the Corporation. 3,753 houses were found to be occupied as houses let-in-lodgings. Considerable help was received from the Welfare Officers of the Education Department and from the Liaison Officer for Coloured People.

A detailed survey of every house let-in-lodgings revealed by the pilot survey is in progress in 1961.

During 1960, 1,199 visits were made to houses let-in-lodgings compared with 478 visits in 1959.

Notices served and summonses issued were as follows :—

<i>Housing Act, 1957</i>	1959		1960	
	<i>Notices</i>	<i>Summonses</i>	<i>Notices</i>	<i>Summonses</i>
Section 36	19	14	19	13
Section 90	11	1	15	2

It will be seen that in a high percentage of instances it was necessary to institute legal proceedings to enforce the requirements of notices served. The amount of work involved in dealing with these cases is considerable in comparison with the resultant benefit, if any, to the original complainant.

Certificates of Disrepair

As might be expected there has been a decline in the amount of work undertaken by the Department in connection with the Rent Act, 1957. Fewer tenants are making application to the Department for certificates of disrepair, which, in certain circumstances, entitle them to a reduction in rent until such time as the house is restored to a reasonable state of repair. Each application for a certificate of disrepair involves the Department in a considerable amount of work and, during the year, 384 applications were received and the following figures indicate the action taken in 1960 :—

Part I—Applications for Certificates of Disrepair

1. Number of applications for certificates	...	...	...	384
2. Number of decisions not to issue certificates	...	...	...	6
3. Number of decisions to issue certificates	...	...	...	356
(a) in respect of some but not all defects	...	...	...	228
(b) in respect of all defects	...	...	...	128
4. Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	331
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	...	...	...	—
6. Number of certificates issued	...	...	...	53

Part II—Applications for Cancellation of Certificates

7. Applications by landlords to Local Authority for cancellation of certificates	...	...	...	...	46
8. Objections by tenants to cancellation of certificates...	...	...	...	...	20
9. Decisions by Local Authority to cancel in spite of tenant's objections	...	...	...	...	3
10. Certificates cancelled by Local Authority	...	...	...	...	37
Number of visits made under the Act	...	...	...	1,192	
Number of re-visits made under the Act	...	...	...	581	
Total number of visits	...	...	...	1,773	

The total number of visits made under the Rent Act in 1959 was 2,875.

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

The Chief Public Health Inspector is Registrar for the purposes of the Furnished Houses (Rent Control) Act, 1946.

During the year 141 notifications were received from the Rent Tribunal resulting in 112 entries being made in the 1946 Register, and on four occasions a request was 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

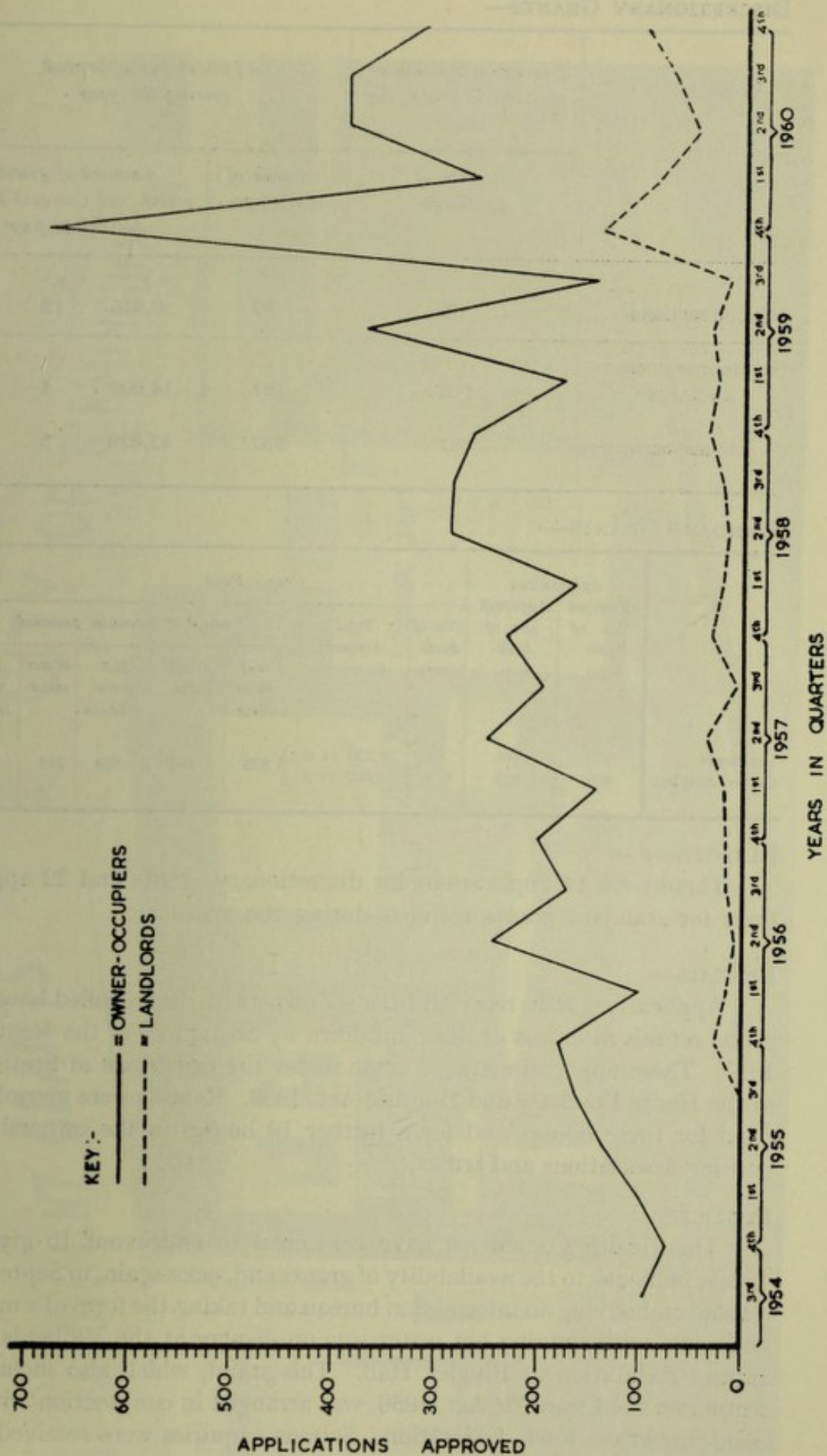
HOUSE PURCHASE AND HOUSING ACT, 1959

The drive to encourage owners of dwellinghouses to improve their property by the provision of essential amenities such as bath, hot water supply and indoor sanitation, has continued during the year and is meeting with ever increasing success. The passing of the House Purchase and Housing Act, 1959, which enabled standard grants to be made, has undoubtedly increased the number of applications received from both landlords and owner-occupiers. Even so, the number of applications received from landlords is still very disappointing when it is considered there are tens of thousands of houses in the City which are suitable for improvement and a total of only 290 applications was received for improvement grants from landlords during the year.

It is pleasing to note that certain amendments are to be made to the Acts which should make the improvement grant schemes even more attractive, and it remains to be seen whether these will prove sufficient to induce landlords to bring forward improvement schemes. If these inducements fail, legislation would appear to be required to enable the local authority to compel landlords to carry out necessary improvements to the large number of houses suitable for such works if these houses are not to become obsolete and place a heavy burden on the local authority's financial reserves.

HOUSING IMPROVEMENT GRANTS

APPLICATIONS APPROVED



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	35	37	£ 9,946	s. 12	d. 0
(b) Improvements					
Landlords	145	161	14,904	4	9
Owner-occupiers	521	537	42,029	5	9

STANDARD GRANTS—

	<i>Applications</i>		<i>Grants Paid</i>						
	<i>Received</i>	<i>Approved</i>	<i>(No. of dwellings)</i>	<i>Total Amount</i> £ s. d.	<i>Number of amenities provided</i>				
	<i>(No. of dwellings)</i>	<i>(No. of dwellings)</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>
Landlords	110	116	69	7,220 11 6	} 835	864	894	791	389
Owner-occupiers	826	823	813	97,637 17 3					

REJECTIONS—

There were 14 applications for discretionary grants and 22 applications for standard grants rejected during the year.

RENTALS—

Applications were received from six owners of decontrolled houses to assess rentals in excess of that laid down by Section 20 of the Rent Act, 1957. These applications were made under the provisions of Section 12 of the House Purchase and Housing Act, 1959. Rentals were accordingly fixed for these houses and for a further 19 houses in the ownership of housing associations and trusts.

PUBLICITY

The Health Committee have continued to endeavour to give the widest publicity to the availability of grants and, once again, in September, a stand embodying an information bureau and taking the form of a modern bathroom with running hot water was on display at the Midlands Ideal Homes Exhibition at Bingley Hall. This stand, which also included a section on the Clean Air Act, 1956, was arranged in conjunction with the Solid Smokeless Fuels Federation. Serious enquiries were received from

CITY OF BIRMINGHAM
PUBLIC HEALTH DEPARTMENT

ERATION

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STANDARD GRANT

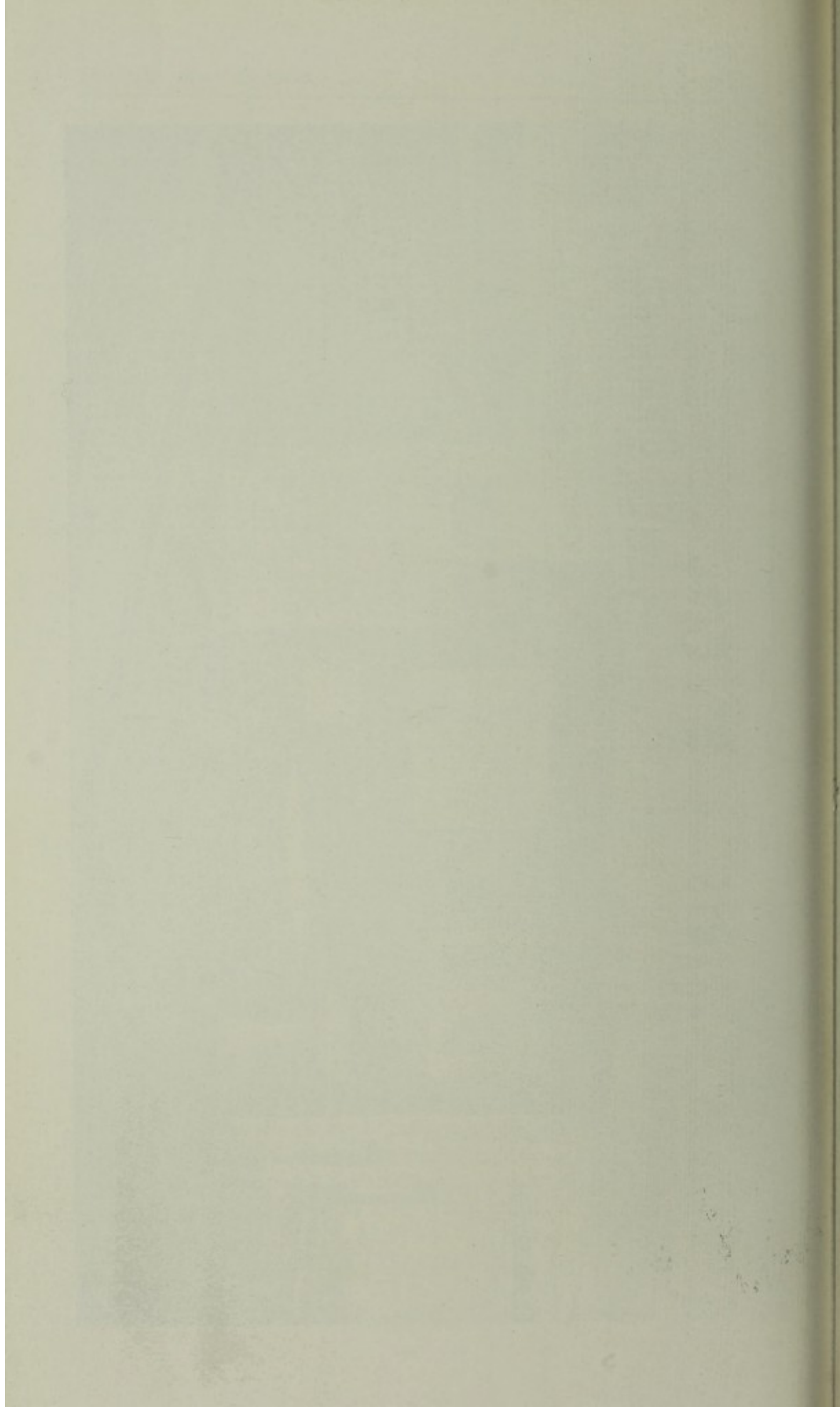
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412 persons during the period of the exhibition, and these were made up as follows, viz :—

Owner-occupiers	...	...	326
Landlords	...	...	25
Tenants	...	...	61
			<hr/>
			412
			<hr/>

Leaflets published by the Ministry of Housing and Local Government entitled "Improve Your House with a Grant" have been distributed and have helped to advertise improvement grants to visitors to the exhibition.

A poster campaign was conducted throughout the City in the month of April and at this time suitable exhibition material was on display at the Congreve Street office of the Department and in display cabinets in the subway to the Smallbrook Ringway.

During the year 11,199 visits were made to houses in connection with improvement grant work compared with 9,602 for 1959. Although each application for an improvement grant involves the Department in a substantial expenditure of time and effort it is considered that the improvement in living conditions resulting from this effort is well worth while.

Abatement of Nuisances

The power to abate a nuisance within the meaning of the Public Health Act, 1936, is one of the most useful delegated to the Health Committee to assist in the maintenance of dwellinghouses and is used extensively to deal with items of disrepair which have reached a critical stage. Mostly, action is taken following the receipt of a complaint from the occupier of premises. Investigations carried out resulted in the service of 8,589 statutory notices during the year compared with 7,819 in 1959. 6,253 of these notices were served under Section 93 of the Public Health Act, 1936, there being a marked increase over 1959 due, in the main, to the prolonged periods of wet weather which brought forth an increased number of complaints of dampness in houses.

The average time taken for compliance with an abatement notice served under Section 93 of the Public Health Act, 1936, was two months and 11 days. This showed a slight decrease compared with the two previous years as follows :—

1956	...	...	...	...	...	...	2 months and 3 days
1957	...	...	...	...	...	...	2 months
1958	...	...	...	...	...	...	2 months and 22 days
1959	...	...	...	...	...	...	2 months and 24 days
1960	...	...	...	...	...	...	2 months and 11 days

The boom in the building industry had the effect of keeping all order books well filled, the Department, as well as private landlords, experiencing difficulty in securing a builder at short notice.

The total of 8,589 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	6,253
Stopped up drains, soil pipes, water closets and private sewers, dealt with under the Birmingham Corporation Act, 1936, as amended by the 1954 Act	1,000
Urgent nuisances, badly leaking roofs, broken water closet pedestals, etc., dealt with under the Birmingham Corporation Act, 1948	414
Provision or improvement of piped water supply—Section 138, Public Health Act, 1936, as amended by Section 30, Water Act, 1945	96
Yard paving and drainage—Section 56, Public Health Act, 1936	176
Unsatisfactory drainage—Section 39, Public Health Act, 1936 ...	479
Filthy or verminous premises—Section 83, Public Health Act, 1936	4
Additional water closets—Section 44, Public Health Act, 1936 ...	2
Conversion of closets—Section 47, Public Health Act, 1936 ...	1
Byelaw infringements—nuisances	6
Provision of sanitary accommodation—Section 39, Birmingham Corporation Act, 1935	10
Removal of noxious matter, Section 79, Public Health Act, 1936	9
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	15
Repair of unfit houses to make fit for human habitation— Section 9, Housing Act, 1957	105
	<u>8,589</u>

To enforce the requirements of the abatement notices it was necessary to serve 362 summonses during the year. Figures for recent years were :—

	<i>Summonses served</i>						
1956	672						
1957	316						
1958	769						
1959	285						
1960	362						

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 73 cases.

Summonses taken out during 1960

					<i>Fines</i>		
					£	s.	d.
General nuisances	...	...	...	362	—	—	—
Dogs fouling footway	...	...	...	2	3	0	0
Contraventions of Shops Act, 1950	...	...	...	6	13	0	0
Contraventions of Food Hygiene Regulations 1955	...	...	...	2	20	0	0
Contraventions of Section 36, Housing Act, 1957 (Works required, or numbers to be reduced in houses let-in-lodgings)	...	...	...	13	44	0	0
Contraventions of Section 90, Housing Act, 1957 (Overcrowding in houses let-in-lodgings)	...	...	...	2	—	—	—
Contraventions of Section 154, Public Health Act, 1936. (Rag collectors).	...	...	...	4	2	0	0
Contraventions of Section 7, Factories Act, 1937 (Sanitary accommodation).	...	...	...	1	—	—	—
Contraventions of No. 6 of Bye-Laws. (Conveying waste food on unsuitable open vehicles).	...	...	...	1	1	0	0
					393	£83	0 0

Enforcement Section

This Section is responsible for arranging the 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 and owner-occupiers, and to carry out the requirements of Nuisance Orders and Magistrates' Orders made by the City Justices at the Victoria Courts where these Orders have not been complied with by the persons concerned.

The institution of all legal proceedings undertaken by the Public Health Inspectors Section of the Department in liaison with the Town Clerk's Department is a most important function of this Enforcement Section.

This work requires the careful preparation of evidence and collection of information of every description necessary for prosecutions to be successfully conducted in the Magistrates' Courts.

The prompt and efficient manner in which the execution of works required by Statutory Notices and Nuisance Orders was arranged and carried out at a reasonable cost, and the fact that efficient daily supervision of the work, while in progress, by an inspector ensured that the repairs were satisfactorily carried out, gave owners confidence in the service provided by the Department and many requests for assistance are now made.

Where works are of a difficult nature or where the work involves more than one owner this particularly applies, and when the cost has to be apportioned between the owners concerned, the apportionment of such costs by the Department is usually accepted without question.

To help defray the administrative costs of these services a 5% establishment charge is made on all works carried out.

Many owners experience financial hardship in meeting the costs of repairs to property and cannot at once make payment in full, and in requesting the assistance of the Department to carry out on their behalf the works required by Statutory Notices, also request permission to repay the costs by instalments. The policy of the Health Committee is to assist these owners by permitting payment of the costs to be spread over a period of three years. In cases of exceptional hardship the period of repayment has been extended beyond three years, the special circumstances and merits of each case being sympathetically considered by the Health Committee.

During the year, 18 sealed instalment orders for recovery expenses incurred in carrying out repairs to property were made by the Town Clerk, and agreements for recovery of expenses were made by the Secretary-Accountant in 20 cases, and collection of the rents of properties to recover costs was made in two instances. Receivership was made in one case in which a receiver was appointed to take over complete management of the property concerned until such time as the debt to the Department plus any expenses in management were cleared.

In all the above cases an interest charge of $5\frac{3}{4}\%$ per annum from the date of the statutory demand is made. In two further cases arrangements have been made by the County Court for payments of debts by instalments.

Repairs to property detailed for the year have covered all aspects of general building work, and included the pumping out of liquid filth and sewage from cellars, cleansing and disinfecting, the removal of accumulations of offensive rubbish (mainly from gardens of lodging houses), plastering repairs, roofing and spouting repairs, rebuilding of walls and chimney stacks, the replacement of water supplies and the provision of adequate water supplies to houses and the conversion of pan closets to water closets which entailed extensive drainage work. Paving of approaches to houses in tarmacadam and concrete paving slabs has been effected in several instances and in one case the whole of an access passage at the rear of 35 houses had to be regraded and levels adjusted because of the steep gradients involved, and an extensive drainage system with special purpose gullies had to be laid to carry away large quantities of surface water and silt.

During the year 222 specifications involving 630 houses were prepared and the total cost of the works carried out was £7,819 5s. 10d.

Of these, 103 specifications were prepared for execution of building repairs to abate nuisances at 142 houses at a cost of £2,682 7s. 7d.

Works to 107 houses were carried out at the request of the owners, which necessitated the preparation of 68 specifications at a cost of

£2,059 11s. 2d. and in 35 cases works were carried out at the default of owners to comply with Nuisance Orders made by the City Justices at Victoria Courts requiring execution of essential repairs for abatement of nuisances. The cost of this work totalled £622 16s. 5d. and the number of houses involved was 35.

The following analysis summarises the work undertaken by the Section during 1960 :—

	<i>Jobs</i>	<i>Houses</i>	<i>Cost</i>		
			£	s.	d.
<i>Section 93 of Public Health Act, 1936.</i>					
<i>General nuisances: Repairs to defective houses.</i>					
At default of owners—non-compliance with Nuisance Orders. ...	35	35	622	16	5
At request of owners ...	68	107	2,059	11	2
<i>Section 56 of Public Health Act, 1936.</i>					
<i>Paving of courts, yards and passages.</i>					
At default of owners ...	5	47	537	14	1
At request of owners ...	6	64	833	3	8
<i>Section 39 of Public Health Act, 1936.</i>					
<i>Provision of satisfactory drainage.</i>					
At default of owners ...	36	81	186	8	6
At request of owners ...	28	78	106	14	2
<i>Section 44 of Public Health Act, 1936.</i>					
<i>Reconstruction of water closets.</i>					
At request of owner ...	1	1	51	2	5
<i>Section 138 of Public Health Act, 1936.</i>					
<i>(as amended by Section 30 of Water Act, 1945) Improvement of internal water supply.</i>					
At default of owners ...	17	86	1,299	14	4
At request of owners ...	20	120	1,925	13	6
<i>Section 47 of Public Health Act, 1936.</i>					
<i>Replacement of existing earth closets, etc. by water closets.</i>					
At request of owner ...	1	1	142	15	0
<i>Section 79 of Public Health Act, 1936.</i>					
<i>Accumulation of noxious matter at premises.</i>					
At default of owners ...	4	9	42	18	4
<i>Prevention of Damage by Pests Act, 1949.</i>					
At request of owner ...	1	1	10	14	3

All works carried out during the year in accordance with specifications prepared in this Section have, with one exception, been on a day work 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 executed without delay.

In one case of major works, tenders were invited by advertisement in the local newspapers which resulted in very keen competitive prices being received.

The building industry now appears to be back to normal with respect to materials but severe difficulties in obtaining labour for general building work have occurred during 1960; the reason for this appears to be the bad weather continuing from the winter and through the spring and summer, coupled with the demands of industry which offers higher pay, higher incentives, better working conditions and facilities for meals.

The hire of tubular steel scaffolding has again proved difficult due to the large amount of building development that is taking place in the City and some delay has been experienced by contractors engaged by the Department, as demand for hire of this type of scaffolding is greater than the amount held in stock by the suppliers.

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.

(Defective drains requiring urgent attention)

Total number of notices served during 1960	...	...	...	1,000
(involving 845 jobs)				
Work carried out by owners in specified time	...	...	...	470
Orders given by this Department in default of owners' compliance	...	...	...	333
Orders given by this Department at request of owners	...	...	...	42
The cost of work given to the Department's contractors totalled	...	...	...	£1,280 16 6
Average cost per job	...	...	...	£3 8 4
The maximum charge in respect of any one job was	...	...	...	£63 6 3
and the minimum was	...	...	...	8 1

During the year notices were served in respect of obstructions in 16 private sewers affecting 156 houses.

Birmingham Corporation Act, 1948—Section 32.

(Defective houses requiring urgent attention)

Total number of notices served during 1960 (involving 377 jobs)	414
Work carried out by owners in specified time	251
Orders given by this Department in default of owners' compliance	97
Orders given by this Department at request of owners ...	29
The cost of the work given to the Department's contractors	
totalled	£912 2 0
Average cost per job	£7 4 10
The maximum charge in respect of any one job was ...	£87 17 9
and the minimum was	£1 0 10

Redevelopment Areas and Clearance Areas

The Corporation, having acquired some 30,000 unfit houses in the Central Redevelopment Areas and a further 11,610 sub-standard houses in Clearance Areas, is landlord to the majority of persons living in unfit houses within the City. It is natural, therefore, that many of these tenants complain of the conditions under which they live, and if they do not at once receive the attention which the complainant feels should be given, complaints are then made to the Health Department with the hope of getting something done. In order to avoid duplication of inspection first complaints are often passed to the Housing Manager for his investigation and action, but if there should be some inference that undue delay has occurred, then complaints are investigated by a public health inspector and in appropriate cases the attention of the Housing Manager is drawn to outstanding defects, especially of an urgent character. This procedure is essential in order, not only to safeguard the interests of the occupiers of unsatisfactory premises, but also those of the Housing Management Committee.

During the year 2,045 complaints were received in respect of properties in the management of the Housing Management Department. Of these complaints 1,334 were investigated by the health inspectors before being referred to that department. A total of 2,340 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

Before human remains can be removed from a grave within the City either a Bishop's Faculty or Licence from the Home Office is necessary. It is usual for the Home Office to notify the Medical Officer of Health before an exhumation takes place and 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.

Four licences in respect of the removal and re-interment of remains were received during the year. Visits are also made in respect of depth of

graves in certain burial grounds not under Corporation control and 106 visits were made during the year.

Domestic Surface Air Raid Shelters

Arising from the survey carried out in 1954, further consideration was given during 1960 to numbers of shelters which had been the subject of complaints. In 112 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 712 at the 31st December, 1960, as follows :—

				<i>Total shelter structures surveyed</i>	<i>Shelters represented for demolition</i>
Central Wards	...	...	...	822	257
Middle Ring Wards	...	...	...	1,220	384
Outer Ring Wards	...	...	...	2,006	71
				<hr/> 4,048 <hr/>	<hr/> 712 <hr/>

Common Lodging Houses

The Department maintains a register of all established common lodging houses in the City as required by the provisions of Section 237 of the Public Health Act, 1936. This record provides detailed information as to the full names and addresses of all persons registered as "keepers" and "deputy keepers" together with the addresses of all such lodging houses. The permitted number of persons which each may accommodate is also specified in the register.

Eight such premises were registered for the year, providing a total accommodation for 658 men only. This represents a reduction of 69 beds on the figure of 727 for 1959, when ten houses were registered. The reduction was brought about by the decision of the registered keepers of two of the smaller establishments, providing accommodation for 25 and 44 men respectively, not to apply for the re-registration of their premises. It is understood that the lodgers so disturbed were absorbed by the remaining hostels in the City.

Routine inspections are carried out both by day and by night to ensure that no infringements of the Public Health Act, 1936, or byelaws made thereunder occur. Public health inspectors made 177 visits during the course of the year, details of which are as follows :—

Day visits	...	...	...	...	...	...	...	...	67
Night visits	...	...	...	...	...	...	...	...	100
Special visits	...	...	...	...	...	...	...	...	9
Unsuccessful visits	...	...	...	...	...	...	...	...	1
									<hr/>
								Total	177 <hr/>

The above inspections revealed only minor contraventions of the byelaws existing from time to time, details of which were immediately reported to the deputy keeper at the time of the inspector's visit. Letters of confirmation were sent by the Department in all such cases to the respective registered keepers and in no instance was it necessary to resort to statutory action.

Tents, Vans and Sheds

No change occurred in the number of caravan sites within the City during the year. In fact, the position still remained whereby only four sites contained more than six caravans, and one of these was still occupied by persons engaged on a building site in connection with the construction of Corporation houses.

The Department, however, is still confronted with the problems arising from the siting of single and small groups of caravans on unauthorised sites. When such instances occur they are immediately reported to the City Engineer and Surveyor for action under local Act powers contained in Section 43 of The Birmingham Corporation Act, 1935. This section provides that, with certain reservations, no land shall be used for occupation by caravans, without prior approval of the Corporation.

The Caravan Sites and Control of Development Act, 1960, came into force on the 29th August, 1960, and is delegated to the Public Works Committee for enforcement. This new law has introduced some substantial changes in previous legislation and repeals Section 269 of the Public Health Act, 1936 in so far as it relates to caravans. It does not, however, control the owner-occupier of the caravan itself, as provided for under the private Act powers referred to above. It does, on the other hand, control the use of land, which is to be regulated by both planning permission and by the licensing of sites for caravans.

It is considered that this new legislation will prove to be of great assistance to those authorities which have problems with caravan sites but will be of no value in controlling the unauthorised use of a site by the individual caravan dweller. For this reason, it is most important that the local Act powers are retained.

All sites were the subject of routine visits by public health inspectors throughout the year and in no case was it necessary for the Department to resort to statutory action in the control of nuisances.

The total number of visits made in the year was 130.

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 68 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

Certain trades and processes are classed as offensive trades by Section 107, Public Health Act, 1936, and byelaws made under the Act regulate the construction and management of premises in which these trades are carried on. In the main, these premises deal with organic matter, being by-products from the slaughter of animals. Much of the material processed is brought to the premises from abattoirs, slaughterhouses and butchers' shops, both from within the City and the surrounding districts.

One of the most likely causes of nuisance from these premises, apart from flies, is that of offensive smell from the heat treatment of putrifying matter. Special plant has to be installed and precautions have to be taken to ensure that this is always kept in efficient working order. Unfortunately, these trades are often sited in the old and heavily congested central areas of the City. Any breakdown of plant or mis-management is likely to cause nuisance, and complaints received in the Department are promptly investigated. The co-operation of the management of such firms is usually secured without the need to enforce the byelaws through the courts.

There were 17 premises registered for offensive trades at the close of the year, made up as follows :—

Bone boilers	...	...	...	...	...	...	...	...	2
Fellmongers	...	...	...	...	...	...	...	...	2
Tanner	...	...	...	...	...	...	...	...	1
Fat extractor	...	...	...	...	...	...	...	...	1
Tripe boiler	...	...	...	...	...	...	...	...	1
Gut scrapers	...	...	...	...	...	...	...	...	5
Rag and bone dealers	...	...	...	...	...	...	...	...	5
Total									17

69 visits were made to these premises.

Pig Keeping

All control powers regarding the keeping of pigs are contained in the city byelaws relating to nuisances and, in general, are adequate for normal needs.

There is no doubt that domestic pig keeping in the City is on the wane, probably due to the hazards of marketing, the cost of feeding stuffs and the necessity of compliance with the byelaws. On the other hand, the commercial pig breeder, possibly less in number than in former years—this again may be due to the smaller man giving up the struggle against greater competition—would appear to be progressing favourably in a general sense.

It has been noted previously that the large scale pig keeper is not normally the person responsible for nuisances regarding which complaint is made to the Department. He, apparently, realises the byelaws must be observed and, in addition, that pigs will thrive and "do better" if kept under the best possible conditions.

Pig keepers' premises are visited by the Department's inspectors as a matter of routine and during the year over 300 such visits were made. In six instances only it was necessary to serve notices for contraventions of the relevant Byelaws but in no case was there need to resort to enforcement proceedings before the magistrates.

Tips and Tipping

During the year one tip ceased to be used but planning permission was given to an extension of a previously closed tip so that at the end of the year the number of established tips in operation remained at 13. Routine visits were made by public health inspectors to observe conditions and obtain compliance with the byelaws and a total of 295 such visits was recorded.

The co-operation of the tip operators continued to be obtained readily and very few complaints were received in the Department.

The progress in the development of vacant sites and unused land within the City went ahead during the year and the number of complaints of indiscriminate depositing of rubbish and discarded articles lessened correspondingly.

The demolition of houses in the Redevelopment Areas has resulted in large quantities of unwanted household goods, especially furniture and bedding, on the newly cleared sites. Although not classed as a public health nuisance, such accumulations can be very unsightly and their removal can involve the ratepayer in unnecessary expenditure.

Pleasure Fairs

For the purpose of the city byelaws, the term "pleasure fairs" includes any circus, exhibition of human beings or performing animals, shooting gallery, and consequently flower shows, garden fetes and similar functions are also covered.

The byelaws require that three days prior notice in writing be given to the Town Clerk and the Chief Constable of the intention to hold a fair. In addition to this and other requirements of the byelaws, should music be involved, then a licence for this must be obtained from the City Justices.

During the past year 26 fun fairs, three garden fetes and one circus were held. The number of fun fairs, and their size, tends to decrease. This may be due, of course, to the redevelopment programme which has resulted in a reduction of the sites formerly available for such fairs.

It is noteworthy that during the year, although 79 visits were made in connection with pleasure fairs, in no instance was it necessary to serve a notice concerning contraventions of the relevant byelaws. Such minor deficiencies as were observed were rectified by personal approach to the responsible persons.

Canal Boats

During the year 1960, the number of boats inspected on the canals within the city area was 645, and the number of inspections each quarter was as follows :—

First quarter 147; Second quarter 145; Third quarter 222; Fourth quarter 131.

There has been a marked increase in the number of boats visiting the City during 1960, resulting in a greater number of inspections compared with 1959. The London dock strike and two major repair projects, however, resulted in slightly fewer inspections in the last quarter of the year.

The 645 boats inspected were registered for the accommodation of 1,871 persons and when inspected were found to be carrying 387 men, 377 women and 309 children, a total of 1,073 persons—represented in terms of adults as 918½.

Of the 645 boats inspected during the year, it was found that 620 or 96·1 % were in good condition and conforming with the Act and Regulations, while in 25 or 3·9 % of the total, various contraventions were found:—

Boats with one contravention each	8,	making total contraventions	8
“ “ two “ “	15,	“ “ “ “	30
“ “ three “ “	1,	“ “ “ “	3
“ “ four “ “	1,	“ “ “ “	4
	—		—
	25		45
	—		—

Complaint notes were duly served on the owners in all cases, except for one verminous boat which was disinfested by the Authority. 24 complaint notes were issued during 1960 and 17 brought forward from 1959, 22 complaint notes were complied with during the year, leaving an outstanding balance of 19. 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 1960.

The number of boats registered in Birmingham is 98, classified as follows :—

Motor Boats	57	Ordinary boats	41
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Prevention of Damage by Pests Act, 1949

COMPLAINTS

Again, during the year, there has been an increase in the number of complaints received by the Rodent Control Section of infestations in all types of properties.

The early part of the year was quite average, but a most spectacular increase occurred in May when 1,001 complaints were received. The numbers fell in June and July, remaining quite average in August, September and October, but November and December showed substantial increases over the same period of 1959.

Compared with 1950, when the Prevention of Damage by Pests Act, 1949, came into force, the 1960 figures of complaints show approximately a 70% increase :—

1950	1956	1957	1958	1959	1960
4,843	8,090	7,235	7,351	7,971	8,336

and during this 10 year period the staff of the Section has been approximately the same.

All complaints received are investigated and detailed inspections carried out, not only of the complainant's premises, but in a large number of instances of the adjoining premises also.

In the suburbs and residential areas of the City, numbers of complaints refer to rats seen in the gardens or crossing the gardens and investigation reveals that in most instances the rats are living beneath sheds or have burrowed in earth banks and have a never failing food supply due to the neighbours putting scraps out for the birds. This practice, carried out sensibly would not encourage rats, but so often enough food for a whole flock of birds is put out to feed but a few sparrows. A further "rat restaurant" is frequently provided by the badly maintained compost heap in the corner of the garden.

INSPECTIONS

The comparative figures for inspections carried out during the years 1959 and 1960 are :—

				<i>Domestic</i>	<i>Industrial</i>	<i>Total</i>
1959						
Original visits	...	...	...	10,136	2,472	} 17,968
Re-visits	...	...	...	3,074	2,286	
1960						
Original visits	...	...	...	10,355	2,735	} 18,016
Re-visits	...	...	...	2,904	2,022	

Most of the complaints investigated during the year refer to what can be termed the "odd rat" or what is known officially as a "minor infestation." Very few "major infestations" have been encountered; in fact such a happening is a field event for the operative concerned with the treatment, and to judge from the conditions of a few years ago when major infestations were the rule rather than the exception, it is fair to say that the Section is slowly overcoming the rat problem in the City.

Infestation does not occur in any particular type of property, and any type of building from the back to back house to the multi-storey flat, from the small shop to the largest departmental store and factory is liable to become rat infested at any time and for a variety of reasons.

All these various types of premises have been encountered as being infested during the year and each has been dealt with, both by treatment and rat-proofing.

The following table gives details of such treatments carried out involving a wide variety of premises :—

	<i>Inspections</i>	<i>Re-inspections</i>	<i>Treatments for</i>	
			<i>Rats</i>	<i>Mice</i>
Domestic and bombed sites ...	10,355	2,904	5,037	1,551
Corporation Properties :				
Schools	142	122	99	106
Civic restaurants and bake-houses	6	7	10	8
Corporation tips	8	12	10	—
Allotments, parks, etc. ...	25	62	24	2
Welfare centres and nurseries	16	21	12	13
Destructors	—	163	2	—
Offices, stores, depots, etc.	49	89	42	22
Industrial :				
Private schools	10	31	7	6
Private tips	—	—	—	—
Hospitals, nursing homes, etc.	37	130	56	30
Cafes, restaurants and hotels	103	80	87	44
Other food premises	574	529	325	206
Cinemas and theatres	5	35	2	4
Canal and railway banks	17	42	3	—
Non-food shops	265	146	113	35
Non-food factories, offices, etc.	626	547	550	246
Farms, piggeries, etc.	3	6	8	—
Other visits	849			
Night visits	102			
Smoke tests	259			

These visits resulted in formal action in the following cases:—

Notices served for proofing	26	Reminder letters sent ...	1
Notices served for treatment	Nil	Letters sent re proofing ...	1
Notices completed	31		

All business premises are charged for any actual treatment carried out by the Section, whilst purely domestic premises are treated free of cost in accordance with the Circular of the Ministry of Agriculture, Fisheries and Food, which was adopted by the City Council.

The scheme devised for the regular inspection and treatment of many business premises of all types in the City continues to work very satisfactorily, and in many instances the intervals between treatments have been increased. Also, in quite a number of instances, the arrangement has been cancelled by mutual agreement.

Staff shortages continued to occur due to sickness and holidays and when such occasions arose it was sometimes necessary to advise occupiers to carry out their own treatment, but only in the case of mouse infestations. In all such instances Warfarin types of poison were advised

and, in the main, the occupiers were successful in their efforts. In only a few cases did the occupiers confess that they could not eliminate the infestation and the Section then treated as soon as possible.

RAT PROOFING OF PREMISES

Rat proofing properties, wherever possible, has proved to be fully justified, although the implementation of this policy and all it entails, becomes each year more onerous on the senior staff of the Section, who have been considerably overworked for many years with this particular aspect of rodent control. Rat proofing, without a shadow of doubt, is the most important and the most difficult aspect of the work of the Section, and it is entirely dependent on the three senior members of the staff. Only a limited number of people have the ability, experience and knowledge which the work demands, and an extensive theoretical knowledge of building and drainage construction is not in itself sufficient. Every possible type of malpractice in building and drainage construction is found to be the root cause of infestation in all kinds of properties, and the remedy for many of the defects found proves to be costly. Many of the defects in construction are obviously the result of sheer carelessness at the time of building or in general maintenance of the structure, and without any doubt point out the absolute necessity for stricter supervision during and after construction.

In this connection the enforcement of Section 41 of the Public Health Act, 1936, which refers to the repair of drainage systems, etc., is particularly essential and many investigations may have to be undertaken before the drain can be proved defective or otherwise.

Formal action under Section 4 of The Prevention of Damage by Pests Act, 1949, which provides for the service of notices requiring the rat-proofing of premises, was only necessary in 26 cases during the year. In addition to the service of these notices, extensive rat proofing measures were carried out in a further 251 properties of all types. The total figure of 277, however, bears no relationship to the actual number of properties protected during the year. For example, in the case of Housing Management Department properties, particularly the post war development of all types, an entire block of properties may be rat-proofed. Even a single defect on a drainage system can give rise to infestation in several houses and yards, particularly in the case of the older parts of the City. Such an example is recorded as one property only being rat-proofed.

It has been quite apparent during the year that the tightening up of supervision by the City Architect to prevent rat infestation in new properties has been well worth the trouble. There have been very few examples of newly built Housing Management Department properties being infested a few weeks after occupation. Nevertheless, several blocks of post war houses into which rats have gained access through defects in construction, have had to receive treatment.

DEMOLITION OF PROPERTIES

The Department is extensively implicated in the Ring Road and redevelopment of the City in general resulting from the large scale demolition of numerous buildings. In this connection disused drainage systems are a never failing source of rat infestation and infestations have arisen during the year both on municipal and privately developed sites. On some occasions difficulty is encountered in dealing with these systems due to the fact that existing legislation does not cater for such difficulties. A new Public Health Bill is at present before Parliament and strong representations are being made at Ministry level for effectively amending legislation to deal with the disused drain.

In the case of those properties in central areas taken over by the Corporation, once again the defective drainage system has proved to be a constant source of infestation. In all such cases particular regard has to be taken of the "life" of the property. Dependent on this factor is the action taken by the Section as to whether a temporary repair or substantial reconstruction is necessary.

SALVAGE DEPARTMENT DESTRUCTORS

The five depots of this Department continue to have the heaviest rat populations in the City. The present conditions, however, bear no comparison at all with the conditions of a few years ago when literally thousands of rats could be seen at any time after normal working hours : nowadays the rats are countable in dozens and this only in particular spots. Apart from these particular points of infestation, in the depots, rats are very conspicuous by their absence.

A close watch is kept on all the depots, both during and after normal working hours, and any undue activity by rats or rise in population is dealt with by poison treatments.

The Salvage Department has made strenuous efforts over the years to reduce the amount of harbourage afforded to rats by the conditions of the firing decks. Alterations have been made to the backs of the decks considerably reducing the nesting facilities. The Section works in very close co-operation with the Salvage Department and any suggestions made receive prompt consideration and action.

Operations against the rat population in the depots have been unceasing for years with encouraging results which are now evident. Routine night inspections are carried out regularly at all the depots as an accurate assessment of the rat population can only be made at night. Treatments were carried out at the various depots during the year as follows :—

Lifford Depot	January	Canteen block.
Tyseley Depot	April	All works, tips, streams, canal bank, etc.
Lifford Depot	August	New works, etc.
Tyseley Depot	September	All works, tips, streams, canal bank, etc.
Lifford Depot	September	Canteen block (roof space and cable ducts, etc.)

In addition to the above action, all the hoppers at the Montague Street Depot have been cleared by hand during the year to meet the request of the Research Laboratories of the Ministry of Agriculture, Fisheries and Food for the resultant live catch to be forwarded to their laboratories for research and experimental purposes.

SEWER TREATMENTS

A very important part of rodent control work lies in the routine treatment of the sewers of the City and, as these comprise some 1,600 miles, the Department is presented with a problem of the first magnitude.

The work of baiting and poisoning the sewers, day after day, is very unspectacular but the efforts of the sewer gangs have considerably reduced the rat population contained in them. Sewers can only be baited at the manholes provided on the systems, and in achieving a "kill" at these points of access innumerable infestations which might have arisen in all types of surface properties have thereby been prevented.

During the year the 26th and 27th maintenance treatments were completed and the 28th 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
27th maintenance treatment, 1960	Nil	191	485	676	7,111

Examination of the above figures shows the tremendous drop in the "takes" and completeness of "takes" at the manholes in the system, and is ample justification for the continuance of the scheme.

In common with the other sections of the Department, the Rodent Control Section, in the efficient discharge of its duties, places great reliance on the co-operation of a number of departments of the Corporation. It is pleasing to note that a very high degree of liaison and co-operation has been maintained with the staffs of the Public Works, Estates, Housing Management, City Architect's and Salvage Departments, and with the Infestation Control Division of the Ministry of Agriculture, Fisheries and Food.

STAFF

The staff figures have remained fairly constant during the year, and at the 31st December, 1960, there was a total of 35 comprised as follows :—

Rodent Officers	...	...	3	Storeman	...	...	...	1
Clerks	...	...	...	4	Operatives—			
Inspectors	...	...	...	7	Surface	...	...	13
Foremen	...	...	...	2	Sewer	...	...	5

The Rag Flock and Other Filling Materials Act, 1951

At the end of 1960, five premises were licensed under the above Act, all for storage of rag flock. One new premises was registered in 1960, making a total of 57 premises registered for the manufacture of new furniture, bedding or stuffed toys as compared with 56 in 1959.

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, 63 in all, were taken and from all a satisfactory report was received.

Rag flock ...	...	18	Woollen flock ...	—	Kapok ...	...	—
Washed flock	...	1	Jute	3	Coir fibre	11
Cotton felt...	...	12	Synthetic fibres	—	Algerian fibre	...	4	
Cotton millpuff	...	—	Hair...	...	5	Fibre (not classified)	—	
Woollen felt	...	6	Feathers or down	1	Sisal pads	2

Unsatisfactory samples taken expressed as a percentage of all samples for the year, were as follows :—

1952	...	...	...	...	...	...	...	...	16.3%
1952	...	...	...	...	...	...	...	...	6.5%
1954	...	...	...	...	...	...	...	...	6.2%
1955	...	...	...	...	...	...	...	...	12.6%
1956	...	...	...	...	...	...	...	...	2.0%
1957	...	...	...	...	...	...	...	...	7.0%
1958	...	...	...	...	...	...	...	...	Nil
1959	...	...	...	...	...	...	...	...	1.3%
1960	...	...	...	...	...	...	...	...	Nil

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 suitable facilities are available 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, 1960, is summarised as follows :—

GENERAL INSPECTIONS

Visits	...	...	...	...	...	...	...	...	15,475
Re-visits	...	...	...	...	...	...	...	...	2,001
									<hr/> 17,476 <hr/>

SPECIAL VISITS

Half-day closing	...	...	...	...	...	...	...	9,223
Night closing	...	...	...	...	...	...	...	586
Sunday trading (day)	...	...	...	...	...	...	...	2,216
Sunday trading (night)		...	...	...	...	...	...	35
Appointments, etc.	...	...	...	...	...	...	...	655
Complaints and enquiries		...	...	...	...	...	...	253
Jewish traders	...	...	...	...	...	...	...	24
								<hr/> 12,992

STREETS PATROLLED

Half-day closing	...	...	...	...	...	...	...	8,209
Night closing	...	...	...	...	...	...	...	493
Sunday trading	...	...	...	...	...	...	...	2,625
								<hr/> 11,327

SHOPS ACT FORMS PROVIDED

Early closing day	...	...	...	...	...	...	370
Assistants' half-holiday	...	...	...	...	...	...	306
Young persons' hours of employment	...	...	...	...	...	...	271
Exemption (week-days)	...	...	...	...	...	...	166
Exemption (Sundays)	...	...	...	...	...	...	334
							<hr/> 1,447 <hr/>

STAFF ACCOMMODATION DEFECTS REMEDIED

W.C. and washing facilities	...	...	...	...	...	...	164
Heating, lighting and ventilation	...	...	...	...	...	...	20
Facilities for meals	...	...	...	...	...	...	21
							<hr/> 205 <hr/>

OFFENCES REPORTED FOR ACTION

Half-day closing :							
Sales after closing time	...	...	...	...	...	...	1
Night closing :							
Sales after closing time	...	...	...	...	...	...	25
Sunday trading :							
Illegal sales and failing to provide notices	...	...	...	...	...	...	118
Summons issued in respect of the above mentioned offences	...						6
Warning letters issued in respect of the above mentioned offences							138

The five summonses in respect of illegal Sunday trading and the one summons 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 operates under the supervision of a Depot Superintendent who reports daily to the Chief Public Health Inspector. The station occupies a reasonably central position in Birmingham and is situated in Bacchus Road.

The public health inspectors deal with a steady flow of complaints from domestic premises regarding infestations of bugs, fleas, lice, cockroaches, blackbeetles, ants, etc., and supervise the necessary treatments following investigation.

During 1960, houses receiving such treatment numbered 1,876 as compared with 2,466 in 1959, representing a decrease of 590 treatments or 24.0% over the year. This decrease was expected, as the figure for 1959 was exceptional due to the long and hot summer experienced in that year.

Many similar treatments have also been carried out in business premises, including hospitals, restaurants, licensed houses, public baths, factories and schools, where the main infestations have consisted of steam flies and cockroaches. The number of separate treatments effected

in the year amounted to 128, showing a small decrease on the figure of 151 for 1959.

No charges were rendered in respect of treatments for domestic premises but appropriate accounts were submitted in all other cases, the charges being based solely on the cost of labour and materials used.

SERVICES TO THE TUBERCULOUS

Disinfection was carried out in 111 houses, under arrangements made with the Chest Clinic and Housing Management Department, following the removal of tuberculous patients to sanatoria or into new housing accommodation.

The Department also undertakes the collection and delivery of complete bedding units used by such patients. This service resulted in the delivery of 113 units and the collection of 128 units for disinfection prior to re-issue.

DISINFECTION

Where aged people are incapable of maintaining a reasonable standard of cleanliness in their homes, the Department undertakes the necessary cleansing, including the removal of refuse from their accommodation. This service is given free of charge and during the year 15 such houses were cleansed and 73 beds, together with bedding, were removed for destruction.

The steam disinfectors were once again in constant use throughout the year, the work including the disinfection of large quantities of hospital bedding and blankets.

One complete operation of a steam disinfecter is referred to as a "stove" and charges, where applicable, were rendered to the appropriate authorities at the rate of 15/- per stove.

The total amount of material treated in the year amounted to 1,266 complete stoves, which is almost identical to the figure of 1,297 for 1959.

CLINIC TREATMENTS

Separate bathing facilities are provided centrally at the Cleansing Station for the cleansing of scabies patients and verminous persons. The clinic provides a day and evening service, remaining open until 8 p.m. during the week, except Saturday when it closes at 5 p.m. No treatments are given on Sunday.

Total treatments carried out in the year were as follows :—

<i>Bacchus Road Clinic (men)</i>					<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>
Men	...	...	...	...	211	173	26
Boys	...	...	...	...	47	2	—
Second treatments	...	...	...	...	7	—	—
Total	...	...	...	...	265	175	26

Bacchus Road Clinic (womer)

			<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Women	...	...	163	10	8	14
Girls	...	...	135	—	—	—
Boys	...	...	101	—	—	—
Second treatments			27	—	—	—
Total	...	...	426	10	8	14

Children represented in the above statistics were treated at the same time as their parents.

BATHING OF THE AGED AND INFIRM

The service providing bathing facilities for the aged and infirm was once more put to greater use during the year. Weekly programmes were maintained, whereby these aged folk were collected from and returned to their homes in Corporation transport under the care of a health visitor. Under these arrangements 884 baths were provided for women and 584 for men, making a total of 1,468. These figures reveal the rapid expansion of this service when compared with those for 1956, when a total of 489 baths was provided.

DRAINAGE AND SEWERAGE

The information which follows on the sewerage works carried out by the Public Works Department during 1960 has been kindly provided by the City Engineer and Surveyor, Sir Herbert Manzoni.

Inner Areas

A considerable amount of work has been done in the Redevelopment Areas, including Nechells Green (Units 4 and 28), Newtown (Unit 109), Highgate and Lee Bank.

The Inner Ring Road has required the provision of new sewers in Station Street and the Snow Hill area.

Outer Areas

It has been necessary to relay a portion of the existing sewers in Brookvale Road, Moor Green Lane, Aston Hall Road and a length of the Spark Brook Valley Sewer.

General

The year has seen the completion of sewers for the Lyndhurst Estate, Nazareth House Estate, Park Hill Estate and various smaller housing sites.

In addition work is proceeding on a major re-alignment and reconstruction of the Hockley Brook near New Town Row and some walling and inverting has been done to the Bourn Brook and River Bourn.

Considerable lengths of sewers have been laid outside the city boundary for the Kingshurst Hall Estate, Solihull Lodge Estate and to relieve flooding in the vicinity of the Chester Road, Sutton Coldfield.

The above works have involved the construction of 4.12 miles of foul and surface water sewers within the city boundary and, in addition, approximately 3.38 miles of sewers have been laid by private developers for private housing schemes.

Up to the end of December last, the total length of sewers in the City amounted to 1,645.18 miles, of which 1,076.25 miles were foul water sewers and 568.93 miles were surface water sewers, a net increase of 6.28 miles after allowing for old sewers which have been demolished or abandoned.

REFUSE COLLECTION AND DISPOSAL

The Salvage Department is responsible for the collection, utilisation and disposal of house refuse and certain trade refuse. In addition, the Department undertakes the emptying of privy pans and cesspools and the collection and treatment of condemned meat, offal, vegetable and other waste from the City Markets and Abattoir. Mr. A. E. Barton, General Manager, has kindly supplied the following information.

The total quantity of refuse of all kinds dealt with by the Department during 1960 was 372,306 tons, which represents an average of more than 1,400 tons every working day.

Dustbins

Receptacles for the storage of refuse at domestic premises are supplied by the Department as a charge on the General Rate Fund, in accordance with the policy adopted by the City Council in 1950.

During the year ended 31st December, 1960 a total of 37,460 bins was provided and this figure included 25,388 of the special type for use with the dustless refuse collection system.

Refuse Collection

The system of refuse collection has been organised in such a way as to be completely flexible in operation, so that the seasonal changes in refuse output are allowed for and appropriate adjustments can readily be made to the rounds in consequence of the redevelopment of areas and the erection of new houses.

In a city so large as Birmingham conditions differ within wide limits in the various districts and many factors affect the refuse collection service. For example, the output of refuse is by no means constant over the whole of the City; some houses produce an average of 15 cwts. per annum, whilst in other areas the mean output is as high as 26 cwts.

The distance the refuse has to be conveyed from the houses to the vehicle also varies greatly. Where court property and similar houses predominate, bins are often grouped together within easy access from the roadway, but in other cases, often where new housing estates have been developed, the "carry" may be as much as 100 yds.

The expansion of the Continental-style refuse collection system has continued and by the end of 1960 householders at 37,171 premises were enjoying the benefits of the scheme. The dustbins with their hinged lids are welcomed, as the refuse remains dry in the bin and is not accessible to cats and dogs. The bodies of the special type vehicle are totally enclosed and, with the use of the mechanical device at the rear of the vehicles, the bins are emptied in a dustless and hygienic manner.

The use of the large 1½ cubic yard capacity bulk storage containers at multi-storey flats, schools and other suitable industrial and office blocks,

has been extended and by the end of the year 793 had been installed serving 7,748 premises.

Refuse Disposal

The most serious problem facing the Salvage Department is that of refuse disposal, as the plants at the five existing refuse disposal and salvage works are being operated to full capacity in consequence of the growth of the City and the increased tonnage of refuse with which the Department has to deal.

Excellent progress has been made in the erection of the new works at Lifford Lane, Kings Norton, which will replace the present obsolete plant and it is hoped that it will be in commission by the end of 1961.

An additional works to be erected on a site at Castle Bromwich is in the planning stage and when these two works are in full operation it should be possible to deal with the whole of the City's refuse by means of separation and incineration.

Meanwhile, the refuse which is surplus to the existing capacity of the plants has to be disposed of by controlled tipping, but the shortage of suitable tipping sites, both in the City and at a reasonable distance outside the boundary, has now reached an acute stage. The quantity of untreated house and trade refuse which had to be tipped by the Department during 1960 was 78,849 tons. In addition, tipping accommodation has to be found for the screened dust and clinker produced at all the refuse disposal and salvage works, and the annual tonnage of these materials is some 157,000 tons.

Unfortunately it is not generally appreciated that land reclamation resulting from controlled tipping—and the emphasis must essentially be on the word “controlled”—can be an asset to the public, particularly where the final outcome is the provision of recreation grounds and open spaces.

The policy of doing everything possible to improve working conditions for the Department's employees has continued, especially so far as those engaged on refuse disposal in the works is concerned. The installation of equipment at Montague Street Works for the extraction of dust from the atmosphere at various points where it arises in the tipping shed and screen room, proved most successful. Similar plant, which is of the wet de-duster type, has now been installed at Rotton Park Street Works, and will be incorporated into the two new works at Lifford and Castle Bromwich.

Recovery of Salvage Materials and By-Products

The recovery from refuse of those materials suitable for re-use in industry is an integral part of the refuse disposal method practised in Birmingham and generally the markets for the various items were maintained throughout the year.

The Department also continued the important work of collecting condemned and surrendered meat and offal together with refuse from the City Markets and Abattoir. The treatment of the former materials in the special plant at Montague Street resulted in the production of a substantial tonnage of fertilisers, animal feeding stuffs and fat.

Cesspools and Pans

At the end of 1960 there were 126 cesspools serving 155 premises being regularly emptied by the Salvage Department. Four cesspools were abolished during the year and eleven new cesspools were added to the collection lists.

There are 104 sanitary pans in use in outlying parts of the City which receive the regular attention of the Department.

Expenditure and Income

The gross expenditure of the Salvage Department during the year under review amounted to £1,467,270. In the same period the income from all sources totalled £204,561.

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. One further unit was completed and taken into commission making a total of eleven beds so dealt with. The conversion of three further beds is in hand, one of which was nearing completion at the end of the year, whilst conversion of a fifteenth bed has been authorised.

Aqueduct

The laying of the Fourth Main of 60 inch diameter concrete-lined steel pipes on the siphon sections of the Aqueduct was nearing completion. About 2 miles of main were laid and altogether some $36\frac{1}{4}$ miles (99%) of the total length of $36\frac{1}{2}$ miles of siphon sections have been completed.

Frankley

The construction of the third instalment of twelve rapid gravity filters is complete with the exception of the control equipment. Two filters, each of 2 million gallons per day capacity, have been put into commission.

The reinforced concrete work for the fourth instalment of twelve filters was commenced. On completion of the fourth instalment the total rated capacity of the new rapid gravity filters will be 80 million gallons per day.

Area of Supply

Numerous extensions of small diameter mains have been laid to cater for development within the City and to replace old corroded service mains which have been abandoned.

Short lengths of trunk mains of 12-inch and 24-inch diameter have been laid in conjunction with the City Centre Development and the Inner Ring Road Scheme.

Booster pumping plant has been installed in several multi-storey blocks of flats which have been constructed on Corporation Housing Estates and where the water pressure was insufficient to give a satisfactory supply to the top of the building.

Local Works—Whitacre

Consequent upon the prolific growth of algae in Shustoke Reservoir during the Summer of 1959 and the subsequent difficulties in treatment

of the raw water, chlorination equipment of increased capacity is being installed to provide for break-point chlorination followed by de-chlorination by means of sulphur dioxide when the need arises.

Algal growths in Shustoke Reservoir were less severe during 1960, this being attributable perhaps to the cooler summer and the dosing of the raw water pumped from Whitacre Reservoir during the months of August and September with approximately 0.3 parts per million of copper sulphate.

The water derived from this source is supplied in bulk to Coventry and the North East Warwickshire Water Board.

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 1959/60. The small degree of contamination associated with their visits was, as on previous occasions, effectively dealt with by filtration and chlorination.

The whole of the water distributed in the city area was entirely the soft moorland water of the Elan Supply.

At all times water supplies have been satisfactory in quality and generally adequate in quantity despite the fact that on several occasions the consumption reached unprecedented high rates during the spells of hot dry weather during June.

ROUTINE SAMPLING OF CORPORATION WATER

The year 1960 will be remembered for prolonged and heavy rainfall which has had some bearing on the quality of the raw waters taken for purification and supply.

Bacteriological Examination

ELAN VALLEY SUPPLY

The impounded water at the Elan Valley is treated with lime to neutralise its natural acidity, passed through rapid filters to remove suspended matter, then chlorinated with 0.5 parts per million of chlorine before passing into the Aqueduct. As a result of this procedure 2 E Coli Type 1 per 100 ml. were found in only two of the twenty-six samples taken from the Aqueduct at Steventon. The number of viable organisms per 1 ml. never exceeded 16, the average for the twenty-six samples being 4 per ml.

The aqueduct outlet at Frankley was sampled weekly. E Coli Type 1 were found in only four of the fifty-one samples, the greatest number found being 38 E Coli Type 1 per 100 ml. on one occasion only. The three other samples each contained 2 E Coli Type 1 per 100 ml. Only in seven instances did the number of viable organisms exceed 10 per ml.

The greater portion of the water normally passes from the Aqueduct to Bartley Reservoir where, at times during the winter months, seagulls may cause faecal contamination. In the first three months of the year ten of twelve samples taken from the Bartley Reservoir Outlet showed coliform contamination, the highest number found were 15 E Coli Type II per 100 ml. In view of this 0.5 parts per million of chlorine were added prior to filtration. Weekly samples immediately prior to filtration showed chlorination to be invariably effective. From the end of March, when pre-chlorination was discontinued, a few E Coli were found from time to time.

The water from the Bartley and Frankley Reservoirs is filtered by slow sand filters and rapid gravity filters arranged in parallel. As expected the slow sand filters produced a water of high bacteriological purity while rapid filtration did not remove bacterial contamination to the same extent.

The weekly samples after final chlorination were of excellent quality with no faecal contamination and only on four occasions did the total viable bacterial count per ml. exceed 10. During the year the following samples were taken from the pure water covered storage reservoirs—Edgbaston 25; Erdington 14; Hagley Road 26; Highters Heath 12; Northfield No. 1, 13; Northfield No. 2, 15; Perry Barr 13 and Warley 12.

Due to seepage from heavy rainfall a high viable count per ml. was found in a few instances, the most notable being at Hagley Road Reservoir in April and July when counts of 30 and 114 were obtained. Usually, however, the results were virtually the same as when the water left Frankley.

Excellent results were obtained from all the samples taken from taps throughout the City including those where a complaint had been made.

WHITACRE SUPPLY

The Rivers Bourne and Blythe are sampled weekly and are almost always heavily polluted. Of the 52 weekly samples taken from the River Blythe, 24 samples contained 24,000 E Coli Type I or more per 100 mls. The condition of the River Bourne was as usual worse, 24 out of a total of only 45 weekly samples contained 24,000 or more Type I E Coli per 100 mls.

Water from the River Bourne flows through the Upper Shustoke Reservoir into the larger Lower Shustoke Reservoir. Water from the River Blythe is contained in Whitacre Reservoir and after a short period of retention is pumped to the Lower Shustoke Reservoir for storage and mixing with Bourne water. The quality of the water is markedly improved by this arrangement but less so in winter. Weekly samples at the Shustoke Reservoir Outlet contained 240 or more E Coli Type I per 100 mls. on 17 occasions, but in 30 of the other samples the number of E Coli Type I per 100 mls. was less than 16. Of the weekly samples taken at the Whitacre Reservoir Outlet 17 contained 240 or more E Coli Type I per 100 mls. and 28 samples contained 15 or less E Coli Type I per 100 mls.

Before the water is passed through the rapid gravity filters 1—1½ parts per million of chlorine are added and after filtration it is chlorinated further by the addition of 1—1·8 parts of chlorine per million according to the chlorine content of the contact tank, the dosage being automatically controlled. In the first three months of the year the filtered and chlorinated water at the Whitacre Pumping Distribution Main gave high viable bacterial counts up to 57 per 1 ml. due to spore bearing organisms which in the spore form were not killed by the usual concentrations of chlorine. From March onwards the count was satisfactory and seldom reached more than 10 per ml. At no time during the year was *E. Coli* isolated from samples at this point. Samples of the water going to supply Nun-eaton were taken from the sampling point at Monwode Lea and the results were in accord with those taken from the filtered and chlorinated water leaving the Works. The water going to supply Coventry was sampled from an enclosed point on the roadside at the Dairy Farm, Packington. Although *E. Coli* was never found, the viable count was high, on occasions counts of 165, 156 and 208 being found. The muddy road was in daily use by heavy vehicular traffic to a nearby sandpit and it was thought that the splashing of the sampling point was the source of this high count. A plastic bag was fitted over the point and the results obtained since then have become satisfactory.

Longbridge Well

As a rule there is little demand from the wells but on occasions during the year water has been pumped for the bulk supply to the East Worcestershire Waterworks Company. Weekly samples were of excellent bacteriological quality with the exception of two samples—one obtained in July when there was a high viable count (62 per 1 ml.), the other towards the end of September when 27 *E. Coli* Type I per 100 mls. were isolated from a sample. The latter finding was associated with pumping from a low water level and seepage from heavy rainfall.

Short Heath Well

This well has not been pumped to supply during the year. Fortnightly samples were taken and were of an excellent degree of purity.

Chemical Examination

The number of samples taken from certain points and their average chemical composition are set out on page 267.

The chemical nature of the Welsh water varies little from year to year. However, with unusually heavy rainfall the water was more turbid and the oxygen consumed was slightly higher than of recent years. With storage in Bartley Reservoir the water, which is alkaline on arrival, becomes near neutral due to carbon dioxide absorption.

Soft water tends to dissolve lead from service pipes. A monthly check is made by determining the lead content of water which has stood

AVERAGE RESULTS OF CHEMICAL EXAMINATION

PARTS PER 1,000,000 (p.p.m.) OR MILLIGRAMS PER LITRE (mg/l) (Extreme values in brackets)												
No. of samples taken	Description	Ph.	PARTS PER 1,000,000 (p.p.m.) OR MILLIGRAMS PER LITRE (mg/l) (Extreme values in brackets)							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 ...	8.3 (7.1-) (9.0)	41 (33-) (48)	.000 (.000-) (.000)	.019 (.004-) (.040)	.00 (.00-) (.00)	1.10 (.70-) (1.80)	9.1 (7.0-) (10.0)	19 (17-) (22)	7.4 (6.0-) (10.0)		
12	After storage in Bartley or Frankley Reservoirs ...	7.0 (6.8-) (7.3)	41 (36-) (48)	.000 (.000-) (.000)	.020 (.004-) (.040)	.00 (.00-) (.00)	1.01 (.60-) (1.60)	9.2 (8.0-) (10.0)	19 (18-) (20)	7.5 (5.0-) (9.0)		
12	After filtration and chlorination	6.9 (6.6-) (7.3)	41 (36-) (46)	.000 (.000-) (.000)	.015 (.006-) (.036)	.00 (.00-) (.00)	.88 (.30-) (1.50)	9.0 (8.0-) (10.0)	19 (16-) (22)	7.2 (5.0-) (8.0)	.9 (.5-) (1.5)	104.5 (80-) (130)
12	WHITACRE: River Blythe ...	7.5 (7.2-) (8.0)	412 (276-) (507)	0.225 (0.012-) (0.900)	.308 (.144-) (.544)	2.73 (.90-) (4.30)	4.4 (2.6-) (7.1)	26 (14-) (35)	254 (130-) (320)	114.2 (64-) (154)	.15 (.0-) (.43)	Nitrogen in Nitrites .06 (.03-) (.10)
11	River Bourne ...	7.5 (7.4-) (7.6)	535 (427-) (640)	.130 (.024-) (.312)	.180 (.072-) (.480)	3.95 (2.30-) (5.60)	2.2 (.5-) (5.2)	51 (27-) (81)	347 (230-) (440)		.12 (.0-) (.2)	
12	After storage in Shustoke Reservoir ...	8.1 (7.6-) (8.4)	468 (428-) (524)	.068 (.000-) (.240)	.264 (.120-) (.576)	1.78 (.10-) (3.40)	1.8 (.8-) (2.4)	46 (38-) (57)	304 (250-) (360)		.08 (.0-) (.21)	
12	After filtration and chlorination	7.9 (7.3-) (8.8)	477 (447-) (510)	.006 (.000-) (.024)	.149 (.080-) (.288)	1.8 (0.2-) (3.3)	1.2 (.5-) (1.5)	50 (40-) (60)	317 (260-) (400)		.10 (.0-) (.23)	Perm. Hardness 155 (124-) (180)
4	WELLS: Longbridge ...	6.6 (6.4-) (6.7)	291 (258-) (332)	.000 (.000-) (.000)	.004 (.000-) (.012)	2.4 (1.7-) (4.0)	.07 (.00-) (.28)	19 (16-) (21)	191 (176-) (208)	88 (76-) (104)	Temp. Hardness 72 (52-) (92)	Perm. Hardness 119 (92-) (140)
5	Short Heath ...	7.0 (6.9-) (7.3)	545 (465-) (591)	.000 (.000-) (.000)	.014 (.000-) (.044)	8.2 (6.0-) (10.6)	.03 (0-) (.17)	29 (22-) (33)	338 (300-) (372)	155 (92-) (258)	141 (84-) (198)	196 (162-) (232)

overnight in lead piping at Frankley works, and in the laboratory by immersing a standard bright lead strip overnight in 10 mls. of water and measuring the lead content of the water next morning. All the readings were well within normal limits. A figure of 1.5 p.p.m. in September, 1960 (overnight lead pipe) was higher than usual due to acidity of the Welsh water. These estimations do not reflect the usual lead concentrations of drinking water from consumers' taps where the values obtained are very much lower and very satisfactory even in conditions which are most adverse.

The polluted waters of the Rivers Bourne and Blythe showed considerable chemical variation during the year. The intense rainfall, especially towards the end of the year, caused heavy washing from the catchment area; in the last three months of the year the water was unduly turbid and figures for albuminoid content and oxygen consumption were high. Detergent was present in many of the samples taken from the Whitacre supply and was again present on occasions in minute quantities in the filtered and chlorinated water.

Radioactive estimations of the Welsh and Whitacre waters remained at insignificant levels throughout the year.

INDUSTRIAL PRIVATE WELLS

There are now 100 premises within the City which are known to use water from boreholes. Their total is made up as follows:—

Breweries using well water for all purposes	...	...	...	8
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	...	...	...	23
Industrial premises using well water for industrial purposes only	...	...	...	65
				<hr/>
				100
				<hr/>

During 1960, 73 bacteriological samples, and 34 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 two of the dwellings have been connected to a piped water supply.

At the end of the years 1956 to 1960, 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
1956	14	9	1
1957	10	7	Nil
1958	9	7	Nil
1959	8	6	Nil
1960	6	5	Nil

During 1960 there were 6 bacteriological samples taken for examination. The reports obtained indicated that the water from these shallow wells 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

During the year no substantial reduction in the number of houses lacking an internal water supply has been effected and this fact was not unexpected. Over the past few years the number has decreased steadily but not to the extent that at present very few houses in the City still lack an internal supply.

In the majority of cases the reason for the deficiency is that the occupants either refuse to have or are not desirous of having an internal supply provided. In these days of ever increasing improvements in the provision of amenities and installation of labour saving devices, it is difficult to understand the viewpoint of so many who elect to deprive themselves of what should be regarded as an absolute essential.

At the end of 1959, 840 houses were not provided with an internal water supply and, at the close of 1960, this figure was reduced to 812, a mere decrease of 30. The following table gives the details and reasons for the total number :—

1. Houses included in declared Clearance Areas	...	...	7
2. Houses where life did not justify expense	...	...	17
3. Houses supplied by wells—usually distant from nearest main supply	...	...	6
4. Houses in which space limitation, or other reasons, made provision impracticable	...	...	1
5. Houses where occupants did not desire an internal water supply			659
6. Houses where lack of drainage made provision impracticable			2
			<hr/> 692 <hr/>

During the year 10 houses were provided with internal supplies and 18 had been demolished or were void pending demolition at the end of the year.

These figures do not include houses situated in the Redevelopment Areas, which are accounted for thus:—

Houses whose tenants refuse the provision of an internal supply	...	...	...	...	...	...	...	...	118
									<hr/>
								Total	810 <hr/>

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.

The following table classifies the 315 samples in accordance with their content of free and of total chlorine.

Parts per million Free Chlorine	2 or more	1.5—1.9	1.0—1.4	0.5—0.9	Nil—0.4
Number of Samples	177 (5)	25	50 (1)	33 (4)	30 (14)
Parts per million Total Chlorine	2 or more	1.5—1.9	1.0—1.4	0.5—0.9	Nil—0.4
Number of Samples	185 (5)	33	47 (1)	29 (7)	21 (11)

An arbitrary standard of not more than eleven organisms per 100 mls. and absence of coliform organisms is taken as the yardstick. The samples failing to attain this standard are shown in brackets. Nearly all were taken during the summer when the bathing loads were heavy. This was particularly the case at three small instructional baths where the water purification arrangements have become inadequate for the very heavy use the baths now receive. These baths were specially checked and accounted for ten of the twenty-four unsatisfactory samples. Engineering work has been authorised to rectify the matter.

Only two samples were found to contain coliform organisms or bact. aerogenes. Details were as follows :—

	Free chlorine <i>p.p.m.</i>	Total chlorine <i>p.p.m.</i>	Organisms per 1 ml.	Coliforms per 100 mls.	Bact. aerogenes per 100 mls.
Sample 1	0.1	0.2	19	2 Irregular other types	Nil
Sample 2	0.1	0.2	8,360	Nil	39 Type 1

Among the unsatisfactory samples, those containing most chlorine have fewest organisms; those with least chlorine have most organisms, as the following table demonstrates.

Total chlorine content <i>p.p.m.</i>	Organisms per 1 ml.
2.0 or more	27, 24, 24, 21, 17
1.5—1.9	No unsatisfactory samples in this group.
1.0—1.4	19
0.5—0.9	83*, 70, 31, 27, 19*, 18, 13*
Nil—0.4	uncountable, 8,360, 366, 169, 161, 94, 85, 73, 63, 27, 19.
(lowest value was 0.2)	

Correlating free chlorine content (the lowest amount of which was 0.1 p.p.m.) with organisms present has the effect of moving the three samples marked* into the group containing Nil—0.4 parts per million of free chlorine.

The results demonstrate that, with a level of one part per million of total chlorine present, the bacteriological state is extremely likely to be good. Failure to obtain this was almost invariably due to mechanical defects which are receiving or already have received attention, usually by the installation of new equipment.

In addition to examination of the water, the baths premises in general are inspected and with very satisfactory results.

Mr. J. Moth, General Manager of the Baths Department, states that the results of these bacteriological examinations of the swimming bath water show that the high standards required to ensure the best possible conditions for public bathing continue to be maintained.

The City has seventeen swimming bath establishments containing twenty-six pools and a new bath is in course of erection in the Stechford district to serve the eastern side of the City where the population has increased considerably due to post-war housing development. The Stechford Baths will contain a large pool for general bathing and a smaller pool for beginners.

Water for the pools is obtained from the town main supply and is chemically treated, chlorinated and continuously filtered, the turnovers varying from three to four hours. To achieve the highest possible standards particular attention is given to the maintenance and replacement of plant and during the year several chlorinators have been replaced and new filters are to be installed at the Monument Road and Sparkhill Baths in 1961. The modifications required at the three instruction pools referred to will also be carried out.

The Department's programme of converting to oil-firing the hand-fired solid fuel burning boilers at twelve establishments has been completed and all plant now conforms to the requirements of the Clean Air Act of 1956.

INDUSTRIAL PREMISES

Sanitary Accommodation in Factories

Part I 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 certain purposes, however, a distinction is drawn between factories where mechanical power is used and factories where mechanical power is not used.

Public health inspectors made a total of 5,802 visits to industrial premises defined as "factories" under the Act. The following statistics reveal the number of premises registered and the extent of this work carried out by the inspectors in 1960 :—

<i>Factories</i>	<i>Number on Register</i>	<i>Inspections</i>	<i>Informal Notices</i>
With power	4,876	5,305	388
Without power	300	164	7
Other premises	620	333	5
TOTALS ...	5,796	5,802	400

As in previous years, factory managements continued to co-operate with the Department in complying with the requirements of the informal notices referred to above.

The Department, therefore, had no occasion to resort to statutory procedure with regard to such notices, except in one instance. In this particular case, however, the summons was eventually withdrawn, as the necessary works were completed to the satisfaction of the Local Authority.

Public health inspectors, when making the above visits, continued the practice of attending to other statutory duties whilst on the premises. These duties refer to factory canteens, outworkers, etc., and in this way the most economical use of available man-power is exercised.

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>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	300	164	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	4,876	5,305	388	1
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	620	333	5	—
TOTALS ...	5,796	5,802	400	1

CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found			
	Found	Remedied	To H.M. Inspector	By H.M. Inspector
Want of cleanliness ...	—	—	—	3
Overcrowding ...	—	—	—	—
Unreasonable temperature	1	1	1	—
Inadequate ventilation ...	2	—	—	—
Ineffective drainage of floors	—	—	—	1
Sanitary Conveniences —				
(a) Insufficient ...	7	16	—	10
(b) Unsuitable or defective	912	437	—	109
(c) Not separate for sexes ...	7	3	—	1
Other offences against the Act (not including offences relating to Outwork) ...	—	—	1	1
TOTAL ...	929	457	2	125

There was one summons in connection with a sanitary convenience—unsuitable or defective; summons later withdrawn.

Outworkers

Outworkers' premises are usually the homes of persons who carry out light tasks in connection with the making, ornamenting or finishing of certain classes of goods.

The employers of such persons must submit to the local authority lists of their names and addresses in the months of February and August of each year. This information is required by Section 110 of the Factories Act, 1937, and the following particulars relate to the August return, which was submitted to the Ministry of Labour :—

LIST OF OUTWORKERS, 1960

Nature of Work	Number of Outworkers in August
Wearing apparel ...	269
Linen and household linen ...	11
Furniture making and upholstery work ...	3
Electro-plate ...	126
Brass and brass articles ...	285
Paper bags ...	2
Box making ...	107
Making of brushes ...	9
Buttons, hair pins, etc. ...	444
Lamp shades ...	12
TOTAL ...	1,268

The above return shows a considerable increase over the figure for August, 1959, when the number of outworkers employed was 652. The majority of this increase is no doubt due to the fact that reminder letters were sent out by the Department to many of the larger employers of outworkers, resulting in more returns being received.

Two new classifications of work were notified, i.e.

Furniture making	(3)
Lamp shades	(12)

The total visits made by the inspectorate to outworkers' premises during the year amounted to 1,436 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. 1,355 applications were dealt with during the year, which represents a decrease of 93, or approximately 6.4 per cent. when compared with 1,448 for 1959. These applications, together with appropriate plans, were scrutinised by the under-mentioned officers as follows :—

						<i>Number of applications referred</i>
Public Health Inspectors	...	...	...	...	...	1,279
Smoke Inspectors...	...	...	...	...	...	554
Housing Inspectors	...	...	...	...	...	206
Milk Inspectors	...	...	...	...	...	3
Shops Inspectors	...	...	...	...	...	131

Opinions of the various officers were collated and suitable replies prepared by the Chief Public Health Inspector. It was necessary to make comment in 625 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 ommissions. Seven 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.

Noise abatement

Noise in a modern world is inevitable ; due to mechanisation in our homes, in industry and in travel, noise will always be part of our life to a lesser or greater degree.

Some years ago only the "few" were affected by noise, but today the general public is becoming more and more aware of it.

Noise is a matter of degree, a moderate noise from which one can escape may give no cause for complaint, but a penetrating noise from which there appears to be no escape becomes intolerable.

The announcement in the House of Commons, at the end of 1959, of the Government's decision to appoint a Committee to examine the "nature, sources and effects" of noise, has resulted in new legislation to deal with this problem.

On the 27th November, 1960, the Noise Abatement Act came into operation.

The Act provides that noise or vibration which is a nuisance shall be a statutory nuisance for the purposes of Part III of the Public Health Act, 1936, and the provisions of that Act shall have effect accordingly as if sub-sections (1) to (4) of Section I of the Noise Abatement Act, 1960 were provisions of Part III of the Public Health Act, 1936.

Sections 109 of the Public Health Act, 1936, which contains a saving clause from the operation of Part III of that Act for mines and industrial processes, shall not apply in relation to noise or vibration alleged to be a statutory nuisance.

In any proceedings in respect of noise or vibration alleged to be a statutory nuisance caused in the course of a trade or business, it shall be a defence to prove that the best practical means have been used for preventing and for counteracting the effect of the noise or vibration.

Section 1 of the Act does not apply to noise or vibration caused by aircraft.

In Section 2 of the Act provision is made for the restriction of operation on highways etc., of loud speakers,

- (a) between the hours of nine in the evening and eight the following morning, for any purpose ;
- (b) at any other time, for the purpose of advertising any entertainment, trade or business.

Any person contravening this Section of the Act is liable on summary conviction to a fine not exceeding ten pounds.

The operation of a loud speaker in the foregoing circumstances does not apply in the case of such an instrument used for police, fire

brigade, or ambulance purposes ; by a local authority in their area ; in harbours for the direction of shipping; or as part of a public telephone system. If it is in a vehicle and is used solely for the entertainment of passengers or for communication between driver and passenger, or when forming part of a warning instrument, it must be so operated as to avoid giving reasonable cause for annoyance to persons in the vicinity.

The Act also does not apply to the use of a loud speaker used solely for making announcements to prospective passengers or certain other persons employed in connection with a transport undertaking, by a travelling showman on land used for the purpose of a pleasure fair, or in cases of emergency.

The restriction in the use of a loud speaker shall not apply between the hours of noon and seven o'clock of the evening of the same day if the loud speaker is :—

- (a) fixed to a vehicle which is being used for the conveyance of a perishable commodity for human consumption, and,
- (b) operated solely for informing members of the public (otherwise than by means of words) that the commodity is on sale from the vehicle, and,
- (c) so operated as not to give reasonable cause for annoyance to persons in the vicinity.

During the year, fifty-four complaints of noise were investigated by technical officers of the Department under the provisions of the Birmingham Corporation Act, 1958, Section 6, which provides that "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 Public Health Act, 1936".

The complaints received were varied and referred to noise occasioned by the working of machinery, boat building, wood working machinery, scrap metal operations, and refrigerators.

Each complaint requires careful investigation so that remedial measures may be undertaken to stop the noise and prevent a recurrence of the nuisance.

The work has been mainly advisory, whereby with the co-operation of the management concerned, adequate measures were taken to improve conditions to the satisfaction of complainants.

No provision is made in the Birmingham Corporation Act, 1958, to deal with vibration.

The working of the Noise Abatement Act, 1960, Section 1 — regarding noise and vibration, has been delegated to the Health Committee whilst Section 2, dealing with noise from loud speakers, has been delegated to the Watch Committee.

HEATING APPLIANCES

An unusual number of accidents connected with the use of oil heaters had made 1960 a notable year in this respect. Many of the mishaps resulted in damage to property and, unfortunately, sometimes in the loss of life.

These events aroused considerable public attention, so much so, that a Bill was introduced into Parliament "To make provision for minimum standards of efficiency and safety in respect of oil burning appliances ; and for purposes connected therewith".

The Act, known as the Oil Burners (Standards) Act 1960, provides that the Secretary of State may make regulations :—

- (a) for requiring oil heaters of such class or description as may be specified in the regulations, or any component part of an oil heater, being a part of such class or description as may be so specified, to comply with such standards of safety as in his opinion are appropriate to reduce or prevent the risk of fire ;
- (b) for requiring oil heaters of such class or description as may be so specified to bear, by means of such a label or such other means as may be so specified, instructions on such matters as may be prescribed as to the working and use of the oil heaters ;
- (c) for any other matter for which regulations are authorised under this Act.

Provisions are also made in the Act for the prohibition of sale, hire, or letting under a hire-purchase agreement, of oil heaters or component parts not complying with regulations ; and also for the inspection and testing of oil heaters and component parts.

Any person who, in the course of a business sells, or lets under a hire-purchase agreement or on hire, or has in his possession for the purpose of selling or letting an oil heater and the heater or component part does not comply with any standard of safety prescribed, or the heater does not bear instructions in compliance with the requirements of any regulations made, shall be guilty of an offence and liable on summary conviction to a fine not exceeding one hundred pounds.

The Testing of Guards on Oil, Gas and Electric Heating Appliances

The Heating Appliances (Fireguards) Act, 1952, prohibits the sale or letting of unguarded electric fires, gas fires and oil heaters. The Heating Appliances (Fireguards) Regulations, 1953, provides that every portable heater for use in dwelling houses or other residential premises, shall be provided with a guard in accordance with the Regulations and conform to the tests set out in the Schedule to the Regulations.

The tests are designed to ensure, as far as practicable, that the guards are of robust construction, securely fixed, and that when in use the possibility of ignition of clothing and other fabric by reason of direct contact with the heating element or flame is considerably reduced.

Under the provisions of the Heating Appliances (Fireguards) Act, 1952, and the Heating Appliances (Fireguards) Regulations, 1953, inspectorial work was as follows :—

<i>No. of premises visited</i>	<i>No. of appliances examined</i>	<i>No. of appliances found unsatisfactory</i>
221	1,141	5

Of the five appliances found unsatisfactory, three electric fires were found to have unsatisfactory guards, as was one gas fire. Another gas fire was completely unguarded. Both electric and gas fires were second-hand.

With one exception, no legal action was necessary as the appliances were withdrawn from sale for the requisite guards to be fitted.

In the one instance referred to, authorisation was given by the Health Committee for legal proceedings to be undertaken as the shop-keeper did not appear to profit from previous warnings. (Case heard in 1961, fine 20/-).

ATMOSPHERIC POLLUTION CONTROL

The prevention of pollution of the atmosphere is a matter of the utmost importance, and the drive to clean the air over the City continues. The industrial and commercial undertakings are fully aware of the provisions of the Clean Air Act, 1956 and the need to ensure that their chimneys emit little or no smoke. Apart from the interest in efficiency of fuel burning installations, the fuel users appreciate the need for "clean air", and it is noted that new installations are capable of smokeless operation, including those furnaces used for the disposal of trade refuse.

The householders too, are keenly aware of the advantages of a clean atmosphere and a number of occupiers of dwellings outside smoke control areas have sought advice on the replacement of coal burning grates by smokeless fuel burning appliances.

Smoke Control Areas

The work on the establishment of smoke control areas is proceeding, and during the year a survey of all premises in the Sparkbrook Municipal Ward was carried out, this being the largest area yet considered for establishment as a smoke control area.

A considerable number of coloured people live in this area, and so as to help them understand the problem of air pollution and the necessity for certain works to be carried out when the area comes under smoke control, leaflets were printed giving details of the procedure in the English, Hindi, Urdu, and Arabic languages.

Three smoke control areas are in operation and during the year the Minister of Housing and Local Government confirmed Smoke Control Orders for two other areas which will become operative in 1961. The first of the new areas is the No. 4 Smoke Control Area which covers the area from the Bull Ring to the bottom of Camp Hill across to Bristol Street and Suffolk Street, joining up with the Central Smokeless Area at Paradise Street. This area of approximately 218.5 acres contains some 562 dwellings, 199 industrial premises, 608 commercial premises and 109 other premises.

The second area is the No. 6 Smoke Control Area, which is the whole of the Nechells Green Redevelopment Area, having an area of approximately 266.6 acres and containing 1,338 new dwellings, 2,552 old dwellings, 103 industrial premises, 411 commercial premises, and 48 other premises.

The Order for the No. 6 Smoke Control Area provides exemption for the older dwellings that are to be demolished under the development plan.

In addition to the two areas that have received confirmation of the Orders, ten additional Smoke Control Orders were submitted to the Minister for confirmation. These ten Orders refer to the creation as smoke control areas of building sites to be developed for the erection of dwellings not less than twenty in number.

By this means all new dwellings on such sites will be subject to smoke control from the beginning and will make a substantial contribution to clean air.

When smoke control areas were created, problems have been encountered in those premises where gas has not been installed, and the occupiers were having difficulty in lighting smokeless fuel without emitting smoke from their chimneys. The Minister of Housing and Local Government had a number of enquiries about this problem, and subsequently issued a Circular No. 28/60 with regard to the use of sticks and paper for lighting fires in Smoke Control Areas. The Minister considered that coke and other smokeless fuel can best be ignited by gas, but there will, however, be houses without gas which could not be supplied with it at reasonable cost and also there may be people who object to having gas in their houses. It is probable that other means of lighting fires smokelessly will come into use, but it is likely that sticks and paper will, for some time, be commonly used for lighting fires where there is no supply of gas. In the Minister's view, the small amount of smoke caused in this way must be accepted in the general interest of making progress with the creation of smokeless areas. The Minister therefore asks local authorities to provide exemption, when preparing smoke control orders, for those buildings or separately occupied parts of buildings without a gas supply.

The exemptions may be a general exemption applicable to fireplaces in buildings or parts of buildings separately occupied; or individual exemption to fireplaces in certain named buildings, the conditions applicable to the exemptions are that only authorised fuels, as declared by regulations under the Clean Air Act, 1956, and kindling sticks and paper shall be used in the fireplaces.

Within a few months of the issue of the Circular No. 28/60 a new type of electric fire lighter came into production. This fire lighter directs a stream of hot air into the fuel, the temperature of the air being sufficiently high to ignite the fuel within a few minutes. All the solid smokeless fuels can be ignited by this type of fire lighter and the need for sticks and paper is eliminated.

The Ministry have not yet indicated that such an appliance for the lighting of fires smokelessly will qualify for grant when provided in smoke control areas, but it is possible that the lighter may be accepted as an essential means of preventing smoke in those houses without gas supply.

The present position in relation to smoke control areas up to 31st December, 1960 is as follows :—

Smoke control areas in operation	...	...	...	...	...	3
Smoke control orders confirmed by the Minister	...	...	...	...	...	2
Smoke control orders submitted for confirmation	...	...	...	...	...	10

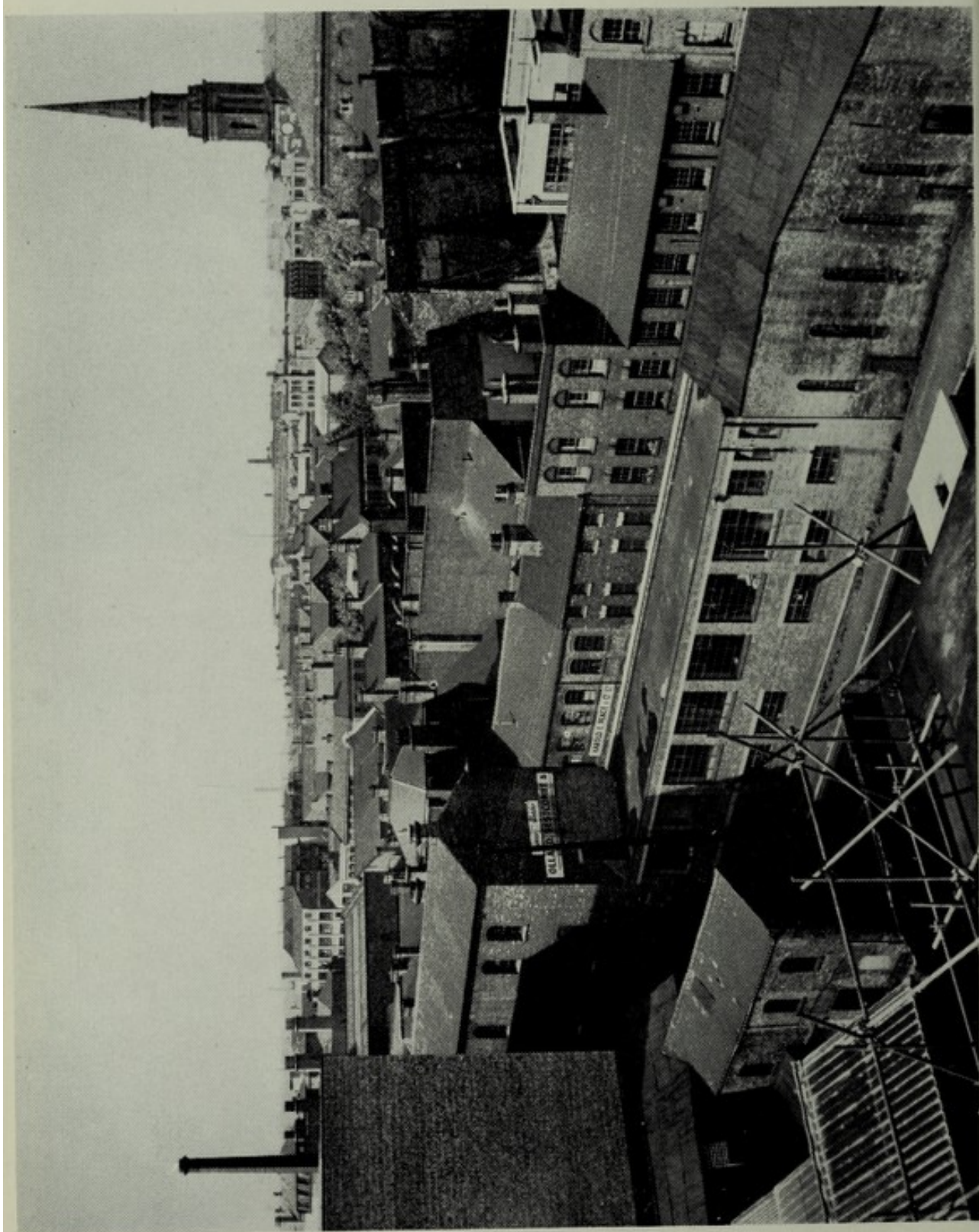
The photographs show the general conditions now prevailing in smoke control areas.



Part of the No. 1 Smoke Control Area and the Central Smokeless Area.



No. 2 Smoke Control Area which includes the Lyndhurst Housing Estate.



The conditions in the industrial area of the No. 3 Smoke Control Area.

Atmospheric Pollution by Smoke from Industrial Furnaces

Regular observations on chimneys in every district of the City have been maintained throughout the year. The spirit of co-operation between the smoke inspectorate on the one hand and architects, heating engineers and manufacturers, which has been encouraged in preceeding years, continues to flourish, and it is worthy of note that there has been a continued increase in the number of occasions on which the advice of the Department has been sought during 1960.

Observations made on chimneys during the year were as follows :—

<i>No. of chimneys observed</i>	<i>Total minutes of smoke emitted</i>	<i>Average smoke emitted per observation</i>
2,602	1,725½	0.663 minutes

The number of chimneys noted as emitting excessive smoke during the foregoing observations was :—

<i>Number of chimneys emitting excessive smoke</i>	<i>Total minutes of excessive smoke</i>	<i>Average excessive smoke emissions per observation</i>
19	235	12.3 minutes

The premises were visited and the responsible persons interviewed. Of the above chimneys emitting excessive smoke, 31.5% were serving hand-fired boilers; 26.5% were serving coal burning mechanically stoked furnaces; 16% served oil fired furnaces; 5% served coke-fired furnaces, and 21% served incinerators.

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 minutes of smoke noted</i>	<i>Average smoke per observation</i>
19	22	14 minutes	.63 minutes

thus showing that by statutory action an average reduction from 12.3 to .63 minutes per observation was obtained.

Summary of Statutory Action—Clean Air Act, 1956—Section 1

Number of Prosecutions	...	...	...	...	...	7
Total amount of fines imposed	...	...	...	...	...	£115
<i>Smoke Control Areas</i>						
Number of prosecutions	...	...	...	...	...	3
Total amount of fines imposed	...	...	...	...	...	£17

Temporary Exemption Certificates

In some circumstances the prevention of dark smoke emissions from industrial chimneys is not possible without alterations to the furnaces which they serve or to the firing equipment used. The provisions of Section 2(2) of the Clean Air Act, 1956, in acknowledging this, empowers the local authority, should they be satisfied that it has not been practicable to alter or equip the building or furnaces or any associated apparatus so

as to enable it to be used in a manner by which no dark smoke will be emitted from the chimney, to issue a certificate to that effect. The certificate may be valid for one year from the date of issue or for such shorter period as may be specified, and may also be renewed even after the expiration of these periods.

A limit of seven years from the passing of the Act is given to enable the occupiers of a building or owner of the plant to effect alterations to the equipment so as to enable it to be fully used for the purpose for which it was intended. Therefore no certificate will remain in force after 4th July, 1963.

By a further decrease in the number of applications for certificates of temporary exemption from Section One of the Act, it would seem that the issue of only five certificates authorised by the Health Committee during the year indicates that most of the users of furnaces have already effected alterations to their plant. The few applications made during the year are accounted for by the long term alteration and extension plans on which these firms have been engaged, necessitating the modernisation of other equipment and streamlining of processes, so that they are now enabled to finalise their heating requirements.

Although the number of certificates issued has decreased, an indication of the extent of the alterations is reflected in the figure of their cost, some £74,000 or more being involved.

Installation of New Furnaces

The examination of plans submitted under local building bye-laws and of planning applications under the Town and Country Planning Acts, often enables information to be obtained of proposals to install new or additional furnaces in premises.

The drawing of the attention of the owners or architects concerned to the requirements of the Clean Air Act, 1956, particularly to the necessity of informing the Local Authority of the intention to install the furnace, is an endeavour to obtain smooth and amicable working with those who have interests in the projects.

During the year 210 notifications of the intention to install new furnaces were received, and the following table indicates the types of fuels which would be used :—

<i>Coal</i>	<i>Solid Smokeless Fuel</i>	<i>Oil</i>	<i>Gas</i>	<i>Electricity</i>	<i>Waste Material</i>
13	18	150	11	2	16

The increase in the use of oil continues, whilst the year has also been noteworthy on account of the greater number of incinerators which have been installed, due mainly to the popularity of a particular make of furnace which employs an after-burner unit, which ensures smokeless operation.

Three applications were received for prior approval of new furnaces, and, from the particulars submitted, were considered to comply with requirements.

Heights of New Chimneys

The requirements of Section 10 of the Clean Air Act, 1956, in relation to the plans deposited in accordance with building bye-laws, which show that it is proposed to construct a chimney for carrying smoke, grit, dust and 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 buildings.
- (c) the levels of the neighbouring ground.

This procedure entails making 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.

Forty-seven plans were circulated from the City Engineer and Surveyor's Department during the year for comment concerning the heights of the proposed chimneys which would serve the boiler plants of industrial or commercial premises. Following enquiries from the architects, and visits to the site, the chimneys were considered satisfactory with the exception of twelve which it was considered should be increased in height.

Atmospheric Pollution from Railway Smoke

Observations have continued throughout the year on coal fired locomotives when operating in sidings, engine sheds and main line stations. No contravention of the Dark Smoke (Permitted Periods) Regulations, 1958 has occurred in relation to any single engine, and the observations made have indicated that the footplate staff are aware of the need to keep emissions to a minimum and it would appear that they are endeavouring to do so.

Although no single engine has contravened the Regulations, the cumulative smoke from a number of engines at sheds or depots cannot be ignored and it has been necessary to draw the attention of the British Transport Commission to this problem. It is understood that one particular Region will be completely dieselised within the next three to four years. The British Transport Commission has indicated that every care is being taken to minimise smoke emissions under the present conditions and steady improvement should result, leading to elimination of smoke as the dieselisation programme is implemented.

The abolition of smoke from the coal burning locomotive by the replacement of diesel traction may considerably reduce the pollution of the atmosphere, but unless careful maintenance of diesel driven engines is exercised it may well be that one cause of pollution will be replaced by another.

Fumes and Effluvia

During the year fifteen complaints of nuisance from fumes were investigated. These arose from coke burning appliances, paint spraying, anodising processes, enamelling processes, and acid pickling vats.

After careful investigation, and upon the source of the complaint being established, the owners or managements of the firms concerned are interviewed and remedial measures proposed.

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

Eight complaints of dust emissions caused by the processes connected with polishing work, rubber manufacture, paint spraying, and the burning of waste materials, have been investigated.

Dust of a light nature may be wind borne for a considerable distance and it may be necessary in certain cases to spend some time on the investigation before the source of the nuisance can be ascertained.

It is pleasing to record the willing co-operation of managements and owners, when the results of investigations are brought to their notice, to take the necessary measures to overcome the nuisance.

Pollution Recording Apparatus

Eight pollution recording stations are sited within the City. Each station consists of a standard deposit gauge for the collection of solid pollution, and a lead peroxide instrument for the determination of sulphur dioxide in the atmosphere.

There was a general increase in solid deposits and sulphur dioxide recorded. The reason for this increase may be attributable to the long duration of wet weather and the lack of sunshine which occurred for a considerable period of the year and which undoubtedly resulted in heating appliances being brought into use much oftener than usual, particularly in private dwellings.

Since the emission of sulphur dioxide to the atmosphere is in fairly strict proportion to the amount of fuel burned, the increased solid deposits and sulphur dioxide figures are indicative of increased fuel usage.

It is also a fact that dirt is brought down into the gauges from the atmosphere by rain and that the lead peroxide instrument is more sensitive to SO₂ in damp weather.

On four occasions during 1960, no reliable monthly records were obtained from certain gauges (indicated in Table I) due to gross contamination by metallic scale from the metal stands of the gauges. The yearly results for the four gauges have therefore been based on the average monthly record.

TABLE I
MONTHLY RECORD OF SOLID MATTER DEPOSITED—
EXPRESSED IN TONS PER SQUARE MILE (1960)

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street ...	43.52	26.80	32.48	22.91	18.31	21.14	18.77	17.37	12.14	37.59	23.08	31.38
West Heath ...	10.20	8.27	11.30	11.94	9.17	7.44	9.14	7.14	4.30	11.64	7.87	11.11
Edgbaston Reservoir ...	13.29	10.80	11.83	10.90	N.R.	10.01	5.93	8.35	8.48	21.70	8.02	14.25
Carnegie Institute, Hockley ...	N.R.	25.84	29.25	22.41	19.10	21.08	21.97	15.70	12.98	28.68	37.79	25.44
Public Works Department Kingsbury Road ...	19.36	14.72	15.10	13.43	19.69	13.43	11.96	13.81	13.68	28.24	20.64	18.65
Treaford Lane—Alum Rock ...	16.08	14.80	14.26	12.78	13.46	13.49	8.02	9.40	10.57	21.01	9.23	15.71
Aston Cross ...	32.23	16.62	45.77	15.34	N.R.	25.23	15.61	19.20	12.96	34.98	22.81	28.66
St. John's Restaurant Deritend	26.38	35.59	38.95	39.59	N.R.	25.60	19.26	19.35	13.31	38.04	21.24	34.22

TABLE II
MONTHLY RECORD OF SULPHUR DETERMINATION BY THE
LEAD PEROXIDE METHOD—EXPRESSED AS MILLIGRAMS
OF SO₃ PER 100 SQUARE CENTIMETRES PER DAY (1960)

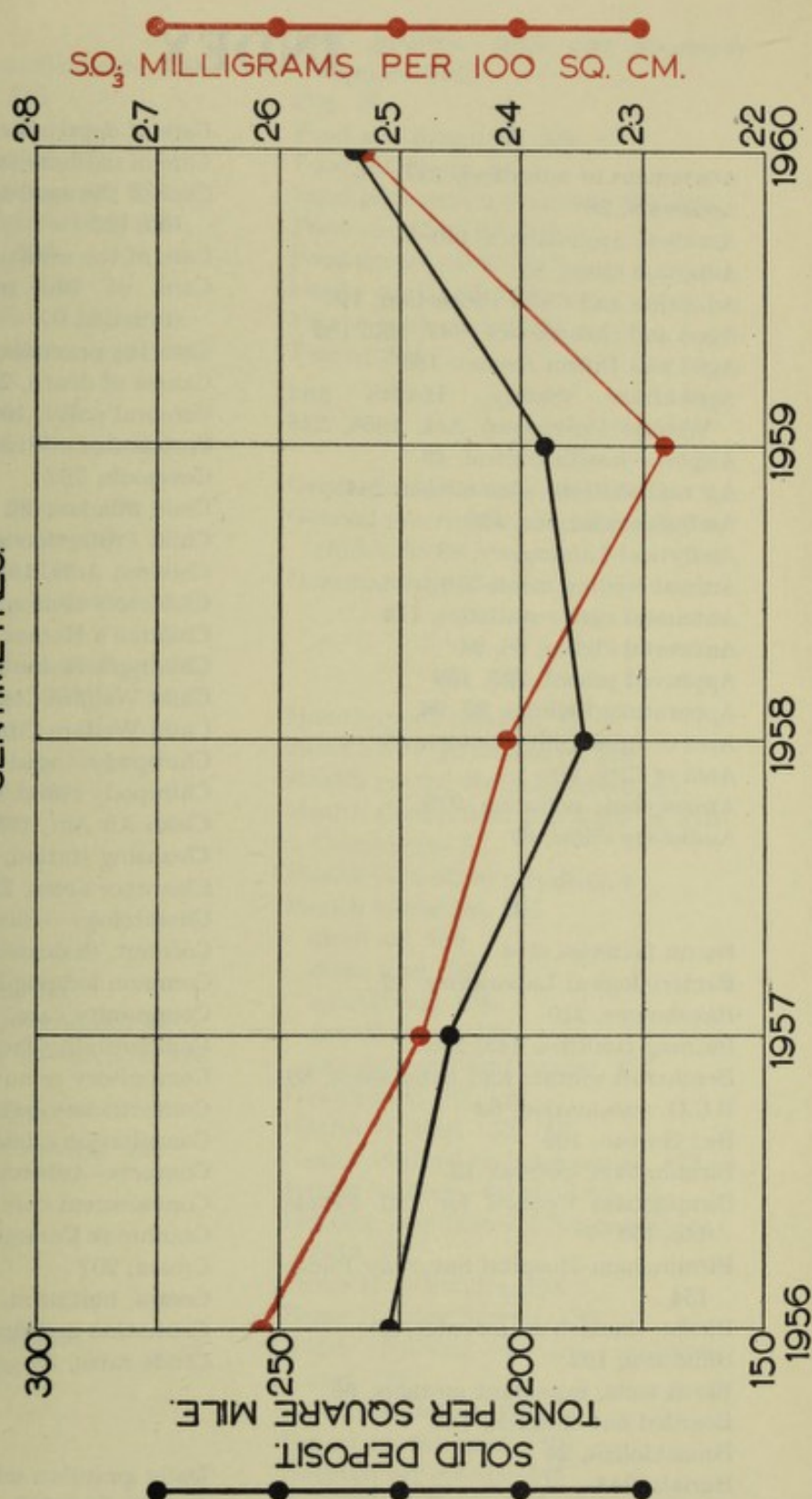
Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street ...	6.00	5.58	6.00	3.92	2.66	1.68	1.20	1.49	2.63	4.90	3.97	5.89
West Heath ...	2.21	2.17	1.56	1.43	0.78	0.66	0.37	0.50	0.62	1.48	1.09	2.80
Edgbaston Reservoir ...	4.13	4.35	4.38	2.62	2.00	1.13	0.59	1.00	1.59	3.59	2.47	4.94
Carnegie Institute, Hockley ...	3.18	3.19	3.47	2.29	1.47	0.88	0.68	0.75	1.36	2.59	2.93	3.29
Public Works Department Kingsbury Road ...	3.18	3.28	2.03	1.92	1.19	0.94	0.95	1.11	1.23	1.89	3.57	3.74
Treaford Lane—Alum Rock ...	2.57	2.40	1.86	1.50	0.74	0.64	0.59	0.72	0.87	1.64	2.22	2.77
Aston Cross ...	4.35	4.18	4.15	2.71	2.21	1.28	1.09	1.33	1.99	3.34	3.76	4.47
St. John's Restaurant, Deritend	5.71	5.53	5.34	3.59	2.41	1.68	1.46	1.64	2.34	4.21	5.11	5.51

TABLE III

Station and type of area.	Yearly total of solid deposit in tons per square mile				Sulphur dioxide as mgms of SO ₂ per 100 sq. cms. of lead peroxide per day		
	1959	1960	Incr. or Decr.		1959	1960	Incr. or Decr.
GREAT CHARLES STREET Commercial	Records unreliable	305.49			3.25	3.83	+0.58
WEST HEATH Residential	97.06	109.52	+12.46		1.02	1.31	+0.29
EDGBASTON RESERVOIR Residential	128.75	134.76	+6.01		2.31	2.73	+0.42
CARNEGIE INSTITUTE, HOCKLEY Industrial and residential	240.11	283.92	+43.81		1.82	2.17	+0.35
PUBLIC WORKS DEPOT—KINGSBURY ROAD Industrial and residential	169.88	202.62	+32.74		1.91	2.09	+0.18
TREAFORD LANE, ALUM ROCK Residential	140.23	158.81	+18.58		1.61	1.54	-0.07
ASTON CROSS Industrial	269.55	293.88	+24.33		2.80	2.90	+0.10
ST. JOHN'S RESTAURANT, DERITEND Industrial	333.68	339.84	+6.16		3.47	3.71	+0.24

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 CENTIMETRES.



The graph indicates the average of the total solid matter collected by the deposit gauges for the years 1956 to 1960, expressed in tons per square mile per gauge ; and the mean daily average of the sulphur determination by the lead peroxide method, expressed in milligrammes of SO_3 per 100 square centimetres.

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